

AFRICAN
PERSPECTIVES
4



RESIDENTIAL CHILD AND YOUTH CARE IN A DEVELOPING WORLD

Tuhinul Islam
Leon Fulcher
Editors





**RESIDENTIAL
CHILD AND YOUTH CARE
IN A DEVELOPING WORLD
AFRICAN PERSPECTIVES**

4

**Tuhinul Islam
Leon Fulcher**

Editors

RESIDENTIAL CHILD AND YOUTH CARE IN A DEVELOPING WORLD AFRICAN PERSPECTIVES

Tuhinul Islam and Leon Fulcher – *editors*

Copyright © 2021 The CYC-Net Press

All rights reserved. No part of this publication may be reproduced or transmitted in any form or by any means, electronic or mechanical, including photography, recording, or any information storage or retrieval system, without permission in writing from the publishers. The book is sold subject to the condition that it shall not, by way of trade, or otherwise, be lent, resold, or otherwise circulated without the publisher's prior consent in any form of binding or cover other than that in which it is published and without a similar condition, including this condition, being imposed on the subsequent purchaser.



An imprint of Pretext Publishing
PO Box 23199, Claremont 7735, Cape Town, South Africa
<http://press.cyc-net.org>
info@press.cyc-net.org

**In Memory of Our African Friend and Mentor,
Brian Gannon**

**Founding Editor of the International Child and Youth Care Network
(CYC-Net)**

DEDICATION

TUHINUL ISLAM dedicates this volume
to his son Musanna, and his daughters Tamanna and Tubaa

LEON FULCHER dedicates this volume to his grandchildren –
Jacob, Luke, Caitlin, Harley and Jack – and to their Carers.

* * *

ACKNOWLEDGMENT

THE EDITORS also wish to acknowledge
Jane Fulcher, MA (St Andrews); DipSocAdmin and DipSocWk (Edinburgh) for
her personal and professional expertise as a residential child and youth care
worker and as a copyeditor, without whom they would have struggled.

Contents

Foreword.....	6
Introduction.....	9
<i>Tubinul Islam and Leon Fulcher</i>	
Residential Child and Youth Care in Egypt.....	28
<i>Noha Emam Hassanin and Yosr Kotb</i>	
Residential Child and Youth Care in Sudan.....	47
<i>Salih Mussa Abbakar Matar and Muawia Hussein Mohamed</i>	
Residential Child and Youth Care in Ethiopia.....	58
<i>Hussein Seid Hassen</i>	
Residential Child and Youth Care Practices in Nigeria.....	77
<i>Hannah Olubunmi Ajayi and Isaac Adeyemo</i>	
Residential Care for Children and Young People in Ghana.....	94
<i>Kwabena Frimpong-Manso</i>	
Residential Child and Youth Care in Malawi.....	106
<i>Thandive Tambala-Kaliati and Yobbe Lungu</i>	
Institutional Care for Children in Kenya.....	120
<i>Stephen Ucembe</i>	
Residential Child and Youth Care in the Democratic Republic of Congo ...	132
<i>Willy Mbalanda Lawunda, Fanny Matiaba Muaka and Yannick Mubakilay Tshinkola</i>	
Residential Child and Youth Care in Rwanda.....	146
<i>Emmanuel Hakizimana</i>	
Residential Child and Youth Care in Burundi.....	163
<i>Jacqueline Murekasenge, Susan Wanjiku Muchiri and Joyce Kedemi</i>	
Residential Child & Youth Care in Zambia.....	177
<i>Anna-Mochabi Mubukwanu-Sibanze</i>	
Alternative Care for Children and Youth in Tanzania.....	189
<i>Meinrad Haule Lembuka</i>	
Residential Child and Youth Care in Uganda.....	208
<i>Ronald Ssentunwa, Lillian Ssenooba Mpabulungi, Agnes Kyamulabi, Irene Nsangi and Moses Maanyi</i>	

Out-of-Home Care for Children and Young People in Botswana.....	221
<i>Poloko Nuggert Ntshwarang and Tapologo Maundeni</i>	
Residential Child and Youth Care in Zimbabwe.....	235
<i>Emely Muguwe</i>	
Residential Child and Youth Care Practice in Lesotho	249
<i>Simbai Mushonga, Phumela Mamahao Mabao and Katiso Seblabane</i>	
Residential Care for Children and Youth in Eswatini	264
<i>Jotham Dhemba, Prudence Hlatshwayo and Thokoꝑani Maphalala</i>	
Residential Child and Youth Care Practices in Namibia.....	277
<i>Brigitte Nshimiyimana and Eveline Kalomo</i>	
Residential Child and Youth Care Practice in South Africa	291
<i>Sultan Khan</i>	
Dancing in the Reign – Staying Relational during a Global Pandemic.....	308
<i>Lee Loynes</i>	

Foreword

This is a clearly written, comprehensive, and factual collection offering accounts of “first hand” lived experiences of young people growing up in some form of Residential Child and Youth Care in 19 African countries! Considering that this Foreword was written during times when international travel restrictions were imposed around the Covid-19 pandemic, it felt like I was afforded a special opportunity to travel and become familiar with practices and legislative frameworks that guide residential child and youth care services across the African continent. Islam and Fulcher must be congratulated for having collaborated with different authors from different countries to present this balanced *Volume 4 - Africa Perspectives* in the *Residential Child and Youth Care in a Developing World Series*.

In this volume, the history of residential child and youth care has been shared, with almost all authors emphasising the undisputable role of the family, and/or extended family, in the upbringing of vulnerable children and youths. The impact of colonisation is consistently highlighted as something that has influenced how African children and young people are being cared for. It became evident that colonisation significantly eroded cultural traditions and religious practices of the African communities on how to raise children and youth. A special treat was also found in the final chapter by Loynes who shared how her South Africa organisation responded to caring for children and young people in their residential care settings during the Covid-19 pandemic. I hope that future work in this Series will expand on how different organisations throughout Africa were impacted by and responded to the Covid-19 pandemic. It is imperative that we learn from these experience so as to better prepare our residential child and youth care services for future pandemics.

The idea of a family or extended family being the preferred “first choice” when it comes to raising children and young people is set alongside the reality of this choice gradually fading away. More and more families have become far too socially and economically constrained as to even consider taking on additional responsibilities with caring for others’ children. Reading through this book, it felt as though all the authors were at pains to accept this paradox that residential child and youth care is labelled “the preferred last resort”, when at least in the foreseeable future, African countries are faced with residential child and youth care being the “only real option” to which communities can resort. The voices of those who have lived in residential care homes also highlighted the complex debate around the need for residential child and youth care services. Some had positive experiences while others endured dreadful experiences which made them find it difficult to adjust and prosper in the “real outside world”.

It was encouraging to note that almost all governments of the countries represented in this Series paid attention to the legislative frameworks and policies

that are meant to protect vulnerable children and youths. Some governments make the necessary funding available (although mostly at unsatisfactory levels), in an attempt to ensure that such policies are implemented and monitored. The role played by local, national, and international funders was highlighted as being critical to maintaining residential child and youth care services of a 'good enough' standard. It became clear that the hidden financial motives of some people who operate these residential child and youth care centres will deter some funders from continuing their support. Africa needs the assistance of many well-meaning organisations who have been involved and continue to be involved in the noble cause of caring for vulnerable children and young people. In summary, reading this book has been such a delight on the one hand, but the read has also been heart-breaking.

Dr. Lesiba Molepo

Deputy Director of Academic and ICT Support
The University of South Africa

AFRICA



Introduction

Tuhinul Islam¹ and Leon Fulcher²

Abstract

Residential child and youth care is further examined from outside the traditional places in this field from which evidence-based practices have been generated and distributed to the world. Contributors from 71 countries – 19 of whom are from Africa – have highlighted ways in which residential care is provided in English-speaking, Arabic-speaking and French-speaking countries in Africa. In this Volume 4 of Africa Perspectives, relational child and youth care practices are encouraged that promote the African notion of Ubuntu – I am because we are – supporting family relations and educational achievements, nurturing family-group living and belonging within family houses located in supportive communities. Young care leavers need assistance in preparing for transitions from residential care into community-based, independent living.

Residential child and youth care is in a period of rapid transition around the globe. This volume – and the Series of which it is a part – captures some of the challenges and changes faced by those involved with the residential child and youth care field in 71 countries. Places that rarely feature in the international literature are highlighted throughout this Series, by contributors who have documented changes, challenges, and opportunities through stories about residential child and youth care systems, policies, and practices in their country. Contributors speak of the histories of their countries, cultural values and traditions that frame the care and education of children, and key issues impacting the identities of care leavers. They highlight dynamics and discourses that reflect both triumphs and turbulence amidst the care experiences of children and young people in countries rarely seen in the literature. *Volume 4 – Africa Perspectives* – as with the

¹ **Tuhinul Islam** was awarded his PhD from the University of Edinburgh for a thesis entitled *Residential Child Care: The Experiences of Young People in Bangladesh*. He has an MA in International Child Welfare from the University of East Anglia, UK and an MBA in Human Resource Management with 25 years of teaching, research and practical experience in the fields of residential child care, child welfare management, education and development in the UK, Africa and Asia.

² **Leon Fulcher, MSW, PhD**, has worked for more than forty years as a social worker in residential child and youth care work in different parts of the world. As a practice researcher, scholar and author, Leon has given special consideration to working across cultures and geographies, how such engagement influences team working, supervision and caring for caregivers by promoting continuing education with adult carers.

Series of which it is part – is neither for nor against residential child and youth care practices. Neither does the Series propose solutions for challenges being faced. Rather, it has been prepared with the intention of raising questions that stimulate exploration of ways to improve the quality of care provided for children and young people in need of care and education in different parts of the world. We seek a future where no child is placed unnecessarily in residential care. We also seek a future where care leavers are empowered to be more effective contributors in their local communities and on the world stage as responsible citizens in the countries they call ‘home’.

Residential Child and Youth Care in a Developing World began with a story that Tuhinul’s father told him when he was a child. It is a well-known story in South Asia where there are several versions, but the version Tuhinul’s father told was as follows:

Long ago five old men lived in a remote village in Bangladesh. Each had been born blind. The other villagers loved the old men and kept them away from harm. Since the blind men could not see the world for themselves, they had to imagine many of its wonders. They listened carefully to the stories told by travellers to learn what they could about life outside the village.

One time, someone brought an elephant into the village. People had read and heard of elephants but no one in the village had ever seen one. Thus, a huge crowd gathered around the elephant, and it was an occasion for great fun, especially for the children. The five blind men who lived in the village heard about the elephant. They had of course never seen an elephant before and were eager to learn about one.

Someone suggested that they could go and feel the elephant with their hands. That way they could then get an idea of what an elephant looked like. The five blind men liked the idea and went to the place in the village where all the people made room for them to touch the elephant.

They were all extremely happy and, on their return, began discussing their experiences. One blind man who had touched the trunk of the elephant, said that the elephant must be like a thick tree branch. Another who touched the tail said the elephant probably looked like a snake or rope. The third man, who had touched a leg, said the shape of the elephant must be like a pillar. The fourth man, who touched the ear, said that the elephant must be like a huge fan; while the fifth, who touched the side, said it must be like a wall. They sat for hours arguing, each one certain that his view was correct.

Obviously, all were correct from their own points of view, but no one was quite willing to listen to the others. Finally, they decided to go to the ‘village wise man’ and ask him who was correct. The ‘wise man’ said, “Each one of you is correct; and each one of you is wrong. The elephant is a giant animal; each one of you had only touched one part of the elephant’s body. Thus, you only have a partial view of the elephant. If you put your partial views together, you will get an idea of what an elephant really looks like.” They all agreed.

When this story is re-told as a metaphor about residential child and youth care, it follows that each person – located in their own particular place in the world –

tends to view residential child and youth care almost exclusively from their own national, regional, local and personal points of view or perspective. It is through seeking to understand others' perspectives that opportunities arise that sometimes inspire and stimulate action amongst those who claim that *we can and must do better* for society's most vulnerable citizens – children and young people in care – upon whom the future of each nation depends. *Residential Child and Youth Care in a Developing World* Series is unique in its time and place, grounded as it is, in an historic legacy of storytelling about international child and youth care practices.

Invitation to Residential Child and Youth Care Storytellers

Local practitioners, educators and researchers were invited from all parts of the world to write something from their extensive knowledge of their country's residential child and youth care services, traditions, policies, and practices – as well as knowledge about children's needs, rights, and personal upbringings there. Some contributors were themselves brought up in care while others have worked with children for many years or carried out research with children and young people in care. Many of the contributors are established writers while others were first-time authors. Some hold degrees in child welfare from developed countries while others have acquired significant local practice experience. Such variety has provided for a unique range of perspectives.

Contributors offered insights into what residential child and youth care policies and practices look like in the countries where they live. Some told of different kinds of residential practices in places where colonisation and indigenous child and youth care practices intersected. Others supported arguments about how relational child and youth care, social education and education for living are inseparable (Cameron *et al*, 2015). The relational manner in which contributors were invited to join us in compiling this series meant we identified people from a range of geographic and social backgrounds, acknowledging different voices of age, gender, ethnicity, and culture of people working in different settings and places in our developing world.

The Series *Residential Child and Youth Care in a Developing World* offers a qualitative baseline about residential care services operating in the Developing World between 2015 and 2020. This qualitative baseline provides opportunity for on-going review of how residential child and youth care has been impacted during an important time in history that includes the world Covid-19 pandemic. Without judging the quality or quantity of residential care for children and young people in different places, our contacts with prospective authors involved selective, snowball sampling. Most important, the editors acknowledge their determination to involve countries that have rarely or never participated in earlier publications on this theme. This meant that contributions from English-speaking countries like the USA, Canada and Australia were excluded when inviting what became mostly **Majority World** contributors to reflect upon and write about the following questions:

- What might someone need to know about where you live by way of introduction to care practices there?
- What does child protection and youth welfare policy mean where you live?
- What is the history of residential child and youth care services where you are, and what values and aims operate in these places?
- Why do children and young people end up in out-of-home care where you are?
- What types of residential child and youth care are available?
- How many children and young people are living in out-of-home care where you live and how many kinds of out-of-home care placements might be found there?
- What are the physical environments of residential child and youth care institutions or group homes like, and what are the routines and rhythms of a typical day in the life of a young person in care in these places?
- Think about a life story of a typical care leaver for a few moments and then ask yourself: What experiences did that child or young person go through while in care, or experience from the first hour of his or her first admission right through to a year after leaving care?
- What might others learn from what is happening with child and youth care practices in your place?
- Looking ahead, what are your thoughts on the future for residential child and youth care where you live – including hopes, fears, and challenges?

We think there is considerable scope for a closer examination of State and Provincial provisions of residential child and youth care services throughout the 50 or 51 US States, across Canada and around Australia. The literature generated from these countries rarely examines service differences between place of safety care offered in rural and urban States in the USA or Australia, or Canadian Provinces with different cohorts of young people. This *Residential Child and Youth Care in a Developing World* Series may stimulate closer scrutiny of case studies involving actual practices that includes the voices of young people in care as well as care leavers, relying less on so-called ‘experts’ with limited practice experience in the field.

Residential Child and Youth Care in a Developing World

An overwhelming response from prospective contributors to our initial invitations yielded a unique range of case studies, which in the end, totalled 71 different countries – almost all of which are in the so-called ‘Developing World’. These case studies have highlighted stories of resilience, triumph, and turbulence in the provision of care and education for orphans and children in need of protection, as well as young war refugees and asylum-seekers under threat of

trafficking, slavery, and sexual exploitation world-wide. The public image of residential child and youth care has been seriously tarnished in many places through accounts of historic abuse of children in care. Western critics blame residential child and youth care for damaging children's development and compromising their basic human rights (Swales *et al*, 2006; UNICEF, UNAIDS & USAID, 2004). Residential care is also blamed for the weakening of family ties, as well as for poor educational and health outcomes (Boyle, 2009; Courtney & Iwaniec, 2009). Most importantly, residential child and youth care has been questioned for its inadequate preparation of young people leaving care and transitioning towards independent living (Biehal *et al*, 1995; Jordanwood, 2015; Mendes & Moslehuddin, 2004; Stein, 2012).

The literature about residential child and youth care has developed extensively during the last twenty years, especially in the United Kingdom, the USA and Canada, Australia, New Zealand and Western Europe. Major advances have seen the growing prominence of evidence-based practices and, in particular, the need for 'outcomes-based studies' (Ward, 2006). The primary focus of Western research still assumes that residential child and youth care is provided sparingly, and only for children diagnosed as '*mad, bad or sad*' and whose needs require therapeutic or trauma-informed care. Smith highlighted this 'clash of perspectives' when explaining how there is "in Eastern Europe a greater focus on ideas of care and upbringing, while in the USA and the United Kingdom there is greater focus on treatment" (2015, p. 1014). A medical orientation is prominent in the USA, shaped in a policy environment where health insurance requires a medical diagnosis before funding will be released for treatment. In the UK, 'last-resort' status means that children placed in residential child and youth care – now referred to as 'looked after' care – demonstrate significant social and emotional challenges. All research highlights the influences of history, culture, context, and values when seeking to achieve best practice outcomes.

A Comparative Research Methodology

The *Residential Child and Youth Care in a Developing World* Series builds from a critique of Courtney & Iwaniec's *Residential Care of Children: Comparative Perspectives* which summarised residential care policy initiatives in 11 countries: the USA, the UK, Australia, Sweden, Romania, Botswana, South Africa, Korea, Israel, Ireland, and Brazil (2009, p. 192). Those authors asserted that *institutional care has negative consequences for both individual children and society at large* with Courtney *et al* concluding that, although some parts of the world use residential care less than others, "*we are unaware of any country with an industrial or post-industrial economy that does not place at least some of its children in residential care. ... Residential care is alive, if not always well, all over the world and seems likely to remain a part of child welfare service provision for the foreseeable future*" (Courtney & Iwaniec, 2009, p. 191), concluding that "*economic, political, ideological, and cultural factors*" are influential "*in the re-development of residential care*" across all 11 sample countries. Contributors to the *Residential Child and Youth Care in a Developing World*

Series reaffirm this assertion that *economic, political, ideological, and cultural* factors are significant influences in the re-development of residential care moving forward.

Building on social policy initiatives facilitated by Anglin & Knorth, (2004), Courtney & Iwaniec (2009), Whittaker *et al* (2015) embraced what is arguably a professional or expert-driven service orientation for their international review of *Therapeutic Residential Care for Children and Youth*. Therapeutic residential care was defined as:

the planful use of purposefully constructed, multi-dimensional living environments designed to enhance or provide treatment, education, socialization, support and protection to children and youth with identified mental health or behavioural needs – working in partnership with their families and in collaboration with a full spectrum of community-based formal and informal helping resources. (2015, Chapter 1: Kindle Edition)

Several countries involved in the Courtney & Iwaniec (2009) initiative were also involved with Whittaker and colleagues in their search for evidence-based international practices associated with therapeutic residential care. Our view is that therapeutic residential care is a theoretical construct with limited transferability from Western practice research centres to life on the ground across the Developing World. Therapeutic Residential Care is arguably a very scarce resource – everywhere – even in those Developed Countries that generate ‘treatment-oriented’ programs and publications.

Residential Child and Youth Care in a Developing World – as shown again in this Volume 4 – builds from where Courtney & Iwaniec (2009) and then Whittaker *et al* (2015) left off. We started from the scholarly assertion that residential child and youth care “places” exist everywhere in our world – whether called homes, orphanages, hostels, schools, centres, residences, colleges, refugee camps or institutions. Unlike Courtney & Iwaniec or Whittaker *et al*, our definition of residential child and youth care purposely includes private boarding schools, madrasah or religious schools, college and university residential colleges, hostels, and halls of residence, along with other religious and military learning centres.

All of these living and learning environments operate with 24-hour, activity-based life-space care and education, 7 days a week for specified periods of time – whether measured by cohort, semester, term, season, or year (Emond, 2000; 2009). Most residential care centres comply with local and international standards for place of safety care, hostels, boarding schools, or residential care with education. By adopting the United Nations definition of ‘youth’, one highlights how young people retain ‘youth status’ in our world until age 25. Boarding schools and residential colleges provide residential group living for youths of the educational, economic, and ruling elite in any nation. This is evidenced by all who ever lived in a university hall of residence, hostel, sorority, or fraternity house while studying away from home – regardless of who paid for it. Most countries also rely on boarding schools for the education and training of its military, and its military elite.

Residential Child and Youth Care Practice

Unlike social work or nursing, there is no unified definition of residential child and youth care (Milligan, 1998). It varies from country to country and culture to culture, depending upon social and religious customs, economic realities, political influences, and community stability. Almost everyone agrees that child care and youth work involve working with children and young people as whole persons, so as to nurture and promote social competencies, support health and well-being, and nurture resilience. Residential child and youth care workers are ideally situated to be among the most influential of healers and helpers in a child or young person's life whilst in care with practices based on being *in-the-moment* with children and young people, and also with family members, living and experiencing their life with them as it unfolds (Baizerman, 1999; Mamabolo *et al*, 2015; Allsopp *et al*, 2018). It is a practice-oriented approach, focused on helping young people live their lives differently, as they are living it, and in a manner that is focused, timely and practical (Garfat, 2002). Above all, residential child and youth care practice – as with social pedagogy in Northern Europe – is an immediately responsive form of helping which uses “*applied learning and daily knowledge to inform more responsive daily encounters with children or young people*” (Fulcher, 2004). It is immediate where a young person lives and focuses on interactions in the moment – as these moments are occurring. Social pedagogy, as well as child and youth care, enables children and young people to learn and rehearse new thoughts, feelings, and actions in the most important arena of their lives – where they live, and as life is happening.

Locating Residential Child and Youth Care Practices within Historical, Cultural, Family and Socio-Economic Contexts in Africa

Child and youth care practices have histories and stories that are unique to any given country. The same might be said about States, Provinces or Islands within countries not represented in this volume. During this exercise, questions have been raised about how so-called Western World ‘experts’ get recruited as advisors to the Developing World on how to improve child and youth care policies and practices in those countries. 21st Century practices in Child and Youth Care – as well as Social Work – have been changing throughout the world since the end of the 20th Century. It is also important to recognise that working definitions of social work and of child and youth care used in some parts of the world do not transfer very well across national boundaries (Fulcher, 2003). Changes to residential child and youth care in a developing world have been driven largely through economic imperatives and promoted by six Western ideologies, the first two ideologies having been written into United Nations policy: *Normalisation*; *De-Institutionalisation*; *Mainstreaming*; *Placement in Least Restrictive Environments*; *Minimum Intervention*; and *Diversion* (Fulcher & Ainsworth, 2006). Normalisation and de-Institutionalisation became the dominant ideologies in recent times, driven by rising costs, a decline in

public resources (Pinkerton, 2011) and the search for innovative practices (Grietens, 2010).

Globalisation has, at the same time, afforded opportunities that have enabled residential child and youth care practitioners from ‘developed’ and ‘developing’ worlds to travel beyond their own countries and to explore different ideas, methodologies, and challenges abroad. Contemporary advances in information technology and education through virtual engagement with young people using Zoom, Skype, WhatsApp, or Facetime have also been enabled in some parts of Africa during the Covid-19 pandemic. This is very likely to re-shape child and youth care services, just as in local education, where ongoing contact with family members can be achieved through the use of video technology. Child and youth care practices have become a world-wide phenomenon of interest to international bodies and national governments, non-profit organisations, faith-based organisations, and private businesses. Such bodies now seek to promote and support the health and wellbeing of children and young people living in poverty and perhaps fleeing warfare, natural disasters, famine, and diseases across all regions of the world, but especially prominent in Africa. Western non-governmental organisations along with faith-based organisations are to be found operating – often without regulation – in all parts of Africa. With the support of celebrities, the new NGOs influence national and international policy makers to prioritise funding directed towards overseas development and foreign aid. Many of these NGO and faith-based organisations act through naivety or ignorance about social, cultural, religious, and economic challenges or priorities in the Developing World countries where they support child welfare work. Western consultants struggle with comprehending that as many as two-thirds of the world’s children and young people in residential care live on the Asian and African continents, many in war refugee camps or in houses for unaccompanied asylum-seeking youths.

Developing countries have commonly had few options other than to ‘buy in’ and endorse Developed World prescriptions for child welfare reforms in their countries. Many African nations sought to achieve better outcomes for children and young people in care through the introduction of quality care standards for child protection services based on the United Nations Convention on the Rights of a Child. Foreign aid and support funding were allocated to projects in developing countries often conditional upon using such money to purchase expertise and trainings from Developed World consultants and training institutes with the aim of implementing child welfare service reforms. In many respects, it may be considered a recycling of aid money, and in reality, not making much of a positive impact on child and youth care systems, policies, and practices across local communities in these Developing World countries. In many cases, donor ‘conditions’ created more of a mess because, not infrequently, domestic advisors or consultants did not possess the ‘fine contextual knowledge’ required to appreciate the host country’s particular exotic and historic identity. The Developing World is a long way from Kansas, Dorothy!

What might be expected from Developed World consultants and expert reports? Sometimes their assignments last for no more than a few days and they are expected to produce a report on 'fancy glossy paper' for government leaders in countries with limited experience and understanding of the information with which they are provided. Understanding local values, regional cultures, religious motivations and overall systems, local and national politics, policies, and practices in any country takes time but most INGO consultants rarely have the luxury of extra time. In recent years, organisations have been seen to work virtually around the globe compiling consultancy reports in the formats demanded of funding agencies. Consultants' and advisors' first language is invariably English with good report writing skills that help to impose expectations about evidence-based practice on the Developing World with little reference to critiques of such material. Western consultants and advisors stress the need for residential child and youth care practices to use a 'bottom-up instead of a top-down' approach, implicitly reinforcing individualistic human rights with little regard for notions of citizenship and citizen responsibilities within particular cultural and economic contexts outside the West. Consideration is rarely given to the impracticality and inappropriateness of introducing Western ideas about care involving small numbers of selected children without reference to abject poverty in that country, or where cultural and family values identify some children as abandoned and in need of life-long care. Western preferences for foster care do not easily transfer across national, social, and cultural boundaries.

It is still important to ask whether there are, or whether there can be, universal standards of 'best practice for residential child and youth care' without recognising the international context in which those services operate. Smith (2006) explains that what may be right for one child might not be right for the next – in the same culture. Different cultures and different periods of history might well conclude that what constitutes 'best practice' or what is 'in the best interests of the child' in one context might be ridiculous in another. He reflects, "I am reminded of this in my regular discussions with a Bangladeshi PhD student in the Department. His descriptions of residential care in his country might be considered anathema to professionals working in this country" (Smith, 2006, p.1). A foundation tenet of comparative research is that 'the findings' are not 'qualitatively better or worse'. The challenge is to ask *what is different, and what accounts for these differences* around the basic practices of residential child and youth care in this place? Through continuous comparative analysis, there is something to learn for everyone.

Western discourses commonly address what goes wrong in residential child and youth care, not what works reasonably or even pretty well. In Western society, many describe children in care as being 'troubled or troublesome'; as young people unlikely to achieve anything positive in their lives. There is seemingly an imposed 'stigma and discrimination' around residential child and youth care services generally, and for the children and young people who live in care and are brought up there. Challenging that view, a young care leaver from Scotland, Megan

Sutherland, found these negative connotations ‘strange and disagreed’ with the experts. She argued

“... those people are wrong! Care-experienced people have a great deal to offer, and we celebrated this last week through national care leavers week Scotland ... I don’t know where the stigma of care comes from. Most young people are taken into care because they have been victims of an offence or neglect, not because we are ‘bad kids’. Due to social prejudice ‘to achieve success after care means having to disprove the systematic myth that people brought up in care just won’t make it’ is quite challenging”. (Sutherland, 2015)

Supporting Megan’s claims, we argue that Western *Minority World* notions of negativity about residential child and youth care represent a significant misinterpretation of how residential child and youth care features in the lives of children and young people elsewhere in the world. Although empirical research on residential child and youth care in the *Majority World* is limited, direct practice experience along with multiple academic and policy studies in different parts of the world offer an alternative view of what residential child and youth care means in these countries.

Charles Pensulo (2018), a young African journalist has questioned the current race towards de-institutionalisation and its impact on children in care in his article ‘Does deinstitutionalisation offer the best outcome for Africa’s 52 million orphans?’ Mansaray and Stark (2020) argued further against the implementation of Western systems, policies and models of social work and community development in Sierra Leone. There has been a strong push by the United States government and other developed countries through UNICEF and their allies that orphanages in countries, which receive funding, should be closed, blaming poor outcomes from residential care. However, Whetten and her colleagues (2014) followed over 3,000 children, between the ages 6 to 12 years, living in institutional or family-based settings in Cambodia, Ethiopia, Kenya, India and Tanzania. The research showed no significant differences between the two groups that children raised in institutional care who were not worse off using various measures of physical health, cognition and emotional outcomes. These findings contradict hypotheses claiming that all group care placements have an adverse impact on child wellbeing. Without substantial improvements in, and support for, family settings, the removal of institutions – broadly defined – would not significantly improve child wellbeing and is likely to worsen outcomes of children who are moved from settings where they are doing relatively well to more socially and economically deprived settings. These authors noted that in Cambodia, the closure of orphanages and the return of children to their families led to cases of trafficking and children being forced into sex work (Whetten *et al*, 2014).

Evidence being used to propel deinstitutionalisation relies heavily on a Romanian study where children in hospital-style institutions experienced physical

and emotional neglect that interfered with their brain development. However, every study that looks at evidence where caregivers demonstrated love showed no difference in behavioural development. Over the last decade, child care reform received a significant level of attention, inordinately shaping prospects for the children's care agenda as a whole (Yusra & Jeremy, 2020). There has been a significant push for care reform at EU-level, through legislation, advocacy, and financial assistance, as well as from several champion NGOs which has resulted in a major shift from institutional to community-based care across the region. However, until now, complete transformation of any entire system has not been achieved in any country. In many countries, reform was implemented far too quickly, with the closure of institutions taking place before the development of alternative family and community-based services, leading to fragmented systems and an overreliance on NGOs for sustainability.

Western NGOs and UNICEF were largely successful in influencing Governments across Africa to adopt stricter child protection and alternative care policies in response to their private institutions over recent decades. Rwanda, where the number of children in institutions has fallen by 90% since 2010 (Justin & Victor 2020) is frequently cited as a regional leader, but policy development continues to outpace practice in most countries. Insufficient political will, coordination, data and resources have hampered implementation, resulting in undeveloped child protection systems and social service workforces. For the most part, however, de-institutionalisation initiatives have been limited in scale, often as localised pilots led by a growing number of small specialist NGOs, CSOs (including institutional care providers and faith-based groups) and local authorities. Unfortunately, these INGOs see faith-based and traditional exotic child care practices, in addition to privately-run and privately funded institutions as the biggest challenges to implement their imported models in the region. It is ironic how little is said in organisations about privately funded child care practices that operate in developed countries!

Safeguarding African Children and Young People Living in Places of Safety Care

Origins for the term safeguarding are found in the child welfare literature emanating from the United Kingdom and Ireland. Such language is now used in other European and Commonwealth countries to denote measures aimed at protecting the health, wellbeing and human rights of individual children and young people – enabling them to live free from abuse, harm and neglect, regardless of age, gender, ethnicity, culture or religion (Sigwili & Fulcher, 2020). Many European countries (Islam & Fulcher, 2017) have enacted legislation and published guidance aimed at protecting children from maltreatment, preventing the impairment of children's health or development, ensuring opportunities to grow up in circumstances considered safe, offering responsive care, and enabling each young

person to achieve positive developmental outcomes. Everyone engaged in a child or young person's living environment shares responsibility for safeguarding. Alongside colonisation and economic greed, residential child and youth care in Africa has commonly developed and expanded through European initiatives seeking to ensure that every child in care matters. Each child or young person is entitled to personalised care and education that contributes to an upbringing that includes kindness, developmental relationships, along with opportunities for personal learning and achievements.

Laws Establish Places of Safety Care

There is seemingly limited understanding of the legal obligations of care required to fulfil *in loco parentis* and *duty of care* obligations that frame child protection laws in most parts of English-speaking Africa, and to a large extent in French-speaking Africa. Sharia Law is also influential in Muslim counties of North and East Africa, placing important obligations around the care of orphans. The legal principles that underpin 'place of safety' care placements are not well understood amongst care workers across most of Africa. In English-speaking Africa, *places of safety care* are enacted through national legislation that authorises placement at designated residences into which a child or young person is transferred to a designated care worker to whom authority to care is assigned. The legal term *in loco parentis* refers to how a supervisor or caregiver directly oversees the actions of a child in care and attends to that child's conduct while she/he is in a *place of safety* care. The same principle applies when a parent establishes boundaries for her or his child, then instructs, guides, or disciplines that young person accordingly as part of their upbringing.

In residential settings, the person who stands in place of the parent holds authority over the child, authorising such caregivers to act *in loco parentis*. Elements of *in loco parentis* define the *duty of care* that caregivers and teachers owe to their students, including principles that offer reassurances against negligence, a duty to anticipate foreseeable dangers and to take reasonable steps to protect children and young people from identifiable dangers. The *duty of care* applies in contract law whenever a duty is assigned to a residential child and youth care worker or foster caregiver to provide a *place of safety for a child or young person* according to legislated guidelines, agreed cultural values and UNHCR standards for each African child removed from a family. Caregivers and teachers operate daily under *duty of care* obligations. In different parts of the Commonwealth, there are important legal precedents established where the Courts have held caregivers and care managers personally responsible for *breaches in their duties of care* with children or young people (Fulcher, 2002a). Under contract law, service managers and agency board members are assigned a *vicarious duty of care*, holding them legally responsible when *duty of care* standards are neither maintained by employees nor supervised adequately by managers.

The UNCRC Guarantees Cultural Safety for Each Child or Young Person in Care

There is not always follow-through on commitments embedded in the United Nations Convention on the Rights of a Child to maintain family, extended family, and tribal identities without bias and to protect children and young people in care from disempowering and harmful cultural practices. Caregivers rarely consider the meaning of ‘cultural safety’. Cultural safety is ensured when someone experiences that her or his personal wellbeing – as well as social and cultural frames of reference – are acknowledged, even when not fully understood (Fulcher, 2002b). Care workers frequently work under the expectation that only a social worker or child welfare officer can expedite registration of birth certificates, passports, and identity documents for birth family networks. However, given the number of children in places of safety care in most African countries where there are very few social workers available, all too often, nothing happens. Historic mistakes remain uncorrected. Service managers and supervisors need to be far more pro-active in their engagements with child welfare or child protection services to ensure that every child in a place of safety care has a formal birth certificate and for youths, a passport as required. Each child or young person is entitled to know about their extended birth family, as this assists them in developing a sense of belonging and enhanced self-esteem (Mamabolo *et al*, 2015). A pro-active approach may take on life and death significance in the event of leukaemia or a kidney disorder that requires genetic matching for potential blood marrow and organ transplants. Culture is much more than a social variable. For young people in care, culture is about who my people are – regardless of where they are living and however troubled they might be. All too often, this involves questioning by young people in care throughout their lifetime – ‘*Who am I (really)?*’ – regardless of whether family reunification is an outcome. It is a starting place in youthful searching.

Fit-Person Assessments in Care Worker Appointments

International NGOs and faith-based organisations provide funding support for a variety of individuals and groups to operate private, non-government and religious residential facilities. It is not uncommon for appointments to be made in such settings without fit-person assessments being carried out. It is also worth noting that many residential child and youth care settings across Africa are unregistered. If personal references and police checks are used, these are often selective. It is not uncommon for appointments to be made within extended family networks. When this happens, family relations and informal channels of communication can promote nepotism and patronage to authoritarian managers who all too easily compromise child safeguarding in residential child and youth care throughout Africa.

Using Children to Collect Alms and Donations

In too many places, children in care are still used to collect weekly alms and donations while living in circumstances where daily shelter, food, clothing, and provisions are dependent upon income generated for the owner-occupiers of such places of safety care through donations. Stephan Ucembe (2016) wrote of personal experiences with such practices while growing up in residential care in Kenya. A young care leaver from Nairobi reinforced Ucembe's narrative at the end of 2018 while participating in a Central and Southern Africa youth gathering. She told of how the residential 'place of safety' to which she was sent was situated in an upmarket Nairobi suburb. Each week, the children dressed in their 'poor clothes' and went out onto the streets in particular neighbourhoods to collect donations that were used at the residence owners' discretion. For several days after collecting donations, the children had food to eat and some access to essential items of clothing. Then it was back to one meagre meal a day, before going out to collect donations in a different neighbourhood. The young care leaver who shared this story told of how she and another resident exposed these practices to government officials which resulted in that unregistered place of safety residence being ultimately shut down.

Housemothers are Vulnerable to Exploitation and Safeguarding Compromises

Low status female care workers in Africa are particularly vulnerable to exploitation by their managers, most of whom are men with formal status of higher standing. There are histories of how African men in such positions have pursued chiefly entitlements to sexual favours and financial opportunities, thereby compromising the capacity of Carers to safeguard children in their place of safety care. Residential care agency leaders in Africa have all too often operated without transparency, whether through sub-standard building contracts with extended family members or through operating autonomously without international oversight of monetary exchange rates from international income generated in a different currency. All too frequently, management has disempowered and exploited junior employees, especially female care workers. Women commonly obtain employment as a care worker in a job that is better paid than anything else she might ever aspire to achieve. Exploitation of such circumstances have also been used to silence women, and to compromise caregiver ethics, values and practices required of Places of Safety Care.

Potential Abuses of Power in the Organisation of Care and Education Services

Organisational dynamics and power relationships shape the allocation of resources for care and education of children and young people everywhere, including Africa. When resource allocations are not transparent and accounted for through external audits, powerful influences are left open to harmfully impact on all responsible for guaranteeing places of safety for individual children and young

people. Abuses of power might involve residential care and support workers, junior managers and most importantly, children and young people being used to further the personal agendas of adults. Personal struggles such as these are commonly influenced by power and influence, by money, and by rostering and control agendas that shape local politics in the communities where child and youth care services operate. The plight of schoolgirls kidnapped from boarding schools in Northern Nigeria illustrates how external and internal power struggles have impacted on residential child and youth care and education. The recruitment of child soldiers in multiple African countries provides another example. The awarding of contracts, especially when involving international currencies, has proven to be an important avenue through which fraud and embezzlement has occurred throughout Africa, just as can be found internationally (Islam & Fulcher, 2016; 2017; 2018). In African countries, all too often ruled by dictatorships of one sort or another (Kenyon, 2018), ruling party influences are ever present in shaping and influencing power struggles amongst organisations that provide places of safety care and education in local community services.

Opportunities for Personal and Professional Supervision

There is still limited understanding about what personal and professional supervision means for African child and youth care workers. These workers are assigned tasks of providing places of safety care for children and young people, offering them living and learning opportunities 168-hours per week to support a good-enough upbringing. Child and youth care workers provide a service that is commonly provided for the most vulnerable children in any African village or community. Phelan (2017) offered a developmental approach to child and youth care supervision, inviting supervisors to consider four developmental phases that shape and help develop particular supervisory competencies. Charles *et al* (2016) urged readers to make supervision an essential element in the personal and professional development of child and youth care workers. These authors equip readers with strategies for making deliberate and meaningful use of structured supervisory moments as well as impromptu opportunities for supervision that occur within any place of safety care living and learning environment.

Africa Perspectives on Residential Child and Youth Care

The Editors regret the delays associated with bringing these African contributions to publication in *Volume 4, Africa Perspectives* of this Series. These delays were not associated with contributors failing to meet deadlines. Instead, ill health leading to open heart surgery and twelve months of rehabilitation meant unavoidable delays before completing and finally presenting these Africa Perspectives on residential child and youth care. Volume 4 begins in the North of Africa with Egypt and Sudan where Islamic influences admonishing believers to care for orphans, then Ethiopia offers an historic backdrop to the contributions

which follow. The contributors are introduced in a southward direction towards English-speaking countries of Nigeria, Ghana, and Kenya, then French-speaking countries like Rwanda and the Democratic Republic of Congo. Burundi and Malawi in Central Africa follow before Tanzania with its Island of Zanzibar, Uganda, Zambia, Zimbabwe, Botswana, Namibia, Lesotho, Eswatini and South Africa. Three of these contributions – from Ghana, Kenya, and Zambia – were published in Volume 1 of this Series, contributing to a world overview of the field. They have been updated and included in this volume, highlighting residential child and youth care practice in the African context. Volume 4 ends with a practice-oriented contribution invited from the Executive Director of the Girls and Boys Town South Africa services. Lee Loynes shares the GBTSA story about challenges associated with maintaining a relational approach to youth work in services across three populated regions of South Africa during Covid-19 pandemic lockdowns.

Questions for Small Group Discussion or Guided Reflection

1. In what ways do you think the story of the 5 Bangladeshi blind men meeting an elephant for the first time offers a metaphor for the ways in which residential child and youth care means different things in different parts of Africa, whether English, French or Arabic traditions of colonisation?
2. How might a comparative research methodology be used to examine residential child and youth care services where you live?
3. Western research still assumes that residential child and youth care is provided sparingly, and only for children diagnosed as ‘mad, bad and sad’ whose needs require therapeutic or trauma-informed care. *How do you think such research informs the care of children rescued from poverty in Africa or as HIV-AIDS survivors, given food and a safe place to sleep and educational opportunities supported in child-headed households or living in a residential child and youth care home or village?*
4. Boarding schools, hostels, college dormitories, fraternity and sorority houses and residential colleges represent expanding forms of residential youth care associated with education. *Why do you think these types of residential youth care services are virtually ignored by those working in this field?*
5. Abuses of power might involve residential care and support workers, junior managers and most importantly, children and young people being used to further the personal agendas of adults. Personal struggles such as these are commonly influenced by power and influence, by money, and by rostering and control agendas that shape local politics in the communities where child and youth care services operate. *How might child safeguarding be strengthened across Africa in ways that strengthen traditional family and community networks and better support young people on place of safety care orders with conditions of residence for designated periods?*

References

- Allsopp, M., Hloniphile D. H., Jacobs, L., Mamabolo, S. & Fulcher, L. C. (2017). Chapter 20 – Supporting young HIV-AIDS survivors and disabled children in family households in rural South Africa, the Isibindi Model. In Miller, L., Cameron, C. L., Dalli, C. & Barbour, N. (Eds). *The SAGE handbook of early childhood policy*. London: Sage Publications.
- Anglin, J. & Knorth, E. (2004). Competing declarations on residential care for children and youth – Stockholm versus Malmö: International perspectives on rethinking residential care, *Child & youth care forum*, 33(3), 141-149.
- Baizerman, M. (1999). How can you recognize a Youth Worker? *CYC-Online*. Retrieved 3 April 2016 from <http://www.cyc-net.org/cyc-online/cycol-1299-youthworker.html>.
- Biehal, N., Clayden, J., Stein, M. & Wade, J. (1995). *Moving on: Young people and leaving care schemes*. London: HMSO.
- Boyle, R. (2009). *My heart is here: Alternative care and reintegration of child trafficking victims and other vulnerable children*. Phnom Penh: IOM.
- Cameron, C., Connelly, G., & Jackson, S. (2015). *Educating children and young people in care*. London: Jessica Kingsley Publishers.
- Charles, G., Freeman, J. & Garfat, T. (2016). *Supervision in child and youth care practice*. Cape Town: The CYC-Net Press.
- Courtney, M. E. & Iwaniec, D. (Eds). (2009). *Residential care of children: Comparative perspectives*. Oxford: Oxford University Press.
- Emond, R. (2000). *Survival of the Skilful: An ethnographic study of two groups of young people in residential care*. Unpublished PhD Dissertation. The University of Stirling.
- Emond, R. (2009). I am all about the future world: Cambodian children's views on their status as orphaned children. *Children & society*, 23, 6, 407-417.
- Fulcher, L. C. (1998). Acknowledging culture in child and youth care practice, *Social work education*. 17(3), 321-338.
- Fulcher, L. C. (2002a). The duty of care in child & youth care practice, *Journal of child and youth care work*. 17, 73-84.
- Fulcher, L. C. (2002b). Cultural safety and the duty of care, *Child welfare*. 81(5), 689-708.
- Fulcher, L. C. (2003). The working definition of social work doesn't work very well in China and Malaysia, *Research on social work practice: Special edition on the working definition of practice*. Thousand Oaks, CA: Sage Publications 13(3), 376-387.
- Fulcher, L. C. (2004). Programmes & praxis: A review of taken-for-granted knowledge, *Scottish journal of residential child care*. 3(2), 33-44.
- Fulcher, L. C. & Ainsworth, F. eds, (2006). *Group care for children & young people revisited*. New York: The Haworth Press.
- Fulcher, L. C. & Garfat, T. eds. (2015). *Child and youth care practice with families*. Cape Town: The CYC-Net Press.
- Garfat, T. (2002). But that's not what I meant: Meaning-making in foster care. *Irish journal of applied social studies*, 3(1), 113-124.
- Grietens, H. (2010). Discerning European perspectives on evidence-based interventions for vulnerable children and their families. *International journal of child & family welfare*, 13, 6-17.
- Islam, T. & Fulcher, L. C. (2016). *Residential child and youth care in a developing world: Global perspectives*. Cape Town: The CYC-Net Press.

- Islam, T. & Fulcher, L. C. (2017). *Residential child and youth care in a developing world: Volume 2 – European perspectives*. Cape Town: The CYC-Net Press.
- Islam, T. & Fulcher, L. C. (2018). *Residential child and youth care in a developing world: Volume 3 – Middle East and Asia perspectives*. Cape Town: The CYC-Net Press.
- Jordanwood, M. (2015). *Achieving positive reintegration*. Phnom Penh: Friends International.
- Mamabolo, S., Dlamini, H. & Fulcher, L. C. (2015). Isibindi family-oriented child and youth care practices. In L. C. Fulcher & T. Garfat (eds). *Child and youth care practice with families*. Cape Town: The CYC-Net Press, pp. 189-204.
- Mendes, P. & Moslehuddin, B. (2004). Graduating from the child welfare system: A comparison of the UK and Australian leaving care debates. *International journal of social welfare* 13, 4, 332-339.
- Milligan, I. (1998). Residential child care is not social work! *Social work education*, vol 17, No 3. pp. 275-85.
- Pensulo, C. (2018). Does deinstitutionalisation offer the best outcome for Africa's 52 million orphans? *Equal times*. <https://www.equaltimes.org/does-deinstitutionalisation-offer#.Y17OFi2Zosp>, accessed 1 May 2021.
- Petric, P., Boddy, J., Cameron, C., Wigfall, V. & Simon, A. (2006). *Working with children in care: European perspectives*. London: Open University Press.
- Phelan, J. (2017). *Intentional child and youth care supervision*. Cape Town: The CYC-Net Press.
- Pinkerton, J. (2011). Constructing a global understanding of the social ecology of leaving out of home care, *Children and youth services review*, vol. 33, pp. 2412-2416.
- Shawar, Y. R. & Shiffman, J. (2020). *The de-institutionalization debate and global priority for children's care*. Baltimore: Bloomberg School of Public Health and Paul H. Nitze School of Advanced International Studies, Johns Hopkins University.
- Sigwili, N. & Fulcher, L. C. (2020). Safeguarding the guardians of African children and young people living in places of safety care. *Relational child and youth care practice*. Vol. 32/4, pp. 51-58.
- Sinclair, L., Wilson, K., & Gibbs, I. (2005). *Foster placements: Why they succeed and why they fail*. London: Jessica Kingsley Publishers.
- Smith, M. (2006) Ethics. CYC-Online, Issue 87, April 2006. <http://www.cyc-net.org/cyc-online/cycol-0406-smith.html>.
- Smith, M. (2015). Book review of Therapeutic residential care for children and youth. Exploring evidence-informed international practice. London: Jessica Kingsley Publishers. *British journal of social work*, 45(3):1073-1076.
- Stein, M. (2012). *Young people leaving care: Supporting pathways to adulthood*. London: Jessica Kingsley.
- Sutherland, M. (2015). Youngsters in care are real people, Saturday 7th November 2015, The Scotsman. <http://www.scotsman.com/news/megan-sutherland-youngsters-in-care-are-real-people-1-3939072#axzz3qhTDSEw9>.
- Swales, D., Geibel, R. & McMillan, N. (2006) Applying the standards: Improving quality childcare provision in east and central Africa. London: Save the Children.
- Ucembe, S. (2016). Institutional care for children in Kenya. In T. Islam & L. C. Fulcher, eds, *Residential child and youth care in a developing world*. Cape Town: The CYC-Net Press, 184-198.

- UNICEF, UNAIDS & USAID (2004). Children on the brink: A joint report of new orphan estimates and a framework for action.
http://www.unicef.org/publications/files/cob_layout6-013.pdf accessed 15/01/2016.
- Ward, A. (2006). Forward. In L. C. Fulcher & F. Ainsworth (Eds.) *Group care practice with children and young people revisited*. Binghamton, NY: Haworth Press, pp. xix-xxix.
- Whittaker, J., Del Valle, J. F., & Holmes, L. (2015). *Therapeutic residential care for children and youth. Exploring evidence-informed international practice*. London: Jessica Kingsley Publishers.
- Whetten, K., Ostermann, J., Pence, B. W., Whetten, R. A. & Messer, L. C. (2014). Three-year change in the wellbeing of orphaned and separated children in institutional and family-based care settings in five low- and middle-income countries. PLOS ONE 9(8): e104872.
<https://doi.org/10.1371/journal.pone.0104872>

Editors' Note: Rather than attempt to draw threads together from such a big continent as Africa, the concluding chapter illuminates many of the themes that others have highlighted throughout this volume. Wars, political upheaval, inter-tribal strife, and pandemics all influence constructive attempts to provide high quality child and youth care. All residential care facilities are impacted by external events and must adapt to changing circumstances. No matter the words used by governments, reality is frequently different. The importance of good relationships between residents and carers is at the root of good child and youth care. Good practice is highlighted. The value of maintaining family connections is crucial. Even in the worst of times, good outcomes can be found. Books like this provide opportunities for all of us to learn from one another.

Dancing in the Reign – Staying Relational during a Global Pandemic

Lee Loynes¹

Abstract

The Covid-19 reign of terror was an experience of many ironies. On the one hand, there was the threat of imposing a non-relational way of being that involved socially sanitising, isolation, quarantine, and social distancing with masks. This transformed into meaningful, conscious relational practice that offered accessible belonging and attachment, transformative awareness of responsibility, and generosity of spirit through the shared crisis. Four days' notice that all is to change is crisis enough for children in residential settings, their families, and the workers who care for and heal them. However, challenges to relational child and youth care philosophies and then multiple interpretations of the National Lockdown requirements by provincial authorities presented another whole layer of challenges to staying relational during a world pandemic.

¹ Lee Loynes is CEO of Girls and Boys Town, South Africa and board member of The International Child and Youth Care Network's @ www.cyc.net.org. She is working towards completing her PhD.

The South African Covid-19 Context

The South African Government declared a State of Disaster and implemented Covid-19 Virus Level 5 lockdown as of midnight 26 March 2020. Overnight, the country was brought to a standstill with a stalling of essentially all economic and social activities. The South African population, other than essential services staff, were only to leave their homes to purchase essential foods, household, and medical supplies – and this within curfew times, with no social or familial visiting, leisure travel even within a Province or exercising outside of one’s home. Alert Level 4 was implemented from 1 to 31 May 2020 with very few shifts from Level 5, other than a slight opening of the economy in areas identified as essential and the opportunity to exercise within 5km of one’s home – between the hours of 6 and 9am. Schools remained closed. Alert Level 3 was introduced on 1 June 2020 seeing a further small opening of the economy in certain sectors, but still no cross provincial travel, social or familial gatherings or events, and the opening of schools was to have been phased in across grades but was then essentially again brought to a halt. And there were declarations made as greater ‘freedoms’ were introduced which, in many instances, were immediately reversed – adding to management and practice challenges and frustrations.

The Child and Youth Care Covid-19 Impact

The resulting impact on the Child Care sector staff teams, children placed in residential care, their families and fundraising efforts was profound – especially so for organisations working on a national level where the interpretation of the legislated restrictions across the different provinces varied significantly as they were translated into the child and youth care practice environments.

The Girls and Boys Town South Africa (GBTSA) Experience

Think of a national organisation operating since 1958 to support 10 child and youth care residential programmes in three² of the nine South African provinces, the core focus being therapeutic residential child and youth care. Four larger Youth Development residential programmes are located in countryside settings just outside the main cities offering residence for up to 60 girls and boys each, and 6 Family Homes in the Community with residential capacity for 10 girls and boys in each Family Home. Three of these six family homes are located on the Youth Development campuses – and 3 operate within residential areas and suburbs of the provinces. At the beginning of what became a transformational journey, we needed to remain relational in a Covid-19 environment that demanded non-relational child and youth care practices and behaviours, including lockdowns, social distancing, no physical contact, mask-wearing, constant sanitisation and prolonged separations from and between family members.

² KwaZulu-Natal, Gauteng and Western Cape.

Policy Development

Although National policy seemed clear as each new alert level was declared (albeit draconian on many levels), and the State summary flow diagrams that followed seemed even clearer, the lack of consistency when interpreting policy into practice across provinces was confusing for child care administrators, staff, youths and then their families. The State declared that place of domicile was to be established by midnight 26 March 2020 and maintained through to the end of Alert Level 5 lockdown. The GBTSA national management team held an emergency meeting to identify how to comply with State Covid-19 response management, whilst still meeting the needs of the youth in our care and identified caring, responsible, and safe processes and procedures in balancing and meeting all needs – and then updated each province of the plans.

On the day of lockdown, Provincial authorities each responded. The first Province stated that youths and families were able to declare their domicile for the duration of Level 5 lockdown to be their 'biological' family home if they so wished, but required that very high-risk youths return to their legal residential child care environments. A second Province declared that all youths were to return to their residential child care environments in time for lockdown Level 5. The third Province left it to families and residential centres to make the decision and declared that the authorities would not be held responsible should there be any complications or problems arising from those decisions. Thus, policy development across the national child care platform was difficult and fraught with ongoing adaptations and challenges.

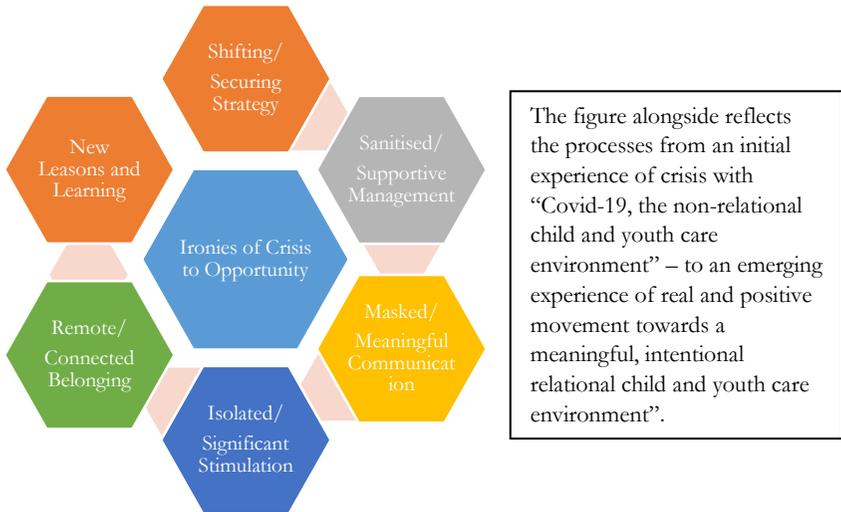
The Covid-19 Reign and The Transformational Dance

The initial adjustment experience of all in the team was that Covid-19 had resulted in another whole layer of administration and practice. However, having made the critical and essential adjustments, reflections began to present real opportunities and benefits over the 6-month period. The ironies were that although potentially life threatening, the Covid-19 lockdown had also enabled an environment for and of real relational life-space opportunities – a forced experiential learning platform for great relational child and youth care practice. Finding the relational in the new non-relational Covid-19 world required the reviewing and revamping of all that we did in order to maintain all that we knew to be necessary for good child care practice.

Each practice area was reviewed, guided by the need to keep within the boundaries and principles of good child and youth care. A challenge was to ensure that philosophy continues to underpin the new thinking and design of both the care environments that we offer our young people and the adaptation of practices to meet the needs of young people and their families. The outcome sought involved the need to adjust to practices that 'created caring barriers' with terminology that

described the antitheses of all of the terminology with which we found comfort in ‘the old world’.

From Crisis to Opportunity



Shifting/Securing Strategy

The initial months of caring during the ‘hard lockdown’ required an adjustment to working within an environment that required responsiveness to the need for a continuously ‘Shifting Strategy’. The goal on a strategic and practice level was to keep all staff and young people as safe as humanly possible, and to ensure that our child and youth care environments remained contained and free from rampant infections that could spread and disable the care environments. Care and safety policies were implemented but required consistent updating and reviewing as the science and knowledge regarding the behaviour of the virus unfolded, almost on a daily basis. The strategic principle applied always was underpinned by ‘err on the side of caution’ and so often resulted in our assuming measures beyond those required at the differing lockdown levels.

A case in point was the State recommended reduction of quarantine time from 14 to 10-days. We retained the 14-day quarantine and isolation guidelines for any staff member or youth who might have, in any way, been exposed to potential infection or who was showing two or more symptoms as the science and evidence was being clarified frequently to guarantee a depth of understanding about the impact of the virus at that point. A practice tension persisted around the ways in which layers of administration were distracting from our primary focus on care

strategies for young people. As the months unfolded and adherence to policy was understood to be a matter of safety and potential ‘life or death’ for some, policy was followed earnestly and absolutely by teams – and by the youths – as a whole community. A wonderfully beneficial irony was that experiential needs during this time of crisis began unfolding as a disciplined practice in line with organisational intent, actually *securing, rather than shifting, the discipline required for securing strategic implementation.*

Sanitised Yet Supportive Management

We learned quickly to address the need for regular debriefing and processing of challenges across all levels of the organisation. This was to manage anxieties and resulting stressors and to ensure real and meaningful support throughout the structures of the organisation – keeping thinking, emotions, and responses in continuous check and sanitised. The goal was to achieve ‘known’, approved, and understood processes as much as was possible – within an environment where so much about the Covid-19 experience remained unknown and unpredictable. The practice stress was that, with the lack of opportunity for face-to-face meetings and contact management, processes would be less effective and ‘sanitised’. Initially many of the team members reported finding virtual meetings and contacts exhausting and limiting.

The resulting irony was that rather than being ‘sanitised’, management contact evolved into more frequent, focused, and supportive-style contacts, which bore a richness of development and co-collaborative outcomes than previously. The forced crisis transformed what was always intended to be a supportive style of supervision and consultation to a lived experience of truly supportive and collaborative management implementation. National management meetings were held weekly using virtual means where Covid-19 related updates, challenges, practice adjustments and management applications were considered. Operational decisions were reviewed and adapted where required. Such meetings and information updates, along with continuous learning and education flowed down through the structures of the organisation.

There were regional differences in the national responses taken to try and manage the disaster. Different lockdown level requirements applied across different residential campuses. Because the agency was dealing with different Covid-19 related infection risks, so the transfer of learning and practice applications from different parts of the country were beneficial for the wider national team. Management teams reported on how, when faced with what otherwise might have been a stressful and overwhelming new development, they were immediately able to draw on the previously shared practice process from an event managed from a different campus in a different region. In essence, the processes allowed for a sense of real management control, flow, and responsiveness, even while dealing with a viral impact, where still so much remained ‘unknown’. The flow grew into

collaborative and authentic shared contributions to team development, growth, and ownership of individual members, reinforcing organisational intent and meaningful leadership. We learned yet again that an organisation is only as good as its staff team members' capacity to transform opportunities through shared crises and lived experiences.

Masked and Meaningful Communication

Through the Covid-19 crisis, medical 'stay safe' guidelines required the non-negotiable wearing of multi-layered masks, social distancing of 2-meters, constant sanitising, and the limiting of human-to-human exposure times of no more than 15-minutes at a time. If necessary, then extended human-to-human exposure may happen in well ventilated areas with small groups involving essential membership only. These guidelines are virtually the antithesis of what is required for relational child and youth care practices that are therapeutically healing.

Initial implementation and practice challenges included concerns around educating youths in care to use their masks, washing them daily, keeping them accessible at all times, managing their proximity to others and so on, all with immediate effect. Such expectations would be very challenging considering youths' history of behavioural challenges and low responsiveness to learning new and adapted ways of being and behaving. Concerns also related to the many elements essential to reading and decoding within the relational child and youth care environment. Closer observation of non-verbal expressions, behaviours and/or communication opportunities, might be obstructed or 'masked'. Ironically, rather than obstructed, limited and 'masked', the reality was that the process of communication was offered more meaningful experiences, with richer relational expressions and acts of appreciation, and thus outcomes between staff, between youths, and between staff and youths.

With 'masks' restricting accessibility and communication processes, so it was that all were encouraged to give more intensive attention towards non-verbal communications, with opportunities for more 'meaningful' and relational communication styles. In practice, staff interventions with young people around the need for changed behaviours to protect themselves and others, saw positive and unexpectedly swift responses by youths. Youths took personal responsibility for their safety, the safety of others, and even held others accountable when they were less responsive. Such responses came from youths who had – until the crisis – paid little heed to interventions regarding their safety and the need for changed behaviours – such as drug experimentation, absences without leave and so on – to keep themselves safe.

Isolated Yet Significant Stimulation

What started as a two-week Alert Level 5 lockdown was extended across a 6-month period with de-escalating lockdown levels, where staff teams and youths

were bound together, living and sharing their life-spaces on a 24-hour, 7-day basis. Community-based schools were closed, places of residence had to remain unchanged, and outings and/or gatherings were not allowed. As a means of controlling the virus through ‘flattening the curve’ of infections, staff who could work from home were required to do so, and only essential service workers were required to interface with other humans.

This practice stress meant that our therapeutic residential campus staff, along with our youths, were ‘isolated’ and secured – almost from the outside world – for months on end. Schooling, caring, nurturing, connecting with friends and other such human survival needs were met, day after day for months, within this closed circle involving the same staff members and youths. Staff schedules were stretched, and a tedium of routine and activity threatened the healthy rhythm and energised developmental activities so critical to meaningful relational child and youth care and the required outcomes.

Although the need to ensure ‘significant stimulation’ (vs ‘isolated stimulation’) for the staff teams and youth was identified and addressed through a reprioritisation of budget to line items and an individualised ‘Covid-19 joy list’ was enabled, the irony was that this forced, closed environment facilitated relational child and youth care – through meaningful presence, activity, and connectedness. In practice, this crisis afforded staff and youth a unique and intensive opportunity to truly relate and get to know one another – relational connections were healing and healed. Under the circumstances, such unexpected, yet strategically planned for outcomes, were recognised over the ensuing months. One such example was that national reports highlighted that negative youth incidents had dropped by significant percentages. Another occurred when staff members were offering numerous examples during virtual treatment planning sessions of transformed youth behaviours, one senior staff team supervisor began such a planning session with “I never thought I’d hear myself say this, but yay for Covid-19 ...”.

Remote and Connected Belonging

The implications of the Covid-19 lockdown were that youths, families and significant others were prevented from physical access, as also applied to our live-in staff team members and their immediate family members living on-campus. There were some youths and families who had had no physical contact for seven or more months. The concerns and stressors related to the relational aspects of care, belonging and attachment influences – and the potential for escalating youth behaviours born of frustration and sadness at the distancing from familial contact.

Although youths continued with regular ‘remote’ telephone contact with families between approved weekend and holiday visits, this form of contact alone was assessed to be insufficient. A further practice concern and challenge required our review of how to ensure ongoing family strengthening interventions using only remote means – as access to other environments was restricted and not allowed

during the various Covid-19 lockdown Alert Levels. This threatened relational support and much-needed interventions during these threatening times for families of youths in our care. Our concern was that personal developmental work, and life, could not simply be put on hold. Youths needed to ‘see’ their families.

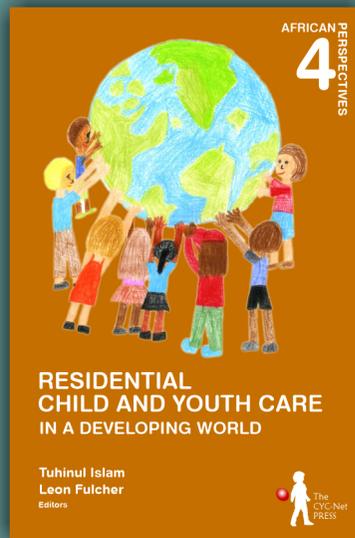
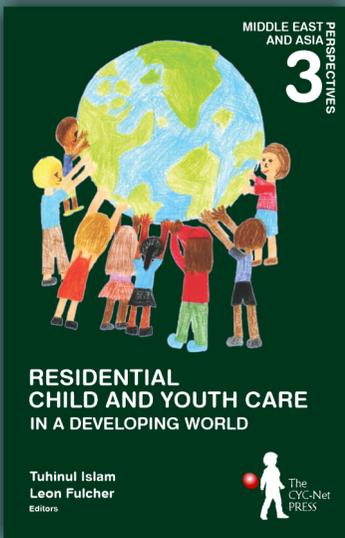
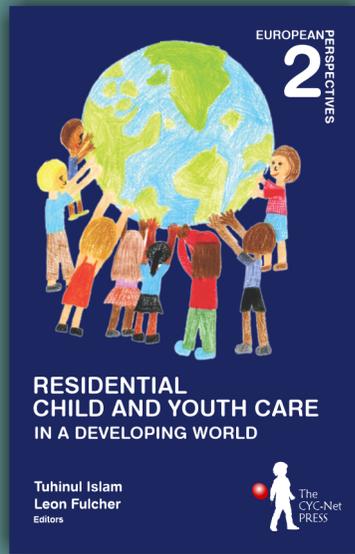
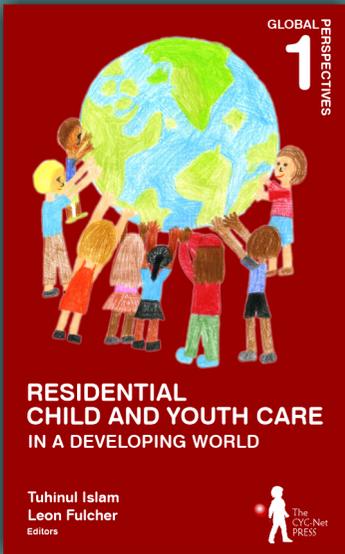
Teams were resourced to enable connectedness via virtual communications with families – and between families and children on a weekly basis. Ironically, had it not been for the lockdown and the threat of ‘remote belonging’, we may never have reached geographically distant families and significant others. This involved the resourcing of teams, refinements to GBTSA Family Strengthening practices, and developing worker skills that enabled youths to stay connected using a virtual medium. Thus, the threat of ‘remote belonging’ allowed for the beginning of a journey to adapt to ‘connected belonging’ strategies and practices.

New Lessons and Learning

Crises can indeed facilitate opportunities for renewed thinking, learning, and innovation. This assumes that threats are recognised and responded to with energy and consideration, but deliberations are most fruitful when they draw on solutions within the philosophy of intended practice and outcomes. Threats and crises are real at the time of experiencing and being in those moments. However, very real, productive, and meaningful practices can emerge from what seems, at the time, to be real adversity. Relational practice can occur in less than perfect environments or under less than perfect conditions or circumstances. Meaning is given to lived experiences, even under the most adverse of circumstances, offering opportunity moments for transformative learning. Where were you during the Covid-19 Lockdown?

RESIDENTIAL CHILD AND YOUTH CARE IN A DEVELOPING WORLD

The Series



AVAILABLE IN PAPERBACK AND e-BOOK FROM
THE CYC-NET PRESS
<http://press.cyc-net.org>



TUHINUL ISLAM, PhD

has over twenty five years of leadership, operational and strategic management, teaching, research and practice experience in the fields of residential child care, child welfare management, alternative child care, care leavers, refugees and migrant children, child protection, child safeguarding, sexual abuse, orphanages, madrasah, gender, education and development in the UK, Africa, Asia and Europe.



LEON FULCHER, PhD

has worked for more than forty years as a social worker in residential child and youth care work and foster care in several parts of the world.

Leon has specialised in working across cultures and geographies, team working and caring for caregivers, as well as supervision and promoting learning with adult carers.

The authors succeed in taking the reader on a fascinating journey through the history of the development of residential child and youth care work in African countries and its relevance in present times. Each chapter demonstrates how the development of residential care in these countries share many similar foundations and themes, and yet, are so completely different. The book interweaves factual information with artful storytelling so that the reader becomes powerless in its grip and compelled to consume each chapter to complete the picture, much like the pieces of a puzzle. It is a must-read for everyone who works with children and young people.

Werner van der Westhuizen
Social Worker in Private Practice, Gqeberha, South Africa

This book is easy to read, and provides well-considered arguments and insights, research and reflections into child and youth care in developing countries around Africa. This text traverses countries from the north of Africa to Sub-Saharan Africa, deftly bringing to the fore initiatives from governments and civil society in focusing on child care and protection. An outstanding feature of this book is found with the insightful questions posed at the end of each chapter, questions that offer guided reflections for personal or small group discussions; invaluable for educators, training providers and students.

Varoshini Nadesan, PhD
Senior Lecturer: University of Johannesburg, South Africa
President: Association of South African Social Work Education Institutions

The collection of Residential Child and Youth Care in a Developing World comes at a time of turbulence, opportunities and change where policy development continues to outpace child and youth care practice in many countries in Africa. In focus are the insights of practitioners, educators and researchers who witness the changing landscape of residential child and youth care practice in their countries. Once again, I was reminded of the power of Ubuntu in residential child and youth care practice in Africa – I am because we are – with the emphasis on relational care, belonging and deeprootedness in communities.

Coenraad de Beer
Head of Child Care & Safeguarding, SOS Children's Villages International

