

**THE CHALLENGES CONFRONTING
SOCIAL WORKERS IN MEETING THE
OBJECTIVES OF PERMANENCY
PLANNING AT CHILDREN'S HOMES,
IN THE MAGISTERIAL DISTRICT OF
DURBAN**

BY

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DEDICATION

To my parents,

Mr and Mrs Subramoney Chetty

for raising me with unconditional love and for

always providing me with a strong safety net

that I hope to pass onto my own children,

Priyanka and Alisha.

DECLARATION


THE REGISTRAR (Academic)
UNIVERSITY OF KWA ZULU NATAL

Dear Sir / Madam

I, Rajeshree Moodley,

Reg. No. 205524637

hereby declare that the dissertation / thesis, entitled the “Challenges confronting social workers in meeting the objectives of permanency planning at children’s homes, in the magisterial District of Durban,” is the result of my own investigation and research and that has not been submitted in part or in full for any other degree or to any other University.


.....
Signature

21-11-2006
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Date

ABSTRACT

The main aim of this study was to understand the challenges of social workers in meeting the obligations of permanency planning when rendering services at Children's Homes in the Magisterial District of Durban, KwaZulu-Natal, South Africa. Permanency planning is guided by policy and prescribed in practice but the challenges have not been studied. The descriptive study was qualitative (focus groups) with elements of a quantitative nature (checklist) that targeted the population. Respondents included participants from 15 children's homes, 5 Child and Family Welfare Societies and 2 State District Offices. The checklist of 25 items was completed by 12 principals of children's homes. Results confirmed that permanency planning was not practiced according to policy even though social workers had a good understanding of what was required of them. Children's homes, although recognized as temporary accommodation for children, were sometimes used as an option for permanency planning. Creative efforts towards permanency planning, despite their challenges of limited resources and institutional barriers were evident. However, programmes and activities towards promoting permanency planning needed in-depth evaluation. If used inappropriately, for example leave of absence and the host programme could increase insecurity, instability and unpredictability rather than promoting permanency planning. Recommendations were for social workers to make a significant difference by addressing their negative perceptions, values, attitudes and beliefs towards parents, to apply solutions found in this study and to play an advocacy role especially with regard to policy and resources. It became apparent that unless the challenges of the social workers were addressed, they would not be able to meet the objectives of permanency planning, even though it is a statutory requirement. Although social workers hold the primary responsibility and accountability for permanency planning, in practice its implementation and effectiveness depended on the interconnection and co-operation of various systemic influences.

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CHAPTER ONE

INTRODUCTION

1.1 INTRODUCTION

Social workers are faced with challenges in meeting the objectives of permanency planning. This study highlights some of the barriers experienced by social workers when practicing permanency planning at Children's Homes. One would expect that permanency planning would be most difficult for children accommodated at Children's Home. This is because Children's Homes are usually considered as a last resort when no other accommodation could be sought for a child.

The foundation for the study, on the challenges confronting social workers in meeting the objectives of permanency planning at Children's Homes, is established in Chapter One. This is achieved by having outline the rationale, aims and objectives of the research study. Arising from these relevant questions were identified. The underlying assumptions, value of the study, theoretical framework, literature review, definition of concepts, overall research design, reliability and validity, ethical consideration, potential limitations and proposed plan completed the skeleton of the study.

1.2 DEFINITION OF CONCEPTS

Prior to presenting the rationale for the study, it was essential to define the main concepts that provided a contextual framework for the study. The relevant concepts in this study were defined as follows:

The Child Care Act (cf. No 74 of 1983, as amended: 3) defines a child and children's home as follows:-

Child – any person under the age of 18 years.

Children's Home - is any residence or home maintained for the reception, protection, care and bringing-up of more than six children apart from their parents. It does not include any school of industries or reform school.

According to Minimum Standards, South African Child & Youth Care System (1998: 6-7) permanency planning and family preservation is defined as follows:-

Permanency Planning –“is when every young person within the continuum of care should be provided within the shortest period of time possible with the opportunity to build and maintain life-time relationships within a family and/or community context”

Family Preservation - is that all services need to ensure that young people remain within the family context wherever possible. Family capacity building and access to a variety of appropriate resources and support is therefore necessary. When a young person is placed within the continuum of care, services should aim to retain and support communication and relationships between the young person and his/her family (unless, proven to not be in the child's best interest) and maximize the time that the young person spends in the care of his/her family.

Reunification is “a process of empowering and supporting parents, extended family and young people in care, which aims at enabling those young people to be reunited with their family and/or community of origin.” (Interim Policy Recommendations 1996: 5).

1.3 RATIONALE FOR RESEARCH

The researcher is employed by the Department of Social Welfare and Population Development, at the Durban Regional Office which serves a monitoring function. Her experience in the Child and Family Field has sensitized her to the vast number of children who are left to languish in Children's Homes facing an uncertain future. Permanency planning promotes continuity and predictability of where these children will be growing up and who will be responsible for their care. Social workers, at placement organizations and Children's Homes, play a critical role in ensuring that permanency planning happens. It is essential to understand the extent to which

permanency planning is practiced in children's homes especially since Skelton (1998) pointed out that most often reunification services are neglected with the consequence that temporary placements becoming permanent ones. The constitution of South African County (cf. No 108 of 1996) indicates that children are better off growing up in a family environment except in extreme cases. Many parents and other potential caregivers are dying on account of HIV/AIDS related illnesses reducing the opportunity of children being raised by their own family or in foster homes. Hence there will always be a need for institutional care but it should not be considered as long term care arrangements for children.

Discussions with the Director and Assistant Directors of the Department of Social Welfare, Durban Regional Office, Managers of Durban Children's Society and Pinetown Highway Child and Family Welfare Society, Deputy Director of National Association of Child and Youth Care Workers and principals of Children's Homes confirmed the relevance of and an interest in the topic. Permanency planning is stated as one of the practice principles for the transformation of the child and youth care system (The Inter-Ministerial committee on Young People at Risk: Interim Policy Recommendations 1996). The State regards it as compulsory. Section 157(1) of the new Child Care Act (No 38 of 2005) which will eventually replace the current Child Care Act (No 74 of 1983, as amended) made provision to ensure that permanency planning is practiced. It was therefore essential to identify the challenges experienced by social workers and their proposed solutions in ensuring that permanency planning is practiced at a maximum level. To the knowledge of the researcher no study of this nature had been conducted previously in Durban.

1.4 PROBLEM STATEMENT

The key reason for this study, as indicated above, is the need to address the gap in knowledge on the challenges experienced by social workers in addressing permanency planning. The problem statements outlined are therefore relevant.

1.4.1 The Department of Social Welfare has not studied the efforts and challenges of social workers towards permanency planning yet it is guided by policy and prescribed in practice.

1.4.2 An understanding of the efforts made and challenges faced by social workers towards permanency planning will allow for creative and effective solution finding.

1.5 AIM AND OBJECTIVES

1.5.1 Aim

The main aim of the research was to understand the challenges of social workers in meeting the obligations of permanency planning when rendering services at Children's Homes.

1.5.2 Objectives

Arising from the aim of the study, the following objectives are considered:-

1.5.2.1 To determine the extent to which permanency planning is being practiced at Children's Homes settings.

1.5.2.2 To identify the specific programmes and initiatives of social workers towards permanency planning for children placed at Children's Homes.

1.5.2.3 To identify challenges facing social workers in implementing permanency planning for children placed at Children's Homes.

1.5.2.4 To ascertain what the social workers responsible for permanency planning at Children's Home viewed as solutions for the challenges they experience.

- 1.5.2.5 To provide recommendations to the Department of Social Welfare in meeting the challenges facing social workers in order for the objectives of permanency planning to be met.

1.6 RESEARCH QUESTIONS

The following research questions that the study hoped to respond to were derived from the above-mentioned objectives:

- 1.6.1 What was the extent and frequency to which permanency planning was implemented in rendering services to children placed at Children's Homes?
- 1.6.2 What efforts were made by social workers towards practicing permanency planning?
- 1.6.3 What were the challenges of social workers at placement organizations and Children's Homes in providing permanency planning at Children's Homes?
- 1.6.4 What did social workers consider as solutions in addressing their challenges and promoting permanency planning?
- 1.6.5 What recommendations were made to Department of Social Welfare in promoting permanency planning?

1.7 ASSUMPTIONS

The following assumptions were proposed in this study:

- 1.7.1 Permanency planning is not practiced according to the policy requirement i.e. that the child be reintegrated into the family or Community within a period of two years.

1.7.2 Institutional and resource barriers impact negatively on social workers practicing permanency planning at Children's Homes.

1.8 VALUE OF THE STUDY

1.8.1 The study was useful as it increased the body of knowledge with respect to understanding what efforts were already made to promote permanency planning within the Children's Homes.

1.8.2 It created an understanding of challenges that are faced by social workers when attempting permanency planning with children placed at Children's Homes.

1.8.3 It provided knowledge and understanding of permanency planning and its applicability to practice.

1.8.4 This study also contributed to making policy recommendations as many of the current policies such as the Alternative Care Policy are still in the draft stages.

1.9 THEORETICAL FRAMEWORK

The challenges facing social workers when practicing permanency planning at Children's Homes is best researched within a structural and eco-systems theoretical frame-work.

1.9.1 Structural Framework

According to Mullaly (1993) social problems are inherent in our present society. The structural approach is two pronged as it provided practical humanitarian care to the victims and casualties of our Society and it is also concerned with the restructuring of Society. Mullaly (1993) explained that the ultimate goal of structural social work was to contribute to the transformation of society.

Transformation is made possible by shifting social relations in prompting equality, which is grounded in collectivism, planning, participation and solidarity.

Many children arrived at Children's Homes as a result of a breakdown, or several breakdowns in their families of origin or foster families. Their parents or carers may have felt extreme pressure as a result of problems such as racism, unemployment or poverty. The parents may have had little parenting experience and no support from family, neighbours, community, or access to professional services (Van Heeswyk 1998). It is hoped that disadvantaged children will be given a chance to overcome their bad encounters and see other kinds of relationships and experiences when they are placed in residential care. Social workers and child and youth care workers in Children's Homes and placement organizations were demoralized due to factors such as poor salaries, high caseloads and work demands and the lack of suitable training. This has impacted on the quality of care provided for the children. Nevertheless, the need for permanency planning was recognized as invaluable by the Government and the Public sector. However, the challenges experienced called for changes that were beyond the scope of individual social workers. There was also a need to change the structure with respect to the functioning of the State, Child and Family Welfare Societies and Children's Homes so that they may perform their roles and function effectively in practicing permanency planning. The State, for example, needed to evaluate its current funding structure to determine whether sufficient resources were provided towards permanency planning in terms of the financial award policy.

1.9.2 Eco-systems Theory

According to Payne (2005) eco-systems theory looked at the process of how relationships and interactions occur, as well as its content and outcomes. It is concerned with the interactions of the micro, mezzo and macro system where each level impacted on the other. Individuals are seen as part of and incorporating with other systems integrating social with psychological elements. Exploring the interactions of the systems helped in understanding how an individual interacted with other people in families and communities and in wider social environments. Systems theory focused on connections between systems and the availability of support as well as the sources of stresses. There is constant working to initiate, maintain and improve social networks and provided mutual support.

In terms of permanency planning the family plays a key role in the child's life. If the family was able to nurture and support the child, there would be no need to remove the child. When a child is removed and designated to a Children's Home, the social workers are primarily responsible for permanency planning. However, if the family is co-operative and are were resources such as appropriate programmes then, social workers would experience less difficulty in implementing permanency planning. The extent to which the family co-operated depended on their level of stress, availability of resources and support. The social worker's input was also influenced by his/her other job functions that may result in high stress levels and an unmanageable caseload. However, the sooner permanency planning took place, the sooner the child returned to his family and/or community where he could interact positively with influencing and being influenced by the various system sin his environment.

1.10 BACKGROUND

Permanency planning is about affording every young person with opportunity to be raised in his/her own family. When this is not possible, nor in the best interest of the child, a time-limited plan which works towards life-long relationships in a family or community setting must be put in place. According to Maluccio, Fein and Olmstead (1986) permanency planning for children is based on a framework that addressed values and theory associated with the importance of family; programmes of service delivery that promoted permanency planning; methods of case management emphasizing case reviews; contracting and decision making; active participation of parents in the helping process and an active collaboration among community agencies and others working with children and families.

It is a broad concept that had been applied to various aspects of Child Welfare practices such as adoption, reunification of children who have been placed in the care of their families and as a particular case management method (Petr 1998). However, in this study it was being applied to children's homes.

An investigation conducted at South African State facilities via places of safety and schools of industries by the Inter-Ministerial Committee in May 1996 revealed that

there was abuse of children at these facilities. They therefore designed and enabled the implementation of an integrated Child and Youth Care System based on a developmental and ecological perspective. It was from this initiative that the transformation of the Child and Youth Care System evolved. However, initiatives towards investigating the practices in children's institutions in Durban had been conducted for many years. An example of this is the study conducted by Ramasur (1971). She found a trend away from large institutions to low population smaller units at Children's Homes. This was relevant to permanency planning as children's homes began to facilitate movement of children by recruiting adoptive and foster parents and facilitating a cottage system as opposed to dormitories.

Mckenzie (2003) found that irrespective of the negative criticism of orphanages, the respondents in his study preferred their orphanages to foster care. The proposed study did not aim to condemn Children's Homes but recognized it as a temporary arrangement allowing time for permanency planning to be practiced in the best interest of the child.

Despite the challenges facing social workers in practicing permanency planning, certain models of care promoted permanency planning. One such model is the Boys Town Psycho- Educational Model (PEM) which empowered direct care staff to be important treatment agents by training them to use systematic teaching techniques. Data obtained on youth served at Boys Town since its inception in December 1995, indicated that the youth had serious psychiatric disorders. This active positive treatment model **ensured** that 94 % of the youth departed to placements that were equal to or less restrictive placements than the programme. Of those who had children's global assessment scale rating both at admission and discharge 84 % had better functioning at **discharge** (Dally, Schmidt, Spellman, Criste, Dinges & Teare 1998). Given the findings of the above study, it will be valuable to assess how the Boys and Girls Town based in the magisterial area of Durban compares with the study in terms of promoting permanency planning.

A successful local model that was documented by Paul (1994) was the parental involvement at Ethelbert Children's home. She found that there was a 73.5% success rate of discharge of children into their parents, care when families and children were involved in the Parental Involvement Programme as opposed to when they were not. It

would be interesting to include Ethelbert Children's Home in the focus group in order to explore whether the programme is still in existence and if so, what modifications has been made and its effectiveness towards permanency planning.

Little, Schuerman, Rzenpnicki, Howard & Buddie (1993) in Morton and Kevin (1993) suggested a shift in the objectives of family preservation from placement prevention to efforts to enhance child and family functioning in protective services. This was supported by the study of Wells & Trace (1997) who indicated that despite the broad support for family preservation programmes, sufficient knowledge has been accumulated to warrant reconsidering the use of intensive family preservation programmes in Child Welfare Practice. This was based on an integrative review of the child maltreatment and family preservation literature. The researchers stated that the rationale for the prevention of placement should be abandoned in search of a new one. In this study, the researcher highlighted the need for stability and continuity of relationships that promote a child's growth and functioning, based on systematic planning for children placed at Children's Homes. It was therefore not a study that made unrealistic demands for children to remain or to be returned to parents who may not act in their best interest.

A significant local study worth mentioning was the Family Preservation Pilot project of Inanda (Mthembu and Cele 1996). This study was motivated by the displacement of families in KwaZulu-Natal. A number of children were found to be living away from their families, in the streets, in street shelters, in places of safety and children's homes. There were four components to this project that included intensive family support services, family reunification services, youth mentor services and community conferencing programmes. The focus was on empowering families to be primary caretakers of children and to encourage communities to support children, young people and their families. It was based on the principle of "ubuntu" i.e. it takes a community to raise a child. Some of the initiatives included a multi-disciplinary team approach, family conferencing and 24-hour availability. An important finding was that families were able to resolve their problems if they were given the necessary support. This provides evidence that reunification services are possible if there are programmes in place that support the family. It would be of relevance to explore whether this study was modified and implemented.

Also of relevance was another local study conducted by Ncgobo (1992) where she assessed the duration of stay of Black children at five children's homes. She found there was minimum movement as 93 % of the children remained at the facilities for two years and longer. Perhaps one needs to also ascertain whether permanency planning is more difficult with Black children than with other race groups at children's homes. Religion maybe another contributory factor as many of the children's homes operate on a specific religious belief for e.g. Mahomed (1996) found that Muslim Orphanages in Durban raised children according to Islamic teachings even when the child was not a Muslim. A child raised in a religion that was not his own may experience confusion when he/she returns to his/her parent or custodians care. It would be of interest to understand the acceptance or lack of it, in terms of religious, racial and cultural diversity at Children's Homes within the transformation framework and how this impacts on permanency planning at children's homes. The study attempted to create an understanding of the above in terms of its relevance to permanency planning and the challenges thereof.

The Constitution of South Africa (cf. Act 108 of 1996) maintains that "... a child's best interest is of paramount importance in every matter concerning the child." The Child Care Act (No 74 of 1983), as amended stipulated that a child should only be removed from his/her family as a last resort and Section 14 (4) of the said Act dictated the circumstances under which a child may be removed. As indicated by Skelton (1998), the United Nations Convention on the Rights of the child, ratified by South Africa in 1996, stated that children may have to be removed from the custody of their parents and this was sometimes, in their best interest. When a child was removed then as stated in Articles 20 and 21, periodic review of placement was necessary for the protection of the child's placements when there was no permanent transfer of guardianship involved. This is relevant to permanency planning and supported the exclusion of places of safety in the study to be undertaken.

The State is responsible for providing special protection for children deprived of their family environment and to ensure the appropriate alternative family care or institutional placement was made available to them, taking into account the child's cultural background. It meets this obligation by funding statutory services.

Development Assessment and the formulation of Care Plans and Individual Development plans with the participation of the child, his/her family and significant others is a milestone for permanency planning.

According to the South African Law Commissions (1998) in their review of the Child Care Act, attention was drawn to the need for comprehensive legislation for children of South Africa that would be in harmony with the intersecting framework of international law and the South African constitution. The framework should permeate relations between child and family child and state, child and child and inter-state obligations towards children. Despite the many initiatives in introducing legislation, a review of South African policies and legislations associated with child care such as the Alternative Care Policy, Child Justice Bill, and the Children's Bill (which is still being costed) alerted that the only legislations currently implemented were the Child Care Act (No 74 of 1983, as amended) and the Public Financial Management Act. The others were in the draft stages and it impacted on the use of alternative care models in the face of scarce informal resources to provide care for children in need. There were also contradictions associated with principles of permanency planning and that of providing the least restrictive care which will be discussed in Chapter Two.

1.11 OVERALL RESEARCH DESIGN

1.1.1 Research Paradigm

A research paradigm reflect our own world view in terms of what we define as problems and what we consider worthy of investigation. It also influences how we go about our investigation and whom we consider worthy of inclusion. Royse (2004) referred to the research design as a blue print as it provided information about who, what, when, where and how.

This study used predominantly qualitative research design with some elements of a quantitative nature discussed later in this chapter. Rubin and Babbie (2005:247) claimed that qualitative studies provided “deeper understanding and new insights that might escape quantitative studies.” Crabtree and Miller (1999) asserted that qualitative

research increases adequacy, appropriateness, and completeness within a study. This was what the current study hoped to achieve with regard to a thorough understanding of the challenges experienced by social workers in implementing permanency planning at Children's Homes.

A qualitative research design was useful for this study as one would expect the challenges facing social workers in practicing permanency planning to be broad and therefore may not be captured through a quantitative approach. In the focus group, the facilitator ensured that the participants were at ease with the understanding that they were not being judged. This created an atmosphere for open sharing which facilitated the collection of qualitative data. A checklist was made available to all children's homes for completion, which provided quantitative data. This was useful in determining the extent and frequency to which permanency planning was conducted at Children's Homes.

1.11.2 Specific Research Design

The descriptive research design appeared most relevant for this study. Royce (2004:214) indicated that descriptive studies in qualitative research refer to a "thicker examination of phenomena and their deeper meaning ..." it's like walking in the shoes of participants. The two sources from which information was gleaned, were focus groups and checklist. This allowed for a well-rounded view of the problem under investigation. This justified the use of a descriptive design in this study which aimed at obtaining an in-depth understanding of problems encountered by social workers when practicing permanency planning.

1.11.3 Sampling

The two types of sampling designs are probability and non-probability designs. According to Bless and Higson-Smith (1995) non-probability sampling is used mostly in qualitative research. In order to avoid biasness and to ensure that every organisation in the Magisterial area of Durban had an opportunity to participate in this study the entire population was targeted.

The Department of Social Welfare, Durban Regional Office, is responsible for the monitoring of social work services in the Magisterial Area of Durban. The population of this study included 22 registered Children's Homes, 9 Social Welfare District Offices and 10 Child and Family Welfare Societies. This study excluded places of safety as they provide temporary care. A registered Children's Home which functions as a place of safety was excluded from this study. Schools of industries were also excluded as they are not defined as children's homes, in terms of the Child Care Act (No 74 of 1983, as amended).

Sampling procedure – Recruitment and Responses

The following sampling procedure was implemented:-

- Letters were sent to all District Offices, Child and Family Societies and Children's Homes informing them of the study.
- This was followed up by a telephonic contact which established whether the organization was willing to participate and who would be representing the organization.
- Based on their responses, a decision was taken on the number of focus groups that would be formed. Given the total number of organisations, one expected a maximum of four focus groups.
- This would have included two groups of Children's Homes, a group of Child and Family Welfare Societies as well as, a group of Welfare District Offices. The group formation was modified according to the response rate and characteristics of the Organizations. If for example there was a poor response from the Child and Family Societies and district offices, this was combined into one group. Since only fifteen social workers attended the focus group, only one focus group was held with Children's Homes.
- A maximum of two focus groups was to be held per session. One focus group was held per day.
- Checklists were faxed or hand delivered to principals of the Children's Homes who had indicated a willingness to participate in the study.

1.11.4 Data Collection and Analysis

Data were collected as follows:-

Focus groups, as argued by Frankel, in Crabtree & Miller (1999), used for interviewing small groups of like individuals to explore their response to acceptance or rejection of, or suggestions for improving an issue, product or person proved useful in this study. In forming the focus group Brown (1999) in Crabtree F & Miller WL (1999) stated that cognisance should be taken of the nature of the group composition, level of compatibility and the fact that participants should have something to say about the topic under examination. Since all the participants were expected to practice permanency planning, they had something to say about the research. This facilitated a sense of homogeneity and commonality that promoted group cohesion. Homogeneity was also encouraged by ensuring that focus groups for social workers of children's homes were separated from that of placement organizations. This prevented groups from debating who should be primarily responsible for permanency planning, and from shifting the blame to either Children's Homes or placement organizations. Heterogeneity was created by the fact that the participants, social workers, came from different organizations, having various levels of experience. It was safe to assume that some of the participants included field social workers and others were managers. The challenges that they experienced therefore varied. This promoted a healthy constructive discussion and an attempt to formulate creative solutions.

i) Focus Group sessions

In this study, at each session, the co-ordinator/researcher introduced the purpose of the focus groups and ensured that a scribe and facilitator were selected by each group. She provided newsprint and koki pens and then left to avoid influencing or intimidating the participants. Audio-visual recording devices, was not permitted in order to allow participants privacy and protect their identity. She returned at the end of the session and thanked the facilitator and scribe for having agreed to take on these tasks and the participants for their contribution to the study. She collated the newsprint.

The Data obtained from focus group sessions was manually collated using a physical system to maintain raw field notes, hard copies for transcriptions. Colour coded pens were used for highlighting. The researcher also kept a diary in which she recorded relevant information that could be valuable for the research study. Files were maintained where the researcher kept coded notes. A card system was maintained where concepts or codes were copied under appropriate categories. All material was stored in a locked cabinet which ensured confidentiality.

Content analysis of focus groups took place. Potential categories such as question, response from Child Welfare Societies, children's homes, and District Offices were constructed. Most importantly, in depth issues/problems were qualitatively explained providing "thick descriptions" to a previously poorly understood problem.

ii) Self administered checklist

The Children's Homes were contacted telephonically. The Principals of children's Homes who had indicated their willingness to participate in the study were expected to complete the questionnaire. Seventeen of the Children's Homes indicated that they would participate in the study and were therefore faxed or hand delivered the checklist of 25 items on a three- point scale (yes, sometimes, no). A return date of 15th August 2006 was identified. The completed checklist was either hand delivered or faxed. One expected a high response rate as the study addressed a critical and topical issue at Children's Homes. However, only twelve of the participating Children's Homes completed the checklist and made it available to the researcher. This was despite several telephone calls and personal visits to remind participants of the need to complete the checklist. The data obtained from the checklists were quantitatively analyzed.

TABLE 1.1: DESIGN, SAMPLE, DATA COLLECTION AND ANALYSIS

A summary of the research design and sample is presented in the following table:

<u>DESIGN</u>	<u>SAMPLE</u>	<u>DATA COLLECTION & ANALYSIS</u>
Qualitative	Population targeted as all organizations were invited to participate. They were therefore given an equal opportunity to participate.	Focus groups of a maximum of 15 participants in each group. Scribe & facilitator were be selected by the group. This obviated the problem of biased responses. Written feedback was analyzed.
Quantitative	22 registered children's homes in the magisterial area of Durban.	Checklist of 25 items on a three-point scale was faxed or hand delivered to all Children's Homes participating in the study. The results was analyzed and presented quantitatively.

1.12 RELIABILITY AND VALIDITY

According to Rubin and Babbie (2005:204) reliability and validity are defined and handled differently in qualitative research as opposed to quantitative research. Qualitative researchers disagreed about the definition and criteria for reliability and validity and some are of the opinion that they are not applicable at all to qualitative research. Qualitative studies are concerned with depth and detail from multiple perspectives and meanings and there is less concern as to whether one particular measure is really measuring what it is intended to measure.

Although the study was largely qualitative in nature, precautions with respect to validity and reliability were considered. The opinions of three experts in the field of Child and Family Care were sought after the checklist and interview schedule was drafted. This was to enlist their contribution in ensuring that content validity was served. The study was conducted with honesty and integrity, thereby enhancing the reliability and validity of the study. Triangulation was be used to ensure that the problem under investigation was comprehensively addressed/researched.

1.13 ETHICAL CONSIDERATIONS

- All necessary precautions utilizing social work skills were taken to ensure that the study did no harm within the target group.
- The researcher clarified her role as a social worker from the Durban Regional Office and that of social work masters student. She ensured that all participants were aware of the research being conducted as part of her academic studies.
- In addition, she took all necessary precautions in ensuring that her monitoring role at the Durban Regional Office did not prejudice the study in any way and that the funding of the participating organizations was not jeopardized as a result of their participation in the study.
- The participants were given sufficient and accurate information of the study and their informed consent was obtained prior to the study being conducted.
- The researcher was honest in the presentation of the study and its findings.
- The researcher ensured that their expectations were realistic in that the study may inform Policy but, in reality may not drastically change it.
- People who had contributed to the study were acknowledged.
- The findings of this study will be disseminated to the Department of Social Welfare and social workers in the field of Child and Family Care.
- The participants were assured and were provided with confidentiality of their identity at all stages of the research.
- The researcher was bound by the ethics of her professional body in carrying out this research.
- Finally, ethical clearance was obtained from the University of KwaZulu-Natal.

1.14 LIMITATIONS

The possible limitations of the study were identified as follows:

- The study is restricted to the Children's Homes under the Department of Social Welfare, Durban Regional Office thereby reducing its generalizability.
- The study excluded Child Care Workers. However, it is social workers who are held accountable for meeting the statutory requirements of permanency planning and they are held responsible for ensuring that it happens.
- The children and their parents remain voiceless in terms of the extent to which permanency planning is practiced in reality and this is a shortfall in this study. However, the study is to act on behalf of the children and their families and it is a first step in the direction of identifying the challenges in practicing permanency planning. Subsequent studies could address the perceptions of parents and children on the effectiveness of permanency planning.
- Facilitators selected by the focus group depended on volunteers, not necessarily persons with expertise. Experts in the field of permanency planning could have been selected before hand. This however, would have had financial implications and the identified facilitators may have experienced time constraints.
- The focus groups participants had expressed mixed feelings about the researcher's non-attendance of group discussions. Some participants felt that she should be present so that she could take the message back to the Department of Social Welfare. Perhaps her absence was a good strategy as it prevented the participants from focussing solely on the Department of Social Welfare and they were able to focus on their role of finding and implementing solutions.
- The thoughts, emotions and attitudes of the participants could not be adequately captured from a written response. This would have not occurred had the researcher been part of the focus group discussions. However, some

of the participants would have been cautious about information that they presented at the focus group to ensure that their funding was not affected.

1.15 CONCLUSION

Chapter one provided the fundamental plan and explicitly confirmed the rationale and value in conducting a study on the challenges facing social workers in meeting the objectives of permanency planning for children at Children's Homes. The descriptive research design with elements and research tools that are of a qualitative (focus groups) and quantitative nature (checklist) was best suited for a study of this nature. Despite the enthusiasm of the researcher, potential limitations and ethical concerns were also outlined and this enabled her to take the necessary precautions. One such measure was that the researcher did not facilitate the focus group nor did she attend the focus group discussions. Such a drastic decision was necessary to ensure that her position as an employee of the State, with a monitoring role, does not bias the study. It also ensured that the participants were allowed confidentiality and privacy. Nevertheless, some participants argued that the researcher should be present at focus groups even if it was with observer status so that she could report back to the State Department. The literature study conducted provided the theoretical framework for this study, as is evident in Chapter two.

CHAPTER TWO

LITERATURE REVIEW

2.1 INTRODUCTION

The principle goals of the child welfare system are protection of children, preservation of families and permanency planning which are interconnected. These concepts are not new but, they have not been practiced in a comprehensive and well resourced manner throughout the country (Un-authored, Child and Youth Care, May 1996:7). According to Skelton (1998:137) it is unfortunate that suitable foster parents are not always available when needed and that in these instances children are placed in children's homes. By law Children's Homes are required to be registered by the Minister of Welfare and there should be trained staff. The literature review focused mainly on permanency planning for children at Children's Homes and challenges experienced by social workers in South Africa. However, relevant overseas literature was also reviewed in terms of its relevance to permanency planning.

2.2 WHAT IS PERMANENCY PLANNING?

2.2.1 Definition

Children need to know where they will be growing up for their sense of predictability and continuity. Permanency planning evolved as a concept in the 1970's simply because too many children fall through the cracks of the child care system (Vachss 2000). Children were moved or drifted from one placement to another or unnecessarily placed out of their homes. A large number of minority and poor children were in care. Separation of children from their parents had at times, adverse lifelong consequences (Petr 1998). Permanency planning avoids children in care having to continuously change residences, caretakers and thereby being required to adjust to new schools, companions and situations (Vachss 2000). Although the concept of permanency planning has undergone a process of revision and redefinition, the following definition

is widely accepted. According to Maluccio, Fein & Olmstead (1986: 5) permanency planning is “the systematic process of carrying out, within a brief time-limited period, a set of goal-directed activities, designed to help children live in families that offer continuity of relationships with nurturing parents or caretakers and the opportunity to establish life-time relationships.”

2.2.2 Elements of Permanency Planning

According to the Child Care Act (No 38 of 2005), Court orders are aimed at securing stability in the child’s life. The elements stipulated by the said Act, that contributed to an understanding of permanency planning in South Africa is outlined.

Before a child is removed from his/her parent or caregiver, a social work report must be forwarded to the Court that entails the conditions of the child’s life and must include the following:

- An assessment of the developmental, therapeutic and other needs of the child
- Family preservation initiatives must be presented to the Court.
- A documented plan on achieving family reunification including time frames for reunification appropriate to the developmental stage of the child and regular reviews.
- Consideration should be given to the best way of securing stability in the child’s life for example leaving the child in the care of a parent under a designated social worker should be the first priority. The four other options are alternative care for a limited period of time allowing for reunification services with the assistance of a designated social worker, placing children in alternative care with or without termination of parental responsibilities and rights, making the child available for adoption.
- Issuing instructions to the evaluation of progress made with the implementation of permanency planning plan at specified intervals.
- If reunification is to be considered a social worker needs to investigate the causes why a child left the family home, address it and take measures

to that it does not happen again. Counselling is to be provided before and after reunification.

- A very young child who has been orphaned or intentionally abandoned must be released for adoption with minimum delay. Investigations must be expedited in cases of uncertainty as to whether the abandonment was intentional.
- An application must be made for the termination of all or certain parental rights and responsibilities, when necessary. Guidelines for consideration of termination of parental responsibilities in terms of the age of the child are provided.
- The Courts will take into account what is the best interest of the child when considering their circumstances. If the child is not likely to be adopted, termination orders can be revoked and parental responsibilities restored.
- Provision for permanent forms of foster care and kinship care should be recorded by various constituencies for a universal grant accessible to all children.
- Successful long term foster placements to be converted to subsidized adoption arrangement where appropriate.
- Continued support for children and caregivers after reunification or transfer to a new permanent placement is to be provided until successful re-integration occurs.
- Continued support must be available, over a bridging period, to children who turn 18 years whilst in care.

Petr (1998) highlighted the main features of permanency planning in the United Kingdom. This included the **intent** that the home last indefinitely but, there is no guarantee that it will last forever. The family must be **committed** to the child, providing him/her with a common future and continuity in his/her relationships with caretakers and other family members. The family offers the child a **legal status** that protects his or her rights and interest and promotes a sense of belonging. The family provides the child with respect and social status in contrast to the second-class status typical of prolonged foster care. Similarities are therefore found in National Policies in South Africa when compared to overseas policies.

2.2.3 Objectives of Permanency Planning

According to the South African Law Commission (1998) and Vaschss (2000) the objectives of permanency planning are:-

- To ensure that every child placed in care enjoys healthy growth and development with secure and meaningful relationships which includes continuity and stability with parents and other significant persons.
- To have each child who enters placement with a long-term plan for his/her future.
- To expeditiously secure a safe, permanent placement for every child found in need of care either by making it possible for children to stay with or return to his/her own families in safety or by finding safe adoptive homes for them.

2.3 THEORETICAL FRAMEWORK

As indicated, the challenges facing social workers when practicing permanency planning at children's homes was best researched within a structural and an ecosystems framework. In this section applicability to the South African context when addressing permanency planning is discussed.

2.3.1 Structural Theory

In the application of the structural framework, one had to consider the socio-political circumstances of South Africa in terms of its historical background and transformation.

South Africa, having entered a democratic era in 1994 has not resolved many problems facing its people. Attention was given to progressive legislation, the establishment and renovation of schools, clinics, houses, the connection of water and electricity and transformation of Society as a whole. However, as indicated by Noyoo (2006:360) poverty, inequality, crime, violence against women and children and racism still impact

on the South African Society. He mentioned that South Africa is one of the world's most unequal economies as 51.2 percent of the annual income goes to the richest which constitutes 10 percent of the population and less than 3.9 percent of income is earned by the poorest which constitutes 40 percent of the population. Poverty is most prevalent in rural communities, which include 70 percent of the Africans, who comprise mostly of households headed by single women. Children and women remain the most vulnerable. According Mullaly (1993) the ultimate goal of structural social work is to contribute to the transformation of society which could be made possible by shifting social relations in promoting equality which is grounded in collectivism, planning, participation and solidarity

Noyoo (2006: 365) asserted that oppression is dynamic and that it still exists today. Social workers need to advocate on behalf of clients, resolve conflicts, link people to resources and above all research and teach in ways that will enable a transforming South Africa towards human rights. This is supported by Sewpaul (2001: 572) who also stresses the need for social workers to advocate for the government to deliver on its principles as indicated in the White Paper for Social Welfare (1997) and bring about structural changes for the empowerment of people. Whilst this has merit, one needs to note that social workers are themselves victims of oppression and unless they are assisted to uplift themselves from their own oppression, it would be a challenge to assist others who are oppressed. Marlow & Van Rooyen (2001: 253) indicated that social workers of Kwa-Zulu Natal cited heavy workloads, lack of resources, lack of time and lack of education as obstacles for their low level of advocacy and activism related to environmental issues. This was not an uncommon problem, yet, there is increasing pressure for social workers to deliver despite their demoralization based on poor salaries and unrealistic work expectations (Naidoo 2004). There is a need to recognize that social workers cannot do it all on their own. Sewpaul (2001) mentioned that social workers have a role in ensuring that people who need resources are aware of its existence or how to use them based on their knowledge that they may be reluctant to use the system. This is usually because they may believe that they will not meet their needs, or because a required resource system does not exist. Many people, especially in rural settings, are still illiterate and marginalized.

There is a need to change the structure with respect to the functioning of the State, Child and Family Welfare Societies and Children's Homes so that they may perform their roles and function effectively in practicing permanency planning. The solution to this problem lies in needing to revise the existing funding structure. The structural framework is of significance to this study as it provides a backdrop of the structure and circumstances under which social work is practiced in South Africa. It was evident from the above discussion that social workers' face many challenges that appeared beyond their scope. It impacts on social workers' abilities to meet the objectives of permanency planning. There was a need to explore how the system's interactions and interconnections can hinder or enhance permanency planning for children.

2.3.2 Eco-Systems Theory Applied to Residential Care

According to Payne (2005) eco-systems theory looks at the process of how relationships and interactions occur, as well as their content and outcomes. One needed to explore the interrelationship and interconnections of the systems when a child was placed in a residential care facility. The transformation of the Child and Youth Care System outlined in the Inter-ministerial Committee on Young People at Risk, referred to hereafter, as the IMC (1996) had resulted in the framework of child and youth care being strength based, ecological and developmental. As is evident from the legislative framework, changing a child's living environment often involves a change in legal custody (Refer to section 2.4). Residential care is the most restrictive form of substitute care. According to Kirst-Ashman (2003) the theme that characterized substitute services is permanency planning which requires the participation of the child, family and community.

The following components of the eco-system related to permanency planning were discussed to highlight issues of connection and relationship.

i) The Natural Environment

It was essential to assess the reciprocal **exchange** between humans and their physical habitat to develop appropriate interventions. "The environmental crisis is a growing

threat to living organisms and social workers need to make a planned and concerted effort to systematically address both theoretical and practical responses” (Marlow & Van Rooyen 2001:253). This is relevant as all living organisms depend on the natural environment for survival. Unless there is deliberate intervention in protecting the environment, which can provide a sense of permanency, the future will be bleak for children, families and Society at large. In addition to the environment, it was essential to consider the habitat of children at children’s homes.

ii) **Children’s Homes**

Children’s Homes traditionally consisted of large dormitory settings or a series of smaller units or cottages under the umbrella of one centre. According to Fulcher (2001) overseas residential care facilities for children, had transformed. They are situated in residential areas and there are smaller with fewer locks. This is pertinent to South Africa, as the transformation of the Child and Youth Care System indicated that the location of children’s homes should be as near as possible to the community served (Interministerial Committee, Child and Youth Care Journal, May 1996). It should also be small, unless residents are housed in group homes throughout a community. According to the IMC document, residential care centres are to be ecologically sound and appropriate to the community from which the young people come.

Children’s homes have their own staff and board of management. The staff roster or work schedule is common. Unlike in a family, live-in house parenting exists with relief workers, or team work. Duties of staff are rotated on shifts to cover daytime, evening and night-time duties on a weekly or monthly timetable. Children and young people are disadvantaged by a lack of continuity in relationships with adults while plans are being worked out for them to be placed more appropriately elsewhere. The staff is responsible for planning and implementing programmes and activities at the home.

Residential programmes must be purposive, offering a range of options on the continuum of care such as prevention, early intervention, educational, bridging, drop in shelter, etc. Programmes should meet the developmental needs appropriate to the age and development phase of the young person, including their emotional, physical, spiritual, intellectual and social needs (Interministerial Committee 1996:8). Fulcher

(2001) mentioned the use of wilderness programmes, life skills training and group living to promote child and youth development using child and family group life as the active medium for learning. He also asserted that social workers rarely assess how specific programmes support or interfere with the development of the family. Residential care facilities are open 24 hours a day and can therefore offer support to families immediately especially in times of crisis (Garfat 2004). There are several relevant programmes that exist in South Africa but funding is critical in ensuring sustainability. In spite of the much talked about programme funding, children's homes are still subsidized solely on the basis of the number of children accommodated. Children's Homes had been kept out of the territory of reconstruction work (Interministerial Committee 1996:7). As discussed in section 2.5 Children's homes had a major role to play in promoting permanency of care, including reunification services.

The timing of activities is very important if daily and weekly rhythms are to be established and maintained, thereby **facilitating** opportunities for child development. Residential staff use weekly time and activity schedules to reconstruct a sequence of events in a Centre after a crisis such as abscondment, a theft, an assault or a suicide attempt. Engagement and reception should be based on broad principles of family preservation, competency building, participation, shared decision making, empowerment of the family and recognition of the young person and the family, as the expert (Interministerial Committee 1996:8). Fulcher (2001) stated that rituals for induction and termination such as "Rites of passage" graduation, termination rituals, rites of excommunication, expulsion and last rites would ensure that interpersonal factors associated with admission and discharge of each child received attention.

iii) Children

Although originated to take care of orphans and vulnerable children, children's homes today also accommodate children from "broken homes" where parents, are considered to be unfit or incompetent to provide care due to neglect, inadequate or abusive (Vos 1997). This is supported by the Durban Regional Data Base (August 2006) which indicate that a larger number of children have parents (586 of them) when compared to the (391) orphans at Children's Homes. The most common problems facing children are poverty, homelessness and malnutrition, substance abuse, child abuse and neglect,

delinquency, teenage pregnancy and poor educational achievement. Petr (1998) found that child abuse and neglect was correlated highly with environmental and system issues such as poverty, unemployment and social isolation. Under stressful circumstances, it was easy to see how parents displace their anger, frustration, and feelings of powerlessness onto their children. Children who walk through the reception of Children's Homes have passed through a number of preventive and early intervention stages, and are low on resources.

iv) Family

McSherry (2004) indicated that parents who neglect their children have a tendency to think and behave according to their own experiences of being parented and living in poverty. This can result in a vicious cycle. Two theoretical principles are proposed by Mc Sherry (2004). Firstly, it is only by addressing the way that parents, who neglect their children think, about their lives in terms of negative, self-defeating thought that change to their behaviour will be possible. Secondly, improving the socioeconomic status of these parents would not be effective, because this would be something that happens to them outside them and it would perpetuate their feelings of powerlessness.

Nevertheless, children belong to their parents and their families who are responsible for their social, psychological and physical health. (Segal 2002:371). It is therefore important to know their family culture, values, beliefs and dreams. As indicated by Garfat (2004) and Arad and Wozner (2001) a residential facility is not home and children do not go on home visits for the weekend but go home where they belong. Families are therefore not the enemy, as there is a joint battle with families against the problem. The child attaches a sense of importance to home, school, community and social networks. The advantage of remaining within the family, with the appropriate support is that the child's sense of identity, self-esteem and cultural heritage is affirmed. The child remains in touch with wider family, including siblings, cousins and grandparents. Social capital is the result of relationships within families and between family members and the community. It links the micro, meso and exosystemic levels and it is invested in children through these relationships. Where children are removed from their families and social networks, it can result in significant harm to them. This brings about change in the child's family structure, living situation and circumstances.

The difficult decision is whether to leave children at risk of abuse or neglect at home or to remove them at the risk of them being harmed by the separation itself or by unsuitable treatment at the place of their removal. Child protection workers must predict which alternative will result in a less dismal situation for the child. Arad and Wozner (2001) found that that in Israel, child protection officers considered and compared both the in-home and out-of-home alternatives before making their decision. Remaining within the family solves the difficult shortage of minority ethnic foster placements at a time of increasing awareness of the disruption that tends to last longer than non-related placements (Ritchee 2005).

v) Educational system

The strong link between education and development makes it essential to link up with the formal education system in order to provide quality care for children in a residential care setting. Education for living and academic education plays a critical role in the lives of young people at risk and should be seen as core components in an effective child and youth care system. According to Fulcher (2001) no child should be admitted in care without someone checking out literacy, numeracy, basic communication skills and learning abilities that may be shaped by deafness, speech impediment or specific learning disorders. This highlighted the inter-disciplinary activity, where different professional boundaries and roles have to be crossed in order to focus on the needs of individual children. The experience which each young person has in terms of daily formal schooling should contribute positively to his/her holistic development. Special child and youth care programmes and support should be made available in classrooms, schools and residential care centres in assisting children with special educational needs.

vi) Community

Usually it is only when the family fails to meet its responsibilities in such a manner that the well being of the child is jeopardized, that the community steps in to intervene. Communities are cautious not to interfere with what is regarded as “family matters.” Interventions may take informal forms such as guidance from neighbours to the most formal such as national policies (Segal 2004). Whilst this maybe true in terms of western values, Zondi (2003) asserted the need to recognize African culture. Ancestors,

the extended family and how they could be accessed, the significance of sharing and working together is of paramount importance in the African culture. The researcher agreed with Zondi and therefore cautioned that when resources are being explored the most natural, obvious, relevant, culturally appropriate and available ones should not be ignored. It must also be recognized that some people may be aware of formal resources but preferred to use traditional and informal ones. Programmes and services have been established by governments and communities. The utilization of these services was often, and still is left to the discretion of the family. In most instances community involvement just happens, planned or unplanned. Sadly, there are a lot of unreal expectations about community involvement on the part of policy makers and those who control funding decisions (Sewpaul 2001). There was a nagging concern about insufficient resources to meet the demand of care. This was especially when one considered the increase in the number of orphans as a result of HIV/AIDS. Not all children can be placed in the ideal form of care i.e. a “natural family”.

Thus the eco-systems theory helped ground the study as it drew reference to the relevant systems in place and their interconnection and roles which promoted or hindered permanency planning. It required us to think about the social and personal elements in any social situation and observe all those elements that interacted with each other to integrate as a whole. It also supported, the fact that, although social workers may hold primary responsibility and accountability for permanency planning, in practice its implementation and effectiveness depended on the interconnection and co-operation of various systemic influences. It was against the theoretical framework that a critique of the legislative framework, which was derived from the legal system that guides intervention in terms of permanency planning, was reviewed.

2.4 LEGISLATIVE FRAMEWORK

Although the researcher studied many of the legislations, only the relevant ones in terms of its significance to permanency planning were discussed. The Department of social welfare’s Policy is to keep children within communities wherever possible.

2.4.1 Inter-Ministerial Policy Recommendations

The Inter-ministerial Committee on Young People at Risk (referred to as IMC) was responsible for the child and youth care transforming to a developmental, integrative and ecological system. Provision was made for developmental assessments, minimum standards, and equitable distribution of resources with emphasis on rural areas and those provinces with fewer resources. According to the IMC, more funds would be made available for the first two levels of care viz. prevention and early intervention services as opposed to statutory and continuum of care services. Guidelines on minimum requirements and quality assurance for service providers, protected the rights of young people (and families) and ensuring quality service. The minimum standards specify developmental assessment as a requirement for every child who entered the statutory process. Children's Homes must be multi service centers that offer programmes such as family preservation and youth development programme. The IMC discussion document was commended for recognizing that residential care is one of a necessary range of developmental and therapeutic services to children, youth and families and the White Paper for Social Welfare (1997) came under criticism for being idealistic for referring to residential care as a last resort (Un-authored, Child and Youth Care Journal, 1996).

2.4.2 Link between White Paper and Financing Policy

The White Paper of Social Welfare (No 1108 of 1997:14) referred to developmental social welfare as an integrated and comprehensive system of social services, facilities, programmes and social security to promote social development, social justice and social functioning of people. It promotes a humane, peaceful, just and caring society which upholds welfare rights and meets basic human needs whilst building human capacity and self reliance. The White Paper and constitution recognized that it is not possible to protect children's rights in isolation from their families and communities. Services are to be delivered according to the resources, competency levels and philosophies of each of the structures concerned. The financing Policy (1999) was intended to facilitate the achievement of priorities of the Department through a developmental service to poor and vulnerable groups and those with special needs such as children, youth, older persons, persons with disabilities, women, victims of violence and abuse, persons

affected by substance abuse, and those infected and affected by HIV/AIDS. Tenders and contracts were supposed to replace the existing funding structure which was in the form of subsidies in order to improve the standards and practice. This had not taken place to date and funding is critical in order to ensure effective service delivery.

2.4.3 Child Care Act, Children's Bill and Child Justice Bill

The Child Care Act, No 74 of 1983 is the primary statute for the protection of children and young people. In terms of permanency planning, the South African Law Commission (1998 82) indicated that the Act implies but does not spell out permanency planning. The Act mentions that when a child is placed either in his/her own home under supervision, or any form of substitute care, the Court order is valid for a maximum period of two years. Thereafter, it would lapse thus restoring the child to the normal custody of the parents. This is unless the minister of social development extends its validity for a further period not exceeding two years, or parental responsibilities were terminated through adoption. In practice, however, many children remain in substitute care arrangements for many years. Courts often do not recognize either those plans or service contracts drawn up with biological parents for their implementation. Although the Act does not make provision for financial support for adoption, this is addressed in the Children's Bill.

The South African Law Reform Commission reviewed the Child Care Act and drafted the Children's Bill (2003). Section 75 of the Bill, which deals with National competencies, was passed by the cabinet and the Children's Act No 38 of 2005 was released as a Government Gazette on 16 June 2006. The "old Act" had however, not been replaced by the new one as yet. Section 76 i.e. the Children's Amended Bill which deals with Provincial issues is still to be passed in Parliament and will eventually be incorporated in the "new Act". Of significance is that the new Act replaces the term Children's Homes with child and youth care centers. Section 157 (1) makes provision for Court orders aiming at secure stability in a child's life. According to Gallinetti (2002:19) of the University of Western Cape, Community Law Centre the Children's Bill represented a complete overhaul of welfare legislation aimed at children. It

promoted a holistic and comprehensive approach to children and basically results in the codification of most laws pertaining to children. Some of the areas that were not covered by the Bill include education, health and child justice. The new children's legislation nevertheless provides a framework within which all aspects relating to the care of children are dealt with.

The South African Law Reform Commission attended to matters concerning child justice in the proposed child justice bill. This aimed to establish a criminal justice process for children accused of committing offences and to protect their rights as stipulated in the Constitution and provided for, in international instruments. Of relevance to permanency planning is the diversion of young offenders away from formal court procedures, assessment of children and preliminary inquiry, increased sentencing options and restorative justice as compulsory procedures in the new process. These are strategies that prevent children from getting deeper into the system.

2.4.4 Development Quality Assurance Policy (January, 2000)

Commonly referred to as the DQA, this is the only monitoring tool of Children's Homes. Its capacity building and developmental process ensures both effective and quality service delivery. The multi-disciplinary and an inter-sectorial team approach ensures that the children's home is complying with principles and minimum standards, funding and other resources, human and organizational development as well as capacity building. One of the concerns addressed is permanency planning. The Organization completes its internal DQA then undergoes an external DQA. A mentor is appointed by the DQA team in consultation with the Organization undergoing the DQA. The mentor assists the facility in drawing up an Operational Development Plan (ODP). The significance of the DQA is that unless there is monitoring, children will continue to be raised at children's homes and opportunities for permanency planning and reunification services will be overlooked. However, the DQA process is a lengthy one. Hence the Durban Regional Office held a consultative workshop with all children's homes on 9th February 2006 and introduced a mini DQA. This aimed to ensure that all Children's Homes are subjected to a DQA within a period of two years. This monitoring process would ensure that children are not subjected to secondary abuse by the system such as

the negligence of reunification services and permanency planning. According to the Regional Data base (a9g9st 2006), seven Children's Homes had subjected to the DQA process in Durban. Six of the Children's Homes reported positively and indicated that they had benefited from the DQA. Durban Children's Home found that the DQA was based on non-judgemental, strength based, encouraging diversity, appropriate, increasing competency, Rights based and participatory. The principal described the experience as capacity building, ensuring quality service, promoting community involvement, raising awareness of services and bringing new ideas and perspectives (Goble 2002: 19-20).

2.4.5 National and Provincial Strategic Plan for the Department of Social Welfare

According to the National and Provincial strategic plan, the Department of Social Welfare is committed to offering comprehensive and sustainable developmental social services to vulnerable groups, including children. The Department is concerned about provision of transformed and integrated social welfare services. Departmental efforts are driven by the vision of fostering sustainable development and beating poverty.

2.4.6 Alternative Care Policy Draft Document

Alternative care referred to the placement or confinement of a child outside his/her nuclear family by means of a court order (Alternative Care Policy draft: 1). The Alternative Care Policy seeks to encourage partnerships between the government and non-governmental organizations engaged in child protection as well as between governmental departments. There are limited alternative care options in the current child care legislation (Child Care Act No 74 of 1983). The draft Alternative Care Policy arose due to the increase of children in need of protection and care resulting in the emergence of various creative, innovative approaches. Sometimes the new approaches were not aligned to the current legislation on the rights and protection of children such as placement of children with other siblings, placement of children in informal overnight boarding facilities shelters and unregistered residential facilities. Arising from the aforementioned it became essential to explore what models and programmes of care are available to children.

2.5 MODELS AND PROGRAMMES

Once a child is found in need of care, he/she faces very limited and often inappropriate, placement options. Although the extended family was seen as the main form of care, resources are limited (Sewpaul 2001). Creative models of care, taking into account cultural differences and traditional practices, need to be recognized and supported (Giese 2000:39). The last mentioned writer asserted that whilst every effort should be made to provide the child with the best possible care, a review of existing legislation must be realistic. By formulating guidelines of care that cannot be upheld, the credibility of child care legislation would be undermined. Acceptable standards of care should mirror acceptable standards within the community in which the child is living. The Alternative Care Policy (draft) provided for creative and innovative solutions promoting permanency planning. Attention will be drawn to similarities and differences when compared to a few overseas models.

2.5.1 Mcgregor Family Centre

Bryant (2006) referred to a community programme in the Western Cape. The programme was designed to heal emotional trauma, teach anger management and develop conflict resolution, communication and other social skills. The aim of this was to develop resilience in children while enabling them to remain with their families where possible. It operates at preventive and early intervention levels and provides an alternative to removing children from family and community. Research was conducted in 1999 with 53 children between the ages 7 and 13 who were at risk of being removed from their families. These children were referred by the school, family or the community. The success rate of the programme was evident in that the children who enrolled in the programme did not go deeper in the welfare system. Instead their behaviour improved and individual growth, healing and development took place. Parenting skills also improved. The programme included emotional learning using the circle of courage as an assessment tool within a developmental model perspective. Behaviour was managed through natural consequences. Some of the activities included meal times to teach mastery and independence, arts and crafts, movement and dance, sport, life skills, social learning and remedial education. Services such as family

preservation, youth programmes, woodwork skills project, wilderness leadership programmes and literacy and numeracy was offered. When the child was enrolled, an individual development plan (referred to as IDP) is completed after four weeks into the programme and this is reviewed every four to six months. Weekly supervision sessions ensured that needs, emotional states, social development and family situations are monitored. The organization implementing this programme needs to work extensively with the parents and community to ensure that changes occur in the home. Bryant (2006) indicated that the McGregor programme can be replicated in residential settings as physical space, materials, food and skilled staff is already available.

2.5.2 Children's Village

According to the alternative care policy draft, a children's village utilizes a cottage system. Each cottage accommodates about ten children having their own house-mother and functions as a family unit. If the mother in the unit was off duty, another person assumes parental responsibility.

Petr (1998) made reference to village placements in Kansas and Indiana where there are villages with 19 group homes. The village placements are long-term placements for children who had no family resources. Married couples are the house parents in all but one of the homes. The villages value family life, and take care of many children who might otherwise be housed in more restrictive residential treatment facilities. Children are typically expected to engage in activities of a "normal" family such as attending church and performing daily chores. Some children received individual therapy and medication for emotional and behavioural problems. The model is supported by Kirst-Ashman (2003:261) as it provided greater structure and more intensive therapeutic care than does foster care but less than residential centres. Depending on the residents' needs, the above-mentioned writer indicates that it can also be staffed by counsellors who work various shifts. They are effective in providing space for adolescents seeking independence and consistency in terms of expectations and rules. Sewpaul (2001) made mentioned the kibutz system and SOS villages in South Africa which operates in a similar manner to the overseas model of the village system.

However, in the South African Community it is rare finding suitable married couples as house-parents. Most households include a single mother who is the sole breadwinner of the family. An interesting project facilitated by Catholic Missions responding to the increase orphaned homeless children of Zimbabwe is the establishment of eight identical cottages that formed a small self contained community, as explained by De La Cruz provided care all day. The housemothers are screened to ensure that they are of sound character, able to work with children and do not have young children of their own. This model provides children with a permanent home. Each of the homes functions as would any other home in the Community. This was further evidence that the children's village might be a way of promoting permanency planning for children who would otherwise be raised in a children's home. The researcher is therefore of the opinion that policy needs to be realistic when utilizing this model as one parent cannot provide good care for ten to twelve children. It is therefore suggested that the maximum number of children to a caregiver should be six.

2.5.3 Cluster Foster Care

Collective or cluster foster care is a foster care programme that could be facilitated by a social, religious or other non-governmental organization or a group of individuals acting as caregivers of the children. It would be managed by the Department of Social Welfare or a designated child protection unit. It is a scheme where a maximum of six children are placed in the care of foster parents who have been screened and live in close proximity. It is community and family orientated in that children are cared for in the community and siblings can be kept together (Alternative Care Policy (3rd draft). The funding would be in the form of a foster grant. The Department of Social Welfare would monitor the placement and movement of children and registering of cluster foster homes. In regulating the placement of children in cluster foster care, guidelines are provided but these cannot be finalized unless the Alternative Care Policy is finalized. The challenge associated with this is that in the fact if diminishing placement options, especially with the loss of several young adults to HIV/AIDS, permanency planning is a major challenge.

It must be noted that unless there is policy that provided for alternative care arrangements, there would always be inadequate placement opportunities in accomplishing permanency planning in South Africa. Sewpaul (2001) made reference to the discussion at the CINDI conference by Hlengiwe and Naicker (1999) of the Pietermaritzburg Child Welfare Society's Place of Safety and cluster foster care initiative/special needs placement. The emphasis was on recruitment, screening, training, and support for foster parents of special needs children. Ordinary homes in the community serve as places of safety for children from birth to six years, with a child to staff ratio of no more than 4:1. The aim of this initiative is to place children in permanent care as soon as possible. As evident from the aforementioned, cluster foster care is an inexpensive and effective alternative that can be successfully implemented in promoting permanency planning.

2.5.4 Community Family Homes

Sewpaul (2001) referred to Nielson and Somnath (1999) who described the establishment and maintenance of the community family care centre that provide children with a family life experience in a racial, cultural, and social context similar to that of their community of origin. This establishment is for children who had been orphaned or have families that cannot be traced. It provides for a sense of stability and offers permanency as children have opportunities to develop lifelong relationships with their communities of origin. According to the Alternative Care draft policy, a community care home provides care for a maximum of six children who can be a group and/or groups of siblings. The home belongs to a welfare organization which is also responsible for the placement of children in the home. The foster mother is recruited from the community by the organization and she receives foster care grants for the children and an allowance from the organization. Services are rendered to children by social workers in accordance with the needs of children and caregivers. Community family care homes have proved to be more cost-effective than places of safety, children's homes, and street shelters according to Nielson and Somnath,(1999), cited by Sewpaul (2001). Fulcher, cited Leigh (1998) described the model of family homes in New Zealand as residential care and the South African model is considered as community care. The overseas model stressed the need to take into account the history and culture of the child and since the model practiced in South Africa aims to place

children in their community of origin or similar communities, it takes the history and background of the child into consideration. This model however does not cater for children with behavioural problems.

2.5.5 Professional Foster Care

Professional foster care was piloted in Kimberly, South Africa in 1997. It is a short term alternative community based care model developed to respond to the needs of emotionally and behaviourally challenged children and youth. This is aimed at family reunification, family preservation and permanency planning. This is achieved by family conferencing, visiting, participation and linking families to resources and support. Trained foster parents and a multi-disciplinary team comprising of child and youth care workers, social workers, representatives of the institution and organizations (e.g. local magistrate's and police) play a key role. The model aimed at preventing youth from entering deeper into the system. All sectors of the community are recognized for their role to equip alienated youth to face and deal responsibly with ecological hazards. According to the South African Law Commission, the majority of foster children present behavioural problems and it is therefore difficult to determine which categories of children require professional foster care. The Law Commission (1998) recommended that all foster care be seen as professional and financial aid be made available for training and support of all caregivers. An additional allowance should be paid to foster parents caring for children with special needs such as HIV/AIDS. Minimum Standards for the least basic care needs to be devised. Subsequently, minimum standards for foster care were drafted.

2.5.6 Boys Town

Boys Town in Nebraska is a large residential treatment centre caring for 56 boys and girls who live in smaller group homes. There are 75 houses. The treatment programme at Boys Town is designed to develop practical and replicable techniques for disorders. House parents are referred to as family teachers who receive intensive training as part of the teaching interaction. Children could earn or lose points at home and school

depending on their behaviour. Points could then be cashed in for extra privileges and purchases. A similar Boys Town programme is conducted at Woodland Hills in Minnesota for 48 children between the ages 13 to 17, most of whom have been substance abusers and gang members. The emphasis is on positive peer culture by placing the boys in groups of ten. Peer group therapy forms the essence of treatment.

The Boys and Girls Town model in the National context includes residential service options and Community based, preventative, Early Intervention and Re-unification Service Options and Models. There are four Family Community Homes three for boys (two in Natal; one in Western Cape) and one for girls (in Western Cape). These facilities are registered as separate children's homes. There are also four Youth Development Centers for boys (two in Gauteng, one in Western Cape; one in KZN). The Models include the Family home model and peer group system of self-Government. Their programmes are based on community based preventative, early intervention and reunification services. The Girls and Boys Town Education Model offer opportunities for learners to manage their own behaviour by learning social skills, and increasing the likelihood of academic success. The models include a Family Home Model and peer Group system of self Government. The residential component provides direct services to approximately 350 youth and families a year. The Community based options include a National Hotline, Common sense parenting programme, working with high risk families, foster care model, independent living skills and an education programme (Loynes 2005).

2.5.7 Independent Living Services

Kirst-Ashman (2003:261) explained that this programme is an alternative available to older adolescents as it prepares them for the transitional residence between out-of home placement and entrance into adulthood. Independent living services aim to prepare young people to function independently in society. Services focus on helping them develop skills they can use in their personal lives and work environment. These include decision-making, budgeting, and planning skills to organize their lives, educational, vocational, and job search skills to establish careers and interpersonal skills to develop

and maintain relationships. The independent living programme which included subsidized accommodation, life skills, support and opportunity to adjust to work or continued education is an ideal way to gradually prepare adolescents and young adults for their independence. Additional support is provided for youth who are parents. South Africa, at present does not have the resources to replicate this elaborate programme.

2.5.9 Court Initiative to Permanency Planning

Mentaberry (1997) referred to the permanency planning for children project of the Juvenile and family Court judges in the United States. The Office of Juvenile Justice and Delinquency Prevention (OJJDP) support training and technical assistance to judges. Social workers, police officers, attorneys, or other child advocates have proven effective in promoting permanency planning. There was recognition of the importance of permanence to a young child and the need to avoid unnecessary out-of-home placement of children. Children are reunified with their families when possible or are adopted timeously. In accordance with the Assistance and Child Welfare Act of 1980 in the United States, each branch of government was responsible for decisions affecting abused or neglected children. State foster care populations were inventoried, case planning was scrutinized and regular and periodical judicial review was required for every child in foster care. The landmark of this legislation was that reasonable efforts are made to reunite children already in foster care with their families. When reunification fails, efforts turn to timely termination of parental rights and the search for an available adoptive home. State permanency planning task forces selected six of the “model” Courts who established calendaring systems in which a single judge conducts all hearings involving a particular family. This promoted familiarity, frequency and comprehensiveness as well as collaboration on casework and permanency planning. The success of these courts is shared with other States and court systems to encourage replication of these successes. Another advantage of this project was that the same judge would see the case through promoting consistency.

There are possibly several programmes in children’s homes in South Africa that are relevant to permanency planning. The programmes, at children’s homes in Durban,

according to the Data Base (August 2006), are therapeutic, social and recreational, community outreach promoting family preservation, after care services, reunification and life skills. It was hoped that at least some of these programmes will be discussed in the focus groups of the research study. In addition, the existence of certain models of care, such as child-headed households and residential care, which was undesirable yet inevitable, was acknowledged. Legislation should include provision for appropriate support mechanisms for these models (Giese 2000). More creative community based models of care which takes into account cultural differences and traditional practice are required. One also needs an analysis of the financial, material and human resource cost involved in establishing and maintaining such models.

2.6 THE ROLE OF THE SOCIAL WORKER IN MEETING THE REQUIREMENTS FOR PERMANENCY PLANNING

Social workers are faced with a range of responsibilities and functions that are essential in achieving permanency planning. According to the Child Care Act (No 38 of 2005), the social worker in South Africa was expected to conduct assessments that take into account the development, therapeutic and other needs of the child, details of family preservation initiatives, a documented permanency plan taking into account the child's age and developmental needs and prescribed particulars. The basic roles are Case planning, Case management, client advocacy role and role of court witness. Maluccio, Fein and Olmstead (1986) provided a comprehensive account on the role of social workers which is also relevant to the social workers of South Africa. The roles are described as follows:-

2.6.1 Case Planning Role

This involves the development and maintenance of long-range plans. In this role, workers develop the overall plan for a particular case, creating a broad framework for approaching the case over time. The case planning role includes tasks such as:-

- i) Carrying out an early psychosocial assessment of the family and the family's environment.

- ii) Assessing the potential treatment and resource environment.
- iii) Developing a preferred plan for permanent placement.
- iv) Setting a service agreement within a well-defined time frame.
- v) Developing goal-orientated treatment plans.
- vi) Maintaining careful case records.

Developmental assessment with respect to care plans, individual development plans, case reviews and individual development plan reviews are essential in promoting permanency planning, according to the Child Care Act (No 38 of 2005).

2.6.2 Case Management Role

Permanency planning involves collaboration among numerous intra-agency and inter-agency resources and personnel. This is in addition to the work that has to be done by the clients and workers specifically assigned to their care. It may be argued that case management should be the primary role of social workers in Child Welfare and their specific tasks should include:-

- i) Evaluating the family's attainment of the goals agreed.
- ii) Negotiating respective roles with various providers and court personnel involved in a case.
- iii) Referring clients to appropriate community resources.
- iv) Planning and managing parent-child visitation.
- v) Helping clients develop social resources.
- vi) Monitoring home-based service providers.
- vii) Promoting collaboration amongst service providers.

In South Africa, Project Go was initiated in the Durban Region of KZN in South Africa to stop young people moving deeper into the system as it challenged practitioners to better practice with children and youth at risk at all levels of the system. The project required managing young people where they are and enabling young people to move out of places of safety in order to be reunified with their families or placed in permanent

care (un-authored, Child and Youth Care 1999). It would be of interest to explore Project Go initiatives in achieving permanency planning.

2.6.3 Therapeutic Role

The tasks of the social worker as therapist are as follows:

- i) Helping families develop productive and positive child rearing environments.
- ii) Helping to empower the parents to make positive change to conditions in their environment.
- iii) Helping families alter the family dynamics that support the negative child rearing environment.
- iv) Helping children to overcome or narrow developmental lags in emotional and behavioural patterns that impede their parenting.
- v) Helping the child overcome and narrow developmental lags in emotional and social functioning caused by earlier family disruption.
- vi) Providing support and encouragement to parents in their efforts to change and be willing to continue with them even if they are not able to care for their children.

Despite the emphasis on reunification, the South African Law Commission (1998) recognized that reunification must not be considered in circumstances where parents/caregivers were responsible for the death of a child's sibling. Social workers need to be creative when engaging in therapy. An example is Altshuler's (1999) use of genograms to engage with children and get to know their families whilst developing trust. It provided crucial information of the child's perception of the extended family. Tapping into the strength of the extended family system early on in the case would bring permanency planning to the forefront from the beginning. Obstacles of achieving permanency through reunification are often the result of perceived isolation of the kinship carer or the biological parent. Using genograms for assessment of family situations may uncover misguided perceptions and provide directions for caseworkers to support the timely achievement of permanency. Other creative ways of reaching children and ensuring their participation in planning their future include eco-maps, art, choreography, sculpting, play-therapy. African American children in kinship foster care

with members of the extended family should be considered as a permanency planning resource, based upon the historical cultural tradition of relying upon extended family members for protection and nurturing (Altshuler 1999). The same could be said for the traditional South African Indian, Afrikaner and African family. Kasiram and Oliphant (2005) cited Hall (2000) who found that that when Zimbabwean families were wiped out by HIV/AIDS the, traditional methods of counselling did not work. There is therefore a need to find context relevant, creative alternatives.

2.6.4 Client Advocacy

Initiative and creativity are required in ensuring that the child and family receive services and support essential for permanency planning. This is supported by the, Child Care Act (No 38 2005) of South Africa which stipulates that when a child is placed in a child and youth care centre, a permanency plan for the child and any instructions issued by the court must be implemented. It would not be possible unless one has the necessary resources and co-operation from the various role players which would involve advocacy. Advocacy tasks of the social worker therefore included:

- i) Ensuring community resources creates necessary services.
- ii) Ensuring that the agency who is responsible for the child carry out its mandate to promote the protection of the child.
- iii) Ensuring that the legal system and/or agencies consider termination of parental rights when indicated.
- iv) Ensuring the legal system and/or appropriate agencies consider parents' rights and the importance of biological parents to the success of a case.
- v) Ensuring the court or appropriate agencies develop overt and realistic contingencies for a parent to strive towards in a service agreement.

Kassan (May 2003) stated that the South African Law Commission ensured that the Children's Bill made provision for permanent forms of foster care and kinship care to be recorded by various constituencies for a universal grant, accessible to all children. The subsidization of adoptions via adoption grants provide for long term foster placements to be converted to subsidized adoption where appropriate such as when a relative is

caring for an orphan. Meiring (2006) supported the above and indicated the need for a national programme to reach all parts of South Africa, especially rural parts. This care option would increase the number of adoptions and therefore promote permanency planning. Continued support for children and caregivers after reunification or transfer to a new permanent placement is to be provided until successful re-integration occurs. Continued support must be available, over a bridging period, into children who turn 18 years whilst in care. Social workers could advocate for the above-mentioned to be put into practice as it would promote permanency planning. In practice, according to the Durban Regional Data Base, (August 2006), 295 children were re-integrated in the communities with parents, host parents or relatives within a period of a year. This is too few compared against the 1 845 children that are accommodated children's homes.

2.6.5 Role of Court Witness

The South African Law Commission pointed out that the details of all family preservation initiatives and considerations must be indicated to the Court. Provision is made for a very young child intentionally abandoned to be released for adoption with minimum delay. Although social workers can apply to the Court for the termination of all or certain parental rights and responsibilities so that adoption and other forms of permanent care could be arranged the Court could also revoke such termination and reinstate the parental rights if this is found in the best interest of the child (for example if adoption is unlikely to happen). Full parental responsibilities and Rights may be assigned to the current caregiver even when adoption is not an option but parental rights have been terminated. Social workers are often requested to provide testimony when termination of parental rights is an issue. The tasks of the social worker as a Court witness include:-

- i) Documentation of important events during treatment and service provision.
- ii) Working with lawyers, court officers, relevant expert witnesses, court case reviewers and volunteer monitors.
- iii) Presenting information as a witness in court.

Mentabury (1997) spoke of forming guidelines to improve court practice in child abuse and neglect cases in the United States. The guidelines recommend minimum

requirements for careful, complete and fair hearings at all stages of child abuse and neglect hearings. The participants, timing, content and record keeping required for each hearing are specified. The guidelines also detail the key content and record keeping required for each hearing. Judges are to make key decisions for each child's case to progress towards a safe and permanent resolution. In South Africa there is a backlog of Children's Court Inquiry. Many attempts have been made by the NGO sector and State offices to clear the backlog but, the reality is that there are too many cases and little human resources. Commissioners are prepared to work overtime, when necessary, probably because they get paid for their overtime.

Zondi (2003) discussed the perception of the role of the social worker in the African context. The social worker is perceived as invading privacy. Healing the physical as opposed to physical and emotional is seen as more important. Racial and cultural dynamics must be included in planning interventions. Traditional healers should form part of a multi- disciplinary team. Cultural practices, rituals, and rites of passage still play a huge role in the daily lives of black people. These should therefore be reflected in our assessment procedures, tools, and other interventions. Most of our policies are westernized and do not take cognizance of the diverse South African culture. The writer also stated that grandparents have raised many children earning a little income. Today, grandparents go through a demanding screening process only to be told that they are not good enough to foster grandchildren even though they have been taking care of children for most of their lives. Whilst there may be merit in Zondi's (2003) argument, practical issues such as age and health are essential for effective permanency planning. A Children's Home should not be considered as an option for permanency planning.

2.7 EXTENT TO WHICH PERMANENCY PLANNING IS PRACTISED IN SOUTH AFRICA

Emotional and legal permanency for every child is sought through reunification, adoption, or legal guardianship. For the majority of children, interventions with families can reduce the risk of future harm and children can safely be reunified with their families. For children who cannot return home, adoption and legal guardianship are the most ideal forms of achieving permanency. A less desirable permanency alternative is another planned living arrangement without emotional and legal

commitment to children (Rothschild and Ekas in Rapp-Palicci, Dulmus and Wodarski 2004:323).

In South Africa, cross-racial adoptions are common. A study in Kent conducted by Kirton (1999) examined the views of 835 student social workers on race and adoption. It was discovered that there was a great divergence of expressed views. There was markedly stronger support from minority ethnic student social workers than their white counterparts for cross cultural adoptions. The authorities in Kent stress that it is unacceptable to deny a child loving adoptive parents simply because the child and adopters do not share the same racial or cultural background. This also applies to South Africa. Ledderboge (2001) of Durban Children's Society in KZN indicated that in South Africa, the amendment of the Child Care Act allowed for cross-cultural and cross-racial placement. She discovered the greatest benefit was that children became part of a family. A support group was facilitated by this Organization based on educational workshops, the child's healthy self-esteem, the changing family identity, dealing with racism, child abandonment, impact of the child's story and parental tasks. What is also relevant according to Magidela (2001), Blacks want to adopt children who had blood ties with their family because it is important to know of the child's origin and therefore adoptions within the clan with the consent of families are common. The above discussion reveals that the possibility exists for children to be placed with families similar to their own.

Gilligan (1997), an overseas writer, asserted that permanency is frequently unattained in practice. Furthermore despite the value of being raised in a family, some children thrive better in residential facilities and find it more desirable. A common example is when children are placed from one foster home to the next despite the continuous breakdown of placements. The reality is that South Africa is unique in terms of diversity and problems. This study will therefore shed light on the challenges facing social workers in meeting the objectives of permanency planning.

2.8 BARRIERS TO PERMANENCY PLANNING

Permanency planning rarely goes as planned and without hitches. The following are some of the barriers experienced in meeting the objectives of permanency planning. All barriers appear have a systemic influence, as discussed under the systemic theoretical perspective.

2.8.1 Worker Related Barriers

There are internal (attributes of the social worker) and external (systemic) worker related barriers that impact on effectiveness in achieving permanency planning.

The **external worker related barriers** facing the social worker in planning for permanency that affects job performance and compromises quality service delivery include:

- i) “Brain drain” as a result of thousands of South African graduates and professionals migrating from South Africa exacerbating the problem of limited resources (Naidoo 2004).
- ii) Lack of funding and poor working conditions compounds the problem. McKay (2003) asserts that due to the State offering better salaries and benefits, many social workers leave the private sector to work for the public sector. She asserted that the Government has a central role to play in laying down the salary scale and unless the private welfare sector is strengthened and supported they will cease to exist.
- iii) Staff turnover resulting in understaffed agencies also means more responsibilities for existing staff and social workers. They are unable to meet the challenge of the new policies and their workload (Naidoo 2004).
- iv) Naidoo (2004) found that agencies are inappropriately located and social workers travel long distances, face fear for their safety as well as a lack of funding for projects and lack of community support. Naidoo (2004) found that limited promotion opportunities and high caseloads overburden, frustrate, disillusion, de-motivate and thereby impact negatively on service delivery.

- v) Social workers, due to minimum opportunities for further upward mobility and minimum financial gains, are discouraged from studying further, resulting in stagnation.
- vi) Social workers have a lack of or inadequate training to deal with serious problems such as poverty, HIV/AIDS and violence which is highly prevalent in South Africa. The continued increase in children in need of care due to HIV/AIDS, results in Courts and social workers becoming increasingly inaccessible to the communities, especially rural communities (Giese 2003). Today non-profit organizations spend a vast amount of time and effort in accessing resources and in complying with onerous, complicated and time consuming accountability procedures (Ramsden 2006:1).

The Internal worker related barriers referred to social workers being aware of their own prejudice and values and their impact on the selection of and implementation of a chosen plan. The social worker's attitude to parents and their failure to see the family as a unit is a common problem affecting the ability to engage the family in permanency planning for the child. One of the common difficulties faced by social workers in planning for permanency in South Africa is the absence of fathers, either physically or emotionally (Jansen 2000). The above-mentioned writer cautions that one should look at absent fathers in South African against the damage caused by slavery, oppression, poverty and wars and not by virtue of race and class. Fathers are resistant to come for help (Kasiram and Oliphant 2005) especially as breadwinners and in many instances they cannot even be traced (Ryklief 2000). Birthfathers are sometimes overlooked as a resource for the care of children for example, discrimination against them when adoption, custody and access are considered (Franck 2001). Children are therefore denied their Right to be raised by a parent and opportunities to experience an enduring relationship with fathers as well as the possibility of receiving permanent care (Morei 2001-2002). Social workers also experience anger towards the parent and blame them for the child's suffering. Unless they are able to work with the parents and the family reunification services will not take place. Tracking the developments and needs of the whole family, including the reunification of siblings is, vital if permanency planning is to be effective (Kosonen 1996). Policy and practice development should therefore ensure the continuity of children's sibling relationships especially at the points of entry and when leaving care (Kosonen 1996). There is a need to redefine family to capture

the many faces of the family such as child headed households (Kasiram and Oliphant 2005:24). In South Africa the community as a context in the lives of its people is part of culture and should therefore be considered when engaging in permanency planning for children.

Failure to consult and human error affects permanency planning. Social workers need the residential staff, foster parents and befrienders to play a key role in ensuring that children experience continuity by having the space and time to available when they are needed (Gilligan 1997:13). The challenge lies in trying to match the most appropriate services with assessments of a client's need. If the social worker works in isolation, her assessment of the situation as well as any endeavor towards permanency planning may be subject to human error. Munro (1996) mentioned that predicting which children will be safe and who will be at risk is an uncertain business and mistakes happen. The concept permanency planning is sometimes a sword to destroy the lives of children instead of a shield to protect them, (Vachss 2000). If the tragedy unfolds, social workers have to act immediately. They may not have time to check information, read files, to phone other agencies to get more information, get supervision and take time to think. Munro (1996) stresses that realistic, achievable standards of good practice should recognize that even good practitioners make mistakes. New facts call for review and revised judgments. Very often, social workers will persist in an originally instituted plan for reunification with the biological parents even after it becomes apparent that the plan itself is doomed to failure (Vachss 2000). Reflexivity of social workers on their own activities when intervening in a complex and dynamic system is important (Cooper and Webb 1999). McSherry, Larkin and Iwaniec (2006) examined the "no delay principle" in the Jurisdiction of England and Wales and its impact on children. It confirmed that unreasonable delays in care proceedings reduced the chances for finding permanent placements for children. This study also recognized that certain delays were not unreasonable, for example awaiting expert opinion on a DNA test. Despite the challenges facing social workers, practitioners must have a belief and commitment to secure, consult and advocate for permanent care of children. Mbambo (2002) reminded social workers to take time for self care and self preservation and to prevent burnout, thereby making the "right" decisions.

2.8.2 Legal System

Policy could be a stumbling block for permanency planning. This was evident in the Apartheid policies and laws. Traditionally, family conferencing and solutions were found within the family. Raising a child was also a communal function performed by neighbours and grandparents (Mbambo and Msikinya 2003:61). Despite the revision of legislation towards a transformed South Africa, the damage has already occurred. A natural response to caring for children in need was destroyed.

In the Post, (5-9 July 2006:5) an article was published on "Tsunami Brides". The Tsunami in 2004 claimed 10 000 lives in the village of Tamil Nadu in India. The number of orphans increased as a result. Since the Government barred adoption, the relatives of girls between 13 and 14 year olds were "married" off to older men. They were left with responsibilities of keeping house and taking care of children. Many of the "tsunami wives" reported being abused by their "husbands". Child headed households by ten year olds was not uncommon. Children may have received a sense of permanency but were vulnerable to abuse. Permanency planning initiatives by policy makers, family, community and other significant role players should strive for quality care. This is a classic example of policy being a stumbling block in meeting the desired permanency planning. It also indicates the devastating impact of the environment in increasing the number of children requiring care.

In South Africa due to the Aids pandemic child headed households are very common. As cited by Solange (2003) a Port Shepstone study in the South Coast of KZN identified 41 child-headed households during August and October 1999. The children heading a household cannot access child support or foster grants. This matter is addressed in the proposed Children's Bill. Giese (2003) points out that national and international policy places the core responsibility for supporting orphans and other vulnerable children upon communities and households. As the number of adult relatives decrease and the number of children experiencing orphaning increases, this responsibility is borne more and more by volunteers, particularly poor women. Old grandparents who can barely take care of themselves are burdened with caring for young children.

Mentaberry (1997) found that many courts in the United States failed to hold a comprehensive and regular judicial review of every abused or neglected child. Most juvenile and family courts have neither the trained staff nor the financial resources to meet the rigorous demands of permanency planning. Inadequate permanency planning means delayed decision making, extended foster care, multiple substitute placements, long waits for adoptive homes, dissolution or sibling bonds, and other harmful outcomes. Many children wait and grow up without the permanency for healthy development. This demonstrates the importance of and need for the legal system to be effective if the objectives of permanency planning for children are to be achieved.

There are times when there are contradictions and inconsistencies amongst policy requirements. Petr (1998) argued that the continuum of restrictiveness conflicts with the principles of permanency. Once in care, children can move repeatedly, destroying any sense of permanence and continuity of relationships. Some of that movement is related to least restrictive alternatives since, as a child's behaviour and need change, so too does the level of placement. Cooper and Webb (1999) stressed that complex situations are not being resolved by traditional policy prescriptions of a post-modern world. Ultimately in South Africa, there is a need to stop looking at problems that impact on children as separate entities. Policy makers, donors and service-providers should rather focus on the child and family thereby integrating responses to their needs (Van Niekerk 2006). She also asserts that most Organizations working with children need to persistently address the slowness and delays in passing legislation, impacting on the lives of children. Giese (2003), states that there is a need for a much broader inter-departmental approach with proper coordination, collaboration, and imaginative thinking for permanency planning to work. Of significance, social policy, and the policy making process will have to change to maintain meaning and relevance in a world where no single principle, person or institution is capable of exercising overall control, or decisive influence, upon a given state of affairs (Munro 1996).

2.8.3 Parent Barriers

South Africa faces ongoing high levels of political, domestic, and criminal violence which is aggravated by poverty and unemployment. According to Ryklief (2000) parenting is difficult when struggling with poor socio-economic situations, or with personal crises such as death, marital discord and divorce. The impact of HIV/AIDS in South Africa associated with death of breadwinners and caregivers, loss and grief experienced by children and families (Ewing 2000) is expected to increase as three million people will be infected by 2015 (Salonge 2003). If the family is supportive and caring, the child may recover from the trauma (Khoza and Xhakaza 2003:32). Visitation by parents/significant others is critical for the child to experience his/her removal as less traumatic and to maintain the connection with the family (Khoza and Xhakaza 2003). Parents/caregivers who are sick may stop maintaining contact with the social worker and their children, making permanency planning difficult. If they cannot be traced permanency planning becomes even more challenging. Reunification is difficult when one is aware that the parent is terminally ill.

Abuse or neglect of children by parents is due to various reasons. Parents' immaturity, unrealistic expectations of children, lack of parenting skills, social isolation, unmet emotional needs, poor childhood experiences, frequent family crisis, substance abuse can result in abuse and neglect of children (Khoza and Xhakaza 2003). The writers also indicated that Government and children's rights practitioners need to challenge cultural practices that infringe children's rights. Whilst this is a delicate it is not impossible as culture is not cast in stone. The traditional African societies are not unchangeable but are subject to modification over time (Khoza and Xhakaza 2003:36). Many families in the townships are not child-focused, as parents are struggling with survival issues. Poverty causes depression in parents. Whilst this is so, it is also important to incorporate some traditional cultural practices into Western practices, as indicated by Zondi (2003).

Ledderboge (2001) referred to the importance of understanding how the country's macro, mezzo, and micro context contribute to child abandonment, so that parents are not judged. Abandonment is re-framed in the Black culture as a parenting practice. The biological parent, for various compelling reasons, arranges for someone else to do the

parenting. It is similar to adoption, except that the parent does not sign consent at court. The above should not be confused with child abandonment without any prior arrangement for his/her care. One questions, whether parents fail to maintain contact with their children at residential care for fear of being requested to take their children back home where they are unable to provide for their basic needs.

The parents may also feel powerless and disempowered by children's Rights when their children undermine them. They may give up believing that the State knows best, so let them care for the children. Resistance from parents and foster parents towards permanency planning can also delay the process. Parents should be made aware of their own rights, and good parenting should be affirmed. Healthy dialogue between parents and children should be created if their disagreements are to be addressed (Mbambo, and Msikinya 2003). This is relevant to children in residential settings where parents feel like failures. Unless parents are supported, empowered with skills and assisted, reunification and permanency planning will remain a challenge. Ryklief (2000), Director of Parent Care Centre, Cape Town discussed their support programme to parents and its effectiveness in prevention and early intervention. The Centre promotes a community response to child protection where children at risk are identified and offered immediate protection by trained community members. Family preservation promotes permanency planning at the point of discovery that a child is at risk.

2.8.4 Child Related Barriers

Sometimes the children can present challenges that set obstacles in achieving permanency planning. Street children, for example, receiving services at drop in centres and shelters should do so for a limited period of six months and thereafter be reunited with their families and communities but, this has proven to be challenging as many children choose to remain on the streets. Street children however, remain a political hot potato as responses to care and management of these children range from quick fix solutions to equally unworkable and ideologically acceptable, kibbutzim, farms and eco-villages. Another major criticism is the subsidy fight as to why children shelters are eligible for a much lower per capita payment than those in children's homes, yet they also provide programmes for children. It is of significance that street children need

therapy and development programmes, just like other children who have been identified in need of care and protection. Despite the above, Magudlela (2006) still found that street children needs have not been adequately recognized and addressed in the Draft Children's Amendment Bill Working Document, Section 76.

However, there are factors that are beyond the child's control that could also pose as barriers. Kemp and Bodonyi (2000:58-98) found in a sample of 1,366 legally free children in state custody in Washington State, that gender, race, ethnicity and age at initial placement affected the likelihood of achieving legalized adoption or guardianship. For example it was found that older children, boys, and African American children were less likely to be placed in permanent care as opposed to Caucasian or Hispanic children. In addition, one would expect that a child of special needs will be difficult to place in permanent care.

Canham (1998) discussed the challenges of Children's Homes in South Africa which impacts on the child's stability and continuity of care even within the facility. The constantly changing personnel on account of staff turnover and the shift system, match and reflect the frequent experiences of loss and separation in these children's lives. Children's homes feel a constant risk of closure which affects the staff and children's feelings with regard to their security and predictability of the future. Children in care often feel despair about their future and are ashamed of their situation. In residential care there are frequent, unexpected changes and there is often no preparation for example, the admission of a new resident. Canham (1998) stated that the capacity of the residential unit will determine whether a residential unit is therapeutic or not. This is supported by a study conducted in South Africa by Vos (1997) where a questionnaire was completed by 179 house-parents of 20 Children's Homes. More than half the sample stated that the children were usually unwilling to cooperate, were disobedient, broke rules intentionally and found their tasks demanded too many duties. Gilligan (1997) pointed out that because of the largely painful experiences of children in care; residential establishments are more vulnerable than most organizations to erecting social systems as a defence in order to avoid contact with the pain of the job. Children are therefore dismissed as being "uncontrollable or unmanageable".

Cooper and Webb (1999:121) indicated that the child's sense of time and developmental stage is significant when planning for their needs and care. Children are part of a complex system and members of the systems have already done a lot of evolving together and go on doing so even as the social worker engages in assessment. A child becomes attached to his/her carers irrespective if the placement is short term, long term, preparatory or bridging. Most often, the care plans involve a decision between disrupting a fragile unplanned placement to which the child had become attached or abandoning this, for a well thought out, untried and untested option to which the child may have no emotional attachment. The relevance of this can be related to circumstances where the child deliberately disrupts initiatives towards permanency planning. He/she may have adjusted to the children's home and may have formed bonds with the staff and children. This maybe his/her first experience of stability and he/she is scared of the unknown.

Many children's past experiences resulted in their sense of rejection, uncertainty, insecurity and lack of trust in adults. Vos (1997) mentioned that the staff can restore trust and respect for adults by giving unconditional acceptance. Acting as role models, they can teach social values, norms and customs. Children can find a sense of belonging and learn socially acceptable behaviour. For the special needs child, one would expect even greater difficulty to promote a sense of belonging within the facility or to be able to achieve permanency planning for that child. There are 121 children of special needs placed at children's homes in Durban (Durban Regional Data Base 2006). Wilderness experiences have become more frequently used to teach life skills and allow the child to get in touch with his/her inner self (Kasiram and Oliphant 2005; Ethelbert Children's Home, Annual General Report 2006). Preparing the child for permanency planning allows the child to participate as well as receive services towards achieving permanency planning.

2.8.5 Conflict

According to Cooper and Webb (1999) conflict or ambivalence within the child, within the caring system, and between it and the professional system occurs. The more inclusive and the more open-ended permanence practice is, the greater the likelihood of conflict or disagreement among the interested parties. Vos (1997) stated from a South

African perspective that delays seemed to be symptomatic of failure to resolve conflicts in relation to care plans. One needs to engage with the conflict and hostility e.g. mediating with warring adults in order to finally engage with the children themselves and then with them about their relationship to this whole system. Cooper and Webb (1999) argued that despite all the initiatives and precautions, cases would never be satisfactorily resolved when children disrupt and attack almost any effort at stable provision while falling short of needing secure accommodation. When overall control or influence on the outcome of cases is no longer easily exercised, working with the conflict which is internal to the system, rather than seeking to sever the child from the conflict is a key dimension of professional intervention, including assessment. Canham (1998) stated that assessment occurs in a less than ideal situation. There is a messy tangle of relationships. It is against this backdrop that, the Department of Social Welfare in collaboration with Courts in South Africa, plan for a clean break and a fresh start for a child, aimed at permanency. Dual planning or concurrent planning can resolve the conflict experienced. If reunification efforts do not succeed by the deadline, the child can be quickly adopted because planning for this event was done concurrently with reunification efforts. The contradiction of whether reunification or adoption is the better option is minimized. Indication of when permanency planning is successful and the duration of accountability by children's homes for the child's adjustment and the sustainability of permanency planning are also unclear.

2.9 CONCLUSION

As is evident from the literature review, permanency planning is the ideal that one would like to achieve for every child placed in care. However, it is not easily attained. Institutions, in turning into assessment centers, can ensure that children are ideally placed back into the community or are adopted (Meiring 2006). The challenges, Meiring (2006) asserted, are the inadequate screening processes for adoption and fostering and the shortage of social workers to monitor conditions in adoptive homes and assess grant applications. The results of this study will indicate the challenges that social workers at placement organizations and Children's Homes experience in achieving permanency planning in the Magisterial area of Durban, Kwa Zulu- Natal, South Africa.

CHAPTER THREE

RESULTS AND ANALYSIS

3.1 INTRODUCTION

As indicated in Chapter one, this study was a qualitative study with elements of a quantitative nature. Consequently, the analysis of the results therefore presented both qualitative and quantitative information. Two research tools were used in this research viz. focus groups and questionnaires.

Qualitative data was mainly derived from the two focus groups that were held. One group comprised of social workers at Children's Homes, held on 20th July 2006. A second group was with social workers from Child and Family Welfare Societies and District Welfare Offices referred to as placement organizations, held on 21st July 2006.

The researcher introduced herself, explained the expectations of the focus group, ensured that a scribe and facilitator was selected in the group and left in order to ensure the group privacy. At the end of the session, the researcher returned and thanked the participants for their attendance and collected the newsprints that were handed to the groups. The information provided by the group, on newsprint was presented and analyzed.

The table below is an indication to the response and attendance to the focus group with regard to the total number of organizations

TABLE 3.1 RESPONSES AND ATTENDANCE AT FOCUS GROUPS

<u>ORGANIZATIONS</u>	<u>ORGANIZATIONS INVITED</u>		<u>POSITIVE RESPONSE TO INVITATION TO ATTEND FOCUS GROUPS</u>		<u>NUMBER OF PARTICIPANTS AT FOCUS GROUPS</u>	
	No.	%	No.	%	No.	%
Children's homes	22	100%	17	77.3	15	68.2
Welfare District Offices	09	100%	07	77.8	02	22.2
Child and Family Welfare Societies	10	100%	07	70.0	04	40.0

As is evident from the table, only two Welfare District Offices attended the focus group. The reasons for low attendance, at focus group discussions, were staff turnover, backlog and capacity constraints due to new and inexperienced workers, no one available to attend, person identified to attend was not available as he/she was rounding up prior to termination of services. This was an indication of the challenges experienced by Children's Homes, Child and Family Welfare Societies and Welfare District Offices.

Quantitative data was obtained from a self administered checklist of 2 questions which was personally delivered or faxed to the 17 participating children's homes on 30th July 2006, with a return date of 15th August 2006. They were reminded telephonically to complete the questionnaires by the researcher. Twelve principals of Children's Homes responded by 28th August 2006. The remaining five children's homes did not return the questionnaires despite constant reminders.

The analysis of results and discussion are presented as follows:-

- i) Differences and similarities in response of the placement organizations and children's home focus groups are presented in tables.

- ii) Tables of quantitative data (checklist) and qualitative information (focus groups) were presented. The integration of both, qualitative and quantitative information provided a coherent picture of the results.
- iii) The overall presentation of the results addressed the following themes:
 - Extent and frequency of permanency planning at children’s homes.
 - Efforts made by social workers to practice permanency planning.
 - Challenges of permanency planning at children’s homes.
 - Solutions to challenges in promoting permanency planning.
 - Recommendations made to Department of Social Welfare in promoting permanency planning.

In responding to themes, comparisons were made to literature highlighting consistencies or contradictions. In this way, adequate attention was given to achieving the objectives of the study.

3.2 EXTENT AND FREQUENCY OF PERMANENCY PLANNING AT CHILDREN’S HOMES

In order to address the extent and frequency to which social workers practiced permanency planning at children’s home one needed to firstly, establish their understanding of permanency planning and its objectives as well as the advantages of permanency planning at children’s homes. Secondly, one needs to determine who was responsible for permanency planning at children’s homes and the extent and frequency to which it is practiced needed was explored.

3.2.1 Understanding Permanency Planning

The following summary indicates the understanding of Children’s Homes and Placement Organizations of permanency planning.

TABLE 3.2: FOCUS GROUPS' UNDERSTANDING OF PERMANENCY PLANNING

<u>CHILDREN'S HOMES</u>	<u>PLACEMENT ORGANIZATIONS</u>
<p>Happens when the child enters the continuum of care. A child that comes to care must have a care plan starting with engagement and including all role players. The possibility of family reunification is explored. If it is not possible, alternative care must be sought to integrate the child as fast as possible into the community.</p>	<p>Children moving through the continuum of care need long term care to be arranged in order for the child to achieve stability and be re-united with family and the community.</p>

According to the Minimum Standards (1998:6) every young person within the continuum of care should be provided within the shortest period of time possible with the opportunity to build and maintain **lifetime** relationships within a family and/or community context. The focus group discussions made reference to the continuum of care which is consistent with the above-mentioned definition. Also of interest, children's homes indicated that a uniform time frame of two years was unacceptable and suggested that each child should be looked at individually and time frames set accordingly. This is supported by Cooper and Webb (1999:121) as the child's sense of time, their developmental needs and care must be considered during permanency planning.

The researcher was of the opinion that the minimum standards are vague in referring to the "shortest period of time". Perhaps of greater relevance and clarity of time frames for permanency planning is provided by the Child Care Act (2005) which will be monitored by the children's court (refer to Section 2.1).

3.2.2 Objectives of Permanency Planning at Children's Home

Table 3.3 set out the objectives identified by the focus group discussions as follows:-

TABLE 3.3: OBJECTIVES OF PERMANENCY PLANNING BY FOCUS GROUPS

<u>CHILDREN'S HOMES</u>	<u>DISTRICT OFFICES</u>
<ul style="list-style-type: none"> • To focus on the child-helping/assisting the child to work through personal issues and achieving personal growth. • To help the children stabilize and the need to reunify the child back to community/family must be met. • To focus on strength in the family. • To equip family/parents to learn necessary skills in parenting and to work with significant others. • To holistically look at alternatives. 	<ul style="list-style-type: none"> • To look at the caring of children. • To consider what institutional care can offer the child. • To provide reunification services. • To secure placement for a child in a stable home environment if reunification cannot be arranged. • To minimize institutional care.

The objectives listed were consistent with that of the South African Law Commission and Vachss (2000), except that long-term plan/care was not mentioned as an objective. Both groups recognized that care plans were critical when engaging in permanency planning. The Children's Home focus group referred to care plans under the understanding of permanency planning and, placement organizations, under challenges. The objectives, as explained by the focus groups, highlighted their roles, as placement social workers or social workers at a Children's Home, in achieving permanency planning. This is their indication of what is the ideal but Gilligan (1997) asserted that the ideal is not always attained, in practice as was evident from this study.

3.2.3 Advantages of Permanency Planning for Children at Children's Homes

According to the Placement Organizations focus group, Children's Homes provided short term care and safety for children at risk whilst permanency planning is given attention. They found that some children thrive better and benefit from a temporary placement at children's home, especially when there had been multiple placement breakdowns or trust in adults had been broken. The Children's Homes focus group

reported the following advantages for children remaining at the Children's Home whilst their permanent care arrangements were being finalized-

- Children's Homes have contact with families.
- Overnight accommodation to families, offering an opportunity for them to be together as a family.
- Transport costs covered for parents to visit their children at the Children's Home and transport provided for children to go home for weekends and holidays.
- Opportunities for reunification back to the community can be explored.
- Strength of all role players working together as a team at Children's Homes.
- Programmes at Children's Homes that benefit children and their families.

As evident from the above, as temporary care arrangement, Children's Homes had benefits. Although Cooper and Webb (1991:121) stated that children form attachments to the carers irrespective of the nature or duration of placement, one would expect that the longer the stay, the stronger the bonds and attachments. Permanent and stable accommodation should therefore be expeditiously sought for children at Children's Homes.

3.2.4 Primary Responsibility for Permanency Planning

The social worker's perception of his/her role would determine his/her commitment to permanency planning. In this study, Children's Homes reported that permanency planning is their primary responsibility and placement organizations focus group said it was a shared responsibility. Placement Organizations accused Children's Homes of "passing the buck". Both focus groups agreed that social workers at children's homes should play the major role due to their easy access to children and family and time available to engage in permanency planning. The majority of the principals of Children's Homes i.e. 75% reported that reunification workers from Placement Organizations are only sometimes known to the children, Designated reunification workers to Children's Homes was encouraged by the Children's Home focus group to promote consistency and knowing whom to contact. Whilst there may be advantages to this system, it must be borne in mind that a possible disadvantage would be when a social worker leaves work then all the children from the specific organisation placed at

the Children’s Home will be without a reunification worker until a new appointment is made.

In practice, permanency planning is a shared role. It is evident from the focus groups discussion that Children’s Homes and Placement Organizations do not always practice permanency planning. Meiring (2006), was hopeful that when Institutions restructure into assessment centers, children will be ideally placed back into the community or will be adopted. However, both Children’s Homes and Placement Organizations need to be responsible in ensuring this happens.

3.2.5 Permanency Planning at Children’s Homes – Practice

The table below indicates the extent of permanency planning at children’s homes, as reported by principals.

TABLE 3.4 PRINCIPALS RESPONSE TO THE EXTENT OF PERMANENCY PLANNING AT CHILDREN’S HOME

<u>FULL CAPACITY OF CHILDREN’S HOME</u>	<u>ACTUAL ACCOMMODATION AT CHILDREN’S HOME</u>	<u>NO. OF SUCCESSFUL PERMANENCY PLANNING CASES SINCE 2003</u>	<u>NO. OF CHILDREN REMAINING LONGER THAN TWO YEARS</u>
788	757	519	329

The above findings confirmed that some permanency planning takes place at Children’s Homes. This study indicated that amongst the 12 children’s homes permanency planning was successfully achieved for 519 children since 2003. Permanency planning was likely to be given more attention just before a child’s order lapses. According to the Child Care Act No 74 of 1983, when a child is placed either in his/her own home under supervision, or any form of substitute care, the Court order is valid for a maximum period of two years. Thereafter, it will lapse. “Normal custody” will be restored, unless the Minister of Social Development extends validity for a further period not exceeding two years. Or parental responsibilities are terminated through adoption.

In practice, as evident from the focus group discussion, many children remain in substitute care arrangements for many years as the order is continuously extended. The study analyzed successful permanency planning but, it did not verify with children's homes what constituted successful permanency planning.

Although the checklist indicated that 329 children at the 12 children's homes remained for longer than two years at the home, it did not provide information of the exact duration of a child's stay at a children's home. This was discussed in the focus group of children's home. Here social workers reported that some children are raised at Children's Homes, as discussed under challenges. The results obtained from the checklist were questionable as it depended on self-report, which is subjective. The Department does not have a reliable and user-friendly method of counter-checking this information. "Project go" which should monitor the movement of children is not regularly updated. Some of the Children's Homes may not have kept records and guessed or deliberately inflated the figures in order to look good.

Social Workers at Placement Organizations discussed the inadequate accommodation for children at children's homes. If this is the case, then one questioned whether children's homes are used exhaustively or is the movement out of the children's home too infrequent to allow for new admission. According to the above Table, at the end of July 2006, there were 31 vacancies at children's homes. What may appear as vacancies may be children placed on leave of absence to monitor their adjustment to home or to the community. This allows the social worker to try untried and untested options to which the child may have no emotional attachment. The child knows that he/she could return to the children's home should there be any sense of insecurity or instability.

Social Workers of Children's Homes complained that non-payment of leave of absence is an obstacle to permanency planning. The Department of Social Welfare currently pays the subsidy for an entire month even if the child had stayed at the home for just a day. Children could be moved back and forth from host family and children's home to secure the subsidy and this can destroy any sense of permanency or stability for the child. Unpaid leave of absence could result in premature transfer of care or discharge to avoid loss of subsidy claim. Fraud, where the children's home do not officially place a child on leave of absence and continue to claim subsidy for them, is also possible. The

researcher is of the opinion that, if payment was made for a longer duration, Children's Homes will not expedite permanency planning and children may remain on leave of absence indefinitely. Monitoring the movement of children on leave of absence and finalization of care arrangements is critical in promoting effective permanency planning.

The reunification workers indicated that Children's Homes are sometimes selective and less reluctant to accommodate adolescent children presenting behavioural problems and/or children with disability. Dormitories or cottages at Children's Homes are structured according to age and/ or gender and therefore admission of a child may pose difficulty even though there may be vacancies. Many of the Children's Homes in Durban were old homes converted into Children's Homes. Their physical structure did not accommodate for special needs such as being wheelchair friendly. Children's Homes should however, transform to accommodate children with special needs which are set out in the minimum standards. It would be unacceptable for Children's Homes to be selective or participate in discriminatory practices, unless specified in their registration certificate.

3.3 EFFORT MADE BY SOCIAL WORKERS TO PRACTICE PERMANENCY PLANNING

This section addressed types of care, programmes and activities practiced by the focus groups in promoting permanency planning. Reunification, recruitment of foster and adoptive parents and, developmental assessment is extensively analyzed by referring to the focus group discussion and the results from the checklist.

3.3.1 Types of Care Considered as Permanency Planning

The focus groups indicated the types of care considered for permanency planning as follows:

TABLE 3.5: FOCUS GROUPS REPORT ON CARE FOR PERMANENCY PLANNING

<u>CHILDREN'S HOMES</u>	<u>CHILD AND FAMILY WELFARE SOCIETIES AND DISTRICT OFFICES</u>
Similarities	Similarities
Adoption Foster care/ kinship care Family care	Adoption Foster care Return child to parental care
Differences	Differences
Independence living in the Community Moving through the system from Children's Home to School of industries. Child headed households	Linking child with extended family Family community care homes Cluster foster care

According to the above table, the similar care alternatives used by Children's Homes and Placement Organizations in arranging permanent care for children are traditional viz adoption, foster/kinship care and reunification services. The alternative options such as private foster care, children's villages, community family homes, professional foster care will perhaps be more readily used, increasing the extent to which permanency planning is practiced, after the alternative care policy is finalized and implementation guidelines are provided by the Department. Evidence from the Placement Organization focus group discussion, reveals that cluster foster care and family community homes are utilized by Child and Family Welfare Societies. This is because it can be aligned with the Child Care Act, if no more that six children are placed with a caregiver. Some Children's Homes had separate accommodation and encouraged independent living and a greater sense of responsibility for older adolescent children to promote their integration into the community.

In terms of child headed households, the focus group of Children's Homes emphasized the "isibindi model", a family preservation and permanency planning initiative, which was piloted in Umbumbulu, Durban. Child care workers went into the community and provided for the basic needs of families. This included helping parents experiencing full blown HIV/AIDS and their children as well as child headed households. Regular

and consistent assistance helped them remain as a family in the community thus providing permanency planning. As is evident, removal of children can be avoided, if family preservation and permanency planning is envisaged for children at risk.

Movement of children from one residential facility to another does not constitute permanency planning although this is suggested in practice. “Project go” meetings are irregular and it aims to avoid children moving deeper into the system but it does not address children that remain at the same level on the continuum of care for several years.

3.3.2 Programmes and Activities that Promote Permanency Planning

The focus groups discussions of programmes and activities towards permanency planning were as follows:

TABLE 3.6: FOCUS GROUPS DISCUSSION ON PROGRAMMES AND ACTIVITIES FOR PERMANENCY PLANNING

<u>CHILDREN'S HOMES</u>	<u>DISTRICT OFFICES AND CHILD AND FAMILY WELFARE SOCIETIES</u>
Similarities	Similarities
<ul style="list-style-type: none"> • Reunification programmes • Parenting skills programme - stress and trauma management, step programme over weekends. • Screening/marketing for recruiting host family • Placements with family, relatives, host for holidays and weekends. • IDP used to identify care • Awareness programmes reflect life experiences of the children. • Family spending time in the children's home e.g. provision made for them to stay over. • Recruitment and training of host parents. • The religious community resources-church, newspaper for recruitment 	<ul style="list-style-type: none"> • Reunification • Parenting workshops • Finding host parents • Holiday placements • Care plans/IDP/ Case review • Life skills programmes • Parental visits to institutions • Visits with parents at organizations • Weekend visits with natural parents • Foster care recruitment programmes
Differences	Differences
<ul style="list-style-type: none"> • Creativity and cultural programmes keep children in touch with their own culture and tradition. • Attachment programmes when children return to parents and family • Creativity to assist the child to return to the community. • Reality-work such as wilderness programmes and gardening. • Registration of child care workers (ccw) with Council. • Empowerment of ccw in dealing with families and contact with significant other when they do visits. 	<ul style="list-style-type: none"> • Recreational activities with parents and children e.g. Christmas party • Foster care holiday programmes • Foster parent and/or foster child support groups. • Research and investigation to locate natural parents. • Family Community care homes-Couple take care of children. Each child collecting a foster care grant. Children are still living in the community going to school. • Cluster foster care –certain foster parents are willing to take care of up to 6 children. Easier because children remain in the community. Partnership between the church and the Organization.

It had been noted that Children's Homes provide practical and material assistance such as provision of accommodation for overnight stay for parents and transport arrangements so that children have contact with their family or significant other. It is also evident that children placed at Children's Homes come from families that are poverty stricken. The researcher, like Vachss (2000) found that many children, especially of lower socio economic groups experience several placement breakdowns, sometimes moved from one children's home to the next, resulting in them drifting, unnoticed through the system. This study however, did not capture the reasons for placement at Children's Homes or movement of children since their entry into the system.

Placement Organizations reported reunification, effective parenting skills programmes and finding suitable adoptive parents as their successes. One Placement Organization had a 95 % success rate of securing stable foster care placements that were sustained. This is support that Placement Organization services to children in the community such as support groups for foster children and parents prevent the breakdown of placements. Furthermore community family homes and cluster foster care are sometimes used to provide children who do not have families to be raised in "normal families".

What is glaring from table 3.6 is that Children's Homes focus on the child and family whilst the children are at the Children's Home. Placement Organizations emphasized services to the child and family in the community and made more mention of their activities than their programmes. Activities can be done on an ad hoc basis depending on the availability of time and resources. Due to high caseloads and staff turnover, their major focus may be on casework, more especially statutory matters. Programmes require consistency to ensure sustainability. Chapter one, for example referred to the family preservation project in Inanda. According the Placement Organizations focus group this project no longer exists due to the lack of co-ordination, resulting from staff turnover. None of the participants from Placement Organizations replicated similar projects. It could also be that placement organizations were of the view that programmes contain the same structure and content and it was unnecessary to discuss them. One social worker signed a confidentiality clause regarding the content of a programme. This leads one to question whether the specific details of programmes were not discussed for fear that others may copy it and they will lose private funding

Both focus groups indicated that they teach parenting skills. This is relevant and appropriate since many children accommodated at Children's Homes were not necessarily orphans. Many of them came from "broken homes" where parents were considered to be unfit or incompetent, as supported by, Vos (1997). In addition, both focus groups mentioned initiatives towards ensuring contact between the child and family, whether it was parents visiting the Children's Homes or children returning home for weekends and holidays. Ensuring contact between child and parent can sometimes pose a challenge, as is evident in the discussion on challenges experienced in practicing permanency planning.

Life skills programmes are also conducted with the children by Placement Organizations and children's homes. Children are engaged in life skills programmes by children's homes whilst they are at the facility, and, after they return to the community by placement organizations. This appears to be an acceptable arrangement. The use of bush craft and wilderness programmes and camps are active mediums for learning to help children heal, build trust and confidence and increase the children's self esteem. This was supported by Fulcher (2001) and Kasiram and Oliphant (2005) who expressed that nature is a healer.

A disengagement programme discussed in the focus group by Children's Homes was the introduction of the life story book. This allowed the child to reflect on his/her past as well as his/her stay at the Children's Home. As part of the farewell ritual, every child was given a book that spoke about his/her experiences at the Children's Home. The life story book contained messages of well wishes for the future, friendships and bonds established, photographs as well as the details of child care worker as a personal resources for after they leave. Orientation programme, although just as important, conducted by most Children's Homes was not discussed by focus groups. This programme usually provides children with a sense of stability and predictability of how long they would be at the children's home. However, in most instances the movement of children from the institution to the Community depended more on the availability of resources than the adjustment of children to reintegrate into the Community.

The Community care programme of a Children's Home revealed the following stages at which children are placed with host families and in Community Homes:-

- Level one- child comes to the property of Children's Home.
- Level two-enters Community Care Home. One child care worker is responsible for six children.
- Level three- becomes part of a Community care programme. Attachment programme/screening of host family completed. Integrate child into the family screened for them.
- Level four-within 6 months child is placed on a leave of absence programme.

Programmes should meet the developmental needs appropriate to the age and development phase of the young person, including their emotional, physical, spiritual, intellectual and social needs (Un-authored, Child and Youth Care Journal, 1996:8). In light of the above, the above-mentioned programme has shortcomings. Contact between the child, family and significant other may become difficult. It does not allow children to settle down and experience a sense of continuity and form trusting relationships whilst moving through the continuum of least restrictive care. It also does not take into account that some children may benefit more from the therapeutic environment within the facility than they would if placed in the community. Very often siblings, who are removed, are placed in Children's Homes to avoid sibling separation. There is no indication of how sibling separation is avoided as a host family may not be willing to care for all the siblings as would be the case of foster care. There may be several disruptions in a child's schooling as his/her accommodation changes. The researcher agrees with Kosonen (1996) who asserts that tracking developments and needs of the whole family, including the reunification of siblings is vital, if permanency planning is to be effective. Funding structure, duration that the child remains at each level and the developmental needs of the child, compliance to statutory and legislative requirements were not discussed.

The Family Community Care Model, adopted by Child Welfare Societies, discussed by Sewpaul (2001) and placement organizations focus group differs from the one adopted by this children's home. The model used by Child and Family Welfare Societies provided stability, offers permanency and for children who have been orphaned or abandoned to develop lifelong relationships in their Communities of origin. The children's home implemented the Community Care Model as a half way house. The above-mentioned model impacted on the quality of care provided and has legal implications affecting the legitimacy of the programme.

Both groups conducted reunification services. Placement Organizations suggested that social workers at children’s homes could utilize time when children are at school for reunification services, such as conducting home visits. Whilst this may already be the practice at some Children’s Homes, social workers felt less committed to do extensive reunification work because they felt that it was the job of Placement Organizations and the Department of Social Welfare should fund children’s homes for this service. The current subsidies are paid per post at child and family welfare societies and per capita for Children’s Homes.

Table 3.7 is an analysis of the principals’ responses to reunification efforts at children’s home which was supported and confirmed by the Children’s Homes focus group discussion.

TABLE 3.7 PRINCIPALS REPORT ON REUNIFICATION EFFORTS BY CHILDREN’S HOMES

<u>REUNIFICATION EFFORTS</u>	<u>RESPONSE YES</u>		<u>RESPONSE SOME-TIMES</u>		<u>TOTAL</u>	
	NO.	%	NO.	%	NO.	%
IDENTIFIED CHILDREN WITH NO VISITORS	12	100.0	-	0.0	12	100.0
REACHING OUT TO FAMILIES WHO DO NOT VISIT	10	83.3	2	16.7	12	100.0
HOMEVISITS CONDUCTED TO PROMOTE REUNIFICATION	8	66.7	4	33.3	12	100.0
ATTEMPTS MADE TO ENSURE FAMILY CONTACT	8	66.7	4	33.3	12	100.0
CHILDREN’S VISITORS HAVE CONTACT WITH SOCIAL WORKERS	5	41.7	7	58.3	12	100.0
CHILDREN’S FAMILY/ SIGNIFICANT OTHERS KNOWN TO SOCIAL WORKER	11	91.7	1	8.3	12	100.0
CHILDREN ARE PREPARED TO RETURN TO FAMILY/COMMUNITY	12	100.0	-	0.0	12	100.0

The principals reported that children's homes, at least sometimes, identified children with no visitors, conducted home visits, ensured children's contact with family, contacted visitors to get to know the family or significant other and prepare the children for returning home. The social workers from the children's homes focus group elaborated that it was easier to place abandoned babies in families than older children. Placement Organizations have to locate parents and actually investigate parents' whereabouts. The Children's Bill (2003) made reference for the need for expeditious investigation into whether the abandonment was intentional and if so, the child should be placed in adoption immediately.

Since child care workers are always available, one questioned whether they provide immediate support to the family in crisis, when requested after hours, as this will encourage reunification. This was also supported Gafat (2004) who expressed that since Children's Homes are open 24 hours, they could render crisis intervention. Training of child care workers to conduct home visits and be involved in permanency planning is an initiative of social workers of Children's Homes focus group. This is done to promote permanency planning, where Child Care Workers find potential foster families when they accompany children to funerals, visits, etc. Of significance, is that Vos (1997) and Gilligan (1997) found that the child care workers dismissed children as being "uncontrollable or unmanageable". Child Care Workers need constant support and encouragement in acting as role models and re-building the child's trust and confidence. Without this, reunification services will not work, irrespective of change in the home circumstance. Breakdown of placements becomes unavoidable and permanency planning impossible.

The principals confirmed that Children's Homes recruit foster/adoptive parents. This is indicated in the following table:

TABLE 3.8: PRINCIPALS INDICATIONS REPORT ON CHILDREN'S HOME RECRUITMENT OF FOSTER AND ADOPTIVE PARENTS

<u>YES</u>		<u>SOMETIMES</u>		<u>NO</u>		<u>TOTAL</u>	
No.	%	No.	%	No.	%	No.	%
9	75.0	1	8.3	2	16.7	12	100.0

The findings of the checklist completed by the principals are consistent with the discussion of the focus group of social workers from Children's Homes. Nine (75%) of the sample recruit foster/host parents and one (8.3%) indicated that she sometimes does. It is however, of concern that two children's homes (16.7%) did not engage in recruitment of foster/host parents at all.

The recruitment of host/significant others to care for children over weekends and holidays was yet another effort in promoting permanency planning, indicated by the focus groups. Rarely do children remain at Children's Homes during long holidays. However, hosting is temporary accommodation and one needs to evaluate the impact on children as opposed to remaining at the facility during the holiday. One also questions to what extent the contact with family and significant others is disrupted by host parents, thereby delaying permanency planning. The researcher is not advocating for children to remain at facilities but, that their individual needs be met through permanency planning.

Table 3.10 that follow presents the principals' responses of the extent to which developmental assessments are conducted at children's homes. This is compared with the discussion of focus groups.

TABLE 3.9: PRINCIPALS REPORT ON DEVELOPMENTAL ASSESSMENT

<u>TOOLS</u>	<u>YES</u>		<u>SOMETIMES</u>		<u>NO</u>		<u>TOTAL</u>	
	No.	%	No.	%	No.	%	No.	%
CARE PLANS	6	50.0	6	50.0	-	0.0	12	100.0
IDP	5	41.7	7	58.3	-	0.0	12	100.0
IDP REVIEWS	5	41.7	6	50.0	1	8.3	12	100.0
PROGRAMMES ALIGNED WITH IDP	12	100.0	-	0.0	-	0.0	12	100.0
MULTI DISCIPLINARY TEAM MEETINGS	6	50.0	6	50.0	-	50.0	12	100.0
COUNSELLING CHILDREN	12	100.0	-	0.0	-	0.0	12	100.0

Both focus groups reported that they do IDP's. According to the literature review, developmental assessment with respect to care plans, individual development plans, case reviews are essential in promoting permanency planning, according to the Children's Bill (2003). A documented plan on how achieving family reunification will be achieved including time frames for reunification (appropriate to developmental stages of the child) and regular reviews will be monitored by the Court.

It is a statutory requirement that no child should be without a care plan. According to the checklist, six (50.0%) principals indicated that IDP's were sometimes completed and one (8.3 %) that it was not completed. Twelve principals (100%) stated that programmes are always aligned with IDP's. This does not make sense because one cannot align a programme to an IDP that does not exist. In addition, during IDP reviews one can determine whether a programme met the needs of a child but, over half the principals (58.3%) reported that IDP reviews are sometimes, or not completed at all. Yet, 50 % of the principals indicated that care plans only exist sometimes. If the care

plan and IDP's is the key to permanency planning, then, how is permanency planning practiced, without it? Some of the challenges experienced in completing care plans will be discussed in the next section.

The researcher is of the opinion, as evident from this study, that placement organizations and children's homes have made efforts to practice and promote permanency planning but permanency planning does not take place for every child placed in a children's home.

3.4 CHALLENGES OF PERMANENCY PLANNING AT CHILDREN'S HOMES

These challenges were mentioned throughout the discussion. This section provides a thorough analysis of the most common challenges expressed by the focus groups when practicing permanency planning. Residential care is the most restrictive form of substitute care. According to Kirst-Ashman (2003), the theme characterizing substitute services is permanency planning, which requires the participation of the child, family and Community.

Social workers of the focus groups from Children's Homes and Placement Organizations indicated that permanency planning is not always successful and there are challenges experienced when practicing permanency planning. Both the groups agreed that there is conflict within the system. Conflict exists, according to them, between NGO's and State Departments, natural parents and foster/adoptive parents, management and staff. There is no agreement between social workers at Children's Homes and placement social workers. Organizations face internal and/or external conflict and cross cultural work results in conflict amongst workers. The challenges in permanency planning for children at Children's Homes are interrelated and intertwined as is evident from the discussion.

The principals' responses are tabulated below and will refer to in discussion of challenges presented by the focus groups.

TABLE 3.10 : PRINCIPALS REPORT ON CHALLENGES THAT AFFECT PERMANENCY PLANNING

<u>CHALLENGES</u>	<u>YES</u>		<u>SOMETIMES</u>		<u>NO</u>		<u>TOTAL</u>	
	No.	%	No.	%	No.	%	No.	%
PLACEMENT SOCIAL WORKERS KNOWN TO CHILDREN	3	25.0	9	75.0	-	0.0	12	100.0
CHILDREN'S VISITORS HAVE CONTACT WITH SOCIAL WORKERS	4	33.3	8	66.7	-	0.0	12	100.0
RACE	2	16.7	5	41.7	5	41.7	12	100.0
CULTURE	2	16.7	5	41.7	5	41.7	12	100.0
GENDER & SEXUALITY ORIENTATION	3	25.0	4	33.3	5	41.7	12	100.0
HEALTH STATUS	5	41.7	6	50.0	1	8.3	12	100.0
SOCIO ECONOMIC STATUS	5	41.7	6	50.0	1	8.3	12	100.0

3.4.1 Children Remaining at Children's Homes whilst Planning for their Permanent Care

The similarities and differences in responses on the challenges of permanency planning for children at Children's Homes are summarized in the following table.

TABLE: 3.11: FOCUS GROUP DISCUSSION ON CHALLENGES OF PERMANENCY PLANNING FOR CHILDREN AT CHILDREN'S HOMES

<u>CHILDREN'S HOMES</u>	<u>DISTRICT OFFICES AND CHILD AND FAMILY WELFARE SOCIETIES</u>
Similarities	Similarities
<ul style="list-style-type: none"> • Child becomes Institutionalized and over-dependent on the children's home and reluctant to leave. • Workers at Homes not "letting go" of children. It suits them to keep the children in the Home especially if they are well behaved. 	<ul style="list-style-type: none"> • Children's homes do not want the child to return home. Atmosphere at home can be detrimental to the child. • Child enjoys comforts such as electricity and hot water, T.V at the Institution and becomes resistant to return to their own home.
Differences	Differences
<ul style="list-style-type: none"> • Children being placed in affluent families have long term damages on the child. Child cannot return to the rural community. • Children's inability to make the paradigm shift. • Difficulty in children setting goals. • Inability of children to dream appropriately. • Placement of children out of the country and outside the child's race. • Lack/inappropriate role models, too few male models and too many female role models. Fathers are not known. 	<ul style="list-style-type: none"> • Some institutions force organizations to find holiday placements. • No knowledge of Programmes conducted at Children's Homes or whether there are programmes. • Policy of Institution e.g. some institutions don't allow children to go for holidays on short holidays. • Difficulty is experienced in finding suitable stable accommodation for certain children such as older children, street children, refugee children with disability, illnesses related to HIV/AIDS, children that present behavioural problems. • Gender and race, religion as preference of adoptive/foster parents. • Difficulty in finding suitable foster parents • Children can be exposed to abuse at the children's home.

It is significant to note that, many difficulties mentioned by one focus group is substantiated or explained by the other. Both groups agreed that first world standards and material comforts make children reluctant to return to their own home environments. This in itself can hinder permanency planning. Child protection workers

must therefore assess which alternative will be less harmful to the child's wellbeing, in home or out of home care, before removing a child (Arad and Wozner 2001), especially to a Children's Home. Remaining within the family solves the difficult shortage of placements at a time of increasing awareness of the disruption that lasts longer than non-related placements (Ritchee 2005). However, as indicated in the focus group discussions occasionally, removal of children from their families is unavoidable.

The impact of institutionalization on a child is evident in the following example. A newly appointed social worker at a children's home in Durban, remarked that she shuddered at the thought that children were raised at a Children's Home from birth and were now adolescents. An opportunity prevailed for one of these children to be adopted but, this child is very reluctant to leave the home as she is afraid. This is not unusual as revealed by the study of Cooper and Webb (1999). Cases could never be resolved if children disrupt and attack almost any effort at a stable provision of secure accommodation. Children who are resistant, are unlikely to co-operate with role players if they are unhappy about leaving the Children's Home. In above scenario, the Children's Home was her first and only experience of stability and she was scared of the unknown. It is unacceptable that what should have been a temporary care arrangement had become a permanent one. One would expect this to be a common feature at Children's Homes given that staff turnover could result in lack of continuity. This is especially true in the absence of care plans.

What is worse is that placement organizations reported that Children's Homes do not want the child to return home. The focus group of social workers at children's homes admitted that they don't "let go" of children. It is natural to form attachments even with the knowledge that the child belongs to his/her parents (Segal 2002:371; Gafat 2004). It is therefore important to know the child's family culture, values, beliefs and dreams and join battle with families against the problem. The explanation of the focus group for not wanting to let go was that it suited some social workers to keep the well behaved children. It could also be that some social workers are in a dilemma when they recognize potential and feel that the home environment may not be able to sustain the child's progress. Petr (1998) questioned how one ensures that all which is learnt at the children's home is sustained after the child leaves. The social workers of Children's Homes asked, "When we say a child is ready to leave the Homes, how ready are they?"

Are we working with standards and whose standards? ” The researcher believes that the answer lies in after care programmes in the Community as social workers at Children’s Home would feel more confident to “let go” of children if they knew that they will have access to support in the Community.

Children’s Homes stressed hosting and requested that placement organizations find host placements. Some did not entertain the idea of hosting at all. They also recruited host parents themselves. Children placed with affluent host families are more resistant to their return home, especially if the home is in a rural area. This is detrimental to permanency planning and the match of home circumstances of host to family circumstances must be considered. Contradicting the findings of the focus groups, are the principals’ responses. They said that, 100 % of the children wanted to return to the community. The researcher is of the opinion that the expectations of the hosting programme must be made clear to the child and host parents in order to avoid unrealistic expectations. Although transformation was to promote a humane, peaceful, just and caring society which upholds welfare rights, meets basic human needs, builds human capacity and self reliance (The White Paper of Social Welfare No 1108 of 1997:14), it must be noted that children from rural communities are often relocated to urban children’s home when they required placement at a children’s home. The researcher is of the view that it is unfair to expose a child to an attractive world previously unknown to him/her and then, expect him/her to willingly leave it behind for a life of hardship and poverty.

In South Africa, poverty is most prevalent in rural Communities which included 70 percent of the Blacks who comprise mostly of households headed by single women (Noyoo 2006). Given the above, it is no wonder that Children’s Homes found that there is a lack of appropriate male role models. The challenge posed by resistant and absent fathers in South Africa (Jansen 2000; Kasiram and Oliphant 2005; Ryklief 2000) was also evident in this study. The benefit of child care workers acting as good role models and perceiving children positively was highlighted by Vos (1997) but given the shortage of male child care workers, Children’s Homes need to look at alternatives in meeting this gap.

Placement organizations found it difficult to find foster care placements. This was especially the case with respect to certain children such as older children, street children, refugee children with disability, illnesses related to HIV/AIDS, and children that present behavioural problems. There are 121 children of special needs placed at children's homes in Durban (Durban Regional Data Base 2006). One would expect that there will be limited placement options for these children and therefore one need to keep an open mind and explore all options considered in the best interest of the child. Selectiveness of adoptive/foster parents regarding gender race, religion also presents a challenge. The principals of children's homes also revealed that race and culture of the children impacted on 2 (16.7%) Children's Homes and 5 (41.7%) impacted "sometimes" on children's homes regarding permanency planning. They revealed that the gender and sexual orientation of the child affected permanency planning at 3(25.0%) of the children's homes and "sometimes" 4 (33.3%) at Children's Homes. Health status was reported by principals to affect permanency planning for children at 5 (41.7%) children's homes and "sometimes" at 6 (50.0%) of the Children's Homes. This is a common problem, as Sewpaul (2001) highlighted that once a child is found in need of care, he/she faces very limited and often inappropriate, care placement options. Despite the lack of placement options, Children's Homes social workers reported mixed feelings about children being placed outside their race or country. This is a common, contentious issue as is evident in literature by Kirton (1999); Magidela (2001) and (Giese 2000).

Social workers from Children's Homes indicated that children have difficulty in setting goals, due to their, "inability to dream appropriately" as a barrier for permanency planning. South Africa faces high ongoing levels of political, domestic, and criminal violence, aggravated by poverty and unemployment, poor socio economic situations (Noyoo 2006) or personal crises in families such as death, marital discord and divorce (Ryklief 2000) and, the impact of HIV/AIDS (Ewing 2000; Salonge 2003). Given the above backdrop it would be safe to assume that children have grown accustomed to live for the present focusing on surviving today. They may not have time to think about their future dreams and wishes. They therefore need space and time to reflect, and creative means to express their dreams and without being judged. Perhaps traditional counselling is ineffective in allowing children this opportunity, as discovered by Kasiram and Oliphant (2005) and Altshuler (1999). Zondi (2003) asserts that racial and cultural practices, rituals, and rites be included in planning interventions and be reflected in our assessment procedures, tools, and other

interventions even though policies are westernized, this failing to recognize the diverse culture of South Africa.

Placement Organizations revealed that they had no knowledge of the programmes conducted at the Children's Homes. They also indicated that children placed at Children's Homes are sometimes subjected to abuse. If this is the case, then the responsible thing to do is to report any known incidences of abuse and if staff are involved, they should be dismissed which is the requirement of minimum standards. There does not appear to be sufficient and open communication and consultation between Children's Homes and placement organizations. As a result Placement Organizations are probably not aware of the activities and programmes that are in existence at the Children's Home.

3.4.2 Worker Barriers

According to the literature review internal (attributes of the social worker) and external (systemic) worker related barriers that impact on effectiveness in achieving permanency planning were identified. In the presentation of the results these issues are not separated for coherence. Some of the challenges experienced by workers have already been covered during the discussion

The following table highlights worker related barriers reported by the focus groups.

TABLE 3.12: FOCUS GROUPS RESPONSE TO WORKER BARRIERS

<u>CHILDREN'S HOMES</u>	<u>PLACEMENT ORGANIZATIONS</u>
Similarities	Similarities
<ul style="list-style-type: none"> • Capacity of staff affected by high staff turnover at children's homes. • Reunification/placement organizations have no plans of action and social workers change all the time, affecting consistency. • Insensitive to language barriers, religious, cultural differences, history and background of the child. 	<ul style="list-style-type: none"> • Limited resources available for the staff to conduct programmes • Poaching workers from Ngo sector by Department and movement of workers from one Departmental Office to the next • High workloads and staff turnover result in supervisors performing on line work. • Cultural and language differences amongst workers and client. • NGO's work on survivor instincts because of the lack of resources.
Differences	Differences
<ul style="list-style-type: none"> • Attitude of worker for e.g. to same sex couples wanting to foster/adopt • Reunification workers do not cooperate with children's home to complete IDP's and Care Plans. • Negative attitudes to Children's Home and of Continuum of care by placement organizations. • Work can be done with children at the Home but work with family require the intervention by Placement Organizations. 	<ul style="list-style-type: none"> • Administrative requirements increase stress levels. • New staff needs continuous training. Lack of adequate training of care plans and IDP yet, it is expected. New workers fear going to Court. • Lack of support from relevant role players e.g. SAPS • Being too accountable, having to answer to too many people. • Department workers are expected to fill gaps in service delivery.

As evident from the focus group discussions, children at Children's Homes are disadvantaged by discontinuity due to the shift system and change in personnel at Placement Organizations and Children's Homes. The children experience loss and separation whilst plans are in the pipeline for their continuous and stable care and accommodation. Staff turnover results in a loss of manpower and skills, depleting the staff that are available who are burdened with extra workload. The capacity of the

residential unit will determine whether a residential unit is therapeutic or not. This is supported by Canham (1998) and Fulcher (2001).

Children's Homes referred to Placement Organizations sharing negative attitudes towards children's homes and the continuum of care. This is not unexpected when one considers the contradictions in permanency planning and the continuum of care as a contentious issue as, once in care, children can move repeatedly, destroying any sense of permanence and continuity of relationships (Petr 1998). Some of that movement is related to least restrictive alternatives since, as a child's behaviour and needs change, so too does the level of placement. It is as important for the child to have a sense of stability as it is for him/her to move to less restrictive forms of care. The pros and cons need to be weighed in each situation.

Support that Placement Organizations have negative impressions of Children's Homes, is found in Table 3.10 "Abuse at Children's Homes." If children are removed from their homes on account of neglect and abuse and are placed in yet another abusive situation one would expect there to be more damage than having left the child with his/her parents. The extent to which social workers are responsible for or ignore abuse within the children's home is of concern. Attending to cases of abuse, especially if staff is implicated, is time consuming, stressful and reduces the time available for permanency planning. The children's homes did not raise this issue as they may have been embarrassed or felt that disclosure will result in further negative impressions of the Children's Homes. Social workers are expected to play a significant role in advocating for structural changes for the empowerment of people (Noyoo 2006; Sewpaul 2001; Marlow and Van Rooyen (2001). The results of the focus group discussions imply that social workers are also victims of oppression.

The sample Children's Homes also explained that reunification work is not being fulfilled by placement organizations. Literature supports that it is not possible to protect children's rights in isolation from their families and communities (The White Paper (1997); Constitution (1996); Cooper and Webb (1999). Placement Organizations referred to the lack of co-operation of relevant role players such as the police as having a negative impact on permanency planning for children. Social workers need the residential staff, foster parents and befrienders to play a key role in ensuring that

children experience continuity by having the space and time to be available when they are needed (Gilligan 1997:13). The placement social worker also requires the support of other role players in the community. One would expect social workers to consult with role players as matching the most appropriate services with assessments of a client's need cannot be done in isolation. Munro (1996) stressed the importance of consultation and as evident from the focus groups, social workers consult but, sometimes do not receive co-operation resulting in them working in isolation and being prone to human error.

Both focus groups discussed the impact of staff turnover and added responsibility on existing staff such as supervisors juggling roles and engaging in direct services. In the meantime, new workers at placement organizations do not receive training which should be provided by supervisors. Children's Homes complained about incomplete IDPs and care plans due to the lack of co-operation of social workers from placement organizations. The researcher was also of the view that since developmental assessment is prescribed, social workers saw it more as a burden than a necessity. The emphasis is on completing care plans and IDP forms which is seen as an administrative function. Developmental assessments need to be experienced as a therapeutic process with the end result being a plan towards a stable long term care for a child. Effective permanency planning cannot take place unless it had been planned for. Unless, proper guidance and training is provided to new social workers, they will not be able to engage in effective permanency planning.

According to Placement Organizations focus group, Department workers were stressed by filling in gaps in service delivery. In one office, due to the lack of a child and family welfare society, social workers carried caseloads between 350 and 800, with a majority being statutory cases. Naidoo (2004) asserted that staff turnover resulting in understaffed agencies means more responsibilities shouldered by existing staff and social workers. She also expressed that social workers were frustrated by their challenges of new policies; their workload; lack of funding for projects and lack of community support. Despite the hectic caseload, Placement Organizations reported that they were too accountable to too many people such as the community, client, organization and commissioner at Court. Marlow & Van Rooyen (2001); McKay (2003); Naidoo (2004) were amongst the several people who found social workers'

caseloads to be too high for effective service delivery. Caseloads seem to get higher, the demands greater but, salary and benefits, less attractive. Unless these issues are addressed, permanency planning will be neglected.

The placement focus group, Child Welfare Societies blamed the Department for “poaching” their workers but, Department workers explained that movement of workers inter departmentally or to other State Departments., disturbed the workflow. McKay (2003) asserts that due to the State offering better salaries and benefits, many social workers leave the private sector to work for the public sector. However, the current trend, arising from the researcher’s observation, is that very senior social workers are moving from the State Department to the Non Governmental Sector. It is therefore evident that due to the shortage of social workers and limited scope for upward mobility, lack of job satisfaction, social workers are prepared to move jobs. The National crisis addressing the shortage of social workers is being addressed by the retention strategy. However, one questions whether it has come too late; after the damage has been done.

“The value system of social workers impacts on how we work with children,” was a response from a social worker of the Children’s Home focus group. The example was the attitude to same sex couples wanting to adopt/foster children. The researcher is of the view that the social workers’ own beliefs, values and religion will dictate their response. One cannot stick to traditional approaches and forms of care. Policy needs to change, so too do the people who are responsible for the planning for permanency. The researcher agreed that social workers need to reflect on their own activities when intervening in a complex and dynamic system (Cooper and Webb 1999) and in between a hectic schedule, take time for self care and self preservation to prevent burnout, and reduce human error (Mbambo 2002)

3.4.3 Parent Barriers

Parents can also affect permanency planning as evident from the discussion with the focus groups. The following table is a summary of the discussion of the focus groups:

The children's home focus group mentioned alcoholism and work shy parents as reasons for abuse and neglect by parents. Parents may also abuse and/or neglect children due to parents' immaturity, unrealistic expectations of children, lack of parenting skills, social isolation, unmet emotional needs, poor childhood experiences, family crisis, substance (Khoza and Xhakaza 2003). The need for parental skills programmes was identified by both focus groups (see Table 3.6). Eleven (91.7%) of the principals of the children's homes reported that socio economic factors, affect permanency planning. This finding is supported by Khoza and Xhakaza (2003) who found that many families in the townships are not child-focused, as parents are struggling with survival issues. In fact the Placement Organization focus group stated that parents, due to poverty and unemployment, commit fraud for e.g. receiving child support grants for children who are not in their care. Poverty causes depression in parents. McSherry (2004) suggested that parents who experience the vicious cycle of poverty and child neglect can only be helped by addressing their negative, self-defeating thoughts as well as improving their socio-economic status i.e. addressing both internal and external factors. The researcher agrees that only holistic intervention can result in meaningful change.

Parents according to the focus group of Placement Organizations were unco-operative. Principals reported that 4 (33.3%) social worker of the Children's Homes have contact with children's visitors and 8 (66.7%) "sometimes" had contact with visitors. Visitors generally visit after work hours and social workers maybe unaware of this due to poor record keeping of visitors. This is in spite of the fact that principals indicated that records of visitors are maintained and analyzed.

The focus groups mentioned the negative impact of HIV positive parents affecting permanency planning. According to the focus groups, parents/caregivers who are sick stop maintaining contact with the social worker and their children and sometimes cannot even be traced. Reluctance of social workers to return children to parents, who are sick and did not have the support to care for their children, was reported by the children's home focus group. Reunification is difficult when one is aware that the parent is terminally ill. The focus group of social workers from Children's Homes stated that the loss of a significant partner or father, especially if the person was the only bread-winner places additional barriers to permanency planning. The impact of HIV/AIDS associated

The researcher reaffirms that unless, parents are supported, empowered with skills and assisted, reunification and permanency planning will remain a challenge. One needs to maintain a sensitive, caring approach when providing assistance. Mbambo, and Msikinya (2003), asserted that parents feel powerless and disempowered, believing that the State knows best thus entrusting them with the responsibility of caring for their children. Parents are perhaps made to feel like failures especially when they cannot provide for the child's needs or when the child is uncontrollable. The Children's Home focus group stated that parents are insensitive to their children's needs and they may enter into new relationships. The children may not accept the new partner or vice versa. One questions whether social workers blame parents and fail to recognize that parents have needs too. The researcher supports Garfat (2004) in stating that families are not the enemy, as there is a joint battle with families against the problem that is keeping the family apart. Whilst unrealistic expectations exist of the community, since there are insufficient resources to care for the increased orphans (Sewpaul 2001), the focus group of placement organizations confirmed that finding suitable placements are difficult.

3.4.4 Legal Barriers

The legal barriers expressed by the focus groups are summarized as follows:-

TABLE 3.14: FOCUS GROUPS RESPONSE TO LEGAL BARRIERS TOWARDS PERMANENCY PLANNING

<u>CHILDREN'S HOMES</u>	<u>PLACEMENT ORGANIZATIONS</u>
<ul style="list-style-type: none"> • IMC document specifies reintegration needs to happen but Department of Welfare does not listen nor do they sanction programmes. • Department of Welfare quotes children's Bill but, pays for Leave of absence. • Delays in Court designation letters and extension orders. • Department of Welfare adopts a "top down" approach, does not communicate effectively and is silent when there is a problem. • Mixed messages and the lack of consistency from Department of Welfare. • Certain regions have different views and interpretations of the same policy. • Provincial and National level have not been fully translated to people working on the ground. They have own agenda that Homes must be closed and do so, without giving information or being informed. • No subsidy for social work posts at the Home 	<ul style="list-style-type: none"> • Dept of Welfare drew up policy without understanding problems experienced at grass root levels. • Delays in processing of grant applications and orders at Regional office. • Unrealistic expectations. Very rigid, policy becomes more important than clients to the Department. • Department does not offer clear guidelines and is not transparent e.g. responsibility of submission of 16(2) reports. • Threats of withdrawing of subsidy if non-compliance or late with Welfare submissions This shows a lack of respect. • Too many lines of communication and too many demands from different components within the Department. • Quarterly reports to Department and other funders. Statistics are time consuming. Lack of understanding of staffing problems.

The focus groups referred mostly to the Department of Social Welfare's approach in policy implementation as affecting permanency planning. The common challenges, are the lack of transparency, failure to consult and unrealistic expectations of the Department. The Department of Social Welfare was also accused of having a top down approach, not providing clear and consistent guidelines. The social workers of Children's Homes reported that the Department of Social Welfare fails to listen to what

should be done, and Placement Organizations felt that the Department lacked an understanding of problems experienced at grass roots level and was too rigid about policy implementation. The Department of Social Welfare also delayed in processing orders that were required for the application of foster grants and subsidies. According to the focus groups, the Department of Social Welfare has too many demands, such as statistics and quarterly reports and there are too many lines of communication. Ramsden's (2006) argument that non profit organizations spend a vast amount of time and effort in accessing resources and in complying with onerous, complicated and time consuming accountability procedures was supported by the focus groups, as evident in the above summary of the focus group discussion on legal barriers.

The focus group of children's home mentioned fears associated with the Department of Social Welfare closing down Children's Homes. This anxiety, according to Canham (1998), affects the staff and children's with regard to their security and predictability of the future. If staff at Children's Homes feel insecure about their jobs and future how can they effectively ensure that children feel safe and secure? Such disillusionment of the worker can impact on delivery in securing stable and permanent accommodation for children.

The Children's Homes focus group argued that payment of subsidy for posts at Children's Homes should be separated from the subsidy provided for the care of the children. Placement Organizations referred to their Board of Management's lack understanding of the role of social workers and inadequate attention given to the retention strategy. This is relevant as the Department does not specify how much the non-governmental organization should pay but, prescribes the lowest salary that could be paid to avoid underpayment. Child Welfare South Africa has a role to train and advocate on behalf of social workers, as recognized by social workers from the placement organizations. However, they reported that this role is not fulfilled.

Placement social workers also stated that court commissioners are not trained, do not have adequate knowledge of the Child Care Act and undermine social workers, according to the placement social workers. Social Workers also wait long periods at court where there is a lack of respect for social workers in the field. Documents and requirements requested by the courts are not available. Fraud within the system was

raised by the social worker of Placement Organization as a barrier to permanency planning. Perhaps to avoid persons collecting foster grants for children who are not really in need of care, identity documents and death certificates should be requested by the commissioners. Due to the prevalence of corruption in the system, scorpions were employed by the State. It is the duty of social workers to report fraud.

3.5 SOLUTIONS TO CHALLENGES IN PROMOTING PERMANENCY PLANNING

Arising from the challenges discussed, the focus groups proposed the following solutions which is summarized and incorporated under "conclusion and recommendations."

3.5.1 Children's Homes

- Children's Home becomes a one-stop service so that after the court order is processed children's homes work towards reunification with appropriate resources.
- Proper early intervention assessment and plans to be completed for children by placement organizations.
- Retraining of social workers at children's homes.
- Train and develop Policies for board members in children's homes.
- Develop a screening process for host parents.
- Set boundaries and assess the situation before handing out groceries.

3.5.2 Placement Organizations

- Transparency of all role players.
- Adequate training of all role players in working with children.
- Re-visit the origin of children's Homes against institutions that offer long term care.
- Recruit suitable foster parents when children are young.
- Create spirit of ubuntu.

- Team building exercises, debriefing and stress management for social workers.
- Re-analyze the concept reunification because it is impossible in certain cases.
- Remove children when family preservation programmes and efforts don't work.
- New forms of care to meet the needs of children in a changing South Africa should be recognized and subsidized.

3.6 RECOMMENDATIONS MADE TO DEPARTMENT OF SOCIAL WELFARE IN PROMOTING PERMANENCY PLANNING

3.6.1 Children's Homes

Recommendations proposed by children's homes are as follows:

- Subsidies to children's home for child care workers and social workers.
- Special facilities to cater for children requiring psychiatric care.
- Place of safety should be considered if a child absconds.
- There should be a specialized team responsible for reunification work.
- Payment of leave of absence during the period when children are making adjustments with prospective foster families or returning to biological families
- Employ more chief social workers.
- Separate subsidization of social work posts from the subsidy paid for the care of children.

3.6.2 Placement Organizations

Recommendations as proposed by placement organizations are as follows:

- Department pass vacant posts to NGOs so that they could be filled more effectively.
- Realistic policy with proper policy guidelines that acknowledge a new category of children who are being dealt with e.g. Aids orphans, abandoned, abused children that will require long term care.

- NGO to be incorporated by the Department of Welfare for uniformity in salary scale and working conditions.
- Transparency of Department of Social Welfare. Inter-departmental communication to be improved.

These are discussed at greater length in the next chapter.

3.7 SUMMARY AND CONCLUSION

The researcher examined the questions proposed in Chapter one. In summary, whilst attempts are made by Placement Organizations and Children's Homes to practice permanency planning, it is not so for every child placed at a Children's Home. Social workers make efforts towards permanency planning activities but do not always have structured programmes to this end. The lack of consultation between social workers at Placement Organizations and Children's Homes is the result of them not being aware of what the other is doing. There was several challenges social workers face in permanency planning for children at Children's Homes for which they proposed solutions and recommendations. These will be discussed in greater length in the next chapter with the researcher's conclusion and recommendations.

CHAPTER FOUR

CONCLUSION AND RECOMMENDATIONS

4.1 INTRODUCTION

The Department of Social Welfare has not studied the efforts and challenges of social workers towards permanency planning yet it is guided by policy and prescribed in practice. This research study predominately used a qualitative research design (focus groups) with some elements of a quantitative nature (checklist). The structural framework and eco-systems theory was used to identify challenges experienced by social workers in meeting permanency planning at children's homes. The population comprising of 22 registered children's homes, 9 Social Welfare District Offices and 10 Child and Family Welfare Societies was given an opportunity to participate in this study. However the final sample comprised of 15 Children's Homes, 2 social welfare district offices and 5 Child and Family Welfare Societies. The researcher was guarded by ethical considerations and therefore after she ensured the selection of a scribe and facilitator in the group, left the session allowing the participants privacy and confidentiality. Further, the principals of the Children's Homes did not have to provide details of their identification or that of the children's home when they completed the 25-point checklist. Thus anonymity was assured.

These overall finding supported the assumptions made earlier:

- i} Permanency planning is not practiced according to the policy requirement i.e. that the child be reintegrated into the family or Community within a period of two years.
- ii) Institutional and resource barriers impact negatively on social workers practicing permanency planning at children's homes. The main aim of this study was achieved since the challenges of social workers in meeting the obligations of permanency planning when rendering services at children's homes was identified. The researcher began this Chapter by outlining the objectives and

then discussing relevant conclusions and recommendations made by participants and the researcher.

4.2 OBJECTIVES, CONCLUSION AND RECOMMENDATIONS

4.2.1 To determine the extent to which permanency planning is being practiced at Children's Homes settings.

Permanency planning does not take place as prescribed in statutory requirements i.e. within a period of two years. It does not occur for every child. Children therefore remain at Children's Homes for longer than is necessary and sometimes, for an indefinite period. The fact that many children were raised at Children's Homes suggested that it was ineffectively used as an option for permanency planning and that the historic dumping of children at Children's Homes still persists. It was also concluded that social workers had a good understanding of the concept and were able to capture the essence of their role and objectives. The study also, did not recognize the need to identify what constituted successful permanency planning and for how long Children's Homes or placement agencies be held accountable for the child's adjustment after the child is placed in permanent care. Petr (1998) also found that there was a need for guidelines to be provided or indicators for successful permanency planning be put into place.

Recommendations

Arising from the abovementioned, the following recommendations were made:-

- i) Children's Homes become one-stop service centers. Court orders should be processed and made available to Children's Homes towards reunification with appropriate resources, begin immediately. Whilst this is proposed in the new Child Care Act (2005), the Department of Social Welfare has to provide guidance, practical and financial support to children's homes. Children's Homes must remain committed and take the initiatives to restructure their services if they are to become one-stop services.

- ii) Permanency planning should therefore be identified as the primary role of social workers at children's homes as this study concluded that they have the capacity, time and access to families and children to play the leading role in engaging role players. This will prevent continuous "passing of the buck", which delays permanency planning.
- iii) Developmental assessment should be understood and accepted as a therapeutic process and an objective of permanency planning. More specific recommendations in this regard are made later in this Chapter.
- iv) Research needs to be undertaken on the utilization of leave of absence towards attaining permanency planning at Children's Homes. Children may remain in limbo indefinitely due to insufficient monitoring by the Department of Social Welfare. Not much is known of how the leave of absence is manipulated in order to secure a subsidy for children.
- v) The origin of children's Homes is reviewed against institutions that offer long term care. Permanency planning at children's homes should therefore be assessed and reviewed during Development Quality Assurance.
- vi) Guidelines are to be provided for permanency planning and after care services. This could be done by providing steps that should be taken when engaging in permanency planning. It should also include indicators or benchmarks for successful permanency planning. One needs to establish whether permanency planning applies until children are discharged from the Act or for the duration of a child's life time. This is especially relevant since foster parents or Children's Homes are not obligated, by law, to provide for a child, after they are discharged from the Act. The abrupt abandonment of children should be guarded against. This can be done by providing guidelines on who is responsible and what should happen to children that come of age and have no where to go. Guidelines are necessary to ensure that dependency is not fostered and to determine the type of services afforded to individuals.

4.2.2 To identify the specific programmes and initiatives of social workers towards permanency planning for children placed at Children's Homes.

The study concluded that most social workers used traditional options to permanency planning through adoption, foster/kinship care and reunification services. Despite the extent to which permanency planning was practiced, it was limited by the Alternative Care Policy not being finalized. Nevertheless, creative and innovative efforts of Organizations that promoted permanency planning were noted. Some of the alternatives to traditional practices were cluster foster care and family community homes used by Child and Family Welfare Societies as it could be aligned to the Child Care Act. Children's Homes initiatives included independent living arrangement for older children on the designated campus, extensive reinforcement of contact between children and parents, life story book, practical assistance to the family and training of child care workers to get involved in permanency planning. The researcher also concluded that an inconsistency between social workers' understanding of permanency planning, and how they practiced it existed as children moved deeper into the system. The researcher, like, Rothschild and Ekas in Rapp-Palicci, Dulmus & Wodarski (2004) discourages permanency alternatives from one living arrangement to another without emotional and legal commitment to children, for example from one Children's Home to another.

The researcher concluded that family preservation is the first priority as the removal of children could be avoided in some instances. The researcher, supported by Paul (2004) concluded that reuniting children with their families after parental skills were taught, was effective. If parenting skills were offered as a preventative and early interventive approach then, the need for children to be removed could be avoided. Whilst child headed households remained a contentious and sensitive issue, the "isibindi" family preservation model in Umbumbulu, Durban should be replicated as it prevented the removal of children. It was also concluded that family preservation is not always possible and recognition is given for children sometimes being removed from their families for their own protection. Hence the importance of timeous and well thought out intervention is essential.

Not all efforts towards permanency planning were effective. A Community care programme practiced by a Children's Home used host parents, Community Homes and leave of absence, had quite the opposite effect as it created instability in the lives of the children. The researcher therefore concluded, as did Thumbadoo (2006) that one should always be aware of the conflict between the continuum of care and permanency planning in their intervention. Every precaution should be taken to prevent cluster foster care being misused to establish mini Children's Homes.

Recommendations

The following recommendations were made, arising from the conclusions:

- i) The Department of Welfare should promote and fund the initiatives of established organizations such as Child and Family Welfare Societies and Children's Homes to pilot projects proposed by the Alternative Care Policy at National level. The models could then be assessed, modified, if necessary, and replicated. In this way one is able to determine whether there are loopholes that could be addressed to ensure that the best interest of children is met. Models of care that are problematic could be excluded from the Policy in safeguarding children. The policy will therefore contain models with informed outcomes that address the current limited resources without compromising on the quality of care for children.
- ii) It is also recommended that challenges and specific programmes of permanency planning be work-shopped and practical guidelines to be provided. The workshop should also provide opportunities for Organizations to share, learn and replicate effective programmes. This will prevent reinventing the wheel and encourage networking and consultation between placement organizations and children's homes. Permanency planning should also remain as an item on the agenda at the various forums of the relevant role players. This will increase the commitment of social workers to implement what they know in theory.
- iii) It is also recommended by the researcher that the contradiction of permanency planning and the continuum of care be addressed as children repeatedly moving

along the continuum, destroyed any sense of permanence and continuity of relationships. One needs to therefore weigh options and take steps to ensure that the best alternatives are implemented. Whilst children's homes recommended places of safety for children who abscond, the researcher recommended that it is imperative to explore why children abscond rather than shift them from one institution to the next. Children need to know why they are at a Children's Home, the expected length of stay and what is expected of them so that they may return home to the Community during orientation. There should be care plans for every child prior to or upon admission and an extensive orientation programme to promote a child's security and reduce his/her need to abscond. Fulcher (2001) also highlighted the need to treat orientation and discharge at children's homes.

4.2.3 To identify challenges facing social workers in implementing permanency planning for children placed at Children's Homes.

The study concluded that despite social workers' efforts there were barriers such as institutional barriers lack of resources. It can also be concluded that permanency planning is most difficult for older children, street children, refugee children with disability, illnesses related to HIV/AIDS, and children who present behavioural problems. The Children's Amendment Bill (Section 76) failed to ensure that adequate resources are made available to children who are disabled or chronically ill (Linifield 2006). The research concluded that when there is scarcity of resources conflict is inevitable. Conflict existed within the organization and externally, between NGOs and State Departments, natural parents and foster/adoptive parents, management and staff. The researcher also concluded that the structure and programme of the children's home can hinder permanency planning for example by functioning on first world standards. This made children resistant to return to a home environment that is linked to hardship and poverty or the lack of a suitable male role model.

It can also be concluded that Community support, after disengagement, is not available to sustain the progress made by the child so that social workers at children's homes could confidently promote reintegration of the child into the Community.

The researcher also concluded that social workers could change their values and prejudices which affect permanency planning. The researcher supported by Cooper and Webb (1999) and Mbambo (2002) recognized the need for social workers to reflect on their own beliefs, values and religion and to keep an open mind. In weighing the options for permanency planning, decision making should therefore act in the best interest of the child without compromising the quality of care. Overseas celebrities adopting orphans from Developing Countries is being debated. The Sunday Times, quoted the United Nations Children's Fund that one in 13 children in developing countries are orphans and Countries cannot afford to take care of their orphans. Therefore the need for, "... a massive global effort is needed to encourage, not discourage, international adoptions. The researcher is uncertain whether people rendering direct services would agree with this article that children adopted have all the opportunity in the world to learn about their home country on the Internet and television, to keep in touch, to visit and perhaps one day to return and help (Miles October 22, 2006:38).

The researcher concluded that parents used Children's Homes as boarding facilities for their children due to poverty and disillusionment in a system that failed them and their children. They did not view this as abandonment even when they failed to maintain contact with social workers and their children as they knew that adequate care was provided for their children at the Children's Home. Social workers unknowingly and unwittingly disempower parents by invading their privacy, labelling and blaming them for their children's plight, misunderstanding and disregarding their traditional values and beliefs. Parents therefore become resistant and reluctant to co-operate. Parents entrusted Children's Homes whom they felt could do a better job, as is evident in the study by Mbambo and Msikinya (2003). Parent therefore resisted reunification efforts.

The conclusions of challenges related to the Department of Social Welfare and policy implementation is presented separately, under section 4.2.5.

Recommendations

The following are some of the recommendations made by Children's Homes placement organizations and the researcher:

i) Team - Work

It is recommended that there should be a specialized team responsible for reunification work. It must be noted that a team already exists as social workers at the facility, in the Community, child care workers, volunteers and educators, Commissioners of Children's Courts should be seen as part of the team. The question to ask therefore is what it is lacking and how should it be addressed in order for the team to ensure that the child's return to the family or community could be expedited. To this end, team meetings should be held to bring expertise and discuss expectations. Again, this could be best addressed by the team consulting with the family in establishing care plans and individual developmental assessments. The child and family could also form part of this team. There should be increased consultation and co-operation between role players as each person who has contact with the child brings valuable information to ensure that the child is not broken in pieces but, treated and feels like a whole person. The team rarely, if ever, gets to meet due to heavy workloads and multiple responsibilities.

ii) Training

- Parents

The most important team members are children and their families. It is recommended that parents should not be judged but assisted with adequate skills in improving their parenting. Parenting skills programmes should be conducted in a manner to capacitate parents. In this way, they would experience increased confidence knowing that they are good parents and can cope when they are reunified with their children. In order for this to happen, social workers need to be appropriately trained to conduct parenting skills programmes. Since there is limited social work programmes conducted, Organizations such as religious groups need to be explored and parents referred accordingly. It is also recommended that social workers and child care workers recognize good parenting as highlighted by Mbambo, and Msikinya (2003) and perhaps even encourage parents to share their skills, with other parents. It is also recommended that income generating opportunities be created and skills training implemented for parents who lack an

income. The congruency between child neglect and poverty was addressed by McSherry (2004) and the researcher also agrees that this concern cannot be resolved.

- Social Workers and child care workers

Supervisors must establish training needs, which should be addressed. Some of the training gaps identified in this study which need to be addressed include developmental assessment, Court Work, managing difficult behaviour of children, effective therapeutic programmes and creative and innovative approaches to allow children to express themselves. It is further recommended that since developmental assessment is prescribed by the State, the Department of Social Welfare must ensure that child care workers and social workers, working, with children had been trained on developmental assessment. Unless, proper guidance and training is provided to new social workers they will not be able to engage in effective permanency planning. Since Organizations are tired of continuous training due to staff turnover a forum responsible for training could be formed where the major orientation to Child and Family Care could be made available on a monthly basis at a central venue attended by all new workers. However, the Organization would still be expected to cover training needs on the Organizations structure and expectations that are unique to that Organization. This forum could be facilitated by affiliating bodies such as Child Welfare South Africa and the National Association for child Care workers.

- Boards of Management

It is recommended that training for Boards of Management be provided. They cannot manage if they are not aware of what they are expected to manage. They should be educated on the policy, role of social workers and adequate attention and retention strategy. Boards of management sometimes prescribe discriminatory legislation which staff is instructed to enforce, even though they may be contrary to minimum standards. The State does not restrict the Boards of Management from paying higher salaries and promoting better working conditions, thus it is recommended that they provide social workers with the maximum benefits that they could afford. It is also recommended that social workers play an advocacy role and engage the Trade Unions to negotiate on their behalf. Staff turnover results in a loss of manpower and skills, depleting staff that are

available. Naturally, this has impacted on the quality of therapeutic intervention. The researcher observed that at some children's homes all senior positions were vacated and simultaneously filled. This would be unsettling for staff and children alike as they have to adjust to new people and sometimes, new structures and new rules. The Management should also be trained to deal with such situations, creating minimal disruption.

- Permanency planning team

It is recommended that training initiatives for all role players/team members be provided. The multi-disciplinary team approach to decision making is essential. Social workers cannot do it alone. Everyone who has contact with the child and family should receive training on becoming sensitive to the various cultures and languages in our diverse society. Training of all role players is recommended for better communication, co-operation and consultation between team members for effective services to permanency planning. Also, training would ensure clarity on role expectations thus reducing human error.

Arising from foster and adoptive parents being selective, it is recommended that social workers maintain an open mind about new forms of care for example, cross race or inter- country adoption. This should apply to the whole team as support should be made available to help families who accept children of inter-racial or diverse cultural background. Ledderboge (2001) found that families cope better with support. Training should also include identifying and acting on opportunities to place children as close as possible to their own origin. Caution should be taken to avoid adoption from becoming a lucrative business without regard for what is best for the child. This is a sensitive issue with the boom in private practice and the emergence of "Cluster Homes" that are operating as mini children's homes which allow for our children to leave the country without prior discussions. It is therefore essential that training include alternative care guidelines such as family community care home and cluster foster care that could be explored for children where reunification is not possible and adoptive or foster parents cannot be secured. Minimum standards of Children's Homes and foster care should also be included as part of training.

- Community

The Community plays an active role in prevention and early intervention. Educational awareness and referral structures are important in the Community. Thus public education on parenting skills, detection and reporting of abuse can be implemented by addressing existing forums and Community meetings, people waiting to be attended to at clinics, pension offices or by offering to do a presentation at parents evenings at schools and congregations at religious institutions.

iii) Facilities for the Disabled and Chronically ill Children

Special facilities should be established to cater for children requiring psychiatric care was recommended. The researcher noted a major gap for specialized services and special needs of children who are chronically ill or disabled. This too, was discussed by Linifield (2006) as shortfalls in the Children's Amendment Bill. However, since the new Child Care Act (2005) makes provision for special programmes, some Children's Homes could provide a specific programme addressing special needs. Such a programme would require sophisticated medical equipment, adaptive equipment and the removal of physical barriers and adequate skilled staff to ensure adequate stimulation of children, which is costly. The Department of Welfare should work in collaboration with Health, Housing and Education to ensure that Children's Homes are adequately subsidized and capacitated to meet the needs of children with special needs. Old Age Homes are allowed to accommodate 25 % persons with disability. Perhaps accommodation for children requiring sophisticated medical technical equipment for their survival or extensive supervision could be explored. The older person usually has time to love children and the lives of the elderly will be given more purpose and value. At this juncture, one notes that for some children of special needs, permanency planning towards community care options is a major challenge. The researcher therefore recommends that permanency planning be researched for children of special needs as not enough has been done in this area. The Alternative Policy should incorporate alternative care for children of special needs.

iv) Sharing of Resources to Address Shortage of Resources

It is also recommended that attempts should be made to trace any absent parent, bearing in mind the objectives of permanency planning and the need to involve both parents. Reunification of children with their families should be seen as the first option to permanency planning. This is not only because it is most beneficial for the family to stay together but also because there are limited resources to alternative care available. Sometimes, providing extensive family counselling is more effective than the alternatives that are available. Families use of traditional resources must be explored and recognized in reducing their resistance for help. Traditional healers could be part of the multi- disciplinary team and should be consulted in order to elicit the co-operation of the family and make services more relevant. In addition, since members of the multi-disciplinary team are not always available, one should explore all systems and resources that impact on the child and family. It is also recommended that a family, strongly influenced by tradition and culture, should be provided with services by a social worker of similar background to promote increased cultural sensitivity and opportunity for permanency planning. In making the recommendation, the social worker also took cognizance of the fact that there were limited social workers. The complementary role of the multi-disciplinary team is recommended whereby a child care worker or another multi-disciplinary team member of a similar background to the client could advise the social worker or team.

Since there is a shortage of male role models, the researcher recommends mentorship for male children. The recruitment, selection and training of male volunteers such as older youth at school, church, youth club or other resources could be tapped. Programmes such as “big brother” can provide mentorship and role models. Networking with other Homes and exchanging a female for a male child care worker for a limited period would provide for interaction with a male role model, even if it was for a short while.

It is recommended that Department of Social Welfare pass vacant posts to NGOs so that they could be filled more effectively. It has been established that the non- governmental sector is presently experiencing difficulty in filling existing posts. The allocation of more posts will therefore not resolve the problem of shortage of social workers. Many

NGOs had resorted to employing students as social auxiliary workers. The State had made provision for two auxiliary workers per social work post. However, the researcher recommends that organizations explore creative ways of ensuring a stable work force such as offering bursaries to social work students in exchange for services.

v) Reduce Human Error

It is recommended that supervisors recognize the need for social workers to take time off from their hectic schedules for self care and self preservation to prevent burnout and reduce human error that could have a life time effect. Munro (1996) supported the need to take precautions to prevent human error. Due to the lack of supervision, supervisors are also involved in direct services and it is recommended that social workers form their own peer support groups to deal with stress and transfer effective skills of learning. It is also recommended that social workers have awareness of how their own prejudices and values disadvantage children. Whilst it may seem easier to work alone and avoid conflict, it is essential to involve other role players and obtain different opinions could result in best practice in planning.

4.2.4 To ascertain what the social workers responsible for permanency planning at Children's Home viewed as solutions of the challenges.

The researcher endorses the following summary of solutions proposed by participants in this study to be considered for permanency planning initiatives of their organizations.

They are:-

- Proper early intervention assessment and plans to be completed for children;
- Retaining social workers;
- Developing a screening process for host parents;
- Setting boundaries and to assess the situation before handing out groceries;
- Adequate training of all role players;
- Recruiting suitable foster parents when children are young;
- Creating a spirit of ubuntu;

- Recognizing that reunification is impossible in certain cases and when family preservation programmes and efforts don't work, the children should be removed.
- New forms of care to meet the needs of children in a changing South Africa should be recognized and subsidized.

Some of the objectives have been already integrated in this Chapter, as recommendations.

The researcher concurs with McSherry, Larkin and Iwaniec (2006) and suggests that one of the solutions to achieving permanency planning is to avoid unreasonable delays in finding permanent placement for children. It is therefore recommended that in seeking solutions, Organizations explore options for achieving permanency planning.

4.2.5 To provide recommendations to the Department of Social Welfare in meeting the challenges facing social workers in order for the objectives of permanency planning to be met.

The researcher concluded that Placement Organizations and Children's Homes found that the Department of Social Welfare's approach and rigid policy implementation affected permanency planning. This called for the Department of Social Welfare to re-examine its effectiveness in meeting the principles of the White Paper such as transparency, openness, consultation, participation and consistency. The Department of Social Welfare need to listen to problems at grass roots levels instead of threatening to withdraw subsidy if there was non compliance. Since the Department of Social Welfare had been transparent about discontinuing historic funding, Children's Homes assume that they would be closed down. This is unrealistic as there will always be a need for children's homes as much as there is a need for them to transform and make their services effective. However, as would apply to any Organization, failure to provide relevant services can result in discontinuation of subsidy.

i) Address the Shortage of Social Workers

The high caseloads, staff turnover and time constraints are all symptoms of a National crisis of shortage of social workers. It is recommended that a two-pronged approach be adopted to recruit and to retain existing social workers. Work experience was not considered when the retention strategy was applied, leaving many of the social workers disillusioned as there are continuous emigration of social workers (Naidoo 2004). Rural allowance as a strategy for retention had to date not been implemented and these areas remain under-serviced. It is recommended that social workers take the initiative to advocate for implementing the retention strategy.

ii) Funding Structure of Children's Homes to be Reviewed

It is recommended that separate subsidy be made for the salaries of child care workers and social worker posts from subsidies paid for the children's care. The present subsidy structure at children's homes needs review prior to implementing these recommendations. The payment per child enabled the residential facility to utilize discretion in deciding on the number of social workers required by the Home. If subsidy payments were made for social workers and child care workers, it is recommended that it be done in accordance with the number of children that the Home is registered to accommodate. Such a structure is easy to monitor and ensures that Children's Homes are adequately staffed by subsidy claims to provide therapeutic services. Permanency planning cannot take place without relevant programmes for which competent and adequate staff is necessary. However, precautions need to be taken that Children's Homes accommodate children to their maximum capacity in order for such a change to the subsidy structure to be implemented.

iii) Programme Funding

It is recommended that Programme funding be implemented by the State and that one of the priorities be permanency planning for children. Permanency planning cannot be achieved without adequate provisions being made for much needed resources. The State has an obligation to provide funding and agreed in principle to make funding

available for such programmes. Programmes that need to be established in terms of permanency planning must also address the needs of older children, chronically ill or disabled, children with behavioural problems and street children. It is recommended that the State make available funding specifically to Children's Homes to establish such programmes as this will be meeting a challenge experienced by social workers. Social workers have to also advocate for programme funding so that personnel could be employed and placement organizations encouraged to conduct programmes.

iv) Policy Recommendations

It is also recommended that realistic policy with proper policy guidelines be provided acknowledging a new category of children that are being dealt with e.g. Aids orphans, abandoned, abused children. This will require long term care. The finalization of the Alternative care policy is highly recommended to fill this gap. Guidelines to the Alternative Care Policy is in existence but cannot be implemented unless the policy is finalized. It is well and good that social workers in direct practice request to be consulted but they fail to respond when invited to make inputs to draft policies such as the Alternative Care Policy or the Children's Bill. It is also recommended that social workers inform policy to ensure that challenges at grass roots level are addressed. The need for social workers to play more of an advocacy role was supported by Sewpaul (2001) and Marlow & Van Rooyen (2004). The researcher also recommends that the new Child Care Act be discussed at various forums, especially to make recommendations on the roll out plans to the Department of Welfare and Justice.

It was also recommended that there should be uniformity in salary scale and working conditions. The issue of parity had been raised constantly. Although the gap in salaries between the non governmental organizations and the State has been narrowed, there is still a disparity which makes working for the State more attractive and has resulted in the movement of social workers from the NGO sector moving to the State. This study also noted a trend of movement of experienced social workers from the Department of Social Welfare to the NGO sector. It is recommended that the State investigate and address this.

It is recommended that the extent to which the Department of Social Welfare had transformed in ensuring transparency, accessibility, effectiveness and consistency in support and guidance to be assessed. Transparency in Department of Social Welfare and inter-departmental communication should be improved. It is therefore recommended that the Department of Welfare review their role in transformation and in improving service delivery. This could be achieved by evaluating the extent to which it has met its objectives.

It is further recommended that that the State reviews the options proposed in the Alternative Care Policy against the Children's Bill for inconsistencies or loopholes that could be manipulated. In terms of current resources, no need exists for further facilities that promote the institutionalization of children in urban areas. The establishment of resources for accommodating children in need of care in rural areas should be addressed so that children do not have to relocate to urban areas. Although policy, such as the White Paper for Social Welfare speaks of this , it has not been applied in practiced. The researcher therefore recommends that the Department of Social Welfare address the imbalance of resources in rural areas, as recommended by policy.

v) Monitoring Tool

It is recommended that the Department of Social Welfare employ a data capturer in order for "Project Go" to be regularly updated and monitored. This will **also help track** the movement of children to prevent children from "getting lost in the system" and in ensuring that they do not remain on leave of absence for extended periods.

4.3 CONCLUDING REMARKS

As is evident, the objectives of the study were met. The study shed light on the extent to which permanency planning was practiced at Children's Homes. Specific programmes and initiatives of social workers towards permanency planning for children placed at Children's Homes were identified and valuable contributions about the effectiveness of existing and new programmes were made. The challenges confronting social workers in implementing permanency planning were identified and solutions

were proposed. However, along with new solutions, come new challenges that were also addressed.

“The interests of the child, which are supposedly paramount, are in fact smothered in the red tape spun out by people terrified of taking responsibility for decisions” (Miles 2006:38). Graca Machel, the wife of ex-president of Nelson Mandela, was quoted by Van Niekerk (2006:6) “... I have often been shocked and angered to see how shamefully we have failed Children are precious gifts, which adults everywhere have a duty to protect.” Let us commit to a decision that is in favour of giving a child some stability and predictability in his/her care, especially if it includes a loving family. Let us also address the challenges we can, advocate for change where necessary so that the challenges confronting social workers in meeting the objectives of permanency planning are addressed. It is when there is commitment, dedication and initiative from all role players that the objectives of permanency planning may be met.

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APPENDIX 1

INTERVIEW THEMES: FOCUS GROUP

- UNDERSTANDING PERMANENCY PLANNING

- ACTUAL PRACTICE

- PROS AND CONS

- I) EFFECT ON CHILDREN

- II) EFFECT ON SOCIAL WORKERS

- CHALLENGES IN PRACTICING PERMANENCY PLANNING

- ADDRESSING CHALLENGES AND PROMOTING PERMANENCY
PLANNING

- RECOMMENDATIONS TO DEPARTMENT OF SOCIAL WELFARE

APPENDIX 2

CHECKLIST: PERMANENCY PLANNING AT CHILDREN'S HOMES

<u>CAPACITY OF HOME</u>	<u>NO. OF CHILDREN PRESENTLY ACCOMMODATED</u>	<u>NO. OF SUCCESSFUL PERMANENCY PLANNING CASES SINCE 2003</u>	<u>NO. OF CHILDREN REMAINING LONGER THAN 2 YEARS</u>		
<u>No.</u>	<u>ITEM</u>	<u>Yes</u>	<u>Some-times</u>	<u>No</u>	
1	There are care plans for the children				
2	There are individual development plans (IDP)				
3	There are IDP reviews				
4	Programmes aligned with IDP's				
5	Visitors register analyzed, children not visited identified.				
6	Families who do not visit are reached out to.				
7	Home visits are conducted to promote reunification.				
8	Placement social workers are known to you.				
9	Placement social workers are known to the children.				
10	Attempts made to ensure family contact.				
11	Foster/adoptive parent recruitment for orphans.				
12	Children's visitors have contact with social workers.				
13	Children's family/significant other is known to you.				
14	Counselling services is provided to every child.				
15	Children are keen to go home/community.				
16	Children are being prepared to return home/community.				
17	Multi Disciplinary Team meetings happen.				
18	Family therapy sessions are held.				
19	Religion is used to promote permanency planning.				
20	Attention given to children only when 16(2) report is due.				
21	Does Race impact on permanency planning				
22	Does culture impact on permanency planning				
23	Does gender & sexual orientation impact on p/planning				
24	Does health status impact on permanency planning				
25	Does socio-economic status impact on p/planning				