

Consolidated External Evaluation Report



**External Evaluation: One Child One Family
Hope and Homes for Children South Africa
in partnership with Gauteng Provincial
Department of Social Development
(GDSD)**

Prepared by: Southern African Policy and
Development Nexus (SAPDN) for One Child
One Family Hope and Homes for Children
South Africa



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EXECUTIVE SUMMARY

This is a consolidated report which details all the activities related to an evaluation research study that was executed by the Southern African Policy and Development Nexus (SAPDN) on behalf of Hopes and Homes for Children South Africa (HHCSA). For the said purpose, SAPDN had embarked on an external evaluation of reforms which were undertaken in the child protection sphere in Gauteng Province. To this end, the Gauteng Department of Social Development (GDSD) had been spearheading the deinstitutionalisation of children from formal care facilities, with the support of HHCSA, through the provision of a technical framework as well as training and support, and monitoring and evaluation. HHCSA had aimed to expand work to five additional provinces in the country, to intervene and create enabling conditions for change. These provinces were namely, North-West Province (NW), Free State Province (FS), Eastern Cape Province (EC), Western Cape Province (WC) and KwaZulu-Natal Province (KZN).

It was also expected that these provinces would each conduct a provincial assessment of children living in institutional care, with the aim of compiling provincial care reform implementation plans by December 2023. Also, it was envisaged that GDSD and HHCSA would together advocate for a national implementation of care reform to realise a deinstitutionalised child protection system from 2024 – 2026. In this regard, the purpose of the external evaluation was to serve not only as a learning tool to ensure relevance, effectiveness, usefulness and sustainability of the care reform in six out of nine provinces of the country (Gauteng Province and five additional provinces), that could create a potential critical mass for system change nationwide, but also as a valuable mechanism to assist HHCSA and GDSD in achieving maximum impact and benefit to target groups.

It was projected that the evaluation would provide support in responding to relevant forward-looking questions and in developing recommendations for enabling conditions for systemic change in child protection in South Africa. In this regard, the scope of evaluation sought to cover the entire programme implementation, from December 2019 to November 2023 in Gauteng Province and the five additional provinces, as relevant and focus on drawing upon existing knowledge and research to inform and assess the potential success of the programme implementation, namely:

- Review existing child protection legislation and policy in South Africa.
- Track and assess the impact of the Coronavirus (COVID 19) pandemic on child protection in Gauteng Province and the five additional provinces and, depending on the pandemic evolution, use this as an overarching element to:
 - (a) Review the macro-economic situation in South Africa and its impact on the household economy and child poverty levels, with a focus on the six provinces of project implementation.
 - (b) Measure and evaluate outcomes of the care reform / deinstitutionalisation programme in Gauteng Province, from January 2020 – December 2023 through:
 - i. Tracking and evaluating policy change and amendment to facilitate deinstitutionalisation of child protection in Gauteng Province.
 - ii. Tracking and evaluating Standard Operating Procedure protocols (case management and process flow) implementation to facilitate deinstitutionalisation in Gauteng Province.
 - iii. Tracking and evaluating budget-shift away from institutions and into prevention and early intervention programmes (including the development of alternative family-based and community-based care options).
 - iv. Tracking and evaluation of mindset change of 75 decision makers and 100 social service professionals, Children’s Court officials and other key stakeholders in Gauteng Province and an additional five provinces.

- v. Tracking and evaluation of Children's Courts Orders made to facilitate prevention and early intervention to facilitate deinstitutionalisation.
- vi. Tracking and measuring the response / capacity of HHCSA to respond to emergency relief needs of families and build a practical community-based prevention model, its sustainability post-pandemic and ability to strengthen family and community resilience as a key cornerstone of systemic change towards deinstitutionalisation.
- vii. Measuring and evaluating outcomes for children and families transitioned out of institutional care and back into family and community-based care options in Gauteng Province by tracking, monitoring and assessing 250 children transitioned out of institutional care, based on the EIGHT ACTIVE Family Support well-being domains: Family and Social Relationships, Health, Education, Living Conditions, Behaviour, Household Economy, Child Participation and Internet and Technology; the Child Protection Risk Assessment results and sustained prevention of re-entry into any form of institutional care.
- viii. Measuring outcomes and efficiency of prevention and early intervention programmes in Gauteng Province, by tracking 250 children prevented from entry into institutional care, based on the EIGHT ACTIVE Family Support well-being domains, the Child Protection Risk Assessment results and sustained prevention of family breakdown.

Furthermore, the Evaluation Study was expected to measure impact on the progress of national child protection care reform in South Africa by December 2023 through:

- Tracking and assessing readiness of institutional conditions and needs that were to undergo significant transformation to progress the creation / stimulation of enabling conditions for change in the five additional provinces in South Africa.
- Measurement and evaluation of national care reform conferences, workshops and strategic retreats attended by HHCSA.
- Evaluation of the HHCSA national advocacy strategy and measurement of the number of public statements made by national and provincial government in support of deinstitutionalisation by December 2023.
- Help anticipate problems / outline critical issues and improve further interventions as project progresses.
- Outline strengths and weaknesses of the programme and implementation thereof.
- Formulate recommendations based on data obtained by area of evaluation.
- Systematically help follow up and report on acceptance of recommendations put forward through period reports (quarterly / yearly).

Based on the above, analyses and conclusions were supposed to be drawn to ascertain whether the programme was consistent with the national legislative frameworks and policy, as well as provincial policy and standard operating procedures in order to meet identified needs (relevance); whether ultimate results were achieved and whether enough and appropriate resources had been mobilised accordingly, and in order to evaluate the effects on target areas and groups and establish whether they were in line with the objectives (effectiveness); what the benefits were and what the impact for target groups were (usefulness) and to what extent the elements of the programme could and would continue to be implemented and scaled up further to include the whole of South Africa (sustainability).

Furthermore, it was envisaged that the external evaluation would produce:

- An annual report at the end of years 1 and 2 describing their findings to HHCSA and GDSD jointly.
- Quarterly report outlining Recommendations.
- A Final Report, at the end of programme period (December 2023).

In executing the mentioned evaluation research study, there were some unanticipated developments that emerged as well as challenges. For starters, the provinces which were earlier earmarked to participate in the evaluation were resistant and somewhat hostile to the idea of the GSD leading the deinstitutionalisation initiative in the country. In this regard, SAPDN had to be a bit creative and gleaned some information in the respective provinces, by proxy and using other means like key informants in the same provincial departments of social development and some Non-Governmental Organisations (NGOs). Furthermore, documents such as Annual Reports and other government documents were useful in this regard.

Nevertheless, the challenges had also translated into opportunities. For example, a significant number of the research respondents, who had expressed the view that they did not know of any deinstitutionalisation agenda or even heard of HHCSA, had provided a window of opportunity for SAPDN, to be innovative. This became apparent when some respondents had expressed the view that there needed to be some sort of 'plan' or 'guiding framework' to help the stakeholders in the care reform arena to engage with the issue of deinstitutionalisation. Based on this, SAPDN came up with the idea developing a policy on deinstitutionalisation. After conferring with HHCSA, SAPDN was given the go-ahead to develop a draft policy on deinstitutionalisation.

Based on the above, other ideas emerged which SAPDN thought would add impetus to the deinstitutionalisation agenda and help to popularise the concept of deinstitutionalisation in the country even while the evaluation study was unfolding. The first corollary from such ideas was the convening of a National Conference / Indaba on Childcare Reform and Deinstitutionalisation in South Africa. This would not only discuss new pathways for childcare reform in the country, but also flesh out the concept of deinstitutionalisation. As way of getting the conference into motion, HHCSA agreed with SAPDN to develop policy briefs which would help to quickly disseminate information pertaining to both the Conference / Indaba and the concept of deinstitutionalisation.

This report is discussed in five sections. Section one provides information that drew upon existing knowledge and research, in order to inform and assess the potential success of the programme implementation. It also serves as the conceptual and theoretical foundation that informed the evaluation study. Section two provides the overarching scenario of the Coronavirus (COVID-19) pandemic as it related to child protection and children in South Africa. Section three reviews the macro-economic situation in South Africa and its impact on the household economy and child poverty levels, with a focus on the six provinces of project implementation. Section four presents the first qualitative report with DSD Senior Management in Gauteng Province. Encompassed in the second section of this report is the first quantitative account pertaining to institutions and NGOs in Gauteng Province. Section five is a report on the Western Cape. Section six, which is the last part of this report, discusses outcomes for children who had transitioned from institutional care to families and those who were prevented from entering institutional care through psycho-social child and family support. It is based on evidence that emerged from the evaluation research study.

SECTION ONE

Existing Knowledge and Research to Inform and Assess the Potential Success of the Programme Implementation

1. Overview

The first part of this report details information pertaining to existing knowledge and research, in order to inform and assess the potential success of the programme implementation. It formed part of the first assignment which proffered literature focussing on the following areas:

- Reviewing the existing child protection legislation and policy in South Africa, tracking and assessing the impact of the Coronavirus (COVID-19) pandemic on child protection in Gauteng Province and the five additional provinces and, depending on the pandemic evolution, use this as an overarching element to:
- Reviewing the macro-economic situation in South Africa and its impact on household economy and child poverty levels, with a focus on the six provinces of project implementation.
- Measuring and evaluating outcomes of the care reform / deinstitutionalisation programme in Gauteng Province from January 2020 – December 2023 through:
- Tracking and evaluation of policy change and amendment to facilitate deinstitutionalisation of child protection in Gauteng Province.

1.1. Review Existing Child Protection Legislation and Policy in South Africa

1.1.1. Introduction

History plays a significant role in people's lives, and humans are products of their environments. It is therefore important to acknowledge the dire impact of South Africa's atrocious past on children's realities and livelihoods. It is also important to recognise the past and its implications for present-day living circumstances in order to craft a better future without repeating past mistakes. Historically, legislation such as the Group Areas Act No. 40 of 1950 and the Bantu Labour Act No. 67 of 1964 led to the separation of families and forced Africans to live in minuscule spaces in townships (Worden, 1994). This meant that fathers had to work in urban areas, leaving their wives and children behind. These consequences of apartheid policies and laws exacerbated the inequalities and racial segregation that still exist largely in South African townships and suburbs wherein childhood development takes place.

During South Africa's transformation, from an apartheid to a democratic state, the government set up institutions to encourage the development and implementation of policies, while the country transitioned from a welfare-based service delivery model to a more developmental service delivery one (NDS, 2016). The overarching aim of this transition was to eliminate the poverty and inequality that pervaded the nation and to navigate the populace towards a more inclusive "good society" (Noyoo, 2020). The most prominent legislative document in South Africa's democracy, the Constitution, pledges the equal enjoyment of children's rights for all children in the republic, as provided by the United Nations Convention on the Rights of a Child (UNCRC) and the African Charter on the Rights and Welfare of the Child (ACRWC). The Constitution further protects children's rights to life, nurturing family, and parental

care. Additionally, it advocates for children's protection from violence, exploitation, abuse, and further prioritises the best interests of the child (National Planning Commission [NPC], 2011). According to the National, Child Care and Protection Policy (2019), childcare and protection are defined as the full continuum of care, support, and protection that all children need in order to develop and thrive to their full potential.

The National Child Care and Protection Policy (2019) contends that there is a direct link between children's rights and a country's development, which warrants a duty to institute a rights-based approach to the development of childcare and protection. This kind of approach deals with the underlying causes of children's poor development, inequality and exposure to violence, abuse, exploitation, and neglect (Marcus, 2014). This rights-based early childhood development perspective should create an environment that places children of marginalised population groups in equal positions to those that are advantaged (DSD, 2019). To fulfil this obligation, however, a unified purpose-driven vision with governmental and non-governmental role-players is required (DSD, 2019). Moreover, a unified national childcare and protection system, as guided by this purpose-driven vision needs to be implemented. Therefore, in alignment with the 2030 agenda for sustainable development, South Africa developed the National Development Plan (NDP) in 2011. The NDP is an important guiding policy document that domesticates the global and regional sustainable development agenda (NPC, 2011). The NDP necessitates the achievement of social and economic growth by developing human capital within the country, beginning with children (NPC, 2011). It is envisioned that this can be achieved through collaborative action with all role players.

Over the years, the South African government developed several policies and legislation to uphold children's rights. These regulations were guided by regional and international instruments obligating the adoption of developmental childcare and protection policies, along with supporting systems. In this section, the review of child protection policies and legislation led to the identification of international instruments, national policies and legislation as outlined below.

1.1.2. International Guiding Legislation and Policies

- African Union Agenda 63 (the Africa we want) (2015)
- African Charter on the Rights and Welfare of the Child (ACRWC) (1990)
- United Nations Convention on the Rights of a Child (UNCRC) (1989)
- Hague Convention on Civil Aspects of International Abduction (1980)
- Hague Convention on the Protection of Children and Co-operation in Respect of Intercountry Adoption (1993)
- International Convention on Cybercrime (2001)
- International Labour Organisation (ILO) Minimum Age Convention 1973 (No. 138)
- Convention on the Elimination of the Worst Forms of Child Labour 1999 (No. 182)
- United Nations Declaration on Social and Legal Principles relating to the Protection and Welfare of Children, with Special Reference to Foster Placement and Adoption Nationally and Internationally (1986)
- United Nations Guidelines for the Alternative Care of Children (2009)
- United Nations Optional Protocol to the Convention on the Rights of the Child on the Sale of Children, Child Prostitution and Child Pornography (2000)
- United Nations Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children (2000)

- United Nations Rules for the Protection of Juveniles Deprived of their liberty (1990).

Table 1: Child Protection Legislation and Policies in South Africa

Legislation/ Policy	Inception Year	Summary
The Constitution of the Republic of South Africa (Act 108 of 1996)	1996	The Constitution of South Africa acknowledges and assures the rights of all children; to support services that ensure their well-being, survival, and protection from neglect, abuse, and exploitation directed towards the development of their full potential.
The White Paper for Social Welfare 1997	1997	The White Paper for Social Welfare favoured a transformational and holistic developmental social welfare approach and was intended to shift the national response from a welfare-based (residual) model to a rights-based model.
The Children's Act (Act no. 38 of 2005)	2005	<p>This is a comprehensive law that was developed through an extensive nationwide review of the apartheid era Child Care Act and system. The Act adopts a holistic and developmental approach to the care and protection of children. It also seeks to give effect to South Africa's responsibilities to children under the Constitution, UNCRC, and ACRWC. It recognises parents and families as the primary care providers, and it further recognises that they need support to carry out these duties and that in certain cases, children are deprived of parental or family care and need additional, higher levels of support.</p> <p>The Act recognises the multiplicity of care arrangements that exist in South Africa and accordingly mandates and regulates the provision of a continuum of support to parents and families, as well as children in alternative care settings, to ensure their well-being, optimal development, and protection.</p>
The White Paper on Families in South Africa 2012	2012	The White Paper on Families recognises that strong and supportive families are central to the development of children and society. It further recognises that South Africa has many different forms of families and that they need to be supported to fulfil their care and development potential.
Revised White Paper on Families in South Africa 2021	Revised 2021	
The National Plan of Action for Children (NPAC) in South Africa 2012-2017	2012	The NPAC calls for coordinated rights-based measures to ensure the protection and development of children to reach their full potential. The document includes South Africa's goals and objectives as well as the different role players and their responsibilities.
The White Paper on the Rights of Persons with disabilities 2015	2015	This White Paper affirms the rights of children with disabilities and obligates the formulation of policies and programmes within a social model of disabilities that prioritises care, inclusion, protection, and development to their full potential.

The White Paper on the Rights of Persons with Disabilities Implementation Matrix 2015-2030	2015	This Implementation Document commits the Government to take tangible measures, including programming, strategic resourcing, and monitoring steps, to give effect to the responsibilities set out in the White Paper.
The Framework and Strategy for Disability and Rehabilitation Services in South Africa 2015-2020	2015	This framework was developed by the Department of Health, upon recognising that all people in South Africa including children have the right to develop to their full potential and to equal enjoyment of all their rights. The framework commits to the development of an integrated, comprehensive, and appropriate suite of disability and rehabilitation services to support the development and protection of children across the life cycle.
National Integrated Early Childhood Development Policy 2015	2015	The policy recognises that development at an early age is key to equal opportunities for children to develop to their full potential and to achieve the country's national development goals. The policy instructs and highlights the provision of a comprehensive continuum of care and protection services for young children.
Integrated Plan of Action on Violence Against Women and Children (2013-2018)	2013	This is a multi-sectoral initiative that rests on three pillars: prevention and protection, response, and care and support.
National Child Care and Protection Policy (2019)	2019	This policy recognises the previous efforts made in childcare legislation and policy to curb poverty and inequality. The policy also recognises that despite these transformation efforts, children are still marginalised, neglected, and abused. Therefore, the policy seeks to solidify and reinforce childcare, support, and protection efforts by the government.

Outlined below are additional National Acts adopted by specific government departments in South Africa to advance and equalise Children's Protection and Developmental Rights:

- Basic Conditions of Employment Act (No. 75 of 1997)
- Births and Deaths Registration Act (No. 52 of 1992)
- Child Justice Act (No. 75 of 2008)
- Choice of Termination of Pregnancy Act (No. 92 of 1996)
- Correctional Service Act (No. 111 of 1998)
- Criminal Law (Sexual Offences and Related Matters) Amendment Act (No. 32 of 2007)
- Domestic Violence Act (No. 116 of 1998)
- Films and Publications Act (No. 65 of 1996)
- Immigration Act (No. 19 of 2004)
- Maintenance Act (No. 99 of 1998)
- Marriages Act (No.25 of 1961) and Recognition of Customary Marriages Act (No. 120 of 1998)
- Mediation in Certain Divorce Matters Act (No. 24 of 1987)
- National Health Act (No. 61 of 2003)
- Probation Services Act (No. 116 of 1991)
- Protection from Harassment Act (No.17 of 2011)

- Refugees Act (No. 130 of 1998)
- Social Assistance Act (No.13 of 2004)
- Social Services Professions Act (No. 110 of 1978)
- South African Schools Act (No. 84 of 1996)

1.2. Methodology for External Evaluation of Care Reform in South Africa

1.2.1. Introduction

In recent decades, evaluation as a discipline, has progressed from providing answers to questions like economic viability, cost-effectiveness, and efficiency to questions that are critical for effective planning, financing, design, implementation, and success of a programme. Nowadays, evaluation can aid in defining a problem, identifying programme targets, designing of interventions, identifying winners and losers and organisational strengths and weaknesses; assessing the quality of interventions and performance of programme delivery and its impact, suggesting modifications and alternations, and ultimately guiding a programme or project to its successful end (Shah, 2020, p. 1). According to Wieners (2022), evaluation basically describes the analysis of the project's success after the project cycle has been completed. Based on the collected data in a baseline study, achievements that have been reached through project activities are described and analysed. Similarly, problems and mistakes that have occurred during that time are identified and detailed so that those who are executing the project are able to learn from these experiences in the future. Basically, the planned results are compared with the actual results and then possible disparities are analysed. Evaluation basically describes the analysis of the project's success after the project cycle has been completed (Wieners, 2022). Illustrated below are the steps of the project cycle and where the evaluation process begins.

Figure 1. The Role of Evaluation in the Project Cycle (Adapted from Wieners, 2022)



1.2.2. Evaluation Criteria

There is a need to have evaluation criteria in place if a proper evaluation is to be undertaken. The purpose of the evaluation criteria is linked to the purpose of the evaluation. Namely, to enable the determination of the merit, worth or significance of intervention (the policy, project, programme, strategy, institution or other activity being evaluated). The criteria are used to identify evaluation questions, with each criterion providing a different perspective on the intervention, its implementation, and its results according to the Organisation for Economic Co-operation and Development (OECD) (2020). The criteria play a normative role. Together they describe the desired attributes of interventions: all interventions should be relevant to the context, coherent with other interventions, achieve their objectives, deliver results in an efficient way, and have positive impacts that last. The following criteria are crucial for an effective and efficient evaluation process as stated by the OECD (2020):

- *Effectiveness*: Is the intervention achieving its objectives?
- *Impact*: What difference is the intervention making?
- *Relevance*: Is the intervention doing the right things?
- *Efficiency*: How well are resources used?
- *Sustainability*: Will the benefits last?
- *Coherence*: How well does the intervention fit? (OECD, 2020).

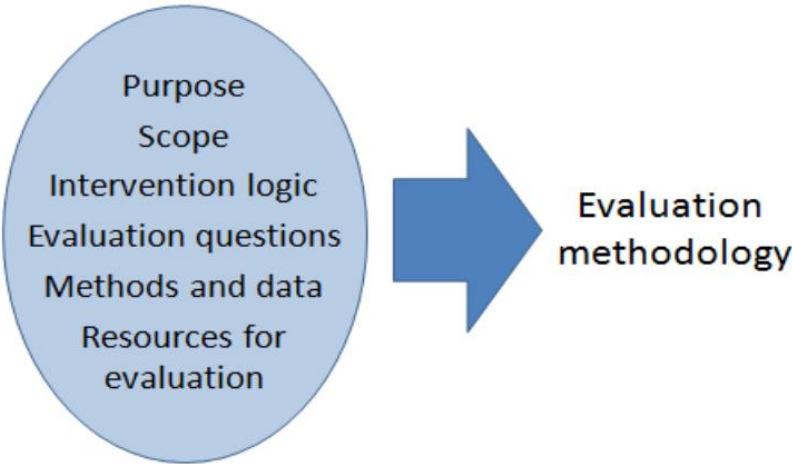
The OECD (2020) advises that the criteria should be applied thoughtfully to support high-quality and useful evaluation. They should be contextualised and understood in the context of the individual evaluation, the intervention being evaluated, and the stakeholders involved. Furthermore, the use of the criteria depends on the purpose of the evaluation. The criteria should not be applied mechanistically. Instead, they should be covered according to the needs of the relevant stakeholders and the context of the

evaluation. It is also important that the criteria be understood within a broader context and read in conjunction with other principles and guidance on how to conduct evaluations in ways that will be useful and of high quality, including the Quality Standards for Development Evaluation (OECD, 2020).

1.2.3. Evaluation Methodologies

According to the European Network for Rural Development (ENRD) (2022), before doing anything, we must first define what is an evaluation methodology. In short, the evaluation methodology is a tool to help better understand the steps needed to conduct a robust evaluation. An evaluation methodology covers the conceptualisation of the evaluation and the approach which will be used to try to understand the extent of the change and the reasons why it happened. As can be seen in Figure 2 below, the steps for defining an evaluation methodology are the following: defining the purpose, defining the scope, describing the intervention logic, formulating evaluation questions, defining methods and data, and assigning necessary resources to the evaluation (Wieners, 2022).

Figure 2: Necessary Steps for the Design of the Evaluation Methodology (Adapted from Wieners, 2022)



1.2.4. Different Evaluation Methods

It is crucial that after arriving at an evaluation methodology the evaluators are conversant with the different evaluation methods. A variety of evaluation methods can be used in a counterfactual-based assessment, but the robustness of findings can vary depending on which one is chosen. Nonetheless, the two biggest families of evaluation methods are quantitative and qualitative methods as stated by the ENRD (2022).

The table below summarises the different evaluation methods as elucidated by the ENRD (2022).

Table 2: Different Evaluation Methods

Quantitative	Qualitative
<ul style="list-style-type: none"> • Experimental evaluation design is considered the ‘gold standard’ in 	<ul style="list-style-type: none"> • Focus groups are a qualitative and participatory evaluation technique which

evaluations. Randomised controlled experiments or the so-called ‘experimental design’, is where randomly selected groups receive support (beneficiaries) and a randomly selected control group does not (non-beneficiaries). Experimental or randomised designs are generally considered the most robust of the evaluation methodologies. However, conducting field experiments poses several methodical challenges.

- **Quasi-experimental evaluation design** is very similar to an experimental design; however, it lacks one key element: random assignment of groups. A crucial issue in an evaluation based on quasi-experimental design is to identify a group of programme beneficiaries and a group of programme non-beneficiaries that are statistically identical in the absence of the programme support. If the two groups are identical (they have the same characteristics: size, geography, etc.), except one group participates in the programme and the other does not, then any difference in outcomes must be a result of the programme.
- **Non-experimental evaluation design** can be used when it is not possible to identify a suitable control group through the application of a quasi-experimental method. Under this design, programme beneficiaries are compared with programme non-beneficiaries using statistical or qualitative methods to account for differences between the two groups.

allows a carefully selected group of stakeholders to discuss the results and impacts of the policy interventions. Focus groups should be facilitated by an external moderator and include a variety of people coming from different sub-groups of stakeholders (e.g. Managing Authority, implementing body, beneficiaries, independent experts). A focus group can be repeated separately for beneficiaries and non-beneficiaries and results can be compared. This evaluation method can be time consuming and requires a moderator with excellent facilitation skills. With respect to other qualitative methods, it has the advantage of allowing for in-depth discussion, while its main disadvantage is often caused by the inability to attract a diverse range of stakeholders.

- **Interviews** are structured conversations, based on questions and answers, between the evaluator and a selected evaluation stakeholder. Interviews can also be conducted so that they respect the counterfactual principle (i.e. having interviews with beneficiaries and non-beneficiaries and including questions on a hypothetical policy-off situation). Similarly, an advantage to this approach is the possibility to collect in depth information. However, this information can often be biased with a high degree of subjectivity. For interviews to be robust, the sample of interviewees must be representative and the questions which are asked must be based on careful desk research.
- **Theory-based approaches:** the ‘theory of change’, which is frequently applied in theory-based evaluations, can be defined as a detailed description of a set of assumptions that explains both the steps leading to the long-term goal and the connections between the policy or programme’s activities and outcomes that occur at each step. This evaluation approach implies the premise that programmes are based on explicit or implicit theory about how and why the programme will work. In order to use ‘theory of change’, the theoretically causal links between the interventions and its specific effects, described in steps, should be logical and empirically testable. So how can this be achieved? Evaluators must first develop hypothesis that can be tested through critical comparisons. This relies on the stakeholders’ experience with how these types of programmes seem to work while also taking into consideration prior

	<p>evaluation research findings. In practice, theory-based evaluations seek to test programme theory by investigating if, how or why policies or programmes cause intended or observed outcomes. Testing the theories can be done on the basis of existing or new data, both quantitative and qualitative. Several frequently used data gathering techniques can be applied (e.g. key informant interviews, focus groups and workshops, or case studies).</p>
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Figure 3: Summary of Evaluation Methods Adapted from European Network for Rural Development (2022)

	<i>Design/Methods</i>	<i>Requirements</i>	<i>When to apply</i>
Theory-based	Set of assumptions	Scientific experience No data or just Monitoring data	<i>Ex ante</i> Low/no data in MTE Programme/plan revisions
Quantitative	Experimental or Quasi-experimental: PSM/GPSM, DID, RDD	High data demand!	Mid-term (in case of high programme uptake), <i>Ex post</i> evaluation
	Non-experimental: input-output, CGE		
	Naive estimates: naive 'before-after' or 'with-without'	Less data demand!	
Qualitative	Qualitative techniques	High resource demand!	Any evaluation
Mixed	Combination of Qualitative/quantitative methods		

1.2.5. The Current Evaluation Assignment

The evaluation related to an external evaluation of child protection care reform in Gauteng Province, South Africa, which was spearheaded by the Gauteng Province Department of Social Development (GDSD). The GDSD oversees the implementation of the process of deinstitutionalisation which is supported by Hope and Homes for Children South Africa (HHCSA). HHCSA provides the technical framework, training and support and monitoring and evaluation of the childcare reform. HHCSA will expand this work to five additional Provinces of South Africa, namely North-West Province (NW), Free State Province (FS), Eastern Cape Province (EC), Western Cape Province (WC) and KwaZulu-Natal Province (KZN). It was envisioned that these provinces would each conduct a provincial assessment of children living in institutional care, with the aim to compile provincial care reform implementation plans by December 2023. GDSD and HHCSA would together advocate for national implementation of care reform to realise a deinstitutionalised child protection system by 2024 - 2026.

1.2.6. Purpose of the Evaluation

The purpose of the external evaluation was to serve not only as a learning tool to ensure relevance, effectiveness, usefulness, and sustainability of the care reform in six out of the nine provinces of the country (Gauteng Province and five additional provinces), that could create a potential critical mass for system change nationwide, but also as a valuable mechanism to assist HHCSA and GDSD in achieving maximum impact and benefit to target groups. The evaluation will provide support in responding to relevant forward-looking questions and in developing recommendations for enabling conditions for systemic change in child protection in South Africa.

1.2.7. Scope of the Evaluation

The evaluation covered the entire programme implementation process, starting from December 2019 and ending November 2023, in Gauteng Province and the five additional Provinces as relevant.

1.2.8. Arriving at the Evaluation Method

In arriving at our evaluation method at the Southern African Policy Development Nexus (SAPDN), we were informed by our outlined methodology above. Thereafter we were guided by the following:

- (a) The overall goal of Conducting an External Evaluation of Care Reform in South Africa: Hope and Homes for Children South Africa in partnership with the Gauteng Provincial Department of Social Development.
- (b) Specifically, activities and indicators as outlined in our Log-Frame. These are spelt out below:

Table 3: Outlined Activities and Indicators in the Log-Frame

Activities	Indicators
<ul style="list-style-type: none"> - Sourcing information on existing child protection policies and legislation in South Africa. - Exploratory research. - Archival work. - Review of pertinent documents. 	<ul style="list-style-type: none"> - Amount of sourced information on child protection policies and legislation. - Number of exploratory research activities. - Number of archival work activities. - Number of reviewed documents.
<ul style="list-style-type: none"> - Gather information on Policy Change and Institutional Transformation in Gauteng from April to June 2022. - Gather information of Standard Operating Procedure protocols from April to June 2022. - Evaluate budget-shifts from institutions and to prevention and early intervention programmes from July 2022. - Draft evaluation interview guide from July 2022. 	<ul style="list-style-type: none"> - Number of policy changes. - Number of Standard Operating Procedure protocols for Gauteng Province. - Number of budget-based prevention and early intervention programmes. - Number of administered evaluation questionnaires / interview guides.

<ul style="list-style-type: none"> - Participant observations / general observations. - Ethnography - Ethnographic work. - Interviews. - Focus groups. - Discussions with target groups. 	<ul style="list-style-type: none"> - Percentage (%) of 75 decision-makers in Gauteng and five additional provinces adopting or implementing the deinstitutionalisation of child protection. - Percentage (%) of 100 social service professionals in Gauteng and five additional provinces adopting or implementing the deinstitutionalisation of child protection. - Percentage (%) of Children’s Court officials in Gauteng and five additional provinces adopting or implementing the deinstitutionalisation of child protection. - Percentage (%) of other key stakeholders in Gauteng Province and additional five provinces adopting deinstitutionalisation of child protection.
<ul style="list-style-type: none"> - Tracking of Children’s Court Orders from November to December 2022. - Perusal of Children’s Court Orders from November to December 2022. - Evaluating Children’s Courts Orders from November to December 2022. 	<ul style="list-style-type: none"> - Number of tracked Children’s Court Orders. - Number of Perused Children’s Court Orders. - Evaluated Children’s Courts Orders.
<ul style="list-style-type: none"> - Tracking the capacity of HHCSA to respond to emergency in January 2023. - Measuring the capacity of HHCSA to respond to emergency in January 2023. 	<ul style="list-style-type: none"> - Number of capacitated HHCSAs
<ul style="list-style-type: none"> - Drafting measuring and evaluating tools. 	<ul style="list-style-type: none"> - Number of measuring and evaluating tools.
<ul style="list-style-type: none"> - Tracking readiness of institutional conditions. - Assessing readiness of institutional conditions from May to June 2023. 	<ul style="list-style-type: none"> - Number of ready institutions to undergo significant transformation.

Based on the foregoing, we arrived at the conclusion that the evaluation methodology which was best suited for the evaluation study was the Mixed Methodology.

1.2.9. Mixed Method in Evaluation

According to the United States Agency for International Development (USAID) (2013, p. 1), a mixed-method evaluation systematically integrates two or more evaluation methods, potentially at every stage of the evaluation process, usually drawing on both quantitative and qualitative data. Mixed-method evaluations may use multiple designs, for example incorporating both randomised control trial experiments and case studies. They also may include different data collection techniques such as structured observations, key informant interviews, household surveys, and reviews of existing secondary data. In short, a mixed-method evaluation involves the systematic integration of different kinds of data, usually from different designs. As a result, mixed-method evaluations require advanced planning and careful management at each stage of the evaluation process. For this task, the exploratory sequential

mixed methods design was adopted. According to de Vos et al. (2011, p. 95), an exploratory sequential mixed methods design is characterised by an initial qualitative phase of data collection and analysis, followed by a phase of quantitative data collection and analysis, with a final phase of integration or linking of data from the two separate strands of data.

As can be noted from our Log-Frame, we focussed on *inter alia*, multiple actors, sources, individuals and organisations, to elicit responses related to the overall goal of the evaluation. Thus, there was a multiplicity of data that was drawn from different sources. This then meant that various tools were used to both collect and analyse the data. The interpretations of the findings were drawn from the collected data (USAID, 2013, p. 1).

1.3. Theory of Change for the External Evaluation of Care Reform in South Africa

Specifically, the former related to an external evaluation of child protection care reform in Gauteng Province, South Africa, which is spearheaded by the Gauteng Province Department of Social Development (GDSD). The GDSD oversees the implementation of the process of deinstitutionalisation which is supported by Hope and Homes for Children South Africa (HHCSA). HHCSA provides the technical framework, training and support and monitoring and evaluation of the childcare reform.

1.3.1. Unpacking Theory of Change

According to Rodgers (2014, p. 1) a “theory of change” explains how activities are understood to produce a series of results that contribute to achieving the final intended impacts. It can be developed for any level of intervention – an event, a project, a programme, a policy, a strategy or an organisation. It can be developed for an intervention:

- where objectives and activities can be identified and tightly planned beforehand; or
- that changes and adapts in response to emerging issues and to decisions made by partners and other stakeholders.

The United Nations Development Group (UNDG) (2017, p. 4) puts forth several reasons why a theory of change should be used:

- a. First, development challenges are complex and are typically caused by many factors and layers that are embedded deeply in the way society functions. For example, opening a legal aid clinic may not lead to more women accessing justice services unless issues of cultural sensitivities, needed legal reforms and child-care constraints are addressed as well.
- b. Second, a theory of change provides a framework for learning both within and between programming cycles. By articulating the causes of a development challenge, making assumptions explicit on how the proposed strategy is expected to yield results, and testing these assumptions against evidence - including what has worked well, or not, in the past - the theory of change helps ensure a sound logic for achieving change. The theory of change also helps make course corrections if the selected approach is not working or if anticipated risks materialise.
- c. Third, the theory of change is increasingly being utilised as a means for developing and managing partnerships and partnership strategies. The process of agreeing on a theory of change establishes different views and assumptions among programme planners, beneficiaries, donors, programme staff, etc. It can foster consensus and motivate stakeholders by involving them early in the planning process and by showing them how their work contributes to long-term impact.

- d. Fourth, a common theory of change is the basis for more effective and unified communication by the programme implementers by clearly articulating their shared vision and strategy for how change can happen.

Below are schematic representations of the theory of change adapted from Rodgers (2014):

Figure 4: Schematic Depiction of a Theory of Change, Peer Review Group Meeting Adapted from Rodgers (2014)

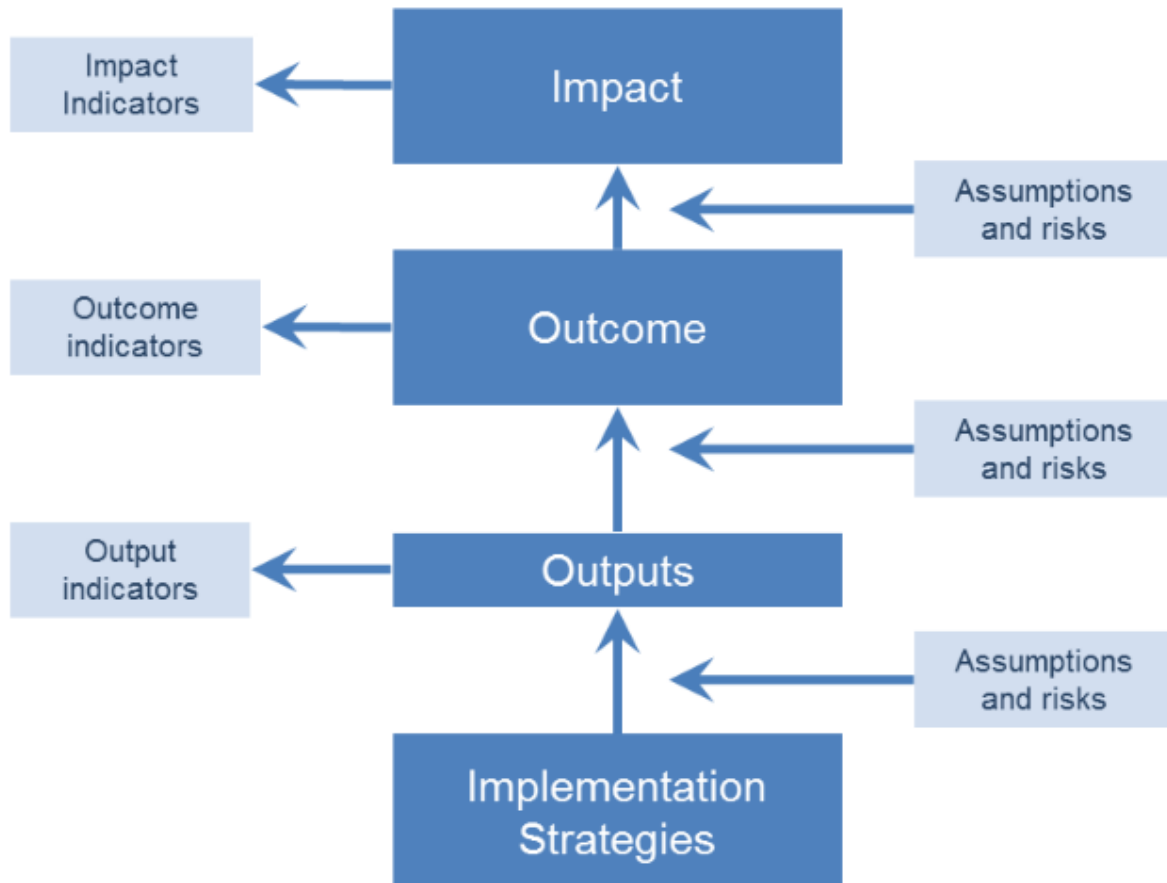
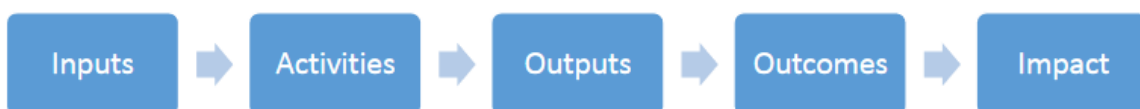


Figure 5: Theory of Change presented in a Results Chain – Adapted from Rodgers (2014)



1.3.2. Developing a Theory of Change

A theory of change should begin with a good situation analysis. This involves identifying: the problem that the intervention seeks to address; the causes and consequences of this problem; and the opportunities, for example, synergies with other initiatives, or existing resources that can be leveraged or strengthened. Even in situations where the theory of change is being developed or significantly revised well after

implementation has commenced, it is important to review the situation that gave rise to the intervention to ensure that the intervention is attempting to solve the right problem (Rodgers, 2014, p. 3). The next stage is to clarify which aspects of the problem the intervention will address and to make explicit the outcomes and impacts that it seeks to produce. When there is agreement about the current situation and the desired situation that the intervention is intended to contribute to producing, the next step is to develop a theory about how to get from the current situation to the desired situation. This should be in two parts: a theory about how the intervention will trigger this change (e.g., drawing attention to gaps in service delivery by conducting surveys of availability and publishing the findings) (Rodgers, 2014, p. 3). The table below provides some examples of how change might come about and what the intervention might do to trigger each of these changes:

Table 4: Some Theories About How Change Might Come About and What the Intervention Might do to Trigger Each of These Changes - Adapted from Rodgers (2014)

Individual change: transformative change of a critical mass of individuals	Investment in individual change through training, personal transformation/ consciousness-raising workshops or processes; dialogues and encounter groups; trauma healing
Health relationships and connections: break down isolation, polarization, division, prejudice and stereotypes between/among groups	Process of inter-group dialogue; networking; relationship building processes; joint efforts and practical programmes on substantive problems
Root causes/justice: address underlying issues of injustice, oppression/exploitation, threats to identity and security, and people’s sense of injury/victimization	Long-term campaigns for social and structural change; truth and reconciliation; changes in social institutions, laws, regulations and economic systems
Institutional development: establish stable/reliable social institutions that guarantee democracy, equity, justice and fair allocation of resources	New institutional and governance arrangements/entities; development of human rights, rule of law, anti-corruption; establishment of democratic/equitable economic structures; decentralization
Grass roots mobilization: mobilizing the community so that politicians have to pay attention	Mobilize grass roots groups, non-violent direct action campaigns, use of the media, education/mobilization efforts, advocacy groups

1.3.3. Arriving a Theory of Change for This Project

SAPDN did not arrive at a theory of change on its own, but it discussed and fleshed out this issue with the Gauteng Province Department of Social Development (GDSD) and Hope and Homes for Children South Africa (HHCSA). However, SAPDN took into critical consideration the process needed to arrive at a theory of change for the evaluation study, by identifying all the actors involved in it, setting out their needs and characteristics and clarifying the final goal GDSD and HHCSA wanted to achieve. The final goal was to describe the change the former organisations wanted in service users or beneficiaries, which had to be realistic and succinct. Once the goal(s) had been defined there was a need to work backwards through the steps or intermediate outcomes needed to achieve this (Harries, et al., 2014). Nevertheless, our LogFrame was instrumental in guiding SAPDN, GDSD and HHCSA to arrive at a theory of change.

The Figure below captures the main elements of the theory of change:

Figure 6: Theory of Change Elements – Adapted from Harries, Hodgson & Noble, 2014



1.3.4. Conclusion

The evaluation methodology which had been decided upon by SAPDN informed and navigated the fieldwork process and the whole evaluation study.

SECTION TWO

Overarching Scenario of the COVID-19 Pandemic on Child Protection and Children in South Africa

2. Introduction

Childcare and protection, according to the developmental approach, is defined as the full continuum of care, support and protection that all children need for their well-being, to develop and thrive to their full potential. One of the dimensions of this spectrum concerns the care and protection of children who are deprived of parental care and who suffer violence, abuse, neglect and exploitation. This, however, is only one of many elements of care and support (DSD, 2019). The rights of children are enshrined in the country's Constitution, the country's apex law. Sections 27, 28 and 29, guarantee children's rights to basic education, health, food, care and social assistance (Patel et al., 2021). South Africa has several social policies that are intended to improve child well-being outcomes, including free basic education and primary healthcare, the Child Support Grant (CSG), and the National School Nutrition Programme (NSNP). Reports from the Department of Social Development show that close to two-thirds of children – a total of 13,4 million beneficiaries received the Child Support Grant (CSG) at the end of April 2021 (Patel et al., 2021). Furthermore, a range of other child protection and welfare services are available through both state and civil society organisations. However, the daily reality for millions of South African children differs greatly from the protections promised by the Constitution and several policies. These children, many of whom are African and Coloured, live in poor households that struggle to meet their basic needs for nutrition, clothing, and shelter; impacting both their short and long-term development (Patel et al., 2021).

In terms of non-South African children, South Africa is a major destination for migrant children on the move from countries throughout Eastern and Southern Africa. According to the United Nations Children's Fund's (UNICEF's) latest Data Snapshot of Migrant and Displaced Children in Africa, more than 642,000 migrant or displaced children currently live in South Africa, making it the country with the largest child migrant population on the continent. South Africa's mixed movements includes refugees, asylum seekers, victims of trafficking, smuggled migrants and unaccompanied and separated minors (UNICEF, 2020a). Suffice it to say, many refugee and migrant children experience on-going violence and exploitation on their journey and a significant number of them arrive in the country without parents or caregivers, while others arrive with parents or relatives and they are later separated. Currently, the care and protection of unaccompanied and separated migrant children is determined by the courts of South Africa and these children are often placed in Child and Youth Care Centres (CYCC), or in temporary community-based foster care (UNICEF, 2020a).

2.1. Impacts of COVID-19 on Children

Globally, at the height of the health crisis, COVID-19 was harming the health, social and material well-being of children, with the poorest children, including homeless children and children in detention, significantly affected according to the Organisation for Economic Co-operation and Development (OECD) (2020). Furthermore, school closures, social distancing and confinement increased the risk of poor nutrition among children, their exposure to domestic violence, as well as increased their anxiety and stress, and reduced access to vital family and care services. Widespread digitalisation mitigated the education loss caused by school-closures, but the poorest children were least likely to live in good home-learning environments with internet connection. Also, increased unsupervised on-line internet use

magnified issues around sexual exploitation and cyber-bullying (OECD, 2020). The COVID-19 pandemic impacted children in South Africa in extremely negative ways. The Department of Social Development (2020) asserts that children experienced anxiety and panic as acutely as adults did. Haffejee and Levine (2020), in a study that explored the experiences and impact of the pandemic and the resulting social isolation on the well-being and protection of children living in a residential care facility in South Africa, observe that the social and economic disruptions caused by the pandemic and associated lockdown, combined with long-term structural social, economic and political inequality, and failures within government impacted on service delivery, access to resources and availability of supportive networks, the absence of which increased vulnerability and heightened levels of anxiety and stress in children.

The next section highlights provincial trends which are applicable to the thrust of this evaluation assignment.

2.2. The Impact of the COVID-19 Pandemic on Child Protection in Gauteng Province

In a Gauteng City-Region Observatory (GCRO) (2021) Quality of Life Survey, it is reported that, generally, due to COVID-19, there had been major shifts in the behaviour of households in response to the pandemic and to the lockdown restrictions. Most respondents said that they had avoided public gatherings, while 41% kept children away from school, and 35% changed how they purchased groceries. Patterns of transport shifted significantly with fewer respondents travelling to work, and with shorter, more localised trips. The economic impact was extensive, with many respondents having their salaries and working hours reduced or losing jobs. These impacts were widespread, but not everyone had been equally affected (Maree et al., 2021). This was attributable to the high levels of inequalities in both the country and the province. In effect, COVID-19 had a severe and marked impact on the trajectory of quality of life in the Gauteng City-Region. The pandemic is likely to influence lives and livelihoods for many years to come. The path to recovery from the pandemic and its socio-economic impacts will require careful attention to previous and new vulnerabilities – with many individuals and households under severe strain and with limited capacity to cope with any additional pressures – and how this has exacerbated and fostered inequalities in the Gauteng City-Region (Maree et al., 2021).

We can thus extrapolate the information presented above and extend it to the child protection sector. Also, while drawing on other sources depicting the living conditions of households and individuals used in this report, we can safely deduce that child protection had been negatively impacted by COVID-19.

N.B. Curiously, data on the impacts of COVID-19 on children in general and specifically on child protection in Gauteng is almost non-existent and the fieldwork part of this research endeavoured to fill this gap.

2.3. Track and Assess the COVID-19 Pandemic on Child Protection in the Western Province

According to the Department of Social Development of the Western Cape (2022), its Child Care and Protection Programme aims to safeguard and promote child well-being and build the resilience of families and communities to care for and protect their children. The Child Care and Protection Programme provides quality services to children who:

- need care and protection
- have special needs (this can include chronic illnesses, disabilities and those children who display behaviours that are difficult to manage).

Its services include:

- Public Education and prevention programmes, focusing on parental responsibilities and rights, targeting children, parents, families and communities.
- A range of programmes and services for children with risky behaviours e.g. safety and risk assessment services; therapeutic and psychosocial services, temporary safe care programmes; adolescent development; programmes for children with behavioural, psychological and emotional challenges, transitional care and support programmes for children about to exit alternative care; programmes for children that live and beg on the streets.
- Statutory services - e.g. foster care programme, adoption programme.
- Programmes aimed at reuniting children previously placed in alternative care with their families or communities of origin.

To fully appreciate the impact of the pandemic on children in the Western Province, it was first necessary to understand children's prior living conditions, care arrangements and access to services, and the extent to which these protected children or increased their vulnerability to shocks such as COVID-19. It can be noted that children in the Western Cape were relatively better off than children in other provinces, with nine out of 10 children having access to health care and basic services and living in households where someone was employed in 2018 (Lake et al., 2021). However, their relative advantage masks significant spatial, racial and income inequalities - with one in four children living below the poverty line, and one in ten children living in food-insecure households. Children in the Western Cape were more likely to live in informal housing than children elsewhere in the country, and the associated risks of overcrowding and poor water and sanitation increased children's vulnerability to communicable diseases such as COVID-19 (Lake, et al., 2021).

Furthermore, Lake et al. (2021) argue that children's care arrangements in South Africa are often fluid and subject to changing circumstances, as families seek to balance the need for employment, education, childcare and protection. While half of the children in the Western Cape live with both biological parents, a third live with only their biological mother, and nearly one in 10 children live with neither parent, with many children living in the care of relatives in other provinces. Recognising these complex care arrangements is particularly important in a pandemic where serious illness or death of primary caregivers could render children vulnerable and without adult care, and where extended family and community support may be reduced due to fear of viral transmission (Lake et al., 2021).

2.4. Track and Assess the COVID-19 Pandemic on Child Protection in North-West Province

Data on COVID-19's impacts on child protection in the North-West was almost non-existent at the stage of the desk-stop analysis and it was envisaged that we would collect more data during the fieldwork phase of the research. However, it can be hypothesised that the child protection situation in this province was not better off than that of other provinces highlighted in this report. This means that child protection and the general living conditions of children worsened at the height of the COVID-19 pandemic in the North-West province. Nevertheless, the fieldwork in this province did not unfold due to the challenges highlighted earlier in this report.

2.5. Track and Assess the COVID-19 Pandemic on Child Protection in KwaZulu-Natal Province

The COVID-19 pandemic wrought several restrictions and lockdown measures which meant that children spent more time at home than they did in school. Unfortunately, this also meant that children faced an increased risk of violence and abuse (United Nations Children Fund [UNICEF], 2021). Much like all

other provinces in South Africa, the province of KwaZulu-Natal (KZN) was severely impacted by the COVID-19 pandemic. This meant that the province had to respond swiftly and provide support for the most vulnerable members of society (Ngeleza et al., 2021). Therefore, the government together with civil society increased access to food parcels and vouchers to reduce hunger for the poor and to prevent malnutrition among children (Ngeleza et al., 2021). The province also provided psychosocial assistance, and shelter to victims of abuse, crime, and violence (Ngeleza et al., 2021).

However, while the province was working to respond and recover from the COVID-19 pandemic, it was continuously struck by disasters that posed a challenge to the COVID-19 response measure such as the July 2021 unrest that erupted from the 9th to the 17th of July and was characterised by violent protests and looting of shops and businesses as well as burning and destruction of public and private facilities (Nair, 2021). This unrest resulting in the torching, looting, and damaging of more than 50 schools exacerbated the existing educational challenges caused by COVID-19 (Nair, 2021). Additionally, in April 2022, the KZN floods and mudslides also worsened the existing challenges faced by KZN communities. Families lost their homes and their loved ones, and once again, children were heavily affected as they too lost homes, schools, their friends, and family members. Sadly, 57 children succumbed to the floods (Isaacs, 2022). This challenged DSD, UNICEF South Africa, and civil society organisations to respond by providing relief measures such as food, shelter, warm clothes, blankets, a place of safety and psychosocial support to families and children affected by this disaster (Isaacs, 2022).

2.6. Track and Assess the COVID-19 Pandemic on Child Protection in the Eastern Cape Province

The Eastern Cape province was also negatively affected by COVID-19, prior to the pandemic, as the province was already struggling with rectifying the high rates of poverty, and unemployment. According to Ellis (2022), the province had the lowest proportion of households with an employed person in the household (52,7%) compared to other provinces. The Department of Social Development in partnership with the private sector, and faith-based organisations had to play an active role in increasing access to food (Ellis, 2022). Different districts ran food banks and prepared food parcels, unfortunately, these were not sustainable due to insufficient food donations (Ngeleza et al., 2021). The province also struggled with water shortages, especially in Nelson Mandela Bay municipality (Ngeleza et al., 2021).

All these aspects had a negative impact on children as they remained a very vulnerable population group. Additionally, during this document's analysis, it was challenging to find strong evidence of child protection measures in the Eastern Cape during the COVID-19 pandemic. In fact, contrary evidence was more prevalent, the province had produced a shocking statistic of children dying of malnutrition. Between 2020 and early 2022 more than 30 children died due to malnutrition in the Eastern Cape (Stats SA, 2022a). Also, more than 400 children had been diagnosed with severe acute malnutrition, and more than 300 children were receiving inpatient care for malnutrition in healthcare facilities (Stats SA, 2022a).

2.7. Track and Assess the COVID-19 Pandemic on Child Protection in the Free State Province

In response to the COVID-19 pandemic, the Free State province focused on food, water, and social security. A Solidarity Fund was established between public and private institutions to distribute food parcels across the province. This initiative was developed to cushion the burden of poverty for vulnerable families and children aggravated by the COVID-19 pandemic. However, there were challenges of overcrowding at distribution centres and administrative problems in reaching all the people in need. Additionally, bureaucratic requirements resulted in the sluggish distribution of food to vulnerable groups and resulted in food decomposing.

SECTION THREE

Review of the Macro-economic Situation in South Africa and its Impact on the Household Economy and Child Poverty Levels, with a Focus on the Six Provinces of Project Implementation

3.1. Introduction and Overview

This section proffers an overview of the macroeconomic situation in South Africa while paying attention to its impact on the country's household economy. Thereafter, it focuses on the overall state of child poverty in South Africa before paying attention to the provincial child poverty profiles. It then drills down to the country's provincial level by highlighting the macroeconomic standing of Gauteng, Eastern Cape, Free State, KwaZulu-Natal, North-West and Western Cape Provinces.

It must be noted that before the outbreak of the Coronavirus (COVID-19) pandemic South Africa's economy was not performing well. According to the International Monetary Fund (IMF, 2022, p. 2):

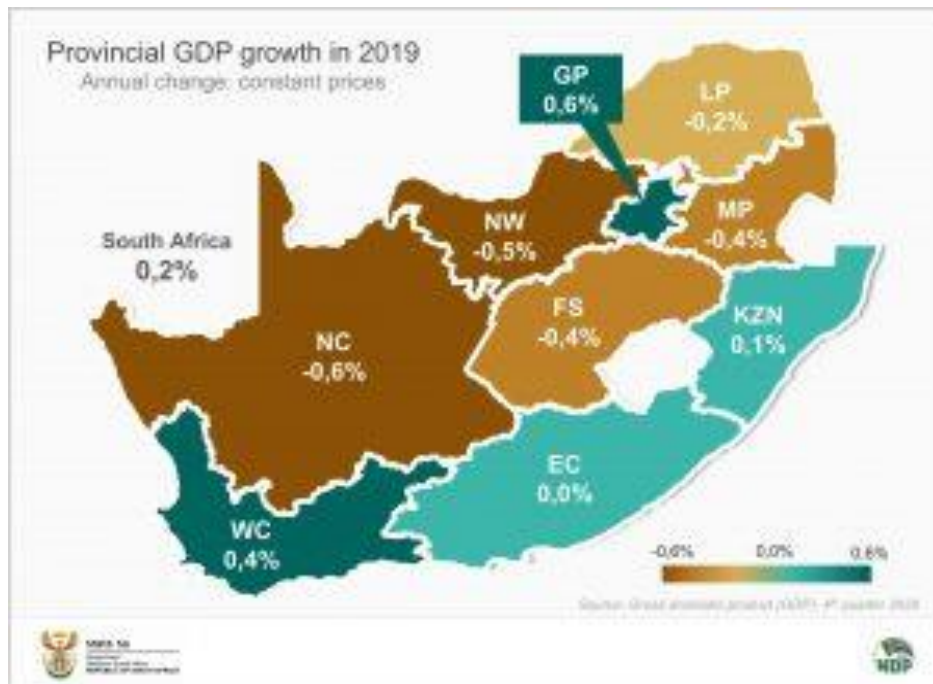
South Africa's subpar economic performance over the last decade has significantly eroded living standards and macroeconomic fundamentals. As economic policies failed to adapt to the end of the commodity price boom of the 2000s, productivity deteriorated, and business confidence faltered. The impact of adverse shocks was exacerbated by widespread corruption, state capture, and difficulties to muster political support to implement much-needed reforms. Growth disappointed, with per-capita real output stagnating in the decade preceding the pandemic as private investment lost dynamism and the contribution of total factor productivity turned negative. Subdued growth eroded fiscal and external buffers, aggravated unemployment, and kept a large share of the population in poverty. The economy slowed to a standstill in 2019. South Africa remains one of the most unequal societies in the world despite its formidable growth potential.

Despite the above dismal forecast, South Africa's real Growth Domestic Programme (GDP) grew by 0,2% in 2019. Nevertheless, at a national level, the year was characterised by a slump in economic activity across various industries, most notably in agriculture, construction, mining and manufacturing. Increased production in finance, real estate and business services, government and personal services helped keep national GDP growth in positive territory, albeit by a whisker, according to Statistics South Africa (Stats SA) (2019). However, there was economic expansion in the three largest provinces (in terms of GDP). In 2019, Gauteng, Western Cape and KwaZulu-Natal accounted for 64% of the country's GDP. In addition, Northern Cape recorded the most significant decline in economic output, followed by North-West.

Gauteng, on the other hand, recorded the highest provincial growth rate. The 0,6% rise in economic activity was mainly driven by finance, real estate and business services, which are the dominant industries in that province. Agriculture is the smallest industry in Gauteng, so its poor performance affected Gauteng far less compared with the other provinces (Stats SA, 2019). Despite the pandemic, it seems the country's economy did manage to grow. According to the National Treasury (2022), in 2021, the economic effects of the pandemic – lost jobs and delayed investments – were exacerbated by inadequate electricity supply, with the highest levels of load-shedding to date. However, the economy grew by an estimated 4,8% in 2021 compared with the 5,1% projected in the 2021 Medium Term Budget Policy Statement (MTBPS).

The performance of provincial economies is illustrated in the figure below:

Figure 7: Provincial GDP in 2019 Adapted from Stats SA 2019



The downward revision reflects a sharp third-quarter contraction driven by a new wave of COVID-19, the outbreak of public violence in July 2021, heightened global uncertainty and modest growth expectations for the fourth quarter, following renewed power cuts (National Treasury, 2022). On the other hand, Statistics South Africa (Stats SA) (2022b) points out that Real GDP grew by 1,2% in the fourth quarter (October – December), taking the annual growth rate for 2021 to 4,9%. What is instructive, however, is that South Africa is experiencing jobless growth. Unsurprisingly, the country now tops the global charts for both aggregate unemployment as well as youth unemployment according to Price Waterhouse Coopers (PWC) (2022).

It can be speculated that the country's household economy was severely affected by the shrinking employment landscape. Stats SA recorded the liquidation of 982 companies and 828 close corporations during the first 11 months of 2021. This added to a total of 2,035 liquidations in 2020. The closure of companies (due to the pandemic, load-shedding and other factors) and scaling down of activities by others have had a huge negative impact on South Africa's employment over the past two years and by extension the county's households. This contributed to a total loss of 660,000 employment opportunities in the third quarter of 2021. This, in turn, reduced total (formal and informal) employment to 14,28m (PWC, 2022).

3.2. Impacts on the Household Economy

The National Treasury (2022) reports that household spending is estimated to have grown by 5,6% in 2021, after a contraction of 6,5% in 2020. Spending levels were recovering until July, but fell in response to the public violence, and remain below pre-pandemic levels. Also, consumer confidence declined, and retail operations and supply chains were severely affected. In addition, household consumption is expected to grow by 25% in 2022. Over the next three years, this is expected to be supported by sustained growth in private-sector wages, growth in private-sector wages, growth in household credit extension and relatively low borrowing costs. Consumption was supported in the near term by the extension of the special COVID-19 social relief of distress grant in 2022 / 23, and a relatively mild fourth wave of infections followed by further easing of COVID-19 restrictions at the end of 2021. Food and energy

prices – especially municipal rates from rising electricity prices, high domestic food inflation and elevated fuel prices – are expected to be the key sources of inflationary pressure in 2022 (National Treasury, 2022).

Arguably, a corollary to the aforementioned was food insecurity. South Africa, like many countries around the world, has not been spared during this global health crisis. The proportion of South Africans affected by moderate to severe food insecurity were 17,3% and those affected by severe food insecurity were 7,0% in 2019 according to the Food Insecurity Experience Scale (FIES) results. However, these proportions likely increased in 2020 (Stats SA, 2022b). The state of households across South Africa can be determined through the analysis of their assets and incomes.

3.3. Household Assets and Sources of Income

To further tease out the impacts of the macroeconomic situation on households, we used their assets and sources of income as proxies for analysis. According to Stats SA (2020a), assets, whether they are owned by individuals or by households, may provide a range of direct and indirect benefits, including status and security, to their owners. Household assets influence the extent to which households can diversify their livelihoods. To this end, asset poverty is an economic and social condition that is more persistent and prevalent than income poverty.

The Figure below adapted from Stats SA (2020a) presents household assets across the nine provinces of South Africa:

Figure 8: Household Assets Across the Nine Provinces

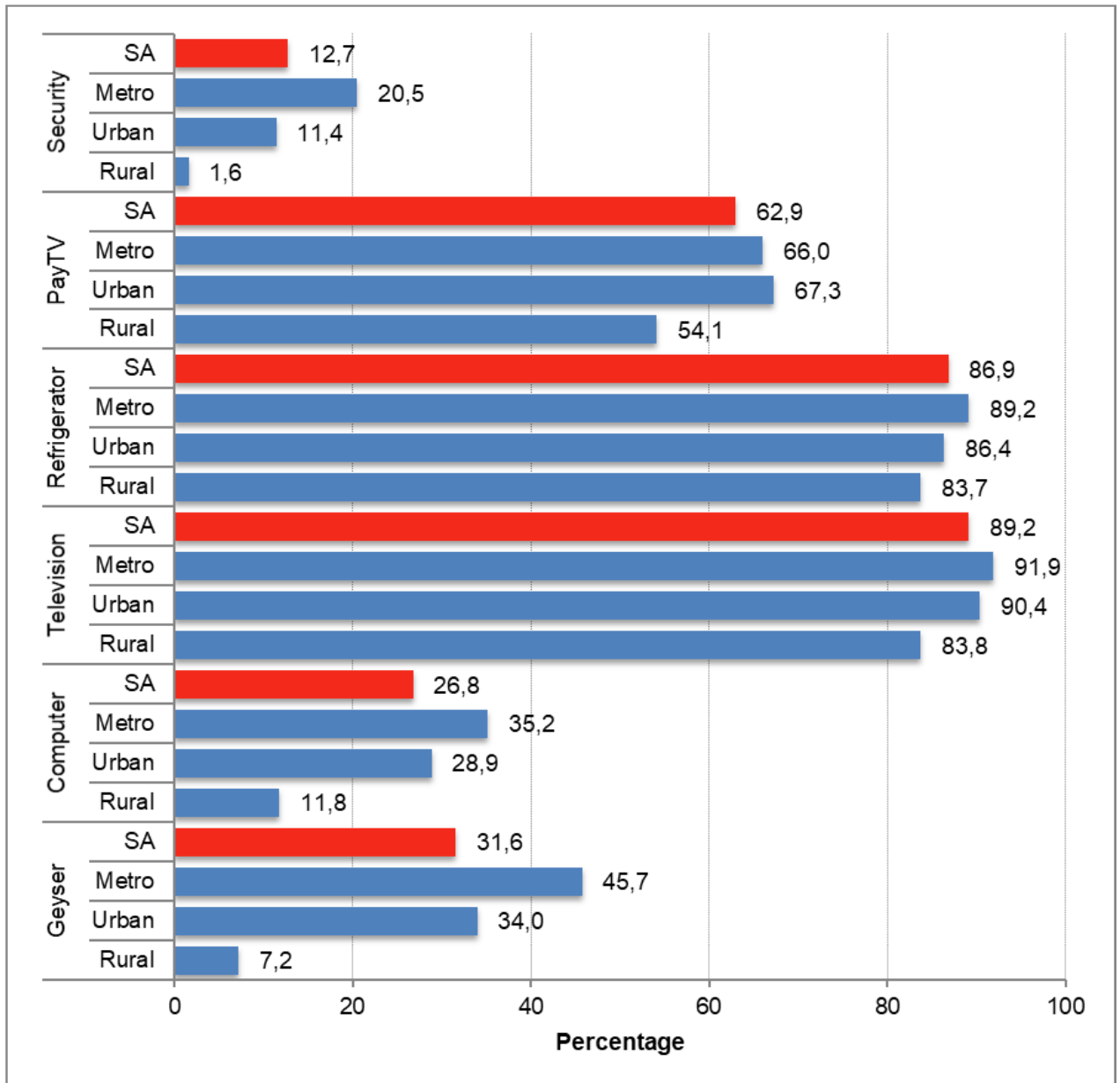
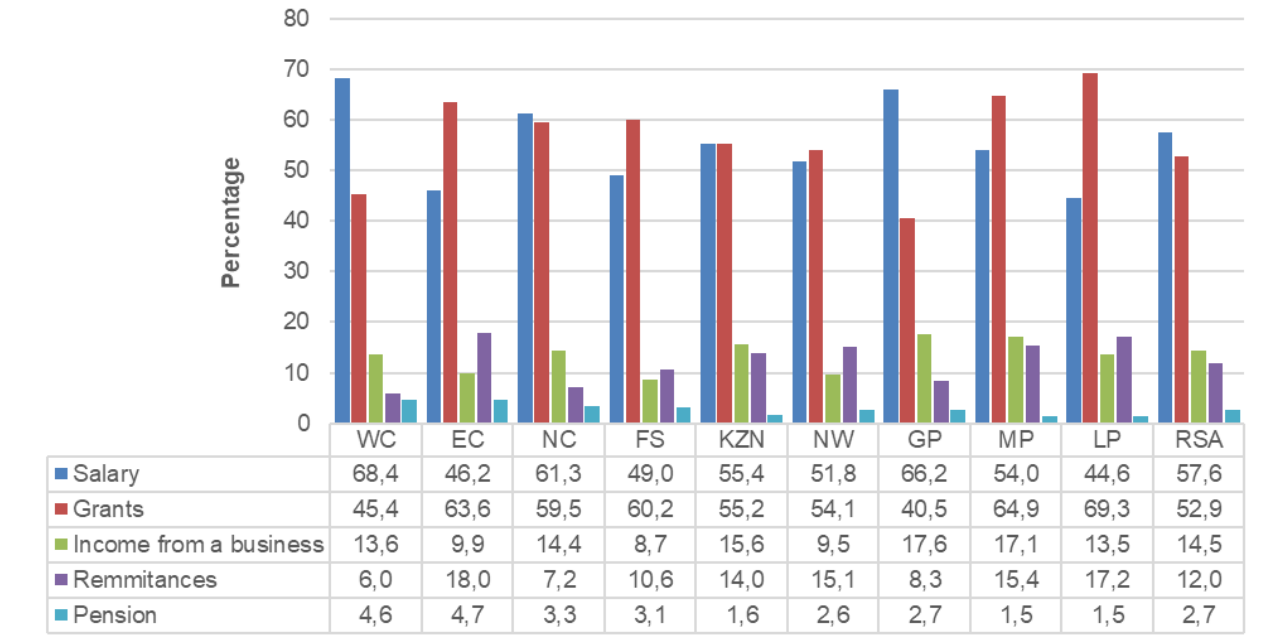


Figure 2 above shows that 26,8% of households owned one or more computers while 89,2% owned televisions and 86,9% owned refrigerators. Households in urban and metropolitan areas were much more likely to own any of these assets than households in rural areas. While a similar percentage of rural and urban households owned refrigerators (83,7% versus 86,4%), televisions (83,8% versus 90,4%), their ownership of geysers (7,2%), computers (11,8%) and pay-TV (54,1%) was lower than that of their urban peers (Stats SA, 2020a, p. 49).

In terms of sources of income, a range of possible factors could motivate households to diversify the various sources of income they receive. These could, *inter alia*, include the need to generate enough income to ensure a sufficient livelihood; and limiting the risk associated with relying on a single source of income. Stats SA had requested households to list all their sources of income from a category of seven categories which included: salaries and wages; income from a business; remittances; grants; pensions; income from farming; and income generated through rental income and interest (Stats SA, 2020a).

The Figure below adapted from Stats SA (2020a) summarises the percentage of households according to the various sources of income reported by them.

Figure 9: Sources of Income



According to the Figure 3, nationally, salaries (57,6%) and grants (52,9%) were the most common sources of income reported by households. Furthermore, when we move from the national to the provincial level, it can be discerned that the largest percentage of households that earned salaries were found in the Western Cape (68,4%) and Gauteng (66,2%). Grants were more prevalent than salaries as a source of income in Eastern Cape (63,6%) and Limpopo (69,3%). Remittances as a source of income played an important role in most provinces, but especially in Eastern Cape (18,0%) and Limpopo (17,2%) (Stats SA, 2020a).

All the aforementioned factors had and continue to have a bearing on child poverty.

3.4. Child Poverty in South Africa

South Africa has very high rates of child poverty. In 2018, 59% of children lived below the upper-bound poverty line. Income poverty rates have fallen substantially since 2003, when 78% of children (14,1 million) were defined as “poor” at this income threshold. The reduction in the child poverty headcount is partly the result of a massive expansion in the reach of the Child Support Grant (CSG) over the same period. Although there have been reductions in the child poverty rate, large numbers of children still live in poverty: in 2018, 11,6 million children lived below the upper-bound poverty line (Hall, 2019, p. 222). According to Stats SA’s (2020b) report on *Child Poverty in South Africa* more than six out of ten children (62,1%) are identified as multidimensionally poor in the country. The report is based on data collected through the Living Conditions Survey (LCS) conducted in 2014 / 15. In South Africa, children are defined as being from the ages of 0-17 years. Nevertheless, child poverty remains most prominent in the rural areas of the former homelands, where 76% of children are below the poverty line (Hall, 2021). The Table below disaggregates child poverty according to provinces:

Table 5: Multidimensional Child Poverty by Province (2015) Adapted from Stats SA 2019

Province	Poverty prevalence in percentages
Limpopo	82,8%
Eastern Cape	78,7%
KwaZulu-Natal	75,8%
Mpumalanga	69,2%
North-West	64,1%
Northern Cape	53,8%
Western Cape	37,1%
Gauteng	33,6%

According to the child poverty report, children under five are most deprived in the dimensions of Housing (61,3%), Child development (57,9%) and Health (54,4%). Among children aged 5-17 years old, the highest deprivation rates are observed for the dimensions Education, Housing and Health (Stats SA, 2020a). Approximately half of the children (51,0%) in South Africa are considered to be monetary poor, that is, they live in a household where its consumption is below the lower bound poverty line of R647 per person per month (Stats SA, 2020b). Multidimensional poverty is highly prevalent amongst double orphans (77,3%) and paternal orphans (75,0%) as opposed to non-orphans and maternal orphans (Stats SA, 2020b).

However, having only their mother alive is also a strong predictor of the child's deprived status according to United Nations Children's Fund (UNICEF) (2020b). Furthermore, the report shows that more than twice as many children living in rural areas (88,4%) face multidimensional poverty compared to children in urban areas (41,3%). The highest multidimensional poverty rates are found amongst children residing in Limpopo (82,8%) and Eastern Cape (78,7%). Gauteng and Western Cape, on the other hand, are best off with respectively 33,6% and 37,1% of children being multidimensionally poor. Those living in non-metropolitan municipalities (73,7%) indicate much higher multidimensional poverty rates than children in metropolitan municipalities (39,6%) (Stats SA, 2020b).

In terms of race, Black African children experience poverty rates between 65% and 70%, which is almost double that of Coloured (mixed race) children (38% on average). White children had the lowest deprivation headcount ratio, and only 9,2% of these children between the ages of 13 and 17 were considered deprived (having at least three deprivations across the seven dimensions). Double orphans were heavily deprived and had poverty rates that were almost 20% higher than non-orphaned children. Encouragingly, UNICEF (2020b) reported that the South African government continued to prioritise the well-being of children. Even after the global economic crisis of 2009, critical spending on child services and programmes, such as basic education, social grants and health, continued to receive funding support. National data and health, continued to receive funding support.

The next section disaggregates the above-mentioned data at the provincial level according to this project's foci.

3.5. Gauteng Province

(a) The Macroeconomic Situation

Gauteng Province is referred to as South Africa's economic heartland and located at its centre is the city of Johannesburg. Johannesburg is South Africa's largest metropolitan municipality in terms of population size, and diversity of its economy (contributing around 15% of national GDP in 2016). The city also

provides the highest number of jobs when compared with other cities in the province (2,04 million employed people which is 41,64% of the total employment in Gauteng). The city has been a magnet for entrepreneurs and work seekers for centuries. However, over the past couple of years, growth in crucial job creating industries such as manufacturing and mining has declined significantly. This, compounded with the low economic growth in the city has contributed to the high rate of unemployment according to the City of Johannesburg (CoJ) (2016). Gauteng's economy is projected to have grown by 4,9% in 2021, from a revised contraction of 6% in 2020. Growth is expected to moderate to 2,2% in 2021 and 2,1% in 2023. Despite this recovery, the provincial economy was still about 1% less than it was in 2019, prior to the pandemic, according to the Minister of the Executive Committee (MEC) for Finance in Gauteng Province Nkomo-Ralehoko (2022).

(b) Child Poverty

Gauteng child poverty rate stood at 33,6%. It presented the lowest multidimensional child poverty rate in the country. This situation could be attributed to the fact that the province is the most affluent in South Africa and has more opportunities for upward social mobility. However, child poverty still exists in the province and continues to negatively impact the well-being of children.

(c) Impacts on the Household Economy

COVID-19 and associated lockdowns were severe and forced households to adapt and respond to the pandemic. The economic impacts of the pandemic were extreme, with many people reporting reductions in salaries and working hours, as well as job losses. Grants and social support provided some crucial protection to the most vulnerable. However, in general, the most advantaged had been least affected, while Black African and lower-to-middle-income households had been affected the most (de Kadt et al., 2021).

3.6. Eastern Cape Province

(d) Macroeconomic Situation

The Eastern Cape is cited as one of the poorer and rural provinces of South Africa. The economic outlook for the province is expected to be in line with that of the national economy. Following the deep contraction of 2020, the provincial economy rebounded in 2021 at an estimated rate of 4,2%. Growth in 2022 and 2023 is expected at moderate 1,8% and 1,3% respectively (Eastern Cape Provincial Treasury, 2022). In rand values, the Eastern Cape's GDP (at market prices) declined from R345,9 billion in 2020 Q2 to R339,8 billion in 2021Q3. The Eastern Cape GDP (at market prices) declined from R345,9 billion in 2020 Q2 to R339,8 billion in 2021Q3. However, compared with other provinces, the Eastern Cape contributed 7,7% to the total national GDP according to the Eastern Cape Socio-economic Consultative Council (ECSECC) (2022). The Eastern Cape unemployment rate was 47,4% and the youth unemployment (15-34 years) was 62,6% in 2021. The Eastern Cape's unemployment rate remained the highest in the country (ECSECC, 2021).

(e) Child Poverty

Eastern Cape recorded the largest proportions of multidimensionally poor children in South Africa at 78,7% during the period when data was being collected for the report on child poverty. UNICEF (2020b) asserts that multidimensionally poor children are overwhelmingly located in rural areas and live in the traditionally poor provinces such as the Eastern Cape. In 2018, over 40% of children in the Eastern Cape lived in households without any employed adults (South African Child Gauge, 2019).

(f) Impacts on the Household Economy

The national challenges cited above have negatively impacted on the province's households. It can be noted that 12% of households in the Eastern Cape lived in poverty (Mabuyane, 2022). Most of the province's households were sparsely located and not easy to access, especially when it came to the provision of social services.

3.7. Free State

(e) Macroeconomic Situation

The Free State's Gross Domestic Product (GDP) increased at an annualised rate of 72,9% in the third quarter of 2020, largely as a result of the easing of COVID-19 lockdown restrictions. The province has not recorded positive GDP growth since the second quarter of 2019. The largest contributors to positive GDP growth in Q3:2020 were the mining, manufacturing and trade industries. The mining industry increased at a rate of 293,1%, contributing 32,9% to Free State GDP growth; the manufacturing industry increased at a rate of 215,8%, contributing 20,8% to growth; and the trade industry increased at a rate of 136,5%, contributing 21,8% to provincial GDP growth. The provincial economy was expected to grow by 3% between 2020 and 2021. This projected growth was expected to be driven by growth in the mining, utilities, trade and transport industries. Growth in the mining industry was forecast at 7%, utilities at 9% while trade and transport were each estimated to grow by 4% (Mohale, 2021). In the fourth quarter of 2020, the Free State's working age population stood at 1,92 million.

(f) Child Poverty

Using hunger as a proxy, there were 549, 000 children, about 14,9% of the population, in the Free State who suffered hunger in 2020. In terms of race, there were 13,7% of Black Africans who suffered hunger, followed by 11,8 in the Coloured population and 0,5 in the White group (Stats SA, 2020c). Also, children living in households without an employed adult in the Free State in 2020 constituted 40,9% of the population. Comparably, the Western Cape and Gauteng had the lowest percentages at 22,1 and 22,9% respectively (Stats SA, 2020c).

(g) Impacts on the Household Economy

Using the foregoing issues as proxies to ascertain the impacts on the Free State household economy, since data was scanty here, we deduced that the province was negatively affected as well. We hoped to drill further in the fieldwork part of the research, but this did not transpire due to earlier cited challenges.

3.8. KwaZulu-Natal Province

(h) Macroeconomic Situation

The KwaZulu-Natal economy deteriorated significantly in the aftermath of the global commodity price shock in 2011 and the severe drought that affected most parts of the country between 2015 and 2016. The economic performance continued to grow at a much slower pace, with an estimated real GDP of 9% in 2018. The provincial economy is estimated to have contracted by 0,1% in 2019. Despite the COVID-19 shocks, the provincial economy expanded markedly in the third quarter of 2020. Thus, the provincial

economy was projected to strengthen to 2,5% in 2021 before moderating to 1,5% in 202 (KwaZulu-Natal Provincial Treasury, 2021).

(i) Child Poverty

Similar to the Eastern Cape, multidimensionally poor children are overwhelmingly located in the rural province of KwaZulu-Natal (UNICEF, 2020b). As can be noted from the statistics above, the prevalence of this type of poverty in the province is 75,8%. This is really a high number which has obviously socioeconomic implications as regards the well-being of children.

(j) Impacts on the Household Economy

In 2019, the bulk (38.7%) of KZN households were categorised as being lower-income earners (between R0 and 54 000 per annum), approximately 20.8% were categorised as low emerging middle-income earners (between R54,000 and R96,000 per annum). An estimated 27.8% were emerging middle class (earning between R96,000 and R360,000 per annum).

Approximately 6.5% of households in the province were categorised as realised middle-class earners (R360, 000 - R600, 000), and 4.5% were upper-middle-class (R600 000 - R1 200 000), and only 1.7% of KZN households were considered as affluent, earning over R1.2 million per annum. About 45% of African households earned less than R54,000 per annum, and a further 23% earned between R54,000 and R360,000 per annum. In contrast, most white, Coloured and Asian households fell within the emerging glass at 33%, 42,6% and 49,8% respectively. The white segment of the population enjoyed dominance over the realised middle class, upper-middle-class and affluent income categories. It is evident that significant income disparities still existed among the four population groups in the country. The Africans remained least favoured by the current condition (KwaZulu-Natal Provincial Treasury, 2021).

3.9. North-West Province

(k) Macroeconomic Situation

North-West GDP data estimates show that the provincial economy declined by 6% in 2020. Most of the economic sectors were negatively affected with only agriculture registering a 10.9% growth whilst the rest declined for the same period. Poverty, inequality and unemployment remained major challenges in the said period. The unemployment rate was 35.7% in the third quarter of 2021 which was higher than the national figure of 34.9% for the same period. Compared to other provinces, North-West Province registered the fifth highest unemployment rate for that quarter (Rosho, 2022).

(l) Child Poverty

Child poverty in the North-West Province was pegged at 64,1% in 2019. As was pointed out earlier, North-West also fell into the category of rural-based provinces where there are high levels of child poverty.

(m) Impacts on the Household Economy

It can also be assumed here that North-West households felt the same ripple effects as those at the national level. Anecdotally, it was discerned from the economic projections of the province that households in the North-West were negatively impacted during the period under examination.

3.10. Western Cape Province

(n) Macroeconomic Situation

According to the Western Cape Government (2022), the Western Cape economy was still in the process of recovering from the recession that commenced in the second quarter of 2020. In the third quarter of 2021, the estimated GDP for the Western Cape contracted by 1,5%. In the same quarter, economic activity in the province was at 96,7% of GDP levels in the first quarter of 2020, the quarter prior to when COVID-19 lockdown measures were first implemented. Furthermore, in the third quarter of 2021, the Western Cape's estimated GDP per sector replicated the national economy. The agriculture sector (-13,6%) contracted the most followed by the Trade (-5,0 %) and Manufacturing (-4,7%) sectors. The third quarter contractions were dampened by positive growth in the Mining (1,8%), Finance (1,2%), Utilities (1,0%); Personal Services (0,7%) and Government (0,4%) sectors. The Western Cape was subjected to tighter lockdowns, load-shedding, fuel price increases and supply constraints during the third quarter (Western Cape Government, 2022). Thus, the Western Cape economy is expected to expand moderately by 2,0% in 2022 and 1,9% in 2023, (HIS, markets). It was projected that Pent-up demand, would drive robust expansions in the mining (3,5%) and finance (3,0%) sectors, whilst growth in the construction (3,9%) sector would be supported by a low baseline and government push toward infrastructure expenditure (Western Cape Government, 2022).

(o) Child Poverty

Western Cape had the lowest multidimensional child poverty rate in the country of 37,1%. This meant that one (1) out of every three (3) children experienced at least four (4) types of deprivations across every age group in the province. When compared to the rest of the country, the Western Cape fared generally well, as 62,1% of children across South Africa were considered multidimensionally poor according to the Western Cape Commissioner for Children (2021). The Western Cape fared very well when compared to other provinces in South Africa in regard to child poverty.

(p) Impacts on the Household Economy

Households in the Western Cape were negatively impacted by not only the macroeconomic situation but the COVID-19 pandemic. The final waves of the National Income Dynamics Study – Coronavirus Rapid Mobile Survey (NIDS-CRAM) survey demonstrated increasing food insecurity. Evidence showed that 2,3 million households across the country reported child hunger in the week before they were interviewed. Of the 2,3 million households, around 620,000 reported that a child had experienced hunger almost every day or every day the week before they were interviewed in April / May 2021. Altogether, 2% of respondents reported child hunger in their household consistently in every wave of the study, which meant that respondents in households with just over 400,000 children reported that at least one child went hungry in their household in every wave between May 2020 and May 2021 (Western Cape Commissioner for Children, 2021, p. 8).

SECTION FOUR

First Qualitative Report with DSD Senior Management in Gauteng Province

4. Introduction

The main objective of the brief was to determine if there had been a change in mindset among decision-makers. To achieve this, we asked questions that elicited responses from the decision-makers, thus allowing us to ascertain whether such a change had occurred. The brief also tasked us with monitoring and assessing the mindset of 75 decision-makers, 100 social service professionals, Children's Court officials, and other key stakeholders in Gauteng Province and five other provinces. Initially, we aimed to focus on key decision-makers in the first phase. This included the Directorate and the Heads of Institutions in Gauteng, which would inform the processes to be followed in the subsequent phase. In the next phase, we hoped to delve deeper into the social service professionals across Gauteng and the five additional provinces.

This was the first external evaluation report that focused on the fieldwork part of the said assignment, which entailed data collection and gathering of information pertaining to deinstitutionalisation. It focused on the Gauteng Province, and it was compiled by the Southern African Policy and Development Nexus (SAPDN) for One Child One Family Hope and Homes for Children South Africa (OCOFA - HHCSA) in conjunction with the Gauteng Department of Social Development (GDSD). To reiterate, the external evaluation aimed to serve not only as a learning tool to ensure relevance, effectiveness, usefulness and sustainability of the care reform in six out of the nine provinces of the country (Gauteng Province and five additional provinces), that could create a potentially critical mass for system change nationwide, but it was also meant to be a guide, in this regard, a valuable mechanism to assist HHCSA and GDSD in achieving maximum impact and benefit to target groups. Specifically, the fieldwork aimed to collect data from various role players who would help SAPDN to measure and evaluate outcomes of the care reform / deinstitutionalisation programme in Gauteng Province from January 2020 – December 2023.

As a first report, it is important to highlight the fact that SAPDN was in some way piloting its evaluation data collection tool, during this phase. As the interviews unfolded, we were able to fine-tune our research instrument and make some essential adjustments. Also, this initial fieldwork served as a learning period, where lessons from this stage were first learnt, and then transferred to the other provinces, where data was gathered in such locales.

4.1. Methodology

Since we were focussing in the evaluation study on multiple actors, sources, individuals, information, and organisations, we followed a mixed method in the fieldwork phase. Thus, we used different tools to collect and analyse the data. Furthermore, we were mindful of the fact that there was rarely a single evaluation methodology that could fully capture all the complexities of how programmes operated in the real world. Consequently, evaluators must find creative ways to combine different evaluation frameworks, tools, and techniques - hence the growing interest in mixed-method approaches. Indeed, the unique feature of mixed methods approaches is that they seek to integrate social science disciplines with predominantly quantitative and predominantly qualitative approaches to theory, data collection and data analysis and interpretation (Bamberger, 2019).

4.2. Participants' Profile and Demographic Information

This part outlines the demographic profile of the respondents. To ensure confidentiality and protect the participants' identities, pseudonyms were used. Therefore, the Directorate (D) category of respondents is represented by the pseudonyms D 1-6, while the Heads of Institutions (HOI) category of respondents is denoted by the pseudonyms HOI 1-6. For this evaluation study, eight out of the 12 institutions in Gauteng were sampled because of their relevance to the study. These institutions were part of the care reform / deinstitutionalisation project which was initiated by OCOF-HHCSA in partnership with the GDSD. At the time of writing, six out of the eight heads of institutions agreed to participate in an interview. The other two heads of institutions did not agree to participate in the initial interview process. Nonetheless, there was a follow-up process whereby these prospective participants were engaged once more and requested to participate in phase two of the interview process, but to no avail.

All the individuals who participated in this research are represented in the table below which also depicts their profiles. Thus, the profile of the respondents includes the following: their pseudonyms, gender, race, level of employment, and category. SAPDN collected this demographic information to generate a holistic picture of the sampled participants.

Table 6: Demographic Profile of Research Participants

	Pseudonym	Gender	Race	Level of Employment	Respondent Category
1	D1	M	Black	Senior Management	Directorate
2	D2	M	Black	Senior Management	Directorate
3	D3	F	Black	Senior Management	Directorate
4	D4	F	Black	Senior Management	Directorate
5	D5	F	Black	Senior Management	Directorate
6	D6	F	Black	Senior Management	Directorate
7	HOI1	F	Black	Senior Management	Head of Institution
8	HOI2	F	Black	Senior Management	Head of Institution
9	HOI3	F	Black	Senior Management	Head of Institution
10	HOI4	F	Black	Senior Management	Head of Institution
11	HOI5	F	Black	Senior Management	Head of Institution
12	HOI6	F	Black	Senior Management	Head of Institution

4.3. Findings

Before presenting the findings, it is important to mention that SAPDN was mindful of the fact that all the interviewed role players were guided by certain policies and legislation in the execution of their duties. Thus, they were asked to point out some of the policies and legislation which informed their decision-making. The following policies below were cited by the role players.

4.3.1. Guiding Policies

- Child Protection Policy
- Code of Ethics Guiding Public Servants: Ethical Conduct in the Public Service
- Incident Management Policy
- Pocket Money Policy
- Norms and Standards for Child and Youth Care Centres
- Batho Pele Principle

The following legislation was cited as essential to the role players' decision-making.

4.3.2. Key Legislation Guiding the Protection of Children

- Constitution of the Republic of South Africa (Act 108 of 1996)
- Children's Act 38 of 2005
- Labour Relations Act 66 of 1995
- Basic Conditions of Employment Act 75 of 1997
- Child Justice Act 75 of 2008
- Nursing Act 33 of 2005
- South African Social Services Professions Act 110 of 1978
- Public Service Regulations of 2016

4.3.3. Key Issues Emanating from the Research

This interview phase included an interview and discussion with the Deputy Director General (DDG) of the Gauteng Department of Social Development (GDSD). The interview reinforced GDSD's commitment to deinstitutionalisation. It is noteworthy that GDSD is the main implementing partner with One Child One Family - Hope and Homes for Children South Africa (OCOF-HHCSA). This is a significant child protection initiative in South Africa. Since care reform involves a process of change, all stakeholders, such as the government, families, communities, civil society, and the corporate sector, had to share the same philosophical premise. The DDG emphasised the importance of a "deinstitutionalisation of mindsets" for successful deinstitutionalisation. Without this shift in perspective, stakeholders would remain locked into an institutional paradigm, thus preventing change.

During the interviews, several key issues emerged that had to be addressed by One Child One Family Hope and Homes for Children South Africa (OCOF-HHCSA). These are highlighted below.

- According to the research participants' views, initially, the introduction of the deinstitutionalisation project seemed to have caused some discomfort in the GDSD, and among the HOIs, and social workers in institutions. There seemed to have been a lot of resistance due to

the perceived uncertainty of the care reform agenda and its implications for different role players. However, over time, there seemed to have been a significant mindset shift, and it looks like the project is now well-received across the board in Gauteng Province.

- Some of the findings seemed to suggest that the deinstitutionalisation / care reform project had encouraged the GDS to consider and revisit the guiding principles of the Children's Act, which emphasised prevention, early intervention, and institutionalisation as a last resort. Despite this, unfortunately, institutionalisation seemed to be the preferred route for role players, and it has become the first resort.
- According to the respondents' answers, the implementation of the deinstitutionalisation / care reform project still seemed to be in its initial phase. Thus, it seemed to have not percolated down to all the role players' work and interventions.
- The deinstitutionalisation / care reform project needed more marketing to gain more traction because there seemed to be little dissemination of this new thrust in child protection from the implementing partners.
- The Heads of Institutions (HOIs) felt that OCOF-HHCSA was not visible in institutions. Some of them pointed out that they had never met any of the Hope and Homes officials and would like to develop a working relationship with them.
- Additionally, the assessment forms provided by OCOF-HHCSA were considered to be duplicates of the forms that the GDS was already using. Therefore, it was suggested by some of the respondents that the OCOF-HHCSA assimilate the former into the already existing GDS and institutional procedures. It is worth noting that the assessments are conducted at a regional level and not an institutional level. Conducting institutional assessments leads to an increased workload for social workers in institutions. Moreover, the respondents argued that after the assessments were conducted, there was no feedback from OCOF-HHCSA.
- Some of the respondents were of the view that there was no policy that spoke of deinstitutionalisation. They pointed out that they relied on the Children's Act, which they said did not provide enough guidelines to implement the deinstitutionalisation process.
- Most of the respondents also felt that to fully deinstitutionalise, there had to be support for families. For instance, the fact that children had to be removed from their families indicated that there were challenges and a deficit in the country in the first instance. Therefore, it is essential to ascertain what kind of families the children would be going back to after institutionalisation.
- However, it is worth noting that not everything was deemed by the respondents in a negative light. There was positive feedback regarding the independent living programme, which includes different aspects of skills development.
- Some respondents felt that the independent living programme needed to start at an early period since it begins at the age of 17 or 18. In this instance, it needs to start at an early age to build capable individuals. It also needs to extend into the communities, especially when it comes to skills development, as there are many youths in communities who required such skills.
- Other respondents shared their pride in OCOF-HHCSA's intervention because the former had encouraged GDS to develop a budget for the Independent Living Programme. The respondents further shared that for 2023 and 2024 they would have a budget for independent living, and this is because of OCOF-HHCSA. Therefore, they fully supported the Reform Programme.
- Some respondents shared the view that when it came to operating procedures, OCOF-HHCSA had made things easier for them, especially with the social safety bank, with which they managed to find child placements. In other cases, they found the relatives of children and reintegrated these children back into their families.
- The investigation also found out that there was a need to strengthen family tools in Gauteng Province, especially towards rural and semi-rural areas. They also saw a need for the establishment of family banks in each ward.

- Regarding change management, the respondents shared their pride in this aspect. They further added that there was a need for more awareness so that there would be buy-in from various stakeholders. There was also a suggestion for the printing of t-shirts to assist with making many people aware of the programme.

4.4. Summation

This interview phase and first report provides an overview of the deinstitutionalisation / care reform project in the Gauteng Province of South Africa. It captures some of the essential trends that emerged from the roll-out of the programme, including initial resistance and eventual acceptance from some stakeholders. A key issue that was identified by the respondents is that even though the project sought to prevent institutionalisation and promote early intervention, it lacked proper marketing. Hence, it was argued by some respondents that there was a need for a specific policy to spearhead deinstitutionalisation. Furthermore, they suggested that support for families was vital for deinstitutionalisation to be fully implemented, as families are often the first resort for children in need of care.

Even though some of the respondents had provided positive feedback about the independent living programme, they also suggested that it should start earlier and extend into communities to increase its reach. Additionally, they noted that OCOF-HHCSA had made some aspects of their operating procedures easier, such as finding child placements. However, they observed that there was a need to strengthen family tools, particularly in rural areas. The respondents also shared pride in successful change management but suggested that there was a need for more awareness to gain stakeholder buy-in. Overall, this report highlights the importance of deinstitutionalisation and the need for continued efforts to improve its implementation and support structures in South Africa. These findings guided SAPDN's fieldwork in the other provinces.

Based on the above, it seems that there had been some mindset changes in the decision makers from the initial phase to the point where they were able to embrace the change. Therefore, this denotes the change of minds. The interviews were able to ascertain that there has been a mindset change that had transpired.

4.5. Recommendations

During the first round of engagements, it was discovered that there was no existing training manual to guide the implementation of deinstitutionalisation / care reform. To ensure a smooth deinstitutionalisation process, a training manual should be created to guide the process. Furthermore, after examining the policy documents and legislation governing the protection of children in South Africa, it became clear that no specific policy or legislation existed to guide the country's deinstitutionalisation or care reform. Institutions are currently relying on the Children's Act, Chapter 9 Sections 150-159. As a result, SAPDN recommended that OCOF-HHCSA and GDSD, in collaboration with the National Department of Social Development (NDSD), develop a policy or formulate legislation to advance the deinstitutionalisation agenda.

4.6. Conclusion

This section covered and focused on the fieldwork phase of the evaluation research which was undertaken by SAPDN for OCOF-HHCSA. The preliminary findings which were from Gauteng Province were crucial pointers to what was obtaining in agencies and communities. They highlighted several trends that could either hamper or embolden the implementation of the deinstitutionalisation process by OCOF-

HHCSA and its implementing partners. The findings were also a very important yardstick which pointed the SAPDN research team in the right direction when they embarked upon the collection of data in the remaining provinces. What could be gleaned from these first findings is that there were critical implications for policy, legislation, and practice regarding the human resource aspects of the programme, communities, and families. Some of these needed immediate attention from the NDSD, GDSD and other role players. Specifically, SAPDN envisaged that some of the interventions had to be executed in the short, medium, and long-term ranges.

According to the findings of the fieldwork in Gauteng Province, there was a significant change in the mindsets of key decision-makers and stakeholders who were involved in implementing the deinstitutionalisation / care reform process. Those who had positive views indicated a change in mindset. They demonstrate an attitude of embracing the process, which signified a change in the stakeholders' mindsets regarding deinstitutionalisation. A good number of the respondents seemed to have accepted the implementation of deinstitutionalisation, as indicated by their positive responses. This suggests that there had been a mindset change among these different stakeholders.

SECTION FIVE

First Quantitative Report with Institutions and NGOs in Gauteng Province

5. Introduction

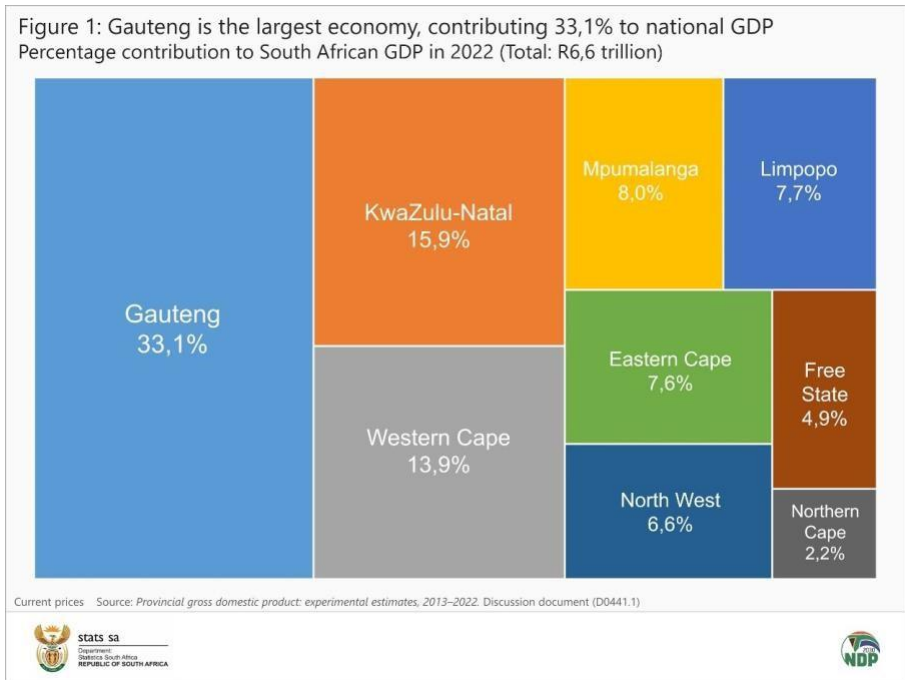
The purpose of this section is to present the findings for the fieldwork part of the evaluation study for Gauteng Province.

5.1. Overview of the Province

The methodology that was employed in collecting the data in Gauteng Province was a mixed one. This is because both qualitative and quantitative data were captured by various responses in the tools we used to elicit responses from different role players, sources, individuals, and organisations. The initial report that was completed and submitted to HHCSA was the qualitative part of the overall report with responses from the Heads of Institutions, Social Workers, Social Work Supervisors and Child and Youth Care Workers in eight out of the 12 government-led institutions in Gauteng. In this next phase, more focus group discussions were facilitated. Quantitative data was also gathered from 52 out of the 140 NGO-led Child and Youth Care Centres in Gauteng Province using surveys in the form of questionnaires.

Geographically, Gauteng is the smallest of South Africa's nine provinces, but it stands out as the most densely populated and rapidly expanding region. Despite its small size, Gauteng boasts the largest economy among all the country's nine provinces. This is not surprising considering the province's name, "Gauteng", which means "Place of Gold". The historical connection of the province with gold has played a pivotal role in Gauteng's story ever since its discovery in the Johannesburg area in 1886. Gauteng represents a juxtaposition of elements, blending the old and the new, the contemporary and the traditional, and the coexistence of dense urban centres with expansive grasslands. In 2022, the province contributed R33 out of every R100 generated by the South African economy, as shown in Figure 1 below. The economic output of Gauteng surpasses the combined economies of KwaZulu-Natal and Western Cape (Stats SA, 2023). The province's economic contribution to the whole country is illustrated in Figure 1 below.

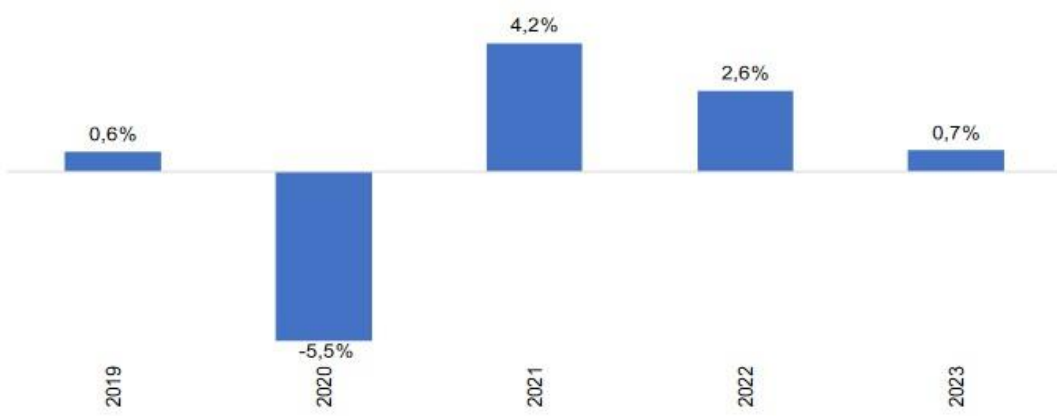
Figure 10: Contributions to National GDP by Province



Source: Statistics South Africa (2023) (Provincial Gross Domestic Product 2022)

Notwithstanding the positive economic outlook of Gauteng nationally, the province was severely constrained by rolling power cuts. Thus, Gauteng’s economic output shrunk by 1.3% during the fourth quarter of 2022. The year 2022 was a significant one for the Gauteng economy as it recovered from the impact of the Coronavirus (COVID-19) pandemic. The pandemic resulted in a substantial contraction in 2020, and in 2021 there was growth. However, this was not enough to grow Gauteng to the level it was at before the impact of the pandemic in 2020. The figure below illustrates Gauteng’s economic growth trajectory from 2019 - 2023.

Figure 11: S&P Market Intelligence, 2023 cited by Gauteng Provincial Government (2023)



5.2. Demographic Trends

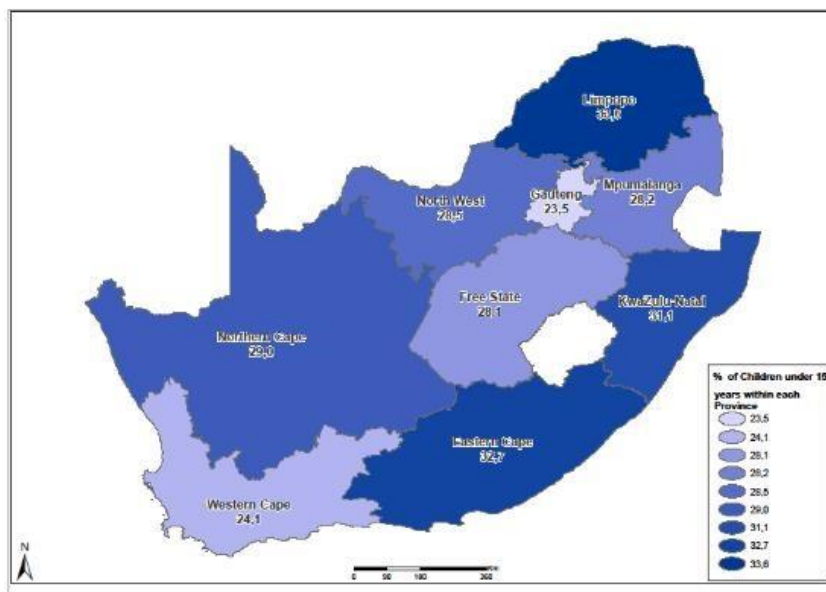
According to Statistics South Africa (Stats SA) (2022) Gauteng still comprises the largest share of the South African population, with approximately 16,10 million people (26,6%) living in this province. In 2020, 34% of the total population were children and Gauteng had become the province with the largest child population with 22% of all children in the country living in this province. The national disaggregated numbers of children in 2022 are captured in the table below.

Table 7: Mid-year Population Estimates by Population Group, Age and Sex, 2022 (Focussing on Children)

	Black African			Coloured			Indian/Asian			White			RSA		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
0-4	2 484 899	2 422 302	4 907 201	239 953	232 613	472 566	49 815	48 151	97 966	110 024	106 765	216 789	2 884 691	2 809 831	5 694 522
5-9	2 431 050	2 371 497	4 802 547	237 279	230 447	467 726	50 074	48 099	98 173	119 430	115 994	235 424	2 837 833	2 766 037	5 603 870
10-14	2 470 414	2 416 208	4 886 622	236 915	230 786	467 701	50 064	47 681	97 745	132 876	129 433	262 309	2 890 269	2 824 108	5 714 377
15-19	2 178 044	2 155 828	4 333 872	215 421	211 087	426 508	46 304	43 794	90 098	126 950	124 247	251 197	2 566 719	2 534 956	5 101 675

Furthermore, the national spread of children is illustrated in Figure 2 below:

Figure 12: Percentage of Children Under 15 years of Age (adapted from Stats SA)



Among other provinces, the disaggregated numbers of children in Gauteng Province are captured in Table 2 below.

Table 8: Provincial Mid-year Population Estimates by Age and Sex, 2022

Age	Eastern Cape			Free State			Gauteng			KwaZulu-Natal		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
0-4	357 095	348 500	705 595	133 145	130 077	263 222	658 878	643 920	1 302 798	612 897	595 779	1 208 676
5-9	365 404	355 657	721 061	135 274	131 762	267 036	634 673	619 994	1 254 667	601 139	584 327	1 185 466
10-14	382 643	371 538	754 181	146 215	143 266	289 482	618 669	609 744	1 228 413	604 225	589 776	1 194 001
15-19	319 277	310 981	630 258	131 724	130 317	262 041	578 621	581 609	1 160 230	535 631	527 842	1 063 474

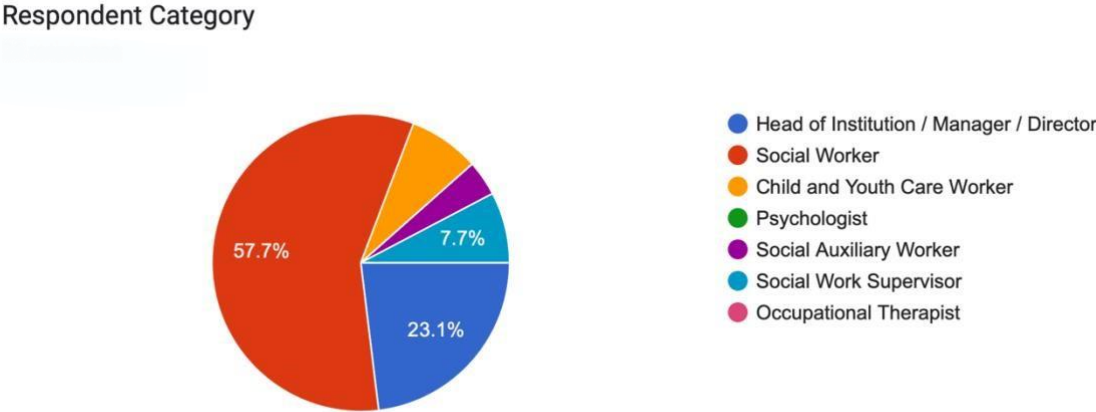
This section focuses on the empirical evidence that emerged from the fieldwork part of the study.

5.3. Findings

5.3.1. Key Issues Emanating from the Research

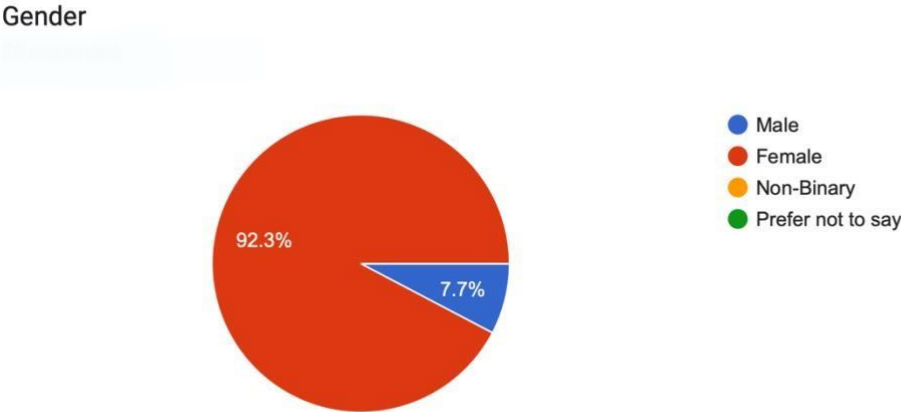
This round of data collection involved obtaining responses from various stakeholders in the child protection field within the Non-Governmental Organisation (NGO) sector. This includes heads of institutions, social workers, child and youth care workers, psychologists, social auxiliary workers, social work supervisors, and occupational therapists. The data collection process in this phase consisted of focus group discussions and surveys, particularly questionnaires.

Figure 13: External Evaluation Care Reform Respondent Categories



The gender profile of respondents only included males and females. None of the respondents identified as non-binary or preferred not to say. SAPDN acknowledges the potential gender bias and the lack of inclusive representation for diverse gender categories among the respondents.

Figure 14: External Evaluation Care Reform Gender Categories



During this phase of data collection, various institutions participated in the research. The following is a depiction of some of the institutions that participated, but this list is not exhaustive. It included child and youth care centres in the City of Johannesburg, the City of Tshwane, the City of Ekurhuleni, Sedibeng, and the West Rand.

Figure 15: Name of Institutions



5.3.2. Number of Children in NGO-Led Institutions

One of the survey questions asked respondents to provide the current number of children in their institutions. Out of the 52 institutions that responded, they collectively reported caring for over 3,700 children. This data provides valuable insights into the number of children currently in institutional care within the Gauteng region. Using an average of 71.43 children per institution, based on the 140 active institutions, we can estimate the total population of children in institutional care across Gauteng to be approximately 10,000.2 children. This estimation allows us to grasp the scale of institutional care within the region. When comparing this number to the total population of children in Gauteng, which Statistics

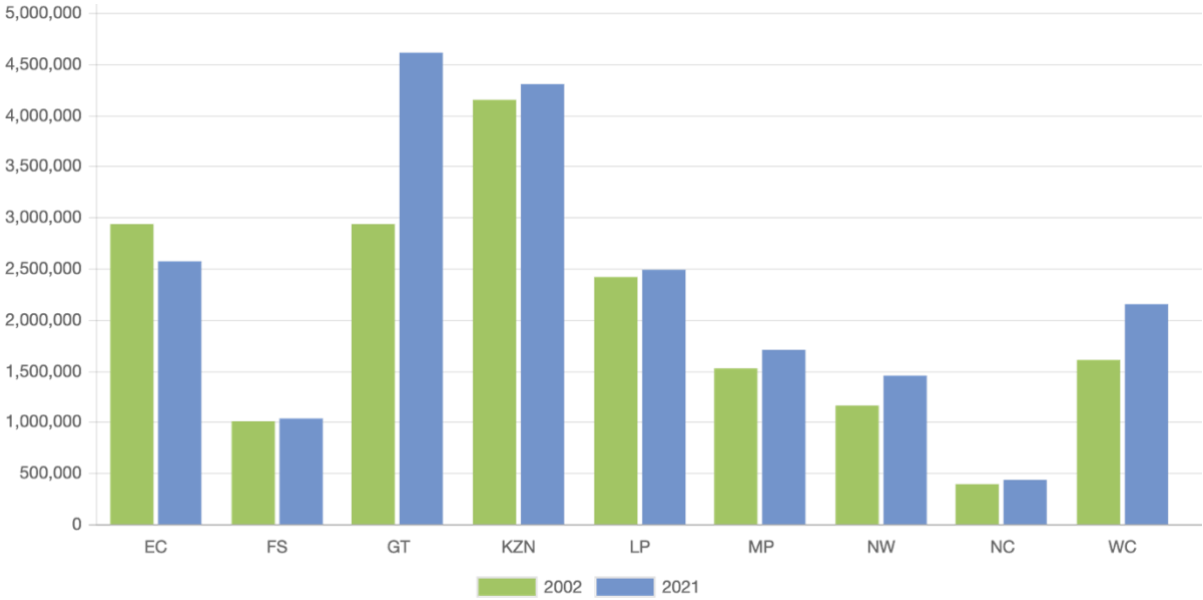
South Africa reported as 4,605,000 in 2021, we find that the percentage of children under institutional care is approximately 0.22%. While this percentage may seem small, it raises important questions about the accessibility and availability of alternative care options for children in need. Calculation:

$$\frac{10000}{4605000} \times 100\% \approx 0.22\%$$

This finding called for further examination and consideration. It highlighted the need to critically analyse the factors that contributed to children being placed in institutional care and to explore potential solutions to ensure the well-being and proper care of all children in the region. It also prompted us to consider the outcomes for children raised in institutional care and the broader impact this had on society. These insights underscored the necessity of care reform and deinstitutionalisation. It is crucial to advocate for comprehensive strategies that support and protect vulnerable children, ensuring that they are raised within familial structures for improved outcomes. Care reform is essential to create a system that prioritises the well-being and

development of every child in Gauteng, and thus promoting their rights and providing them with the best opportunities for a brighter future.

Figure 16: Number of Children in Institutional Care Across the Nine Provinces 2002 & 2021

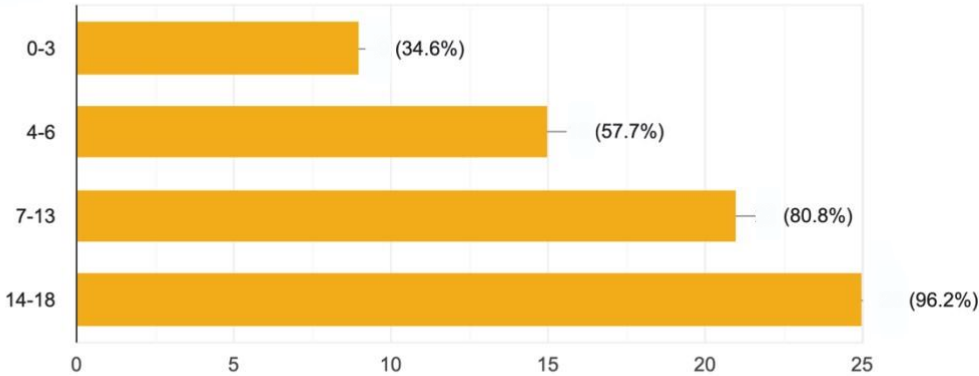


Source: Statistics South Africa (2003 – 2022) General Household Survey 2002 – 2021

In addition to the information provided above, the survey also aimed to determine the age groups of children who were in different institutions. Based on Figure 17 below, it is clear that the majority of children in institutions fell within the 14-18 age range, while the 0-3 category had the fewest number of children in institutions.

Figure 17: Age Categories of Children in Institutional Care in Gauteng

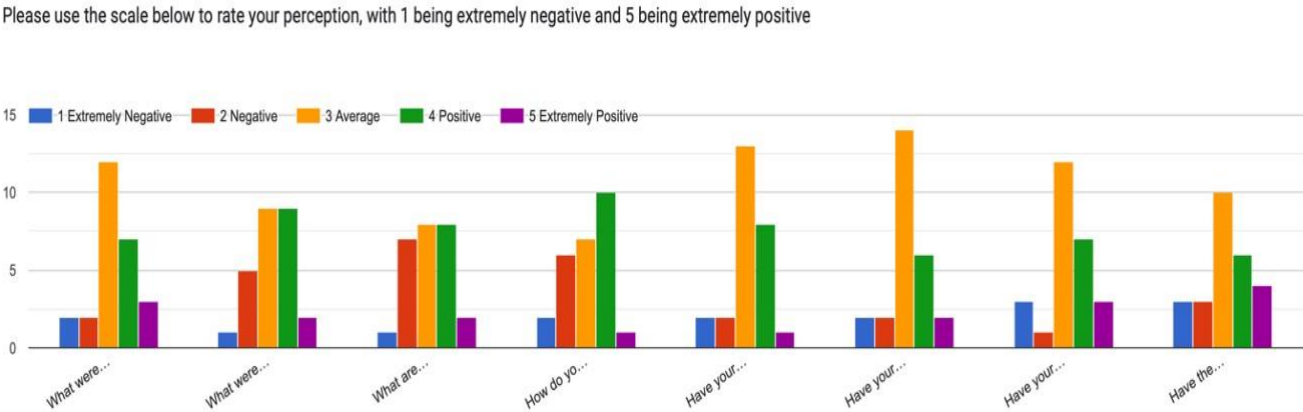
What are their age groups?



The data collection also aimed to determine the number of children who had left the participating institutions. It was reported that over 1,600 children had left. The respondents were also asked if they knew the whereabouts of these children. 86.4% of the respondents knew where the children were, while 15.4% lost contact and did not know their current location. Of

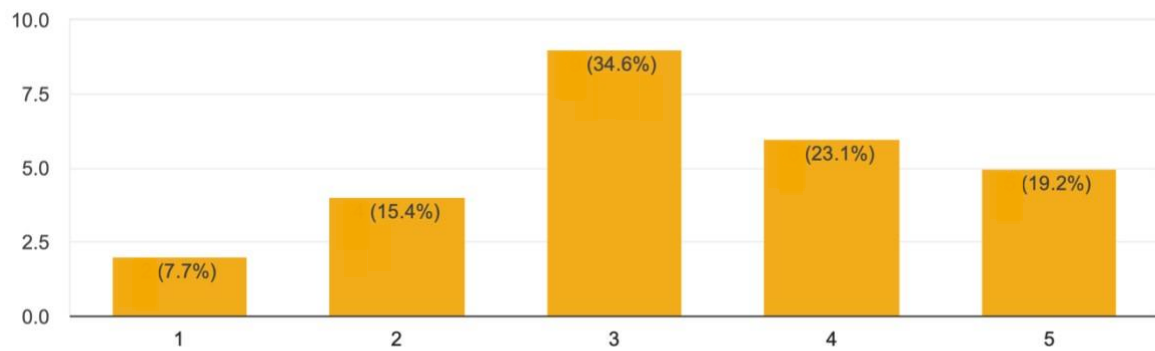
the children who left the institutions, the majority were reunited with their families, while some moved to live independently, and others were placed with foster families. Only 2% of the respondents mentioned that children were placed for adoption locally and internationally. Some children were transferred to other institutions, adult institutions, or pursued higher education opportunities at universities and colleges. The quantitative stage of the external evaluation also aimed to gauge the respondents’ perception of the care reform model during its introduction. The data below shows that the initial perception towards care reform was generally neutral, with the most common response being average. When asked about their current feelings towards care reform in Gauteng, the responses varied between negative, average, and positive, with equal numbers for average and positive responses. Based on the presented data, more positive feelings towards care reform in Gauteng were evident, followed by average, negative, and extremely negative responses.

Figure 18: Tracking and Evaluating Mindset Change from 52 Institutions in the Gauteng NGO Sector



Furthermore, there were questions regarding work routines, work schedules, work habits, and decision-making routines in the workplace. The purpose of these questions was to determine if the respondents’ work routines and habits had changed since the implementation of the care reform project. It appears that there were minimal changes in this respect. The respondents mostly indicated their responses as “average”, although some responses were positive and extremely positive, indicating that some changes were evident. Another important aspect gathered during this phase of data collection was the readiness of Gauteng institutions to implement care reform in the province. The data revealed a diverse range of responses. The majority of the respondents believed that their institution was prepared to undergo significant transformation in the light of the Care Reform implementation, as shown in the diagram below.

Figure 19: Institutional Readiness for Care Reform Transformation in Gauteng



Using the linear scale technique, SAPDN determined that only around 22% of respondents felt that their institutions were not ready to undergo significant transformation towards care reform in Gauteng. The majority of respondents either felt that their institution was somewhat ready or significantly ready for transformation. The respondents were then asked to share their concerns regarding the care reform project in general, and they provided a diverse set of responses. The concerns are outlined below:

- * There were concerns raised regarding a lack of training on care reform, making it difficult to understand expectations and project implementation.
- * Respondents shared that most children in CYCCs were abandoned and lacked accepting families. Additionally, community members were unwilling to accommodate teenagers.
- * Further concerns were raised about the community's interest in the quality of opportunities and individual monitoring provided by the current care system, especially for vulnerable / at-risk children and youth.
- * The respondents also shared significant challenges related to reuniting children with their families or foster families. They also raised concerns about foster families being primarily motivated by financial incentives.
- * More than 50% of the respondents expressed difficulty in reuniting children with their families.
- * There were concerns about designated social workers removing children from their homes without maintaining communication, hindering family reunification.
- * The respondents shared that social workers were not adequately tracing families or rebuilding broken relationships and trust, making family reunification challenging.
- * About 30% of the respondents were not well-informed about the Care Reform project and requested more information.
- * Concerns were raised about project implementation and effectiveness in ensuring proper care for children in communities and foster family structures.
- * Other concerns included an influx of non-South African children with unknown family whereabouts, posing reunification challenges.
- * Foster care breakdown rates, especially for children with behavioural challenges, were also a concern due to a lack of willingness to address difficulties.
- * There was a lack of co-ordinated services and funding for cohesive and comprehensive work for children.

- ✳ It was necessary to assess if there had been enough community resources to support the Care Reform Project Programme and address the needs of children over 21 without family support.
- ✳ The lack of information about the Care Reform project was identified as an on-going issue.
- ✳ Concerns were raised about placing children with foster families solely motivated by financial gain, and not prioritising the child's well-being.
- ✳ Further concerns were raised about the Care Reform project appearing disorganised, and there were concerns about insufficient financial and human resources for training teenagers and youth.
- ✳ Some respondents felt a lack of work ethics, commitment, and passion for Care Reform related work.

Further to the aforementioned concerns, the respondents were asked about the Care Reform Project's strengths, these responses are captured below:

- ✳ Interestingly, the respondents shared that Care Reform combatted the over-institutionalisation of children and gave families the responsibility to take care of their children. For instance, the independent living programme helped youth and adults become more independent.
- ✳ Some respondents felt that the strengths and weaknesses of children could be identified during care reform.
- ✳ The project formed relationships with CYCCs to strengthen and implement the Independent Living Programme. Independent Living Programmes were needed and were essential as they gave young people opportunities to change their future.
- ✳ The respondents shared that one of the strengths of the independent living programme was that children could be prepared for survival outside the centre.
- ✳ Other respondents shared that the idea of preparing older children for independence through the Independent Living Programme (IDP) was wonderful. These respondents further added that there was a need for more resources when children and youth were no longer in the CYCC.
- ✳ There were statements made about how Care Reform was a good plan and initiative on paper, and also there was a belief that if it worked there would be fewer social welfare problems which would prevent children and youth from falling into the cycle of poverty, and families would be strengthened to look after their own children through welfare programmes rendered by social workers. Thus, when the children were protected, they would be able to live independently.
- ✳ There was also a belief that the programme would create job opportunities and leadership programmes, which would also empower parents and families to take responsibility for their children. It would benefit children to grow up in their own culture, without the loss of family and their roots, thus strengthening family bonds.

The respondents also shared their recommendations regarding the improvement of Care Reform. They shared the following recommendations to improve the Care Reform project:

- ✳ Thorough investigations and assessments had to be conducted on families to be reunited with children to ensure that children were placed in environments that were most suitable for their growth and development.

- ✧ The Care Reform Project's vision and mission had to prioritise the well-being of the beneficiaries.
- ✧ Additional workshops had to be organised involving managers and board members to enhance understanding and implementation of the project's tools and standards.
- ✧ The programme had to include all ages and foster collaboration between government entities and non-profit organisations based on guidance and support rather than authority.
- ✧ There had to be a plan for the phasing out of Child and Youth Care Centres (CYCCs), considering different phases and necessary actions at each stage while providing more training for social workers.
- ✧ The project leaders had to ensure that comprehensive information about the project was available.
- ✧ Some of the respondents mentioned that there had to be a focus on comprehensive planning, stakeholder engagement, and sustainable practices.
- ✧ Other respondents shared that the project had to extend support for the youth until the age of 25.
- ✧ Other respondents shared that the project co-ordinators had to conduct regular visits to CYCCs to ensure optimal care for children.
- ✧ There was also a suggestion to increase the number of workers dedicated to the care reform project while encouraging individuals and families to participate in the independent living programme.
- ✧ There was also a need to effectively support the project, and thus it was essential to secure adequate funding and prioritise training and development. This would include providing training, funding, and proper guidelines for the project's implementation, as well as ensuring consistent monitoring. Additionally, it was crucial to provide training for social workers in programmes who assisted families, as well as provide intensive training for families on parenting and dealing with children with behavioural problems.
- ✧ Other respondents identified a need to expand the scope of research, or to focus resources on children exiting the programme, create more halfway houses, and provide specific training and dedicated resources for care workers and social workers dealing with children with behavioural problems or special needs.

5.4. Conclusion

This phase of the evaluation research has yielded empirical evidence that highlights several critical issues. Firstly, the plight of children in the province is undeniably dire, with a considerable number of them requiring placement in residential care due to the absence of adequate family support. Residential care has emerged as a prevalent alternative in the province, with the involvement of governmental bodies, civil society organisations, and families vying for this option. However, it is crucial to acknowledge that children in the province continue to face vulnerability, necessitating a broader range of solutions beyond institutional care for neglected or abandoned children. The deinstitutionalisation of children represents a global movement rooted in the recognition of fundamental human rights, particularly the right of every child to reside in a family-centric environment whenever feasible, as stipulated by the Convention on the Rights of the Child. This movement endeavours to transition from institutional care, such as orphanages, towards family and community-based care, driven by compelling justifications. Primarily, family environments provide an optimal setting for the social and emotional development of children. They facilitate the cultivation of secure attachments, which are indispensable for the overall well-being of children.

Furthermore, families possess the capacity to provide personalised care, tailoring their support to address the unique needs of each child, a feat that institutional settings often struggle to accomplish. The process of reintegrating children into families and communities extends beyond individualised care, encompassing the fostering of a profound sense of belonging, social inclusion, and the cultivation of a robust identity. This approach also adopts a preventive stance, aiming to mitigate potential risks associated with institutional settings, such as neglect, abuse, and inadequate emotional support. Consistent research findings underscore that children raised in family-based care settings are more likely to experience positive long-term outcomes, including enhanced educational attainment, improved employment prospects, and enhanced mental well-being.⁶

Deinstitutionalisation as a policy alternative is not only child-centric but also cost-effective. It allows resources to be redirected towards support services for families and community programs. It encourages the development and support of alternative care options, such as foster care and kinship care, promoting diverse ways of ensuring the well-being of children. This approach aligns with international standards, including the UN Guidelines for the Alternative Care of Children, which emphasise family-based care as the preferred option.⁷ Moreover, it reflects a broader shift in public perception, recognising institutional care as a last resort and advocating for efforts to preserve families. This is especially relevant in the South African context, in line with age-old adages such as “it takes a village to raise a child.” Such proverbs enhance the belief that a child does not only belong to their family but to the whole community in which the child is raised. In essence, deinstitutionalisation is a multifaceted strategy that prioritises the best interests of the child. It aims to provide a stable and nurturing family and communal environment for healthy development while addressing the underlying causes that may lead to child separation.

SECTION SIX

First Quantitative Report with Institutions and NGOs in the Western Cape Province

6. Introduction

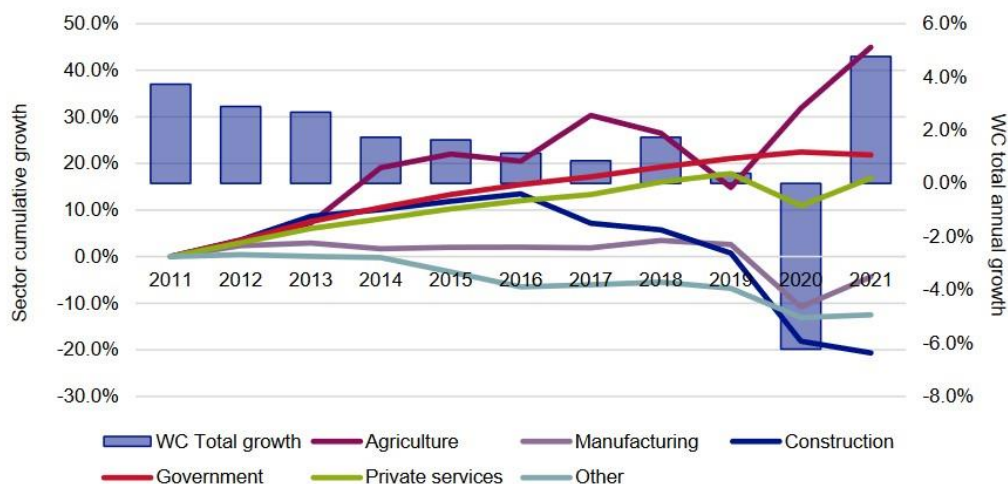
The purpose of this section is to present the findings of an evaluation study on care reform while focussing on the fieldwork part of the Western Cape. To this end, data was collected in the Western Cape to measure and evaluate outcomes of the care reform / deinstitutionalisation programme in the province.

6.1. Overview of the Province

The methodology that was employed in collecting the data in the Western Cape was the mixed method one. This is because both qualitative and quantitative data were captured by various responses in the tools, we used to elicit responses from different role players, sources, individuals, and organisations. Compared to the rest of South Africa, the Western Cape has a more service-orientated economy with a relatively strong contribution from the finance sector and a unique dependence on the tourism and wine industries. In 2021, the Western Cape was the third largest regional economy in South Africa, accounting for 14.2% of the South African economy, behind Gauteng (35.2%) and KwaZulu-Natal (16.2%).

Over the past decade, the Western Cape was among only three provinces that increased its contribution (0.2 percentage points) to national GDP. Relative GDP contribution gains were also made by Gauteng (0.7 percentage points) and the Northern Cape (0.1 percentage points).

Figure 20: Western Cape GDP growth rate, 2011 – 2021 Adapted from Western Cape Government Provincial Treasury (WCGPT) (2022). Provincial Economic Review and Outlook 2022/23



6.2. The Population of the Western Cape Disaggregated

According to Statistics South Africa (Stats SA) (2022) the population of the Western Cape is 7,2 million. Nationally, 40,1% of households were classified by Stats SA as nuclear while 32,9% of households were classified as extended households, with nuclear households most common in the Western Cape at 57,7%. The percentage of orphaned children nationally was the lowest in the Western Cape at 8,6%. These are

commonly defined as children under the age of 18 years who have lost one or both parents to any cause of death. In 2022, 12,3% of children in South Africa were classified as orphans who lost either one or both of their parents.

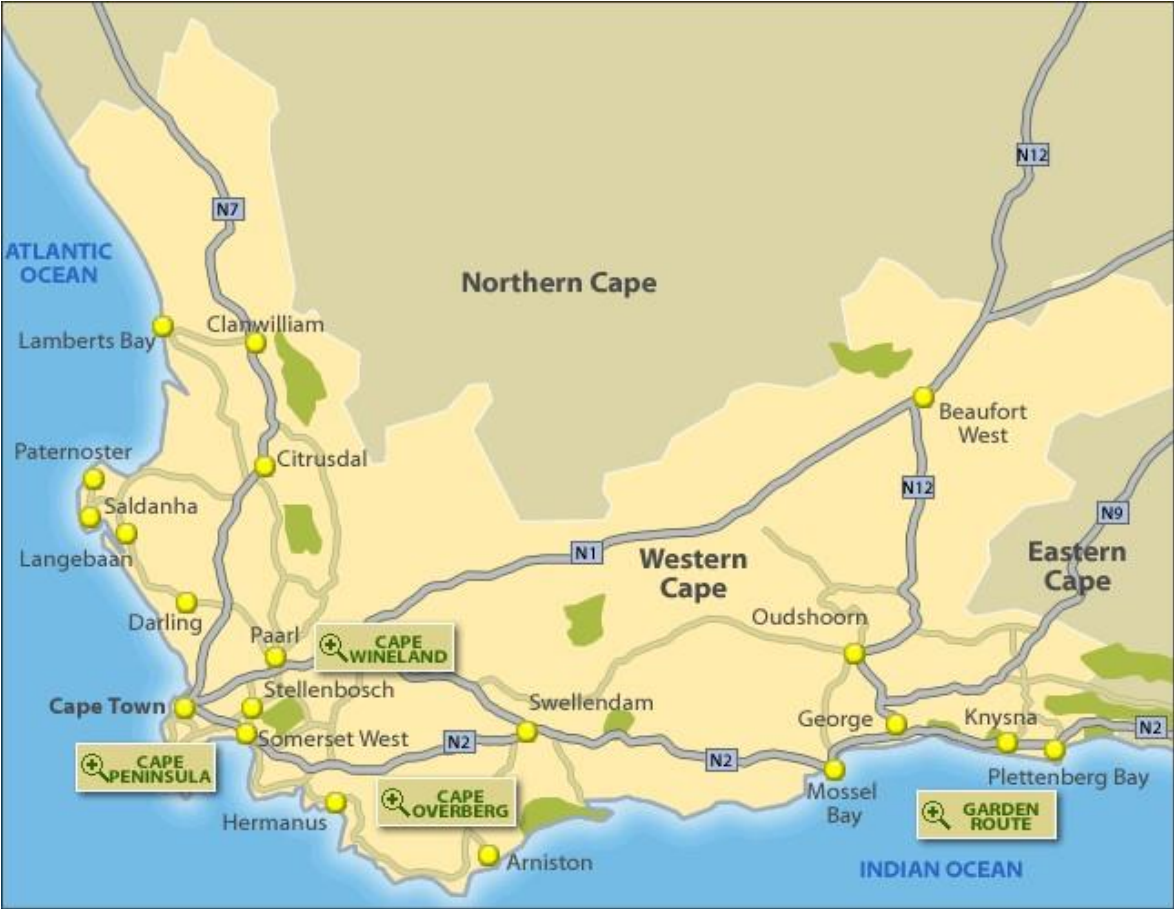
Overall, the population of children in South Africa was estimated at 20,7 million in 2021, constituting close to one-third of the total population (34,2%). The child population increased by 14% from 2002 to 2021. Six out of 10 children (62,5%) were 10 years old or under, while nine out of 10 (90,0%) children were 15 years old or under. In the Western Cape, close to one third (33,8%) of the population were children in 2002 and decreased to 30,3% in 2021. According to Ryan Hand of the Democratic Alliance’s (DA’s) Western Cape Media Research Office, as of March 2023, there were 30,000 children in the Western Cape’s foster care system. Even though children were being placed in alternative care, Hand noted that it was concerning such a demand exists.

6.3. Findings

6.3.1. Key Issues Emanating from the Research

The respondents were from six towns in the Western Cape Province and they were: 38 from Cape Town, 11 from Clanwilliam, 13 from Saldanha, 12 from Swellendam, 10 from Paarl and 11 from Beaufort West.

Figure 21: Some Towns where respondents reside



Source: <https://www.bing.com/images>

Figure 22: Number of Respondents Per Town

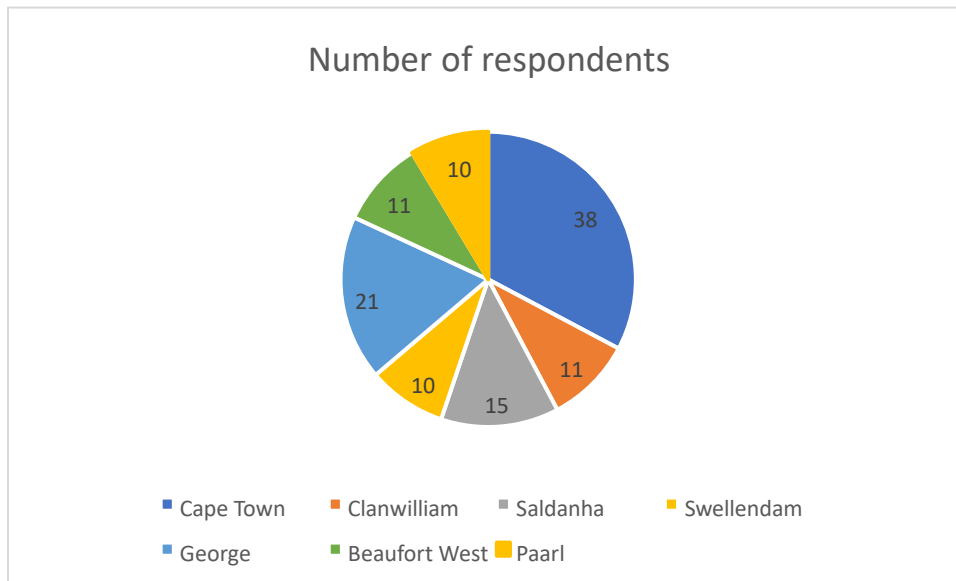
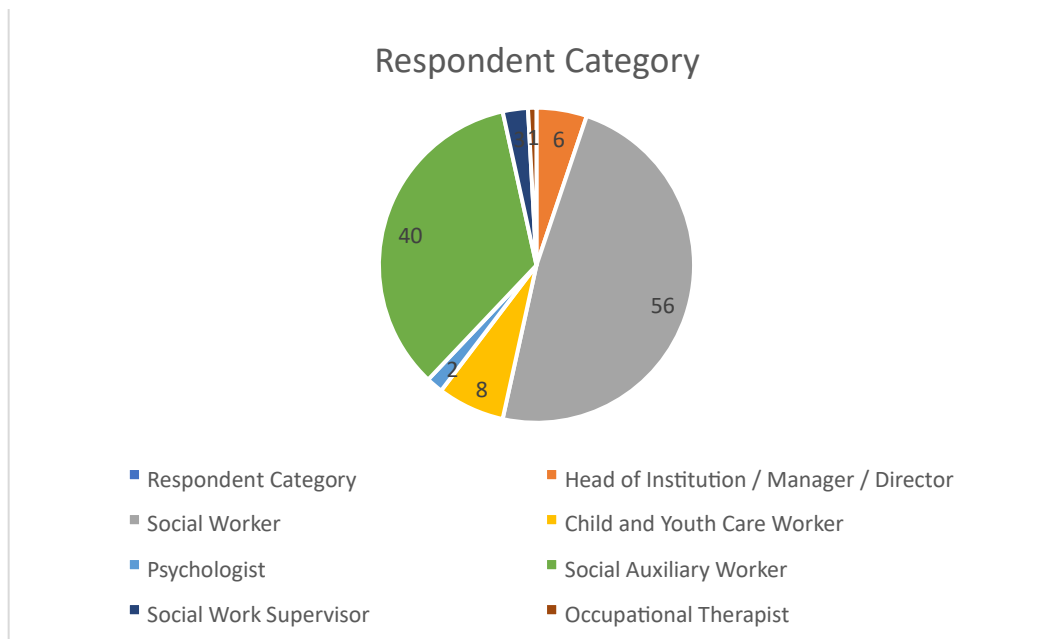


Figure 22 shows the number of respondents per selected town, where data collection took place

This round of data collection involved obtaining feedback from various stakeholders in the child protection field, including heads of institutions, social workers, social auxiliary workers, child and youth care workers, psychologists, and social work supervisors. The stakeholders were from both Non-Governmental Organisations (NGOs) and the government sector. The data collection process included focus group discussions and individual face-to-face interviews. At the beginning of the interviews, 75% of the respondents expressed uneasiness about participating. They were unsure how the Western Cape Provincial Government would react since the invitation letter was intended for people in Gauteng. The 10 social workers from the City of Cape Town and the Western Cape Provincial Social Development Department who participated in the interview felt uncomfortable. They agreed to participate only after the researchers assured them that their names would not be included in the report. Similarly, NGOs were also concerned about participating in the interview without the approval of the National Department of Social Development, as they believed it could jeopardise their chances of receiving future funding.

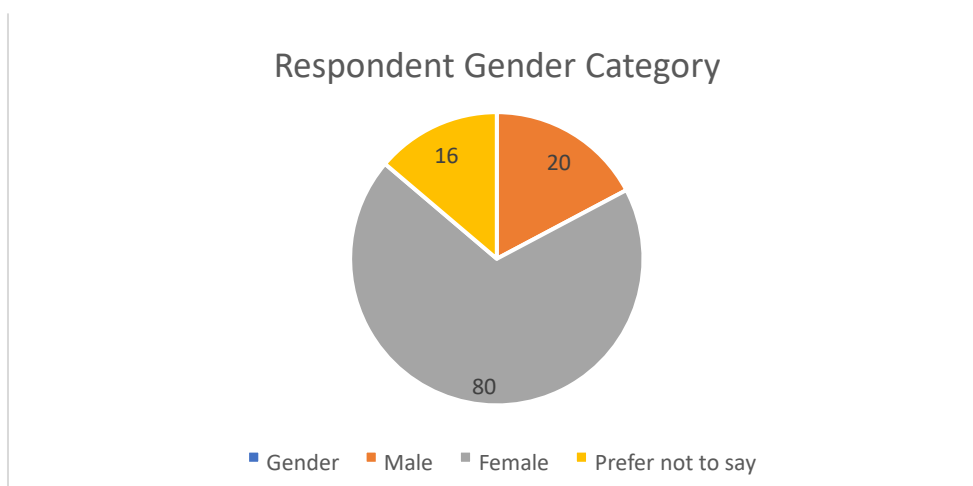
6.3.2. External Evaluation Care Reform Respondent Categories

Figure 24: Research Respondent Category



The gender profile of respondents included males, females, and individuals who preferred not to disclose their gender. SAPDN recognised and valued the importance of acknowledging gender differences and promoting a safe and inclusive space for gender diversity. The organisation strives to create an environment where individuals of all genders feel respected, heard, and represented. By fostering a culture of inclusivity, SAPDN aims to ensure that everyone’s perspectives and experiences are considered and valued in the research and decision-making processes.

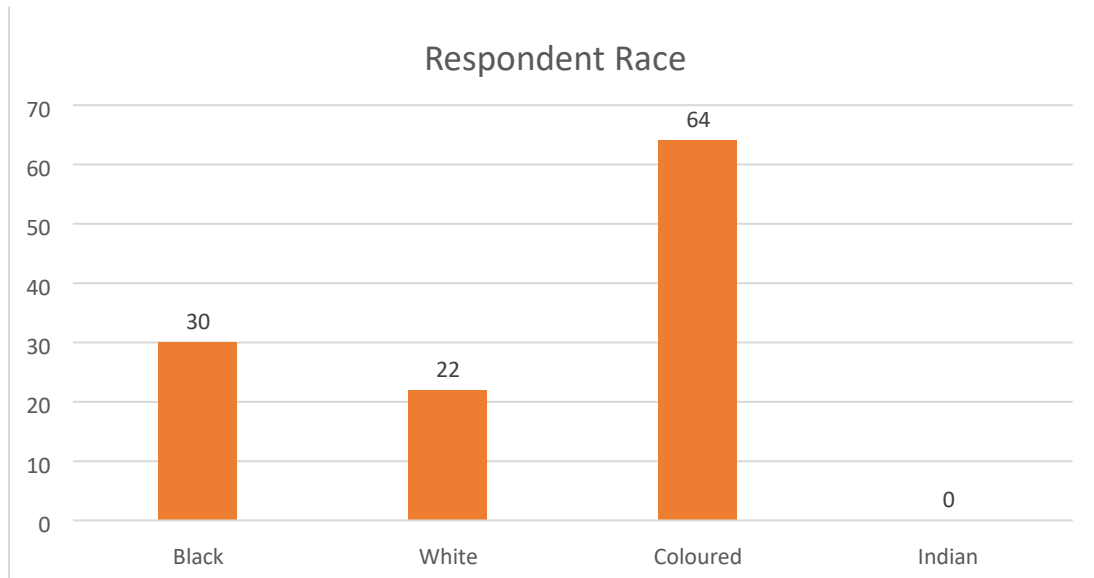
Figure 25: Research Respondent Gender Category



In the research study, participants from various racial backgrounds were included. The study consisted of 30 Black Africans, 21 White individuals, three individuals of Indian descent, and 62 individuals from diverse racial backgrounds (referred to as Coloured) based on self-identification. It is important to note that the racial composition of the study was not intentionally selected but rather represented the demographics of the population from which the participants were recruited. The inclusion of participants from different racial backgrounds allowed for a more comprehensive understanding of the research topic and increased the diversity of perspectives within the study. By including individuals from diverse racial backgrounds, the

study aimed to ensure that the findings and conclusions were applicable and representative across different racial groups.

Figure 26: Research Respondent Race

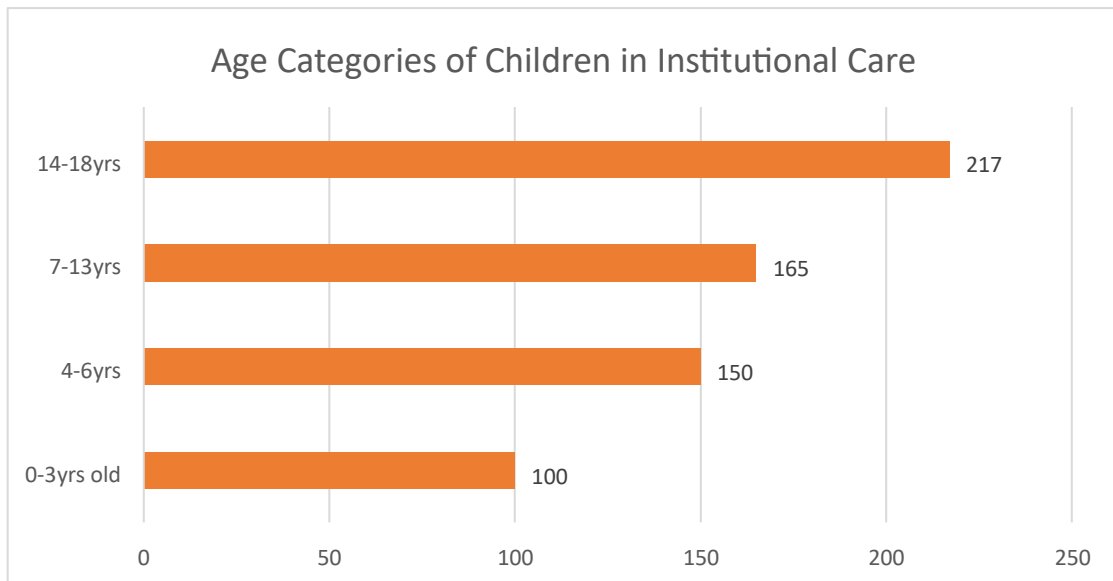


The research study aimed to investigate the demographics of children in various institutions associated with the 116 respondents mentioned earlier. The study revealed the following information:

- There were 100 children below the age of 3.
- There were 150 children between the ages of 4 and 6.
- There were 165 children between the ages of 7 and 13.
- Lastly, there were 217 children between the ages of 14 and 18.

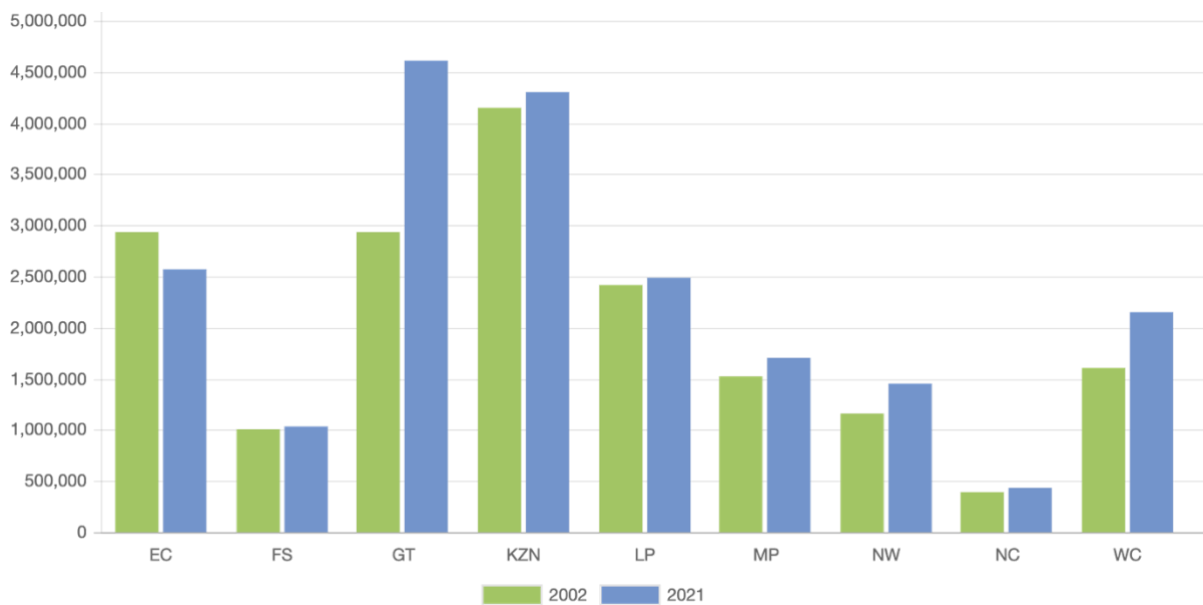
These findings provide valuable insights into the age distribution of children within the institutions which were examined.

Figure 27: Age Categories of Children in Institutional Care



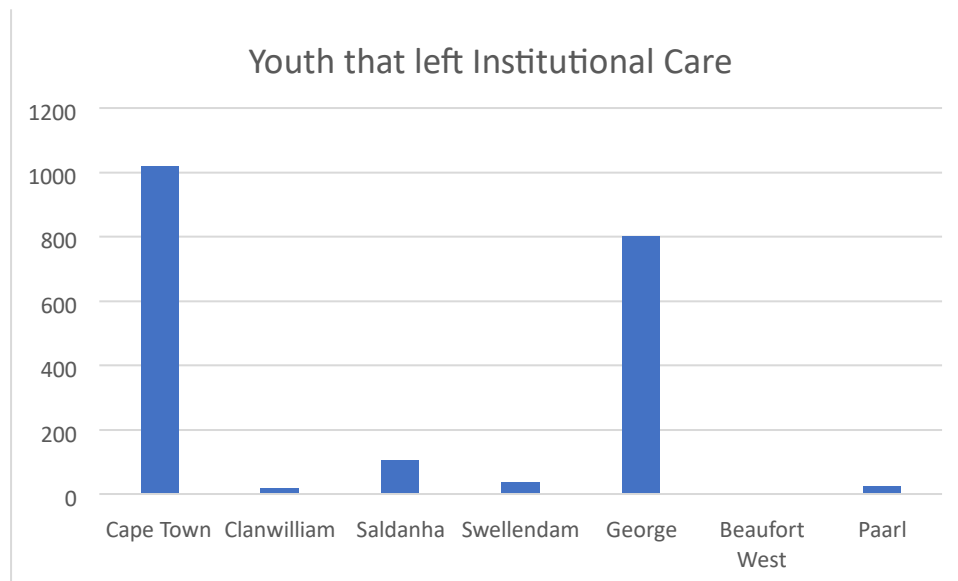
It was also important to juxtapose the above provincial numbers against national numbers captured in the figure below:

Figure 28: Number of Children in Institutional Care Across the nine Provinces 2002 & 2021



Source: Statistics South Africa (2003 – 2022) General Household Survey 2002 – 2021

Figure 29: Number of Youth that left Institutional Care in the past 36 months



The data collection was correspondingly designed to determine the number of youths who had left the participating institutions. It was reported that 2002 youth had left. The respondents were also asked if they knew the whereabouts of these youth. 78% of the respondents knew where the young persons were, while 12% lost contact and did not know their current location. Regarding the youth who left the institutions, 25% were reunited with their families, 20% moved to live independently, and 30% were placed with foster families. Three percent of the youth had gone on to pursue higher education opportunities at universities and colleges.

6.4. Understanding of the Care Reform Project

The understanding of the Care Reform Project varied among individuals and organisations. However, it can be concluded that most respondents demonstrated an understanding of what the Care Reform Project was all about. Sixty percent of the respondents clearly stated that the Care Reform Project had the potential to transform the lives of South African children if a solution could be provided to poverty-stricken households. On the other hand, 30% of the respondents expressed uncertainty about whether the Care Reform Project could work in South Africa, mainly because parents and caregivers themselves needed the support of the project. Additionally, 15% of the respondents appeared to be highly skeptical that such a reform could make a significant difference in South Africa, given the numerous social challenges in society, including gangsterism, Gender-Based Violence, food insecurity, and joblessness.

The data collected from the respondents provided valuable insights into government interventions and care reform projects pertaining to children and youth in South Africa. A total of 65% of the participants recommended government interventions in the lives of children, indicating a general consensus among the majority of respondents. This suggests that there was a recognised need for the government to play an active role in addressing the challenges faced by children in the country. However, it was noteworthy that 35% of the respondents, expressed concerns about the government's approach. They attributed the government's actions to encouraging parents to deliberately disown their children, with the belief that these children would be taken to institutions where they would be cared for and spoilt by the government. This viewpoint highlights a potential negative consequence of government interventions, as it raises questions about the long-term effects on family dynamics and parental responsibilities. Furthermore, a

significant finding pointed to 67% of the respondents who perceived a lack of interest from the government in children who had exited publicly funded institutions. This observation raises concerns about the support and resources available to these young individuals as they transitioned into adulthood.

The fact that many of them ended up on the streets indicates a failure to provide adequate support systems for their reintegration into society. Moreover, the overwhelming majority of respondents (more than 88%) emphasised that children in South Africa continued to face challenging circumstances such as hunger, poverty, substance abuse in their homes, and a lack of positive role models in institutions. This highlights the urgent need for comprehensive care reform projects that addressed these issues effectively. The data indicated a general consensus among the respondents in favour of government interventions in the lives of children in South Africa. However, it also highlighted concerns regarding the potential negative consequences and the government's lack of support for children once they left publicly funded institutions. The high prevalence of difficult situations experienced by children underscores the importance of implementing comprehensive care reform projects that addressed the underlying causes of these challenges.

6.5. Possibility of National Care Reform and Potential Drawbacks

Significantly, 66% of the respondents agreed that South Africa needed a comprehensive national care reform project. This is due to the challenging circumstances faced by some parents and caregivers who were unable to provide adequate care for the children. Additionally, a significant number of caregivers struggled with substance abuse, further hindering their ability to care for themselves and the children. It is important to acknowledge that some children were born as a result of non-consensual acts, such as rape, which can lead to emotional pain and depression when raised in proximity to the perpetrators. These children often relied on the support of NGOs and government interventions. Thirty percent of the respondents recognised the necessity and feasibility of a National Care Reform project but emphasised the importance of widespread education throughout the country. They believed that in order for the reform to succeed, a massive awareness and education campaign had to be initiated, with a particular focus on rural areas, traditional leaders, and communities that embraced the ubuntu philosophy of life. It is crucial to address the concerns raised by proponents of the national care reform. They expressed apprehension regarding the potential setbacks posed by the socioeconomic situations of families or households. To ensure the success of the reform, it is imperative to consider strategies that address these challenges and provide necessary support to families in need. This data highlighted the urgent need for a hybrid national care reform project in South Africa, which would address the complex issues surrounding caregiving and create a more inclusive and supportive environment for vulnerable individuals and families.

6.6. Knowledge of One Child One Family Hope and Homes for Children South Africa

It is interesting to note that only 5% of the respondents were aware of One Child One Family Hope and Homes for Children in South Africa. According to these respondents, the organisation does an incredible job when it comes to children, but they believed that more needed to be done for poor families where children were placed. They also pointed out that One Child One Family Hope and Homes for Children South Africa was only present in a few provinces, making it a challenge to implement any nationwide intervention in the care reform project.

6.7. Some Recommendations Shared by Respondents About the Care Reform Project

- a) It was stated that there was inadequate research on families to be reunited with children to ensure that children were placed in environments that were most suitable for their growth and development as such. It was recommended that thorough research had to be conducted so that there was adequate information.
- b) The Care Reform Project and One Child One Family Hope and Homes for Children South Africa was not known. It was therefore imperative that massive awareness actions were carried out across the Western Cape Province.
- c) While collaboration between the private sector (including NGOs) and government entities existed, more had to take place for effective Care Reform Project to be realised.
- d) Since many people were not fully aware about the One Child One Family Hope and Homes for Children South Africa, it was necessary to organise and conduct stakeholder engagement activities.
- e) According to the pilot study on independent living programme in Cape Town, there was no adequate resource preparedness by pro- independent living programme so that families that would be receiving children and youth back into their homes, had enough resources.

6.8. Conclusion

Deinstitutionalisation, which is the process of moving children and youth from large, centralised institutions to family or community-based settings, has been a subject of global discourse, including in the Western Cape, South Africa. The research findings in this province highlighted that the advantages of deinstitutionalisation for children and youth in the Western Cape were multifaceted, encompassing improved well-being, individualised care, and societal integration. Among others, the research findings discovered that one primary advantage of deinstitutionalisation was the promotion of individual well-being. Large institutions often struggled to provide personalised care and attention to each child, leading to a lack of emotional support and stunted psychological development. In family-based settings, children and youth can receive more individualised care that addressed their exceptional needs. This personalised approach contributed to the overall well-being of the child, fostering a sense of security, belonging, and emotional stability crucial for healthy development.

The research findings continued to demonstrate that deinstitutionalisation aligned with the international human rights framework, particularly the United Nations Convention on the Rights of the Child. In this regard, placing children and youth in family-like environments prioritised their right to grow up in a supportive and nurturing setting. In the Western Cape, the move towards family-oriented settings demonstrated a commitment to upholding the rights of children and youth, promoting their dignity, and ensuring that their voices were heard in decisions affecting their lives. It came out quite clearly in this study that deinstitutionalisation had the potential for improved educational outcomes. Arguably, family-based settings often offered better educational opportunities tailored to individual needs and learning styles. In large institutions, resources were spread thin and thus making it challenging to provide quality education. Even though the percentage of those involved in deinstitutionalisation in the province was very small, the research showed that the work allowed for a more focused and individualised educational approach, and thus enabled children and youth to thrive academically and develop essential skills for their future.

Additionally, the transition to family-based care contributed to the integration of children and youth into the broader society of the Western Cape. In large institutions, individuals could become isolated from the larger community and thus hindering their ability to develop social skills and form connections. Deinstitutionalisation facilitated community integration, providing opportunities for children and youth to participate in local activities, engage with peers, and build a sense of belonging. This integration is crucial for breaking down societal stigmas and promoting acceptance and fostering a more inclusive society. Furthermore, deinstitutionalisation promoted family preservation and reunification. In the

Western Cape, efforts to move away from institutional care underscored a commitment to supporting families in crisis rather than resorting to separation. Services that strengthened families, such as counselling, parenting support, and financial assistance, could prevent the need for institutionalisation in the first place. When separation is unavoidable, the emphasis is placed on reuniting children with their families whenever possible, promoting stability and continuity in their lives.

However, the findings of this research study showed that it was essential to approach deinstitutionalisation with caution and recognising potential challenges such as the need for robust community support systems, adequate resources, and ongoing monitoring of the well-being of children and youth. While the advantages of deinstitutionalisation were evident in promoting individual well-being, educational success, and community integration, addressing these challenges is crucial for ensuring the sustained success of such initiatives in the Western Cape and beyond. In conclusion, the move towards deinstitutionalisation in the Western Cape holds promise for creating a more compassionate, rights-based approach to the care of children and youth, but it requires continued dedication, resources, and collaboration to overcome potential obstacles.

The evaluation research findings have generated empirical evidence that brings forth various critical issues. To start with, the quandary of children and youth in the Western Cape Province is unquestionably calamitous, with a considerable number of them requiring placement in residential care due to the absence of adequate family support. From the findings of this research, it is clear that residential care has emerged as a prevalent alternative in the province, with the involvement of governmental bodies, civil society organisations, and families vying for this option. However, it is crucial to acknowledge that children and youth in the province continue to face vulnerabilities, necessitating a broader range of solutions beyond institutional care for neglected or abandoned young people. The deinstitutionalisation of children and youth represent a world-wide movement rooted in the recognition of fundamental human rights, particularly the right of every child to reside in a family-centric environment whenever feasible, as stipulated by the Convention on the Rights of the Child. Consistent research findings underscored the fact that those children raised in family-based care settings were more likely to experience positive long-term outcomes, including enhanced educational attainment, improved employment prospects, and enhanced mental well-being.

SECTION SEVEN

Outcomes for Children

7. Introduction

This section focuses on the outcomes for children who had transitioned from institutional care to families and those who had been prevented from entering institutional care through psycho-social child and family support. This section also captures the final part of the evaluation study which SAPDN had undertaken on behalf of HHCSA. It forms part of the fieldwork aimed at collecting data from various role players which would help SAPDN to measure and evaluate outcomes of the care reform / deinstitutionalisation programme in Gauteng Province from January 2020 – December 2023. Furthermore, it was informed by work that had already been undertaken by HHCSA. For instance, HHCSA while working together with the Gauteng Department of Social Development (DSD), developed the groundbreaking *ACTIVE FAMILY SUPPORT-KHUSELA (AFS-KHUSELA) Community Development model*, which placed the agency back into the heart of communities, working through networks of paraprofessionals, ordinary community members and service providers, overseen by a statutory social worker. This model had been extensively tested in urban, peri-urban and rural communities, including very marginalised communities on the Cape Flats. The early data on outcomes for family strengthening in the face of extreme violence and gangsterism in Hanover Park and neighbouring communities demonstrated excellent outcomes in resilience, risk, protective factors and well-being domains (Mokoena & Foghill, 2023).

In addition, HHCSA and Gauteng DSD had supported the development and implementation of three critical pathway programmes for care reform in Gauteng Province. These are:

- ***The Moratorium on the entry of children under three years of age*** into any form of institutional care - The AFS-KHUSELA model provides alternative family-based care options for these children in the form of screened, trained and supported Temporary Safety Parents with whom children at risk can be placed for a period of 90 days while work was done with the biological families to allow for reunification or alternatively, placement into foster-care or domestic adoption.
- ***The Reduction of Long-stays Programme*** - This programme aimed to transition and reunify children with complex case histories and links with specialist NGOs that supported work with trafficked children and undocumented minors.
- ***The Independent Living Programme*** - This programme included children aged 11 years to 24 years who were living in institutions or in formal foster care. It is a graded programme where children and young people were prepared for the transition out of the institutions into community-based care options and linked with corporates, training and academic opportunities to enable access to and support for these children on developmental pathways (Ibid).

7.1. Why Outcomes for Children Transitioning from Institutions into Families Matter

In evaluating the transition of children from institutions to families, it was imperative to situate different approaches within relevant theoretical frameworks in order to highlight the underlying assumptions about childhood and child development that informed them. One generic definition would be that transitions are key events and / or processes occurring at specific periods or turning points during the life course. They are generally linked to changes in a person's appearance, activity, status, roles and relationships, as well as associated changes in the use of physical and social space, and / or changing contact with cultural

beliefs, discourses and practices, especially where these are linked to changes of setting and in some cases dominant language (Vogler et al., 2008).

Transitions often involve significant psychosocial and cultural adjustments with cognitive, social and emotional dimensions, depending on the nature and causes of the transition, the vulnerability or resilience of those affected and the degrees of change and continuity of experiences involved (Ibid). It is important to note that transition is a social process, unique to each child and their family, involving many stakeholders and extending over time. A marker of effective transitions lies in the child's sense of belonging, not only the behaviours they might display (Australian Education Research Organisation [AERO], 2022). Also, transition takes time. Just as contexts vary widely, so too will the timeline and action plan for each transition process. While some residential care facilities take on average two years to transition children into families, others - for example, those located in areas with limited existing family or social services, or those that need more time to trace children's families - may take longer. The process does not end with placement in families but continues with follow-up to ensure that children are safe and well cared for and that families have access to the services they need. The time and resources required may seem daunting, but anything worth doing for children is worth doing well (Faith to Action Initiative, 2016).

While each transition looks different, practitioners seem to agree that several key elements are important to best practice for a good transition:

- Understanding the primary causes of separation for the children in your care
- Assessing the national policies and community contexts that inform your work
- Raising awareness about family care with key stakeholders to reduce stigma, encourage family support, and identify those interested in serving as foster or adoptive families
- Developing a clear vision and plan for your model of family care
- Developing a new business plan to sustain the transition with adequate resources
- Identifying and cultivating partnerships with individuals and organisations that will provide support services to children and families.

There are two main trajectories of transitions which are critical for a child and youth living in child long-term institutional care. These are: moving from family care to institutional care, that is, life in institution(s), and the second trajectory relates to the transition from institution to independent adult life (Trapencerie & Stradinš, 2018).

7.2. Methodology

The evaluation study was predicated on a mixed-method approach. Mixed methods (MM) evaluations seek to integrate social science disciplines with predominantly quantitative (QUANT) and qualitative (QUAL) approaches to theory, data collection, data analysis and interpretation. The purpose is to strengthen the reliability of data, the validity of the findings and recommendations, and to broaden and deepen our understanding of the processes through which programme outcomes and impacts are achieved, and how these are affected by the context within which the programme is implemented (Bamberger, 2019).

In line with the mixed methods approach, data collection and analysis considered the available data sources and the specific techniques, qualitative or quantitative, needed to analyse them. For example, the Delphi technique (combining interviews and questionnaires with a medium-sized sample including experts from the area under enquiry). As many statistical and qualitative analysis procedures and

techniques can be used, this brief focuses on the integration of qualitative and quantitative methods (Pluve, 2023).

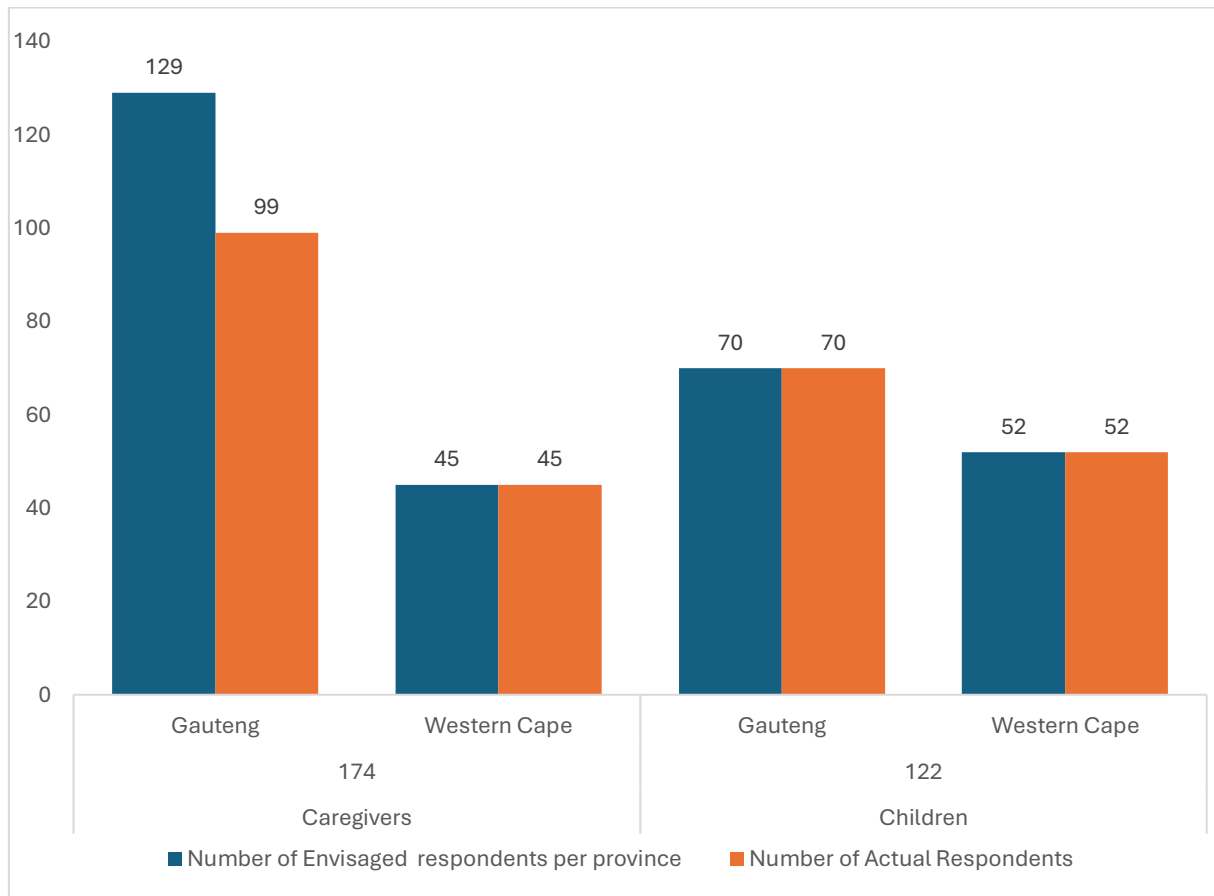
In addition, this report is informed by the family-based model. A family-based model of children’s care focuses on placing children into biological, foster, or adoptive families, while simultaneously strengthening families through educational, economic, material, and psychological support services in order to prevent separation. Family care also depends on effective “gatekeeping” to ensure that children are not unnecessarily removed from families and placed in institutions in the first place (Faith to Action Initiative, 2016).

7.3. Key Issues Emanating from the Research Focussing on Outcomes for Children

Table 9: Respondent Profile

Respondent Category	Envisaged Number of Respondents	Province	Number of Envisaged respondents per province	Number of Actual Respondents
Caregivers	174	Gauteng	129	99
		Western Cape	45	45
Children	122	Gauteng	70	70
		Western Cape	52	52
Total Number of actual respondents			296	266

Figure 30: Respondent Category



The above figure illustrates the anticipated number of respondents per province, divided into Caregiver Respondent (CGR) and Child Respondent (CR) categories. It also highlights the actual number of participants in the study. Notably, 89.9% of the targeted respondents engaged in the interviews. The 45 respondents from the Western Cape were contacted for a follow-up prior to the data collection round, which focused on tracking and assessing the readiness of institutional conditions for a significant shift from institutionalisation towards de-institutionalisation.

Table 10: Age Category

		Age Category according to province	
Gauteng	Below 15		40
	Below 18		12
	Between 18-21		18
Western Cape	Below 15		24
	Below 18		16
	Between 18-21		12

Figure 31: Age Category of Child Respondents

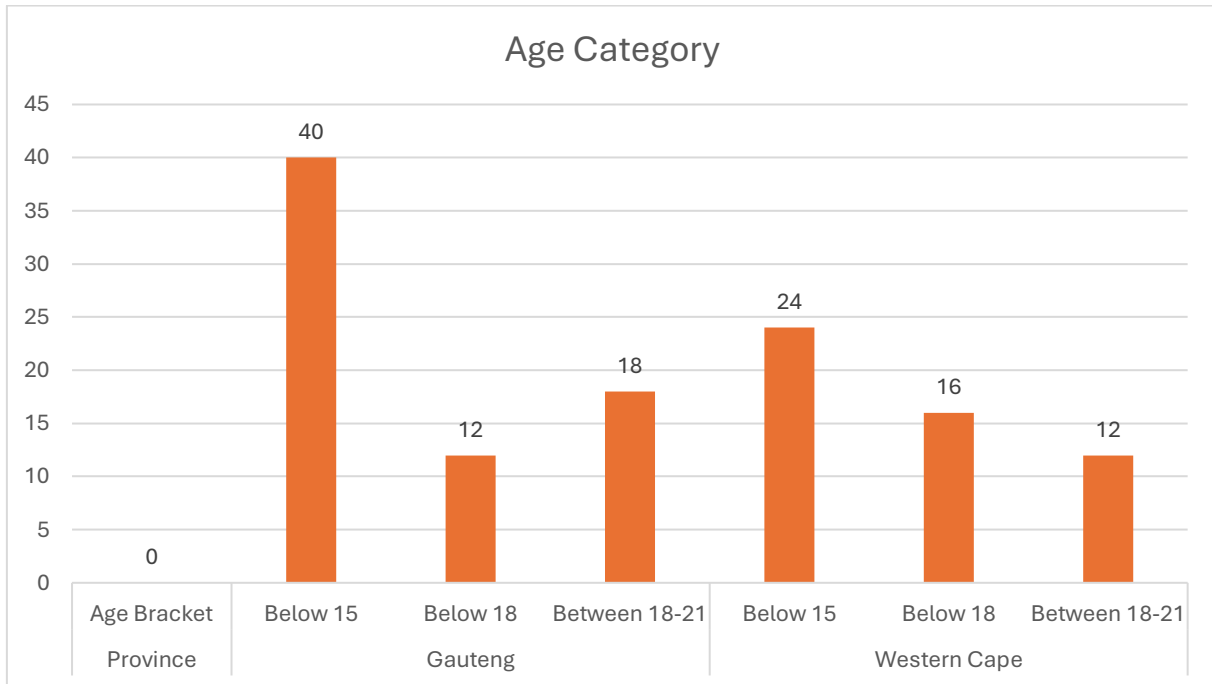


Figure 2 above demonstrates the age brackets of the child respondents who participated in the evaluation of children’s outcomes, the ages ranged from 10-21 years of age.

7.4. Responses From Children

7.4.1. Family and Social Relationships

A significant majority or three-quarters of the child respondents underscored the essential role of family support in their lives. This support was perceived as vital not just in terms of fulfilling material needs, but also in providing emotional comfort and companionship. The children expressed that within their familial settings, they always had someone with whom they could relish spending quality time. However, the picture painted by the respondents concerning their friendships was strikingly different. Specifically, more than half of the respondents, 55% to be exact, divulged that they seldom met or engaged in communication with their friends since they left their respective care institutions. One Child Respondent (CR) 1, during an interview conducted in February 2024, shared a poignant statement. The respondent said: “I did not have a means of getting my friends’ contact details when I left the institution and had the chance to say goodbyes to my friends.” Even in these instances, the children were able to make new friends outside of the institution, and they spoke about having new friends in their communities and in school.

Interestingly, some children expressed a deep longing for the familiarity of a familial environment, particularly while they were in institutional care. They yearned for the simple moments that many take for granted, such as sharing a meal together. These heartfelt responses provide a clear indication that family and social relationships play an indispensable role in the emotional well-being of individual members within a household or community. The children shared that during challenging times, like periods of illness, the importance of family became even more pronounced. Family members were the ones who rallied around them and provided care and support, and thus making the ordeal less daunting.

Surprisingly, an overwhelming majority, over 80% of the children, expressed a profound sense of belonging and love towards their family. They saw their parents as not just caregivers but also as confidantes and friends. As one child succinctly put it: “My mom is my best friend, I can talk to her about anything.” This sentiment was repeatedly echoed by many children, each articulating it in their own unique and endearing way. For instance, another child shared: “My dad loves me very much and he is so overprotective of me and sometimes it sucks, but I know he means well.” These sentiments, expressed by Child Respondents (CR) 15 and 28, paint a vivid picture of the deep-seated familial bonds these children cherish.

7.4.2. Education

A significant majority, 80% of the surveyed children, reported that they were full-time school attendees. Most of them commuted to school either by utilising public transportation or by simply walking, as their schools were conveniently located within a short distance from their homes. They indicated that their school was a major source of their knowledge about life and the world at large. This underscores the significant role that education played in shaping a child’s worldview and understanding of their surroundings. These children expressed a high level of enjoyment and satisfaction with their school environment. They also mentioned that they had managed to establish strong social networks comprising numerous friends from both their school and their local community.

One particular comment that stood out amongst the responses was from a child identified as Child Respondent (CR) 8, during the February 2024 round of data collection. This child shared the following sentiment: “I learn so many things in school and also having different teachers, helps.” This statement not only confirms the importance of education in their cognitive and social development but also alludes to the value of having a variety of teachers. This diversity in educators may provide a wider range of perspectives and teaching styles, further enriching the educational experience. However, a small but noteworthy segment, 11% of the children, expressed a contrary view. They reported that they did not derive any enjoyment from attending school. Their attendance was largely driven by the expectations and insistence of their parents rather than their own interest or enthusiasm. The remaining 9% of the children are below the standard school-going age or are currently attending preschool. These children have yet to experience the formal school environment that the rest of the surveyed group is exposed to.

7.4.3. Health

When the topic of health was broached, some of the children spoke about their experiences of visiting the local clinic. It was a common theme that these visits were rarely undertaken alone. Instead, the children often found themselves accompanied by a relative, such as an uncle, cousin, or grandparent. This highlighted the importance of familial support when dealing with health-related issues, even from a young age.

7.4.4. Living Conditions

The study found out that a significant number of the respondents, 67%, affirmed that they had gleaned a substantial volume of knowledge from their home environment. This suggests that both the familial environment and educational institutions played pivotal roles in shaping children’s cognitive growth and psychological development. Beyond the confines of formal education, some children were even actively involved in the decision-making processes within their families. This highlighted the strong sense of

unity and mutual support that existed within the family structure. This sentiment was articulated eloquently by a respondent who stated: “We stand together with each other”... Child Respondent (CR) 34.

Moreover, nearly half of the respondents, 48% to be precise, perceived their rooms as a tranquil refuge, particularly useful during instances of emotional distress. The privacy and sanctuary of their personal spaces seemed to provide an escape from conflicts or disagreements. As one child respondent - Child Respondent (CR) (27 February 2024), thoughtfully observed: “When I am not happy with something or I have become angry, I choose to retreat into my room.”

7.4.5. Household Economy

The assessment of their domestic economy was subject to varying perspectives among the surveyed individuals. A marginal majority, equating to 52% of the respondents, expressed that their food supplies were adequate, encompassing all three main meals, namely breakfast, lunch, and supper. This assertion implied that these households were able to procure and prepare meals regularly and ensuring that the basic dietary needs of their family members were met. On the other hand, a closely competing proportion, which accounted for 58% of the respondents, experienced issues related to food security.

This group faced the challenge of maintaining a consistent and healthy supply of food, a predicament that questions the adequacy of their household economy and income. To illuminate the gravity of this circumstance, a child respondent (referred to as Child Respondent [CR] 19, interviewed in February 2024) provided a poignant account of CR 19’s situation accordingly: “At home, we often go hungry, or we eat four times per week.” This statement starkly reflects the harsh realities faced by a significant proportion of the surveyed households, where ensuring regular meals is a constant struggle, and hunger is a frequent companion.

7.4.6. Internet and Technology

In the realm of technology, a significant number of the participants, 60%, affirmed that they leveraged their parents’ mobile phones for academic-related tasks, signifying the crucial role these devices played in children’s education. This percentage not only reflects the integration of technology into their learning process but also underscores the dependency on parents’ resources for this access. By contrast, a slightly lower percentage, 38%, of the children reported utilising these devices for recreational activities. This suggests the dual function of technology as both an educational tool and a source of entertainment. Interestingly, the survey revealed that technology and internet access are no longer exclusive to adults. The prevalence of technology access among children, facilitated primarily through their parents’ mobile phones, depicts a shift in traditional ownership and usage patterns. Albeit a small number, two children in the study stood out for owning a cell phone, while their parents did not. This scenario, although not the norm, is a fascinating insight into the changing dynamics of access to technology and ownership, and thus indicating potential trends in the future.

7.4.7. Summary of Findings from Children

The data gathered by the study offered an extensive exploration into the lived experiences and hurdles encountered by children who had been deinstitutionalised and reintegrated into family and community contexts. Family support, both in terms of material and emotional assistance, was a pivotal aspect of their lives. This is substantiated by 75% of the children who highlighted the importance of their families.

Families not only provided material resources but also emotional solace, with the former contributing to creating a robust sense of belonging in over 80% of these children. However, a major challenge that emerged post-deinstitutionalisation is the maintenance and cultivation of friendships. Over half of these children had found it difficult to sustain their friendships with peers from their previous care institutions. Despite this, it is important to acknowledge that these children had managed to form new bonds and friendships outside the institutional setting, which is a positive development in their social adaptation. Furthermore, education held immense significance in their lives. A substantial number of the respondents, 80%, were full-time students, indicating the priority given to academic pursuits. A majority of these children expressed their satisfaction with their school environment, suggesting that educational institutions played a constructive role in their lives. They had been successful in building a strong social network within the school environment. However, it is noteworthy that a non-negligible 11% of children did not enjoy their school experience and continued with their education due to parental pressure.

While the health and living conditions of these children generally seemed to be satisfactory, there were areas of concern. These children learnt a lot from school, as 80% of them suggested. Also, a significant 67% gained valuable life skills at home. Nevertheless, the household economy was a pressing issue. Our data revealed a concerning near-equal split between children who had sufficient food (52%) and those who were struggling with food security (58%). In the era of digital technology, we found that a decent percentage of children had access to their parents' phones for various activities. Some 60% of them used them for school-related activities, and 38% had access for leisure activities. In sum, the reintegration of children into their families after deinstitutionalisation had brought about numerous benefits which enhanced various aspects of their lives. However, to make these improvements even more profound, there could be a focus on a few additional areas. These include nurturing their relationships with their institutional peers, fostering a love for learning, and ensuring their food security. By focusing on these areas, we could contribute to the holistic well-being of these children, making their lives even better. In summary, the outcomes for children after deinstitutionalisation were positive.

7.5. Responses from the Caregivers

The invaluable feedback provided by caregivers brought forth a wealth of insights, illuminating a spectrum of experiences that touched on various facets of well-being. These facets were succinctly captured within the framework of the EIGHT ACTIVE Family Support domains, which included Family and Social Relationships, Health, Education, Living Conditions, Behaviour, Household Economy, Child Participation, and Internet and Technology. Furthermore, the feedback proved instrumental in enhancing SAPDN's understanding of Child Protection Risk Assessment outcomes, as well as in ensuring the sustained prevention of re-entry into any form of institutional care.

The fundamental importance of family and social relationships among individuals cannot be overstated. These relationships served as the bedrock, as well as the adhesive, that bound together the family unit. Children who were able to spend more quality time with their families not only benefitted in the present but also in the future as they grew into well-rounded individuals. This sentiment was echoed by Caregiver Respondent (CGR) 13, who stated: "I am the living testimony, I have three children and during the period I was not spending time with them, two of them were never found at home and would always come in the evening at home drunk due to substance misuse. But since I started spending more quality time with my children, they behave better." Another respondent added the following sentiment and asserted: "The best you can do for your children is to give them your time, this could be a strong foundation for your children" ... Caregiver Respondent (CGR) 1.

7.5.1. Family and Social Relationships

The research which was conducted revealed some encouraging signs. A significant number of caregivers, 72%, shared that they allocated a substantial part of their day to actively engage with the children in a wide array of activities. These shared experiences encompassed a broad spectrum of activities such as cooking together, reading, participating in outdoor sports, jointly watching television, and even shopping together for food and various household essentials. The findings from the research provided an insight into the lives of caregivers and children. It seemed that these joint activities were far more than just tasks; they played a significant role in building relationships and fostering mutual understanding. These shared experiences gave the children a sense of belonging and contributed to a nurturing environment that encouraged their development. Furthermore, an overwhelming number of the caregiver respondents, 81%, agreed on the importance of setting aside time for caregivers and children to spend together. They believed that this helped to create an environment where children could look forward to interacting with caregivers, thereby strengthening their bond. Caregivers also expressed the joy and fulfilment they derived from witnessing the growth and development of their children, as well as seeing them form friendships at school and within their local communities.

Additionally, there were heart-warming stories of children joining local soccer teams and other community activities, further evidencing their successful social integration. However, it was also important to acknowledge that not all experiences had been entirely positive. Some caregivers had encountered difficulties in discovering shared interests with the children, and a few children had shown a preference for solitude or demonstrated difficulties in socialising. Caregiver Respondent (CGR) 51 shared the following view: “The relationship between my son and myself broke down and he is such a pain in my life, I wish he could go back to the Youth Care Centre where he has been.” Another caregiver respondent, CGR 89, expressed the following sentiment: “I wish the Youth Care Centre had prepared us before the child was brought home.” Indeed, 47% of caregivers indicated that they did not have a healthy relationship with their children, and thus found it difficult to spend time together. This research underscored the importance of examining exit plans for the children when they turned 18 or were about to leave the institution for an independent family life. It is crucial to ensure that both caregivers and children are adequately prepared for this transition.

7.5.2. Health

It is encouraging to note that in the health domain, a substantial majority, or over 70% of caregivers, had diligently ensured that their child consumed meals that were balanced and nutritious. They also emphasised the importance of practising a healthy lifestyle. This conscientiousness towards maintaining health is a positive sign. For more than half of the respondents, they had the convenience of a local clinic available for necessary medical attention. This availability of healthcare facilities close by was crucial, especially in times of urgent medical needs. The respondents, however, had reported that the need for such medical attention had been relatively infrequent. One of the participants, Caregiver Respondent (CR) 16, stated: “We need to speak the truth, I am a privileged person as my family lives next to the clinic, so we easily get help without delay.” This statement underscored the importance of having accessible medical facilities. Positive feedback was received from 65% of the respondents who said that they had not face difficulties in accessing the clinic or medical care in general. This percentage indicated that a significant majority of caregivers were able to seek and receive medical attention without serious obstacles.

However, not all feedback was positive. Approximately 37% of caregivers had reported challenges in accessing the clinics. The reasons cited for these difficulties varied, but they often revolved around the remote locations of the clinics and the added complexity of managing a child’s ongoing health issues.

This is a serious concern that needs addressing. One Caregiver Respondent (CR) 45, shared a particularly heart-wrenching experience: “I lost my son as the ambulance failed to reach my area due to its remoteness - we need development in the semi-rural and rural areas so that transportation is easy and affordable.” This statement highlighted the urgent need for infrastructural development, especially in remote areas, to make healthcare more accessible for all.

7.5.3. Education

In the vital sphere of education, an impressive 79% of caregiver respondents consistently expressed a profound interest in their child’s academic progress. This group, without exception, placed significant importance on the educational journey of their children. One caregiver respondent (CGR) 27 poignantly revealed: “Our situation might be marked by food scarcity or limited income, but it is imperative for us to ensure that our school-going child attends regularly.” Another respondent (CGR) 12 echoed this sentiment, stating the following: “The most reliable path to a brighter future for our children lies in ensuring they not only attend school but also complete their education.” Despite the barriers they faced, these caregivers made a commendable effort to participate as much as possible in their child’s education. This commitment prevailed even among those who had not had the opportunity for formal education.

However, 68% of the Caregiver Respondents articulated various challenges that impeded their efforts. A lack of supplemental academic support and financial difficulties, particularly with transportation and food costs, were frequently mentioned. These are the areas where they voiced a need for additional support. It is worth noting that some of the children were fortunate enough to receive assistance from the National School Nutrition Programme. This aid played a key role in mitigating the food-related challenges to a certain extent. However, one Caregiver Respondent (CGR) 62 shared a disheartening account: “A common challenge we face is that most of the time we do not have enough money for our child’s transportation. This lack of resources has had a negative impact on his academic progress. As we speak, he has had to repeat the same grade thrice.” Another respondent (CGR) 8, highlighted the difficulties encountered due to the financial demands of schools: “Township schools sometimes has high demands for things we, as caregivers, must provide for our children, such as stationery. If you do not have the money, it is incredibly hard to watch your child miss out on school just because you cannot afford an exercise book, for instance.”

7.5.4. Living Conditions

Despite the adversity that some caregivers faced, such as the struggle to consistently provide food, a significant majority, approximately 70%, expressed satisfaction with their living conditions. These caregivers had managed to create a warm and comfortable environment for the children in their care, often against considerable odds. They created spaces where each child could have their own sleeping area - a luxury that many take for granted. Some children had even taken it upon themselves to personalise their rooms, decorating them to reflect their individual tastes and personalities. As one caregiver respondent (CGR 11) said: “We might struggle with some other things, but I make sure that we have safe and adequate living conditions - the children love their own rooms.” The story of another Caregiver Respondent (CGR) 92 reflects the positive impact of external support on these living conditions: “I am blessed because another organisation built this house for us whereby each child has their own room and we as caregivers have our own self-contained rooms.” This quote brings to light the essential role of external organisations in providing support to these caregivers and the children they cared for.

However, as is often the case, there were still challenges that needed to be addressed. In around 30% of the homes, caregivers reported issues that affected the quality of their living conditions. These challenges

include cramped living spaces, which could affect the mental and physical health of the occupants. Safety is another concern which was cited, with some caregivers living in neighbourhoods that were not secure. Lastly, the need for house repairs was identified as a significant issue, with these repairs often being critical to maintaining safe and habitable conditions for the children.

7.5.5. Behaviour

From a behavioural standpoint, a multitude of caregivers had noted considerable positive transformations in the children's conduct, particularly regarding their levels of respect and communication skills. An impressive 88% of caregivers expressed satisfaction with the progress their children had made in these areas. Many caregivers relayed anecdotes of significant behavioural shifts, noting that children who previously exhibited disruptive or disrespectful behaviours had transformed into respectful, communicative individuals. For instance, Caregiver Respondent (CGR) 16 was quoted as saying: "Since my children came from the Care Centre, their negative behaviours have transformed into positive behaviour. They are now able to show us respect unlike before going to the institution. Seriously speaking, whatever the institution did for my children is very good. I have hope for the future of my children." Caregiver Respondent (CGR) 3 echoed these sentiments: "I have to say that I am very pleased with the behaviour of my children. They listen and accept advice. I think spending frequent time with them has increased our bond as a family."

However, it is important to note that the journey was not without its challenges. There were instances where some of the children struggled with emotional regulation. This was particularly prevalent in adolescents aged between 14 to 18 years old. Managing these emotional challenges proved to be a complex task, creating a difficult environment for both the caregivers and the children themselves. Navigating these emotional hurdles required patience, understanding, and a comprehensive approach to positive behavioural reinforcement.

7.5.6. Household Economy

As the national economy grapples with maintaining its status as a high-performing one in Africa, the ripple effects of this struggle are felt down at the household level. When individuals, including caregivers, are unable to earn as much as they previously could, it is a clear signal that they had to reassess and readjust their budgeting strategies in response to these challenging economic times. This sentiment is echoed by one Caregiver Respondent who stated: "We used to have a comfortable standard of living when both my son and I were employed in the city. However, after losing those two jobs, we have had to rely solely on social grants. As such, careful budgeting has become an absolute necessity" ... Caregiver Respondent (CGR) 22. A significant majority of caregivers, approximately 72%, had managed to meticulously budget and prioritise their needs despite the trying circumstances. These caregivers had demonstrated commendable resilience and adaptability, consistently meeting both their own needs and those of their children. Nevertheless, nearly half of the respondents, around 46%, had reported struggles with meeting basic necessities. The primary reasons for this hardship were the escalating cost of living, rampant unemployment, and the inadequacy of the monthly social grants provided by the state. One caregiver respondent poignantly captured this reality by stating: "I genuinely don't understand how other families manage to survive solely on social grants. It is an exceedingly tough situation as the social grants are simply not sufficient" ... Caregiver Respondent (CGR) 77.

7.5.7. Child Participation

A significant majority of caregiver respondents, precisely 89%, reported that children contributed to household chores and were encouraged to voice their opinions on various matters. This is undoubtedly a positive development as it ensured children were being groomed into adulthood, where they could manage their own lives effectively. As one Caregiver Respondent (CGR) 63 put it: “My children are groomed into this because in our family we have created a space for children to take part in the affairs of the family. The results of this approach can be seen in these children.”

However, the picture is not entirely rosy. Just like in many other settings, not everyone sings songs of praise for this approach. A noteworthy 36% of Caregiver respondents indicated that a small percentage of children appeared to struggle with engaging in family activities and making decisions. This may possibly be due to residual effects from their past experiences in institutional care. One Caregiver Respondent (CGR) 26 shared: “In my family where I grew up, we never interfered with the affairs of the family as adults were there to make decisions on our behalf. Why should I do differently from my parents?” This sentiment highlighted the challenges faced in changing traditional mindsets about child participation in decision-making within the family.

7.5.8. Internet and Technology

A significant proportion of caregivers, specifically 28%, reported that their children did not have personal access to technology. This statistic emerged largely due to the fact that it was only the parents who owned cell phones. Caregiver Respondent (CGR) 54, voiced this concern: “I cannot afford to buy my child a cell phone as such can share with me this one.” This economic restriction creates a limitation on the child’s access to technology, as the use of the device is dependent on the parent’s availability and willingness to share.

Moreover, some caregivers communicated a certain scepticism about the advantages of children owning cell phones. A sentiment of distrust towards the content available on social media platforms was a recurring theme. Caregiver Respondent (CGR) 43 expressed this by saying: “...they might just watch useless things on social media, you cannot trust kids.” This concern indicates a perceived need for parental control and supervision of children’s online activities to prevent exposure to inappropriate or unproductive content. Interestingly, there were two particular instances where the roles seemed reversed, and the child was the one in possession of a phone. In these cases, the device was also used by the parent. This unusual scenario raises questions about the dynamics of technology usage within families and how it can vary depending on individual circumstances.

7.5.9. Child Protection Risk Assessment and Prevention of Re-entry

On a brighter note, a significant proportion, specifically 85%, of the caregiver respondents had demonstrated an exceptional level of vigilance regarding the environment of their foster children. They had, with dedication and care, nurtured robust relationships with their assigned social workers. This diligence and commitment significantly contributed to the protection of these children, and thus prevented their unfortunate re-entry into institutional care, a situation that is far from ideal for any child’s development and well-being.

However, it is important to acknowledge that not all aspects of the caregiving environment were positive. Some caregivers had voiced palpable concerns about the neighbourhoods they resided in and the lack of sufficient support services within such areas. These caregivers have shared feelings of anxiety and unease about the prevailing issues in their communities, such as gangsterism, violence, and substance abuse, among other community challenges that posed a significant threat to the safety and well-being of their

foster children. It was crucial that such concerns had to be addressed for there to be continued comprehensive protection and care of these children.

7.6. Summary of Findings from Caregivers

The data collected in this phase presented a comprehensive overview of the experiences of caregivers and children who had been deinstitutionalised and reintegrated into families and communities and others who had been prevented from entering institutional living through psycho-social support and early interventions. It provided a multifaceted perspective on the successes and challenges faced by these children and their caregivers across various aspects of their lives. Within the realm of Family and Social Relationships, a majority of caregivers were actively engaging with the children in various activities. This points to the successful establishment of familial bonds and the children's positive social integration. However, there are instances of children struggling with shared interests or preferring solitude, indicating that social adaptation may still be a challenge for some. Health is a critical component of children's well-being. While most caregivers ensured balanced diets and healthy lifestyles for their wards, some were facing challenges in accessing medical facilities due to geographical constraints. This underscored the need for improved healthcare access, especially for children with ongoing health issues.

In terms of Education, all caregivers showed a keen interest in the child's academic progress, indicating a supportive learning environment. However, challenges such as lack of additional academic support and financial issues related to transportation and food persisted, suggesting that the accessibility and affordability of education remained areas of concern. Living conditions were satisfactory for most, but issues such as cramped spaces, unsafe neighbourhoods, and the need for house repairs were reported by some. This highlights the need for improved living conditions to ensure the children's safety and comfort. From a behavioural perspective, most caregivers report positive shifts in the children's behaviour. However, emotional regulation remained a challenge for some, particularly adolescents, indicating that mental health support should be an area of focus. Regarding the Household Economy, while some caregivers managed to meet the children's needs through careful budgeting, a significant portion struggled with basic necessities. This suggested that socioeconomic factors significantly impacted the families' quality of life and ability to provide for their children. In terms of Child Participation, children were encouraged to contribute to household chores and voice their opinions. However, a small percentage struggled to engage, possibly indicating residual effects from institutional care. As regards the Internet and Technology, access was limited for most children, indicating a potential digital divide that could impact their educational and social experiences. Finally, regarding Child Protection, caregivers showed strong vigilance and good relationships with social workers. The former were crucial for preventing re-entry into institutional care. However, concerns about neighbourhood safety and inadequate support services indicated a need for broader community-level interventions. Overall, the analysis suggested that while significant progress had been made in reintegrating children into families and communities, a holistic approach addressing social, economic, educational, and health-related challenges was imperative for their successful transition and well-being.

7.7. Recommendations

Based on the foregoing issues, the research study proffered the following recommendations:

- It was necessary to make many communities aware about the importance of independent living despite some challenges regarding household socioeconomic aspects. Organisations such as Hope & Homes ought to initiate sustainable monitoring and evaluation processes after the child had

transitioned. To this end, 26% of the caregiver respondents reported a lack of visitation to the caregiver to assess the living standards of the child.

- There were some children who needed continued emotional support and someone to talk to. Thus, 33% of the children respondents wanted to find out if the field researcher would continue phoning and chatting with the child respondents. This might indicate that the child missed to spend some quality time with the caregiver.
- It is important to make an assessment in terms of life after the Youth Centre to those children going to live with their family or be on their own without an institution to help. While there was already this mechanism to ease the stress of moving from one location to another, workshops indicated various opportunities that existed for young people.
- The majority of the caregivers and children respondents indicated the hardship of life due to the dwindling household economy, thus income generation or referral systems to other organisations that trained and supported small businesses with small capital must be activated.
- There are a few households where the caregiver depended on the child's grant and social relief grant, but the amounts of such intervention are below the poverty line or minimum food basket requirement per individual per month.
- More work needed to be put in place to make people aware of Hope & Home for Children as above 50% of the caregivers' respondents did not know anything about HHC.

7.8. Challenges

The process of conducting research is invariably accompanied by numerous challenges, and the data collection phase of our project was no exception. The Southern Africa Policy and Development Nexus (SAPDN) encountered a variety of challenges during the process of data collection, and for this phase, each of them is detailed hereafter:

- Firstly, a significant issue was discovered within our database. Some of the respondents listed did not have the necessary accompanying files that would provide us with vital background information on the children and their caregivers. This lack of information served as a considerable hindrance, limiting our understanding of the individual circumstances and needs of the participants.
- In addition to this database-related challenge, we also faced difficulties in reaching out to some of the caregivers. We discovered that some of the contact details provided were either non-existent or incorrect. In certain instances, the contact details led us to people who were not aware of what care reform was, and they reported having no children. This posed a significant obstacle in our efforts to gather comprehensive and accurate data.
- Further complicating matters were instances of duplicated contact details. We found out that some contact details were replicated up to three times, and each time, under a different name. In some cases, the contact details provided turned out to belong to a neighbour, and who was unwilling to speak with our researchers. In such instances, we found the details of the caseworker to be extremely valuable, as they were able to provide the necessary information.
- We also encountered challenges in reaching some respondents due to their contact details leading straight to voicemail. Despite repeated attempts over more than a week, we were unable to establish contact with these individuals.

- Lastly, some of the respondents shared personal challenges during the data collection process, such as lack of food, substandard shelter, the need for foster care grants, and assistance with adoption, among others. Consequently, some data collection sessions transformed into counselling sessions, as we attempted to provide support for the multifaceted social and socioeconomic challenges faced by the caregivers.

7.9. Key Departure Points

Despite these considerable challenges, the respondents who participated in this phase of the evaluation exhibited a commendable willingness to share as much information as possible regarding their experiences with the reintegration process. They provided invaluable insights into the transition of children from institutions to families and communities. We are confident that the outcomes we've observed are a direct result of the Care Reform intervention, not mere coincidences. Our conviction is based on the discussions with the respondents, some of which are captured in the verbatim record gleaned from the data collection process. The external evaluation was carried out by an independent organisation with no vested interests in the project, ensuring unbiased results. Additionally, the qualitative data collected by SAPDN aligns with the quantitative data gathered by the Wits Research Institute on behalf of HHCSA, with both external organisations reaching similar research findings. Despite the difference in sample size, both studies yielded similar results, further reinforcing the validity of the findings. SAPDN's evaluation was conducted with a substantial sample of over 400 respondents over two years (2022-2024) and was comprehensive, integrating both quantitative and qualitative data. The qualitative data, which holds significant relevance, was collected through individual interviews and focus group discussions, while the quantitative data was gathered using online questionnaires. Participants in these discussions included representatives from DSD, beneficiaries of the program, their families/caregivers, CYCC staff members, and workers from the NGO sector, such as heads of institutions, social workers, child and youth care workers, psychologists, social auxiliary workers, social work supervisors, and occupational therapists. To further strengthen our argument from a qualitative perspective, we will include verbatim excerpts from the outcomes report. These first-hand accounts will provide a more in-depth understanding of the experiences and perspectives of those involved. The verbatim excerpts from the interactions are captured below; this is merely a small portion of the engagements and is in no way exhaustive.

7.10. Verbatim Responses

ACTIVE Family Support well-being domain	Verbatim Response CR = Child Respondent CGR = Caregiver Respondent
Child Responses	
Family and Social Relationships	<p>CR1: "I did not have a means of getting my friends' contact details when I left the Institution and had the chance to say goodbyes to my friends."</p> <p>CR8: "I learn so many things in school and also having different teachers helps."</p> <p>CR32: "My mom is my best friend, I can talk to her about anything."</p> <p>CR28: "My dad loves me very much and he is so overprotective of me and sometimes it sucks, but I know he means well."</p> <p>CR5: "My family is always there for me, no matter what. They make me feel safe and loved."</p>

	<p>CR19: "When I was sick, my family took such good care of me. They are always there when I need them."</p> <p>CR40: "I sometimes miss the times we all sat together with my friends for dinner when I was in the institution, but sitting with my family and having dinner with them is so much better, my mom cooks my favourite food."</p> <p>CR91: "After leaving the care centre, I lost touch with many friends, but my family helped me make new ones in my neighbourhood and I made new friends at school."</p> <p>CR67: "Even though I don't see my old friends much, my new friends from school and the community are great."</p> <p>CR77: "Family is the best part of my life. They support me in everything I do."</p> <p>CR50: "I love spending time with my family. We do everything together, and it makes me happy."</p> <p>CR88: "My parents are not just my parents; they are my friends too. I can share anything with them."</p>
Education	<p>CR45: "I go to school every day and I love taking the bus with my friends."</p> <p>CR87: "Walking to school is easy because it's so close to my house."</p> <p>CR23: "School teaches me a lot about the world and helps me understand different things."</p> <p>CR56: "I enjoy going to school because I get to see my friends and learn new things."</p> <p>CR78: "My teachers make learning fun and interesting. I like that we have different teachers for different subjects."</p> <p>CR34: "I have made so many friends at school and in my neighbourhood. We play together after school too."</p> <p>CR112: "Sometimes school is boring, and I only go because my parents make me."</p> <p>CR55: "I go to school every day and I love taking the malume transport with my friends."</p> <p>CR87: "Walking to school is easy because it's so close to my house."</p>
Health	<p>CR12: "Whenever I go to the clinic, my grandmother always comes with me. She makes me feel safe and takes care of everything."</p> <p>CR47: "My uncle took me to the clinic when I was sick last month. He stayed with me the whole time and made sure I was okay."</p> <p>CR63: "I never go to the clinic alone. My cousin always goes with me and helps me talk to the doctor."</p> <p>CR25: "The last time I had to visit the clinic, my mom and dad both came. It made me feel better knowing they were there with me."</p> <p>CR89: "My aunt takes me to the clinic every time I need to go. She's really good at explaining things to the doctors and nurses."</p>
Living Conditions	<p>CR12: "I learn a lot from my parents at home. They teach me things that I don't always get to learn at school, even things I don't like doing like washing dishes, cleaning, washing and things like that, my mom says I will thank her one day."</p> <p>CR45: "We always discuss important family decisions together. It's nice to know that my opinion matters."</p> <p>CR78: "My room is my safe place. Whenever I feel upset, I go there to calm down."</p> <p>CR34: "We stand together with each other."</p> <p>CR29: "At home, I learn about our culture and traditions. It's a big part of who I am."</p> <p>CR56: "My room is where I go to think and relax. It's my own little world where I can escape."</p> <p>CR83: "Being part of family decisions makes me feel important and valued."</p> <p>CR91: "When I am not happy with something or I have become angry, I choose to go into my room."</p>

	<p>CR67: "My family teaches me so much about life. I feel like I learn just as much at home as I do at school."</p> <p>CR14: "Having my own space to go to when I'm upset helps me feel better and think clearly."</p>
Household Economy	<p>CR34: "Most days we have breakfast, lunch, and supper. Sometimes we skip meals, but it doesn't happen often."</p> <p>CR52: "We usually have enough food for all three meals, but sometimes we only have one or two meals a day."</p> <p>CR12: "We always have breakfast, lunch, and supper. My mom makes sure we have enough food."</p> <p>CR21: "I never go hungry because we have enough food at home. We always have three meals a day."</p> <p>CR56: "We have breakfast, lunch, and dinner every day. My family makes sure we have enough to eat."</p> <p>CR85: "I always have enough food. We never miss any meals at home."</p> <p>CR27: "There are days when we eat well, but there are also times when we don't have enough to eat."</p> <p>CR45: "We always try to have breakfast, lunch, and supper. Sometimes we run out of food, but not often."</p> <p>CR73: "Our food supply is okay most of the time, but there are times when we have to skip meals because there's not enough, luckily I eat at school so I get enough food."</p> <p>CR34: "My family makes sure we have enough food for breakfast, lunch, and dinner every day."</p> <p>CR19: "At home, we often go hungry, or we eat only four times a week."</p>
Internet and Technology	<p>CR25: "I use my mom's phone to do my homework and look up things for school."</p> <p>CR42: "My dad lets me use his phone to study and sometimes for watching videos."</p> <p>CR38: "I mostly use my parents' phones for school projects, but I also play games on it sometimes."</p> <p>CR53: "When I need to get information on something for school, I borrow my parent's phone. It's really helpful."</p> <p>CR67: "We don't have a computer, so I use my mom's phone to do my schoolwork and sometimes to chat with friends."</p> <p>CR18: "I have my own cell phone but my mom doesn't have one, but she uses my phone as well."</p>
Caregiver Responses	
Family and Social Relationships	<p>CGR12: "We spend a lot of time cooking together. It's our favourite activity and helps us bond."</p> <p>CGR24: "Reading the Bible with my daughter every night has become our special time. It brings us closer."</p> <p>CGR37: "Doing activities outside with my kids strengthens our relationship."</p> <p>CGR45: "We watch TV together every evening. It's a routine that we all look forward to."</p> <p>CGR53: "Shopping for groceries with my children is a great way to teach them about budgeting and healthy eating."</p> <p>CGR61: "I love seeing my child grow and develop friendships in the community. It makes me proud."</p> <p>CGR78: "Setting aside time to spend with my children has really improved our relationship."</p> <p>CGR82: "We try to do different activities throughout the day. It helps us understand each other better."</p>

	<p>CGR90: "My son joined the local soccer team and has made so many new friends. It's wonderful to see."</p> <p>CGR51: "The relationship between my son and myself broke down and he is such a pain in my life, I wish he could go back to the Youth Care Centre where he has been."</p> <p>CGR89: "I wish the Youth Care Centre had prepared us before the child was brought home."</p> <p>CGR67: "We enjoy shopping for household essentials together. It makes the chore enjoyable and teaches responsibility."</p> <p>CGR35: "Spending time with my children daily has made a big difference in our bond. We feel more connected."</p> <p>CGR73: "My daughter loves it when we play games together. It's a great way to engage with her and show my support."</p> <p>CGR56: "Despite the challenges, I find so much joy in watching my child grow and participate in community activities."</p>
Health	<p>CGR16: "We need to speak the truth, I am a privileged person as my family lives next to the clinic, so we easily get help without delay."</p> <p>CGR32: "I try to make sure my child eats healthy food every day."</p> <p>CGR58: "Living near a clinic has been great. We don't have problems getting medical care when we need it, we just have to wait for a long time in the queue."</p> <p>CGR45: "I lost my son because the ambulance couldn't reach us in time. We need better roads and transport in rural areas." – (respondent cried during the engagement).</p> <p>CGR74: "We're lucky to have a clinic close by, and we don't have trouble getting medical help."</p>
Education	<p>CGR27: "We might not have much food or money, but it's important that our child goes to school every day."</p> <p>CGR12: "The best way to a better future for our kids is to make sure they go to school and finish their education."</p> <p>CGR45: "Even though we didn't go to school ourselves, we do everything we can to help our kids with their studies."</p> <p>CGR8: "Township schools sometimes ask for things we can't afford, like stationery. It's hard to see our kids miss school because we can't buy an exercise book."</p> <p>CGR62: "We often don't have enough money for our child's transport. This has made him repeat the same grade three times."</p> <p>CGR39: "We get help from the School Nutrition Programme, which makes it easier for our kids to focus on their studies."</p> <p>CGR21: "We care a lot about our kids' school progress and make sure they study hard, even if we have little."</p> <p>CGR14: "Money problems and no extra help for schoolwork make it tough for us, but we still try our best to support our kids' education."</p>
Living Conditions	<p>CGR11: "We might struggle with some other things, but I make sure that we have safe and adequate living conditions - the children love their own rooms."</p> <p>CGR92: "I am blessed because another organisation built this house for us where each child has their own room, and we as caregivers also have our own rooms."</p> <p>CGR35: "Even though money is tight, I make sure our home is warm and comfortable for the kids."</p> <p>CGR49: "The kids have their own spaces and they love decorating their rooms with their own things."</p> <p>CGR60: "We may not have a lot, but our house is safe and the children feel happy and secure here."</p> <p>CGR77: "We have some help from outside groups, and because of that, each child has a nice place to sleep."</p>

	<p>CGR 99: "We have a very small house, and we all sleep in the same room but at least we have a roof over our head."</p>
Behaviour	<p>CGR16: "Since my children came from the Care Centre, their negative behaviours have transformed into positive behaviour. They are now able to show us respect unlike before going to the institution. Seriously speaking, whatever the institution did for my children is very good. I have hope for the future of my children."</p> <p>CGR3: "I am very happy with my children's behaviour. They listen and take advice. Spending time with them has made our family bond stronger."</p> <p>CGR29: "My child's behaviour has improved a lot. They used to be disruptive, but now they are respectful and communicate well."</p> <p>CGR42: "I have seen a big change in my child's behaviour. They are more polite and willing to talk about their feelings."</p> <p>CGR55: "The children have become more respectful and better at talking to us. It's a big difference from how they used to be."</p> <p>CGR74: "My child's communication skills have improved so much. They are no longer disrespectful and are much easier to talk to."</p> <p>CGR88: "Some of my kids still struggle with bad behaviour, especially when they get upset. It's tough, but we're working on it as a family."</p>
Household Economy	<p>CGR22: "We used to have a comfortable standard of living when both my son and I were employed in the city. However, after losing those two jobs, we have had to rely solely on social grants. As such, careful budgeting has become an absolute necessity"</p> <p>CGR35: "It's hard to make ends meet with the rising costs. Even with careful budgeting, it's still a struggle."</p> <p>CGR77: "I don't know how other families survive on just social grants. It's really tough because the grants aren't enough."</p> <p>CGR48: "We had to change our spending habits. We buy only what we really need because money is tight."</p> <p>CGR63: "Unemployment has hit us hard. We try to manage with what we have, but it's not easy."</p> <p>CGR19: "Living costs keep going up, but our income doesn't. We have to be very careful with our money."</p> <p>CGR54: "Budgeting is essential now. We prioritise food and school fees, but sometimes it's still not enough."</p> <p>CGR81: "We have adapted to tough times by budgeting carefully, but it's a constant challenge to meet all our needs."</p>
Child Participation	<p>CGR63: "My children are groomed into this because in our family we have created a space for children to take part in the affairs of the family. The results of this approach can be seen in these children."</p> <p>CGR55: "My children help with chores and take part in family decisions. This way, they learn to manage their own lives."</p> <p>CGR18: "We encourage our kids to speak up and be involved in family matters. It's important for their growth."</p> <p>CGR45: "My children are involved in household chores and making decisions. It helps them become responsible adults."</p> <p>CGR29: "In our family, kids are encouraged to share their opinions and help with tasks. It's a good way to teach them life skills."</p> <p>CGR51: "Our children do chores and join in family discussions. This prepares them for the future."</p>

	<p>CGR26: "In my family where I grew up, we never interfered with the affairs of the family as adults were there to make decisions on our behalf. Why should I do differently from my parents?"</p> <p>CGR39: "Some kids still struggle with being involved in family activities and decisions. It might be because of their past experiences."</p>
<p>Internet and Technology</p>	<p>CGR54: "I cannot afford to buy my child a cell phone, so they share mine with me."</p> <p>CGR32: "My kids don't have their own phones. They use mine when they need it."</p> <p>CGR43: "They might just watch useless things on social media. You cannot trust kids with a phone."</p> <p>CGR21: "We don't have enough money for extra phones. My children use my phone when I let them."</p> <p>CGR68: "I worry about what my kids might see on social media, so they don't have their own phones."</p> <p>CGR47: "In our house, the child has the phone and I sometimes use it too, this is because her father bought her the phone for her. It's strange, but it works for us."</p> <p>CGR59: "We don't have internet at home, but I buy data bundles that we can afford. The kids use it for schoolwork."</p> <p>CGR38: "We can't afford to pay for internet, so I get data bundles when we need it for important things."</p>
<p>Child Protection Risk Assessment and Prevention of Re-entry</p>	<p>CGR12: "I work closely with our social worker to make sure my foster child is safe and happy."</p> <p>CGR25: "We keep a good relationship with the social worker. It's important for my foster child's well-being."</p> <p>CGR33: "I'm always in touch with the social worker to prevent my child from going back to the institution."</p> <p>CGR47: "We make sure to have regular check-ins with the social worker. It helps keep my foster child safe."</p> <p>CGR59: "My foster child's safety is my top priority, and I rely on our social worker for support."</p> <p>CGR68: "Working with the social worker has helped us create a stable home for our foster child."</p> <p>CGR77: "Our social worker is a big part of why my foster child is doing well. We work together closely."</p> <p>CGR84: "We have a strong bond with our social worker, which helps keep my foster child safe and secure."</p> <p>CGR92: "My foster child hasn't had to go back to the institution because of the good relationship we have with the social worker."</p> <p>CGR103: "We face challenges like gangsterism and violence in our neighbourhood, but we work hard to keep our foster child safe."</p>

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9. APPENDICES

9.1. Appendix 1: Fieldwork Introductory Letter



Letter of Introduction

Dear Sir / Madam

The Southern African Policy and Development Nexus (SAPDN) is conducting an Evaluation Research Study in partnership with the Department of Social Development (DSD) and the One Child One Family Hope and Homes for Children South Africa (OCOF-HHCSA). At this stage of the research process, the focus is on tracking and evaluating the mindset change of different stakeholders in relation to Child Care Reform, while assessing the progress of the aforementioned reform.

I am inviting you to participate in the research process. You will be requested to participate in one of three ways:

1. A one-off interview, which will last between 45 to 60 minutes, either virtually or in person.
2. A Focus Group Discussion in your organization, lasting 60-90 minutes.
3. An online questionnaire on Google Forms, which will take about 10 minutes to complete.

For the virtual meeting, we can either use Microsoft Teams or Zoom. These interviews will be carried out at a time that is suitable for you. If you decide to take part in the interview, your permission is sought to audio record the session. This data will be stored on a password-protected cloud drive (iCloud/ One Drive) and will be deleted after five years, only the research organisation will have access to the data. During the research activity, we will need to ask for some personal information about you, including your role and experience in your field. The research reporting process will be confidential and anonymous. To this end, all efforts will be made to protect your identity. Furthermore, please note that when the results of the research study are disseminated, your name will not be included anywhere in the foregoing.

Participation in this research is voluntary even if you may have been nominated. Hence, if you decide to participate in the evaluation research study, it should be of your own volition. Thus, you do not have to take part in this study if you do not want to and you can stop at any time. Also, you do not have to answer any questions if you do not want to and you will not get any direct benefits if you choose to participate in the study. You will not lose any services, benefits or rights you would normally have if you decided not to join. Additionally, taking part in the research study will not cost you anything and you will not be paid for participating in this research study. The risks for this research study are no more than what happens in everyday life. The study's main purpose is to track and evaluate the mindset change of different stakeholders involved in Childcare Reform.

9.2. Appendix 2: Evaluation Tool Used with DSD, CYCC Representatives, and NGO Stakeholders

It is important to note that this is merely a guide and during the actual interviews we used probes to get more insights from the respondents. The document has been linked, if you click on it, it should open the original document.

The graphic features a dark blue background with a vertical green line. On the left, there is a horizontal bar with four colored segments: yellow, red, green, and blue. A black horizontal bar with the text "Evaluation Tool" in white is positioned over the green and blue segments. Below this, a realistic image of the Earth is centered, showing the African continent. In the bottom right corner, there is a white box containing the text "Project Title: Interview Questions" and "Prepared by: Southern African Policy and Development Nexus (SAPDN)". In the bottom left corner, there is a logo for SAPDN (Southern African Policy and Development Nexus) featuring a stylized globe and the text "SAPDN SOUTHERN AFRICAN POLICY AND DEVELOPMENT NEXUS".

Evaluation Tool

Project Title: Interview Questions

Prepared by: Southern African Policy and Development Nexus (SAPDN)



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AND DEVELOPMENT NEXUS

9.3. Appendix 3: List of Questionnaires for the Different Provinces

(These were only completed by Gauteng and Western Cape NGOs)



List of Questionnaires for the Different Provinces

Gauteng Online Questionnaire:

https://docs.google.com/forms/d/e/1FAIpQLSfmY2qNNpP3q27pSB3NNDIsSNDPoXd_69CUHso79kcHT_i-fg/viewform?usp=sf_link

Western Cape Generic Questionnaire:

https://docs.google.com/forms/d/e/1FAIpQLSfyyI4irKYaNiOvPFu5gaBr7Zu3a-mKdCVqxnG2hDq2wxw3XA/viewform?usp=sf_link

Western Cape Implementation Questionnaire:

https://docs.google.com/forms/d/e/1FAIpQLSek86vR7Z0RbsC88CIz0PxAQYqrYY8wGsAbHrwAtKdnc_azWA/viewform?usp=sf_link

KZN Questionnaire:

https://docs.google.com/forms/d/e/1FAIpQLSf8A0k5o25ID96Ug7Z9eRI0aO2967TT0cw_eeEq6Mxuj7Z_BQ/viewform?usp=sf_link

Free State Questionnaire:

https://docs.google.com/forms/d/e/1FAIpQLSdfupcDGVLRHzOi8vbQ-kuQq4-NPvfKYfuwli9KSsU1hZ-seQ/viewform?usp=sf_link

Eastern Cape Questionnaire:

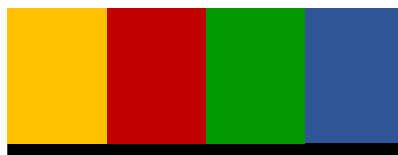
https://docs.google.com/forms/d/e/1FAIpQLSe0birgu20wbqzsrPEbind6Yr--rFuWASTQrUpS0QuLb4lfg/viewform?usp=sf_link

North West Questionnaire:

https://docs.google.com/forms/d/e/1FAIpQLSfKMi1AEV-HhN5079E_NEgTsNjN3NUNf46kz26LlrgQB0nK2g/viewform?usp=sf_link

9.4. Appendix 4: Interview Guide – Outcomes for Children

It is important to note that this is merely a guide and during the actual interviews we used probes to get more insights from the respondents. The document has been linked, if you click on it, it should open the original document.



Children's Outcomes Evaluation Tool



Project Title: Interview Questions

Prepared by: Southern African Policy and
Development Nexus (SAPDN)



9.5. Appendix 5: Hope and Homes for Children South Africa Management Response

Section 1 – 3: no comment as it sets the scene using desktop research on where we are at as a country re child poverty etc.

Section 4: First qualitative report with GDSD Senior Management

- Assessing the mindsets of senior management, Social Workers etc and says they are resistant to DI (even the word) which is clearly outlined in this section.
- Recommendations included a DI/Care Reform Manual (which can be linked to the policy)
- Recommendation to develop a National DI Policy came from the initial interviews and thus led to key objectives for 2024, which is the rollout of the PB RTs.

Section 5: First Quantitative Report with Institutions and NGOs in Gauteng Province

- Institutions' readiness for care reform in the province was highlighted with critical and key issues were addressed but evident to research, it is clear through engagement with Social Service professionals that the positive long-term outcomes outweigh the current challenges that exist in the system.
- The resounding conclusion by Social Service professionals that DI is not only child-centric but cost-effective documents the shift in knowledge and initial attitudes toward DI.

Section 6: First Quantitative Report with Institutions and NGOs in the Western Cape Province

- Respondents in the WC had an emphasis on the role the government plays in addressing the challenges and protection of children.
- Participants in the WC acknowledged the need for DI in the province and attributed care reform as a necessary policy to improve well-being, individualised care, and societal integration for children who are placed with families.

Section 7: Outcomes for Children

- Especially am drawn to the interviews with children and their responses – this indicates child participation in evaluating the care reform rollout in WC and Gauteng provinces. Here we have not only listened to the voices of children but have incorporated it into a report which we should also share with the CYCCs as children who transitioned out of CYCCs shared some sentiments about past friendships and the security and love found in their current family.
- Something significant to note is the almost equal split of children who struggled with food security (58%) and children who had sufficient food (52%) and this was picked up under the domains i.e. health, living conditions and household economy. Maybe a recommendation to the government is to provide additional support to families now learning to cope with more family members so that the care provided by primary caregivers is not strained due to inadequate post-placement support by Case Managers/Social Workers.
- Another significant finding is the overwhelming responses from caregivers who shared that in light of the care reform journey their parenting has changed. Before they were not spending time with their children and through the care reform journey they started spending quality time with all their children which has shown positive changes in the children's behaviour.
- Some families shared concerns about health access and not being able to access health facilities in their area. This could be escalated to DoH and addressed as a health equity issue.
- About 33% of children expressed that they needed ongoing psychosocial support i.e. needing someone to talk to. This also indicated the type of social support the children need once

transitioning into families. Here again, DSD could look into increasing the post-placement support given to families and children once transitioned.

- Key challenges noted: i.e. lack of food, substandard shelter, assistance with foster care grants and adoption. These could be shared with DSD as increased touchpoints for post-placement support.