

Re-Thinking and Reconceptualizing Child Care Institutionalisation in South Africa: Effects and Impacts on Orphans and Vulnerable Children (OVCs)

S. M Kang'ethe¹ and Abigail Makuyana²

*University of Fort Hare, Department of Social Work and Social Development
Private bag X1314, Alice. 5700, South Africa
E-mail: ¹<skangethe@ufh.ac.za>, ²<200909479@ufh.ac.za>*

KEYWORDS Institutional Care. Basic Needs. OVCs. Caregivers. De-institutionalisation. Community- based Care

ABSTRACT Institutional care has remained an option for children who lack visible means of care and protection. However, in many settings, the quality of care which children receive has been alleged to be detrimental to their growth and development. The present study, through an extensive review of literature has: explored and reconceptualised institutional care, considered the dynamics of institutionalization, effects and impacts of institutionalization on OVCs, such as educational attainment, socialization and psychosocial impacts. The research has also discussed the following perfidious factors associated with care institutions: emotional gaps and various aspects of children's maltreatment. The research concluded by calling for different child friendly players, whether government, NGOs, donors and private individuals to advocate for community home based approach in lieu of institutional care. The research has called for policy makers to dissuade from use of grants as a mitigation factor for OVCs problems, but instead work towards building the holistic capacities of OVC and their families to become self reliant in future.

INTRODUCTION

What is Care Institutionalisation?

Globally, the emergency of institutional care has immensely been accepted as a large scale solution to the problem of orphans and vulnerable children (OVCs) (The United States President's Emergency Plan for AIDS Relief –PEP-FAR 2012). A report made by the United Nations Human Rights body (2013) argued that when the idea of institutional care for children was initially developed, it had good intentions as it encompassed humanitarian efforts targeted at establishing orphanages and child care homes as a way of ensuring their survival. The United Nations Human Rights body (2013) further noted that the initial approach to child care and safety that led to institutionalisation placed emphasis on scientific rationalism rather than on concrete and empirical findings of the needs of OVC. The drive towards establishing institutional care was, thus, more substantiated on the ability and capacity of public welfare organisations to provide efficient services to children under one roof as compared to when they were dispersed.

In South Africa, institutional care emerged as a panacea to the increasing cases of destitute

children who hailed from poor families due to the impoverishing effects of apartheid and other debilitating life effects (UNICEF South Africa 2010). Institutional care arrangements during the pre-independent South Africa were mainly targeting orphaned and disabled children. Besides, the Health Service Executive (2011) posed that, the role of extended families cannot be underestimated as several children who lacked adequate support and protection were provided for by their extended families. However, the Kingston Children and Young People's Trust (2009-2012) laments that while the support of the extended family remain preferable in supporting children within the home environment, poverty limits the affordability of essential services like education, health, and other basic necessities for children whose parents are deceased or are incapacitated to provide care and protection (Children and Young People's Trust 2009-2012). In this light, a report by the South African Human Rights Commission (SAHRC) (2002) poses that when the democratic South African government was ushered into power in 1994, it pledged to assist families in raising children. This finds cornerstone policy support from the Child Justice Act No. 75 (2008) that drove the mandate of the post apartheid government to perceive the safety of children as a national obligation and hence it took

upon itself the responsibility to provide for them (Child Justice Act 2008). In these, the researchers' opinion is that the country aimed to operationalise and implement the international tenets of holistically embracing the interests of the child.

Generally, placement of children in institutions of care attracts a barrage of criticisms mostly implicating poor services in these facilities as causative of developmental stagnation amongst children (Heron and Chakrabarti 2003). What then is institutional care? Institutional care can be broadly defined as an out of home care arrangement for children. It includes small group homes, temporary safe care centres, children's homes, children's villages and boarding schools used primarily for care purposes (Tolfree 2003). The placement of children into care facilities is argued to be fraught with impingements on developmental processes of childhood. To this end, Casky (2009) posited that if children are institutionalised during their early years of growth and development, they may suffer immense developmental delays. Similarly, Vandell and Wolfe (2000) point to recurring perceptions in child care discourses and debates indicating that high quality care guarantees better developmental outcomes while low quality care is related with developmental crisis in child growth and development. These revelations and observations mirror the work of psychoanalysts such as Eric Erikson and Sigmund Freud who perceive future challenges in a child's adult life if he/she is not well nurtured in his /her childhood (Eriksson 1968). They indicated that if a child's developmental stages are not adequately processed, the child's adult life may be fraught with many development challenges (Vandell and Wolfe 2000). Notwithstanding the challenges of institutionalisation on child development, child care facilities retain a special niche within the domain of child care and protection. This research is going to explore the pros and cons of institutionalisation.

Problem Statement

Inarguably, there is increasing local, regional and international speculation on whether institutional care is good or detrimental to children's growth and development. Some school of thought argues that institutional care is a good option as it warrants and bolsters children survival. Besides, another school of thought con-

tests this view by arguing that provision of care should not be an end in itself but a means to a sustained future for the child. These researchers remain open to the view that institutional care has a foothold within the arena of child welfare in South Africa. Thus, it is hoped that through this research, a clearer understanding of the discourse of institutional care will be achieved.

METHODOLOGY

The research has used a literature review methodology by eliciting debates and discourses surrounding institutionalisation of OVCs in South Africa from a conceptual approach. The present study has used books, journals, government gazettes and experiences of the researchers in the OVC care domain

THE DYNAMICS OF INSTITUTIONALISATION

Types of Institutionalisation

The discourse of child institutionalisation has been receiving wide scholarship which has greatly assisted in differentiating between several types of childcare institutions and the purpose which they serve. Notably, the differentiation process is based on legal and the specific mandate for which each type has been designed. According to the South African Children's Act no. 38 of 2005, different circumstances that promise holistic implementation and operationalisation of the best interest of the child need to be embraced by a care institution if it has to pass the legal and social dictate as spelt out by the children's court (South Africa Government Gazette 2006). The Children's Act No. 38 of 2005 also stipulated that when determining the type of institution to commit a child, the best interests of the child are always considered to be of paramount importance. Other critical factors include a child's age and possible alternatives within family placement, before resorting to institutional care.

Before we delve into the specific types of institutions of children's care, it is imperative to first address the requisite circumstances that determine an effective care institution. As noted earlier, institutional care is the last option on the continuum of care, which stresses that a child should be placed in an environment that sup-

port his/her growth and developmental imperatives which include social, psychological, cultural and physiological needs (Tolfree 2003).

In accordance with section 151 of the South African Children's Act 38 of 2005, the decision to place a child in care is vested in the children's court. Precisely, if the Children's court finds a child to be in need of care in accordance with section 150, it can decide upon recommendation by a designated social worker to find an alternative home for the child or returning the child in the care of the previous care giver with certain recommendations. When the children's court find it to be in the best interest and warranting safety and protection of a child, it can direct that the child be placed in institutional care which can be in the form of child and youth care centres, foster care, group foster homes, temporary safe care, school of industries, boarding schools or a day care facility. The decision to place a child in any of the options is strictly done in accordance and respect of the children's best interests (Mahery et al. 2011).

EFFECTS AND IMPACTS OF INSTITUTIONALISATION ON OVCs

UNICEF South Africa (2010) argued that the path travelled by South African children to adulthood is fraught with serious challenges. UNICEF further elaborates that children in South Africa constitute the largest population group plagued by poverty. Children's challenges are more apparent and even worse for those who are orphaned, abandoned and those whose parents are not suitable to care for them. Pretorius (2011) also highlighted that children need social, economic and psychological support for them to attain acceptable levels of socialisation. Regrettably, children from disadvantaged families lack access to various life enhancing services like health, education and shelter because of their backgrounds. Such situations have prompted the South African government and non profit organisations to seek a lasting solution for such children whose family environments do not permit them to reach their maximum potential (UNICEF South Africa 2010). Institutional care has thus been identified as a cost effective means to meeting the needs of such children. However, critics argued that the cost effectiveness of institutional care is short term while the impacts of banding together children from different socio-

cultural backgrounds in an artificial care environment presents a life time impairment to children (Tolfree 2003). In this section, merits and demerits of institutionalisation are discussed.

Benefits of Institutionalisation

Educational Attainment

Due to poverty, many orphaned children including those from single parent and child headed families in South Africa cannot afford to attain education (UNICEF South Africa 2010). However, education the world over is believed to be the key means to achieve a successful livelihood to a greater world population (Kang'ethe 2010). Failure to attain basic education for whatever reasons has been pointed out as a core possible cause of poverty and unemployment in one's future life (Kang'ethe 2010). On a positive note, institutional care is making strides in ensuring that deprived OVCs have access to decent education. It is to this end that section 29 of the Bill of Rights in the South African constitution confers the right to education to everyone including children. Children have an inalienable right to access education. This from a policy lense, also promises a score to the country's achievement of the Global Millennium Development goals whose stock taking is poised to take place in 2015 (United Nations, Economic and Social Council and Economic Commission for Africa 2013). In addition, the basic guidelines for child care facilities as directed by the ministry of Social Development makes it compulsory that all care giving institutions should ensure that children attend school. To enforce the phenomenon, it has been made a core condition for public funding to private Child and Youth Care (CYCC) facilities. Similarly, the availability of day care centres in care institutions is in line with the Convention on the Rights of the Child which makes it mandatory for every child to have the right to education (Lansdown 2002). The obligation has also a regional dimension in that both African Union (AU) and Southern African Development Cooperation (SADC) enforced the same mandate (OAU 1990; Martin 2010). With only a little time left before the MDGs come to an end, it can be argued that institutions of child care are doing a great deal towards helping South Africa to realise the goal of achieving universal primary education. These research-

ers attend that education can positively place the lives of OVCs in a better position to surmount life challenges in their adulthood life status (Kang'ethe 2010).

Pursuing this further, the OVCs in care institutions could acquire employable skills. This is achievable in well organized institutions especially that attract massive and qualitative funding, those from government, NGOs, or multilateral organizations. In fact, most of the child and youth care institutions have designed comprehensive curriculum to meet the different needs of children in their hands. Most importantly, children in facilities are taught manual skills which they can use later in their lives. However, this is not always the case as most care organizations suffer managerial, administrative and funding challenges (Heron and Chakrabarti 2003).

Socialisation

Apparently, one of the main reasons why children are found to be in need of care and protection is because they lack a better source of socialisation (Jini et al. 2011). Patterson and Hastings (2007) explored that socialisation is a process through which a child is made to internalise certain basic social cultural norms and values of the society. In care institutions, children are likely to get peer socialisation. Through mingling and sharing ideas with their peers, children are able to identify themselves with people of their age and sex (Patterson and Hastings 2007). Besides peer socialisation, Heron and Chakrabarti (2003) is of the view that institutionalised children are privileged by being socialised by professional people like social workers who are well esteemed and professionally trained for the job of socialising such children. In the same vein, Patterson and Hastings (2007) argued that children need someone of good standing in society who can mentor them into becoming responsible citizens. Further, children in care institutions are also socialised to become better citizens in some way, through making them gain an understanding of their country. For instance, Thurston cited in the Atlantic Online (2013) noted that children in care institutions follow a certain routine, guidelines and a curriculum usually from the Ministry of Education. Subjectively, such a curriculum may include singing a national anthem every morning and by so doing, this socialises them to be patriotic people who understand their obligation over themselves and others.

Psychosocial Impacts

The overarching obligation of child care institutions is to ensure that material and emotional needs of children are satisfied in a manner that promotes their growth and development (Tolfree 2003). Important to note is that when children lack material and physical care, they may react in non physical ways. According to Maslow's hierarchy of needs cited by Chapman (2008), human beings need to satisfy basic physiological needs such as food, clothing and shelter before they can attempt higher order needs which includes, safety, belongingness, love, esteem and self-actualisation. Apparently, OVCs are at risk of failing to proceed to higher order needs because of lack of basic physiological needs. Institutional care, thus, provides an opportunity for children to self actualise in a secure social and economic environment. Tolfree (2003) argued that child care facilities run specialised programmes designed to help children psychosocially.

Pursuing this further, child care institutions are expected to provide children with decent accommodation, clothing and food (Abdulla et al. 2007). Interestingly, in their comparative research to establish what children really need between "cash" and "care", Meintjes et al. (2003) observed that children need more care than they need cash. They argued that lack of high quality care always coincides with psychological instabilities amongst children. Emphatically, Sharp and Cowie (1998) posited that emotional care is by far the most important aspect in child development.

PERFIDY ASSOCIATED WITH CHILD CARE INSTITUTIONS

Notwithstanding the benefits of child institutionalisation which in the main enabled the provision of life enhancing services, Casky (2009) argues that the benefits of institutional care are outweighed by the harm to the psychosocial development of the children. In this section, the perfidy associated with institutionalised care is discussed.

Emotional Gaps

While proponents of institutional care argued that institutionalised care has no direct harm to children, but rather offers children safety and protection through making available es-

sential life enhancing services to the child, critics of institutional care argue that its harm on children surpasses its intended merits. Casky (2009) argued that institutional care for children if viewed from a developmental perspective can to undermine certain processes which are crucial in child development. In the same vein, Heron and Chakrabarti (2003) mentioned that no love, protection and care for children regardless of how professional the person who offers it is, can substitute that of natural parents. Perhaps, the theory of attachment by John Bowlby provides a fool proof evidence of the panacea of attachment when it indicates the strength of the bond between the child and its mother, and the positive impact of security and normal growth it ushers (Mcleod 2007). Further, Abdulla et al. (2007) emphasise that children in institutional care facilities suffer emotional gaps mainly associated with the lack of maternal love which no professional councillor is capable of bridging. Similarly, Heron and Chakrabarti (2003) laments that the greatest challenge of institutional care lies in the conduct of care givers in these facilities who approach their care giving responsibilities as professionals rather than parental figures. They argued that the child-caregiver relationship in most care institutions is that of a professional and a patient or victim in need of special treatment. Abdulla et al. (2007) believe that such treatment lowers the self esteem and confidence of children.

Further, the constant changes in the care-givers due to termination of their work contracts and their desire to change their professions in search of greener pastures jeopardise the chances of the children forming secure attachments. According to Bowlby's attachment theory, children require a constant and predictable adult care giver in whom they can invest emotionally and form an attachment (Mcleod 2007). Reciprocal love and attention between the child and the caregiver is believed to be the highest quality of care which a child needs (Berk 2007). The unpredictable and constantly changing caregivers in care facilities make it difficult for children to develop a sense of belonging and trust in others. Similarly, the Centre for Parenting and Research (2006) posited that attachment is central to the development of the self concept in children. When a primary care giver offers children warmth and love, the children perceive this as a secure base and they can explore other avenues of their lives.

Maltreatment

One of the darkest sides associated with care institutions is the maltreatment of children living in institutional care (Casky 2009). Child maltreatment, sometimes referred to as child abuse and neglect, includes all forms of physical and emotional ill-treatment, sexual abuse, neglect, and exploitation that results in actual potential harm to the child's health, development or dignity (Browne 2009). Within this broad definition, five subtypes can be distinguished: physical abuse, sexual abuse, neglect and negligent treatment, emotional abuse and exploitation (World Health Organisation 2006). As such, Meintjes et al. (2007) note that in South Africa, children are being cared for by people who are not qualified for this job. In the same light, Browne (2009) reported on the cases of physical abuse, sexual molestation and emotional abuse as well as neglect of children in children's homes, untrained staff members or by fellow older children. In most developing countries, institutions providing care for children and the aged are plagued by a lack of resources and this often imply poor service delivery to service consumers (WHO 2002). It is these researchers' opinion that communities should challenge themselves to be part of the solution to the ever increasing challenges of child care. Perhaps, accepting a dose of socialism and communism towards care could be a panacea to usher a leeway to reduce institutional care.

Theoretical Frame

Sustainable Livelihoods Approach

This research will use the Sustainable Livelihoods Approach (SLA) as a frame of reference. It is within the parameters of this paradigm that institutional care as a facet of child welfare in South Africa will be interpreted.

A Sustainable Livelihood

Krantz (2001) quotes Chambers and Conway (1992) in defining the concept of a sustainable livelihood. Sustainable livelihood embraces the capabilities, assets (stores, resources, claims and access) and activities required for a means of living. A livelihood is sustainable when it can meet individual demands, whether physical, so-

cially, economically, psychologically, and emotionally. Sustainable livelihood espouses individual capacity to recover from stress and shocks, capability for one to maintain or enhance one's capabilities and assets, and provide sustainable livelihood opportunities for the next generation; and which contributes to the net benefits to other livelihoods at the local and global levels and in the short and long term.

With poverty eradication and provision of safe and necessary resources for growth and development being the centre of all child welfare services, the SLA is capable of going beyond the conventional definitions and approaches to child care. The SLA holds that previous approaches to defining poverty were linear. This is because they viewed poverty on certain specific aspects leaving out other vital aspects of poverty like vulnerability and social exclusion (Krantz 2001). The SLA provides a holistic assessment and intervention tool at all levels of a society (DFID 2010).

The SLA holds that while economic growth is essential for poverty reduction, growth alone does not always translate to poverty eradication and more especially it cannot address non material needs of people. The theory stresses the importance of capabilities of the poor who should be enabled to take advantage of available economic opportunities. Krantz (2001) posed that the manner in which the poor conceive poverty is not only in terms of income and material wellbeing; rather it involves other dimensions and aspects of human survival including security of their health, access to education and skills training, access to social services and the power to make political, social and economic decisions which affect them. Further, DFID (2010) posed that the SLA advocated for the increased access by the poor to assets necessary for them to construct their livelihoods.

CONCLUSION

Rethinking, reconceptualising institutionalisation of OVCs is critical, topical and urgent especially in many countries of the developing world such as South Africa. This is because the current policy positions on the care and protection of children seem to emphasise on the physical protection without underscoring their psychosocial and emotional needs. These researchers call upon all the child friendly players such

as the government, NGOs, donors and private donors to undergo a paradigm shift in their approach towards solving the problems and challenges associated with OVCs by advocating for community based care other than institutional care. Policy rethinking and re-conceptualisation should cease to solely advocate for social grants but emulate building the capacity of OVCs and their families to become self-reliant in the future.

RECOMMENDATIONS

The SLA provides a justified frame of reference in this research in that, the theory goes beyond the surface understanding of poverty and a linear conceptualisation of what the poor (in this case OVCs) need. It clearly demonstrated the niche which child care institutions occupies in equipping vulnerable children with skills and the capacity to cope with their future in a sustainable manner. The conceptualisation of vulnerability in the SLA and the proposed ways to ameliorate the challenges of the poor (OVCs) stresses the importance of a shift from the current thinking that all what OVCs need is shelter, food and clothing. It demonstrates that children have a wider range of needs most of which are non material but emotional. In this regard, a progressive rethinking is needed to transform child care facilities through qualitative means that is improving on child-caregiver relationships, improving the quality of services rendered, redesigning developmental programs to assist children, not only to grow physically, but also take into consideration that they need to develop into social and cultural individuals.

Further, stemming from the assertion by the SLA that the poor understands the poverty to be more than just lack of financial resources, it becomes imperative that before social workers resort to placing children in care facilities, there is need to hold serious consultations. Apparently, many social workers tend to believe that OVCs have quantifiable needs which can be resolved through institutional assistance. There is serious need to think in the direction of de-institutionalisation. Community based care options are preferable as they do not have limitations on the growth and development of children. Social workers should assume a supervisory role of managing child care within the community of people or relations which the children

already have a working relationship with. This will avoid the challenge of depriving the child of real family and community life experiences which are at the core of their lives.

It is also noteworthy that the greatest advantage of institutional care is its ability to ensure that children get vital services which they may not be able to access in their families. However, this approach should be seen as a death trap to social cohesion and a condemnation of the values of society which places the obligation of child care on the family, extended family and the community at large. Child welfare services should, thus, move away from therapeutic and residential services to preventative services which help to strengthen families from adversities which may cause them to falter in their care giving responsibilities. Largely, community projects are one sure way of ensuring that families have a means of income which they can use in caring for their members. Rather than coming to remove children from the family environment where problems are deemed to threaten their safety and protection, social workers and the Department of Social Development should be pro-active in strengthening intra-family social relations and assisting them to have access to necessary economic resources.

REFERENCES

- Abdulla Q, Brisbane C, Nott V, Hoddinott G, Vanessa C, Mbhele Z 2007. *No Place Like Home: A Research Study of the Operations, Management and Care Offered by Registered and Unregistered Residential Facilities for Orphaned and Vulnerable Children*. Pietermaritzburg, South Africa: Build Environment Support Group.
- Berk LE 2007. *Development Through the Lifespan*. 4th Edition. Illionis State University: Allyn and Beacon Publishers.
- Browne K 2009. *The Risk of Harm to Young Children in Institutional Care*. London: Save the Children.
- Casky C 2009. *Keeping Children out of Harmful Institutions: Why We Should be Investing in Family Based Care*. London: Save the Children.
- Centre for Parenting and Research 2006. *The Importance of Attachment in the Lives of Foster Children*. Ashfield: New Department of Community Services.
- Chapman A 2008. Maslow's Hierarchy of Needs. From <<http://www.businessballs.com/maslow.htm>> (Retrieved on 24 July 2013).
- Child Justice Act 2008. *Act No. 75 of 2008: National Policy Framework*. South Africa: Department of Justice and Constitutional Development.
- Children's Act No. 38 2005 in Government Gazette 2006. *No. 38 of 2005: Children's Act, 2005*. Republic of South Africa: The Presidency.
- Constitution of the Republic of South Africa No. 108 of 1996. *Status of the Republic of South Africa-Constitutional law*. South Africa: The President.
- Department for International Development 2010. *Guidance Note: A DFID Practice Research*. UK: UK Aid.
- Erikson EH 1968. *Identity: Youth and Crisis*. New York: Norton Publishers.
- Health Service Executive 2011. *Child Welfare and Practice Handbook*. Millennium Park, Naas: Oak House.
- Heron G, Chakrabarti M 2003. *Exploring the Perceptions of Staff Towards Children and Young People Living in Community-based Children's Homes*. London, Thousand Oaks, CA and New Delhi: SAGE.
- Jini L, Roby DJ, MSW, MS 2011. *Children in Alternative Care*. New York: United Nations Children's Fund, Child Protection.
- Kang'ethe SM 2010. The dangers of involving children as family caregivers of palliative care and home based care to advanced HIV/AIDS patients in Botswana. *Indian Journal of Palliative Care*, 16(3): 117—122.
- Kingston Children and Young People's Trust 2009-2012. *"Think Family": A Strategy for Supporting Parents and Careers*. UK: Kingston Children and Young People's Trust.
- Krantz L 2001. *The Sustainable Livelihood Approach to Poverty Reduction: An Introduction*. Sweden: Swedish International Development Agency, SIDA.
- Lansdown G 2002. *Disabled Children in South Africa: Progress in Implementing the Convention on the Rights of the Child*. South Africa: The International Disability and Human Rights Network.
- Mahery P, Jamieson L, Scott K 2011. *Children's Act Guide: For Child and Youth Care Workers*. 1st Edition. Cape Town: Children's Institute, University of Cape Town and National Association of Child and Youth Care Workers.
- Martin P 2010. *Regional Child Rights Advocacy: Scoping the Opportunities and Challenges for Promoting and Protecting Children's Rights in Southern Africa through SADC*. Sweden: Save the Children.
- McLeod S A 2007. John Bowlby- Maternal Deprivation Theory - Simply Psychology. From <<http://www.simplypsychology.org/bowlby.html>> (Retrieved on 27 June 2013).
- Meintjes H, Budlender D, Giese S, Jonson L 2003. *Children "In Need of Care" or in Need of Cash: Questioning Social Security Provisions for Orphans in the Context of the South African, AIDS Pandemic*. South Africa: University of Cape Town.
- Meintjes H, Moses S, Berry L, Mampane, R 2007. *Home Truths: The Phenomenon of Residential Care for Children in a Time of AIDS*. Cape Town: Children's Institute, University of Cape Town and Centre for the Study of AIDS, University of Pretoria.
- Organization of African Unity 1990. *African Charter on the Rights and Welfare of the Child*. OAU.doc. CAB/LEG/24.9/49.
- Patterson CJ, Hastings PD 2007. *Socialisation in the Context of Family Diversity*. New York: Guilford Publications.
- Pretorius S 2011. *Deliberate Self-harm among Adolescents in South African Children's Homes*. Pretoria: University of Pretoria.

- Sharp S, Cowie H 1998. *Counselling and Supporting Children in Distress*. London: Sage.
- South Africa Government Gazette 2006. *Children's Act No 38 2005*. Republic of South Africa: The Presidency.
- South African Human Rights Commission Report 2002. *Towards a Barrier Free Society*. South Africa: South African Human Rights Commission.
- The Atlantic Online 2013. In a Chinese Orphanage. From <<http://www.theatlantic.com/past/docs/issues/96apr/ophan/ophan.htm>> (Retrieved on 16 July 2013).
- The United States President's Emergency Plan for AIDS Relief 2012. *Guidance for Orphans and Vulnerable Children Programming*. USA: PERFAR.
- Tolfree DK 2003. *Community-based Care for Separated Children*. Sweden: Save the Children.
- United Nations, Human Rights 2013. *The Rights of Vulnerable Children Under the Age of Three: Ending Their Placement in Institutional Care*. Europe: Regional Office.
- UNICEF, South Africa 2010. *Protection for Orphans and Vulnerable Children*. Pietermaritzburg: South Africa.
- United Nations, Economic and Social Council, Economic Commission for Africa 2013. *Report on Progress in Achieving the Millennium Development Goals in Africa*. Abidjan, Cote d'Ivoire: African Union Commission.
- Vandell DL, Wolfe B 2000. *Child Care Quality: Does it Matter and Does it Need to be Improved?* Madison: Institute for Research on poverty, University of Wisconsin.
- World Health Organisation 2006. *Preventing Child Maltreatment: A Guide to taking Action and Generating Evidence*. Geneva: WHO.
- World Health Organisation 2002. *Community Home – Based- Care in Resource-Limited Settings: A Framework for Action*. Geneva, Switzerland: WHO.