

The Dynamics of Prolonged Child Residential Care in Botswana: Prospects for Alternative Child Care Systems

Kabo Diraditsile and Gosego Ivy Mmeanyana[§]*

Abstract

In Botswana, residential care facilities are one of the options to accommodate children in need of care. However, in some cases they are over-utilised and the child's stay is prolonged. Using the Attachment Theory as a guiding framework, this study sought to explore the effects of prolonged residential care for children. The study was conducted at the Childline Botswana Place of Safety in 2014. Focus group discussions and in-depth face-to-face interviews were adopted for data collection. All the participants were purposefully selected based on their experience in child welfare and their interaction with children in residential care. The findings indicate that residential care for young children should be utilised on a temporary basis and/or only if it is necessary and in the best interest of the child. In addition, family-based alternatives such as foster care, kinship care and adoption are preferred options. Collaborative efforts by the government, implementing partners and residential care facilities are also needed and the increased involvement of the community is required to ensure a more efficacious care for children in need.

Introduction

Prolonged residential care for young children is a debated issue in Africa and around the globe, with some scholars (Brodie and Pearce 2017; McSherry and Fargas-Malet 2018; Van Breda 2018a) suggesting that prolonged care may be more beneficial to the child than short-term care. Other scholars (Dziro and Mhalanga 2018; Frimpong-Manso 2018; Refael 2019) are of the view that family-based care is more child-oriented than prolonged residential care. There is consensus in the literature on the factors that result in orphanhood, separation from parents and vulnerabilities that necessitate alternative care. For instance, HIV and AIDS and other life-threatening diseases, breakdown of families, household poverty, child abandonment, and armed conflicts are some of the factors that result in infants and toddlers being orphaned across the globe. As a result, governments and concerned child protection professionals are obligated to protect and attend to the needs of these children in the most efficacious manner (UNICEF 2017). Van Breda (2018b) argued that the emphasis should be on the fact that the early years (from birth to-three years old) of development are the most critical as they determine an individual's health, relationships, education, and economic participation for the rest of the his/her life.

Research conducted on the effects of prolonged institutional care has found that for every three months that a child remains in residential care, one month of development is lost (Bond 2018). The effects of institutional care on children may be related to disturbances in cognitive and social development as well as attachment disorder, and relationship problems in adulthood (Morats and Heyman 2010). According to Tamsen, Zitha and Joanie (2016), children in prolonged residential care lack a sense of belonging to their biological family and lose their right to parental property, such as land. These children often lack individual care, are cut-off from their communities and cultural identity, and do not experience care in a family environment (Nnama-Okechukwu and Okoye 2019).

In Botswana, the Children's Act of 2009 identifies the need for alternative care for children in distressing situations. In some cases, placement in residential care is required to keep siblings together

* Kabo Diraditsile, Graduate School of Social Sciences, Waseda University, Japan. Email: kabodira@fuji.waseda.jp

[§] Gosego I Mmeanyana, Department of Student Welfare Services, BA ISAGO University, Botswana. Email: ivygosego@gmail.com

in situations where children cannot be placed with their birth families or in circumstances where they require a more regulated form of care and attention (Jacques 2011). In Botswana, other forms of alternative care such as fostering and adoption continue to be under-utilised. This is partly due to the fact that regulations governing foster care, as provided for in the Children's Act of 2009, have not been officially approved. Furthermore, legal adoption is rare which results in young children remaining in residential care unnecessarily and often for prolonged periods of time (Maundeni 2009). Studies conducted on older children in Botswana (Diraditsile and Nyadza 2018; Malinga and Ntshwarang 2011) have suggested that some children stay in care institutions for extended periods due to difficulties in reconstructing biological families and lack of information among most Batswana on the possibility of fostering and adopting children who are not related to them.

This lack of knowledge persists despite the fact that the previous Children's Act of 1981 permitted fostering of unrelated children, albeit with less stringent statutory controls (Jacques 2011). There is insufficient information on how prolonged stay affects children under five years of age. This paper argues that, if the above realities are not addressed, Botswana is likely to produce adults who cannot engage in positive relationships which will result in higher numbers of dysfunctional families and a greater need for increased funding for children in need of care. The vicious cycle of poverty and family breakdown will continue as more children will suffer material deprivation, loss of property and lack of a homely environment in which to live and develop.

It is against this background that this study sought to document the effects of prolonged institutional care on young children and explored more efficacious forms of alternative care. This includes family-based care such as fostering, adoption or the improvement of residential settings to ensure the continuity of family life and the development of attachment between young children and parental figures. The findings of the study were used to formulate recommendations for lasting solutions to the problem of prolonged institutional care and the provision of effectively organised and regulated family-based care.

Theoretical Framework

The study adopted the Attachment Theory as its guiding framework. Historically, Bowlby (1973) outlined this theory and its central role in child development more than fifty years ago. Attachment Theory explains personality development in the context of close relationships (Furnivall 2011). The major tenet of the theory is that attachment behaviour ensures the survival of infants and young children by keeping their caregivers close and available to provide protection and comfort.

Furnivall (2011) noted that the attachment relationship provides the context for the achievement of infancy and early childhood development tasks, emotional growth and the development of the capacity to mentalise. According to Wong (2009), attachment is a biologically pre-determined tendency that allows human beings to form affectional bonds with others in order to ensure protection, comfort and, ultimately, survival. Based on the foregoing, it can be concluded that the development of attachments between children in care and their caregivers depends on the characteristics and attributes of the care givers.

Research Design and Study Sample

This study employed both descriptive and explanatory research designs and was undertaken in 2014 at the Childline Botswana Place of Safety. A sample size of seventeen participants was selected, comprising of: one policy maker, five local authority social workers, three early childhood care and education teachers, and eight residential care facility professionals. The residential care facility professionals were broken down further into: two social workers, two psychologists; and four house mothers. The researchers had access to a list of all the professionals and house mothers who worked in the residential care facility. The

study utilised a purposive sampling technique. The researchers conducted interviews and focus group discussions (FGDs). Nine interviews were held; one with a policy maker, three with pre-school teachers, and five with local authority social workers.

Each interview took between forty five minutes and an hour. Two FGDs were conducted with the workers at the facility; the first with the social workers and psychologists, and the second with four house mothers. Both FGDs took about one hour, thirty minutes in order to allow all the participants to respond to the questions asked by the researchers. A tape recorder was used (with the permission of the participants) to ensure that information was accurately recorded in case of omission during note taking.

This study was approved by the Institutional Review Board of the University of Botswana and a research permit was granted by the Ministry of Local Government and Rural Development. Prior to data collection, the researchers ensured informed consent while anonymity, confidentiality, and voluntary participation in the study were assured.

Results and Discussion

Four major themes emerged from the research data, namely; the: reasons why children stay for long periods of time in residential care; factors associated with prolonged stay in residential care; effects of prolonged residential care; and the possible benefits of family-based care as an alternative to residential care.

Why children stay for long periods of time in residential care

All the social workers in the residential care facility emphasised the fact that before a child can be taken into care, he/she must have been declared a ‘child in need of care’ by the children’s court. The decision is taken by a judge after a thorough discussion with the officer who removed the child (normally a local authority social worker). One respondent noted that ‘In some emergency situations the placement officer is a policeman or a social worker from other organisations such as the hospital’.

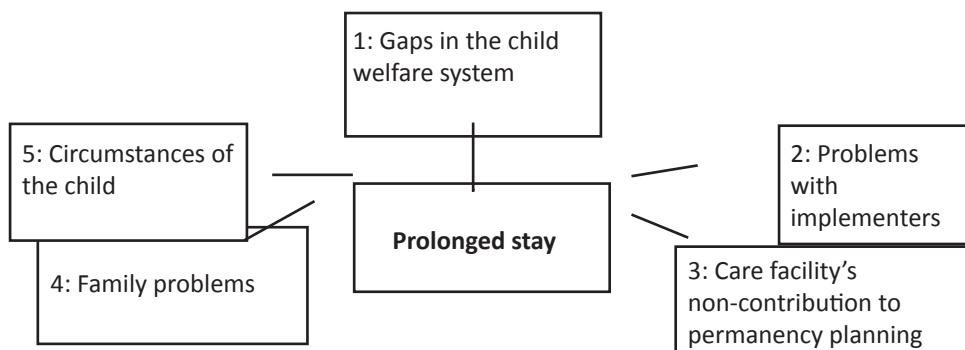
The local authority social workers and residential care professionals indicated that, after such a placement is made, the practice is to refer the case to a local authority social worker who will then complete all the necessary family visits and create a permanency plan for the child. Social workers in local authorities and the policy maker had varying views about how long a child should stay in care. There was also no consensus on the definition of ‘prolonged stay’ of children in care. During the interviews, one respondent pointed out that ‘There is no specified time limit in Botswana that can be used to define prolonged stay in residential care’.

All four residential care professionals reported that a three to six months stay is long enough; two local authority social workers had no specific view on what prolonged stay entails and three stated that a three to six months stay should be the cut-off point. The social workers who were unsure highlighted that there was a need for time to resolve cases and the length of stay was dependent on the length of time needed to achieve successful intervention.

Factors associated with prolonged stay

Respondents were asked about the factors associated with long-term stay in residential care. Five main themes emerged to account for long-term stay in care and are summarised in Figure1 below.

Figure 1: Factors associated with prolonged stay in residential care



Source: developed using research data by authors.

Gaps in the child welfare system

The first reason respondents identified for why children stay in care for prolonged periods of time related to the gaps in Botswana’s child welfare system. Almost all of the participants with a social work background identified the lack of consensus between child protection laws and programmes in Botswana. One of the social workers stated that the poor implementation of statutory foster care and adoption was due to the lack of guidelines for foster care and the fact that the Adoption Act of 1952 is ‘too old’. Two social workers re-iterated this; one stated that:

In public service, we work by written guidelines... It is not like we do not want to implement foster care, some of these children could have gone straight into foster homes ..., if there are no standards, how does one even begin to recruit parents, which council quota do you use to seek funds for training those willing to take in children, what do you tell parents about lack of a grant if you feel they deserve it like any caregiver of [a] needy or orphaned child?

This finding supports the view of Jacques (2011) who noted that there is no allocated budget within the Ministry of Local Government and Rural Development (MLG&RD) for the needs of children and there are no funds allocated to educating the public on the issues of adoption and foster care. Furthermore, respondents emphasised the lack of co-ordination of alternative care and weak referral systems between public service stakeholders such as the police, local authority social workers, courts, and hospital social workers.

One of the social workers mentioned that she only recently learnt that her area of jurisdiction had placed a child in residential care. Upon investigation, it was found that the court order for placement was issued to a police officer who omitted to hand over the case.

Problems among implementers

The second factor for long-term stay related to the high workloads of social workers who have very little time to follow up on cases and diligently practice family reconstruction. Some of the social work respondents complained about the transfers of colleagues that appeared to be unplanned and gave rise to the inappropriate hand-over of cases. Two of the social workers indicated that the lack of specialisation in the different fields of social work had led to the appointment of people with no passion for child welfare work. This, in turn, has resulted in reluctance to follow-up on cases or to engage in permanency planning for children in care. One social worker corroborated this:

Every social work graduate can work as a child welfare officer because currently there is no specialisation in the work place. I feel that there is a need for specialisation on the grounds that not all social workers want to work with children but when we are placed for work, we do generic social work roles and that is overwhelming for most of [sic] social workers as there is too much to do.

Little or lack of contribution to permanency planning by the residential care facility

The third factor that influenced prolonged stay in care was the lack of a contribution by the residential care facility to finding a long term solution to the children's cases. All the local authority social workers stated that the residential care facility concentrated on accommodating and caring for the children, and only liaised with the placement office when the period of stay was about to elapse. One of the social workers emphasised that 'Residential care facilities should acknowledge the workload of local authority social workers and help with permanency planning on the basis that as it is, everything is expected to be done by local authority social workers'.

Family problems

Participants indicated that the children's birth families also played a role in ensuring the long term stay of children in care. All of the house mothers stated that families seldom visit the children and highlighted the fact that some of the children who had been neglected only saw their mothers after the completion of the neglect trial in court. The local authority social workers, the policy maker, and one of the psychologists pointed to the possibility that parents develop a dependence on the system to care for their children and feel less stressed when the children are in care.

One of the psychologists stated that 'One of the reasons why young mothers leave children unattended is stress related to unemployment and lack of support. Once the child is in care, they feel relieved and if there is no follow up counselling or she does not find a job or a means of support then the likelihood of her visiting the child and/or wanting them [sic] back is low'.

Circumstances surrounding children's cases

The last factor that influenced long-term stay in care related to the circumstances surrounding the child's case such as chronic illness, living with a disability or multiple problems. The social workers in the residential care facility and some of the local authority social workers noted that some children had a lower chance of entering the alternative family care system due to their HIV positive status, or because they had cancer or some form of disability. In the residential care facility, there were four children who were on HAART (Highly Active Antiretroviral Therapy) treatment and one was receiving cancer treatment.

The reason for the placement of these children was either negligence of their health needs or abandonment. It was difficult to locate the parents of these children following their placement as most parents felt that the child would come with a burden of care and 'special needs' attention. One of the local authority social workers who had placed several children in the facility stated:

I have tried many times to reunite some of the children with their families only to find that when I think I have resolved one issue, another crop[s] up. I placed this other baby because the mother had postnatal depression, so that I can work with her immediate family to find [sic] if anyone would like to take in the child. When I thought the grandmother was willing to take the child, I removed the child and placed him in the family, only to find three days after that, that the child was critically ill in hospital due to infection from one of the mother's sisters who did not disclose her TB status.

Effects of Prolonged Residential Care

There was consensus among all seventeen respondents that there are consequences for children who spend a substantial part of their childhood in residential care. The respondents highlighted the fact that the effects are associated with the conditions of residential care, such as the evolving nature of the facility in terms of personnel, the group living arrangement, low exposure to the outside world, and little or no interaction with birth families. Even so, respondents acknowledged that not all aspects of care in the facility have harmful effects on the children and not all children respond in the same way to their experience of care.

The next section considers the effects of residential care on children who have spent an extensive amount of time in the facility and are summarised as: delays in development; attachment problems; health concerns; and the possibility of poor scholarly achievement.

Developmental delays

The psychologists and social workers maintained that most of the children who had been placed in the facility as babies showed signs of delayed achievement of developmental milestones. The psychologists noted that they assessed the children through observation and made use of tools such as the social maturity scales and Draw-a-Person Test, among others, to determine how well the children were developing. The social maturity scale is used to assess children from the age of six months old to monitor their responses during interactions with others and with their environment.

Friedhelm (2008) indicated that the Draw-a-Person Test is one of the many tools used to assess children from the age of two years to compare their mental age and their chronological age; it also calculates their intelligence quotient (IQ). However, the psychologists indicated that these are only educational tests and that they cannot be used on their own to explain the children's delayed development. All the psychologists stated that they had not established the cause for these developmental delays but the fact that some children had low mental ages could be one of the contributing factors. The social workers in the facility also stated that this could be due to the children's confinement in the institution. One of the social workers said:

Sometimes it is not that children cannot speak but because they do not have the vocabulary for some of the things, we expect them to know. They only know things within the confines of the facility which are spoken about and expressed in words by caregivers. In our families, we are excited about teaching children to say out words like 'mama' or 'papa', but it is not many times [sic] you find an adult in residential care excited about this... without training and interaction with adults, children's vocabulary will remain limited.

The children's social development was also raised as a concern. Most of the respondents in the two FGDs were concerned about the children's lack of exposure to the outside world. The children displayed a lack of confidence when playing with other children and poor interpersonal skills. For example, teachers in all the early childhood education centres reported that the children from the care facility were involved in fights among themselves while at school. Two of the teachers reported that the children from the care facility stole other children's food during school time, and sometimes that had occurred more than once.

Similarly, all of the house mothers and teachers raised the issue that the idea of sharing tended to be a problem among most of the children in the residential care facility. This is despite the common assumption that as they lived in a group setting and shared almost everything, the children would have more easily internalised the concept of sharing than children from family settings (Van Breda 2018c). The

social workers and psychologists at the residential care facility explained that, at times, the children lacked trust and this was due to the lack of dependability of some of the biological mothers and relatives. This lack of trust resulted in the children feeling that they had to fend for themselves. One of the house mothers stated that ‘The child may not be sure whether they are going to get their next meal, and so it is safe to keep my food and eat another’s, so I can have mine later’.

The psychologists reported that, in their efforts to expose children to the outside community, they had taken groups of five children to the park on different weekends. They observed that only a few children mingled well with others that they met at the park. Some children refused to play at all; while others would not share the swings irrespective of whether the child was from the facility or just at the park. The stealing or taking of other children’s food and toys was also a problem during these outings. One of the psychologists (like the teachers) was worried that the children behaved in a manner that suggested that they did not know that it was wrong to take another person’s food and toys without permission.

Attachment problems

Most of the social workers who participated in the study noted that children need to bond with their mothers and that, if the formation of this bond was not successful, it might show in the child’s personality. Pringle (2016) argued that, in residential care, children could form bonds with their primary caregivers, the house mothers. However, based on the study results, the house mothers indicated that it was difficult to give the children individual attention as they worked in shifts with two to four house mothers per shift. In addition to making time for children, there were other duties such as laundry, cooking, packing of clothes, grocery shopping, cleaning and general chores that had to be performed. The house mothers also indicated that they had recently lost two of their long serving staff members whom the children had been very fond of. This meant that the children had to establish new relationships with other house mothers.

In order to determine whether or not the children had problems related to attachment, the researchers used the oral reports on their behaviour patterns from the house mothers and the professionals in the residential care facility. Most of the children in the facility wanted to be picked up and clung to visitors who came to the facility. One of the teachers also indicated that most of the girls from the facility yearned for attention and always wanted to hug her when they arrived at school. The teacher noted that ‘At one point I did not know how to handle one of them, so I gave in to her demand of wanting to sit on my lap. The whole five minutes I was teaching with her on my lap...after that the other girls also wanted similar treatment, so I had to change the activity to distract them’.

The study also established that some of the children avoided forming relationships with anyone; they appeared to be afraid or just indifferent to doing so. To substantiate this, one social worker said that:

When others are reported to be excited and to befriend visitors, some withdraw and shy away from visitors and familiar adults. They also tend to be more aggressive when provoked and act as though they want to protect themselves from getting hurt. Most of the children in this category were those who had been abandoned as babies, while some were those who were abused and neglected by their families.

On a different note, it was reported that while some children tended to have problems with attachment, others formed bonds with preferred house mothers; this made it easier for the children to seek comfort and love. While this may have been in the best interests of the children, the house mothers were concerned that this would be interpreted as preferential treatment for some children. Moreover, the house mothers also mentioned that, whenever they could, they tried to give each child individual attention even though it was

not carefully planned and standardised.

Health concerns

Many of the respondents raised concerns over the frequency of illness among the children in the facility and the fact that they were often sick at the same time or immediately after each other. For instance, one of the house mothers was concerned about ringworm that often attacked the children. The school teachers also raised a concern about ringworm, especially on the children's heads, and noted that they had been forced to stop the children from attending school for a week to avoid infecting other children. To substantiate the above finding, a respondent noted that:

This problem is difficult to control because one never knows whether the infection was picked up at school or within the facility. The hospital has tried to help by recommending disinfectants for the facility and a treatment which is administered to all children during a break out, but the doctor also indicated that since it is a fungal infection, recurrence is always possible. At other times even house mothers get infected.

Poor scholarly achievement

The issue of poor scholarly or educational attainment was mentioned by the teachers, professionals from the residential care facility, the policy level representative, and two of the local authority social workers. Poor educational achievement was attributed to the fact that the children lacked exposure to the outside world and activities, received a poor level of routine follow-up on school work in the residential care facility, as well as delayed development. On the effects of prolonged residential care, Pardeck (2006) stated that children who are confined to one place have limited imagination and creativity and these are vital for early childhood education. In corroboration with this, one of the pre-school teachers mentioned that the children from the residential care facility and some whom she had met from other facilities tended to be less imaginative than those from family settings. She also noted that:

On several occasions I asked the children in my class what they were doing over the weekend. Other children mentioned that they had been to the movies, to restaurants with their sisters and cousins, out shopping at the mall, and many more, whereas children from [the] residential care facility had little to say. This worried me because they could not relate these activities to the topic of the week which was Leisure Time Activities. At times we also ask children to draw their families and most of the children have no clue what is meant by family!

One of the social workers who had worked extensively with children in child care facilities re-iterated that children from such facilities tended to have difficulties in storytelling and later, in primary and secondary school, had problems with composition and other creative writing. Furthermore, the professionals in the facility expressed concerns about the children who were now attending primary school; they faced problems at school because most of the activities were related to things that occur around the family. Most of the children who had come into the facility as babies could only relate to the word 'mother' as they had not been exposed to other family members. On this basis, one house mother noted that 'It becomes even harder if the children are not visited by their relatives with whom some of the words are associated'.

Possible Benefits of Family-based Care as an Alternative to Residential Care

There was consensus among the respondents that being surrounded by family was the best environment for all growing children. Family-based care refers to children being re-united with their birth families, or placed with foster care or adoptive families. All the respondents mentioned that a family environment, even if the child is not a blood relative, was good for the child's development and his/her ability to have his/her needs met. The policy level respondent emphasised that 'Ideally, residential care should be a final option after all forms of alternative family care have been exhausted and that it should only be temporary'.

The following issues were noted by respondents as the benefits of family-based care as an alternative to residential care in Botswana.

The family is a natural environment for all human beings

One respondent indicated that 'Unlike the artificial setting of residential care facilities, families provide a natural setting/environment to which all human beings have an instinctive sense of belonging'.

The study also established that children in the residential care facility who had been abandoned and had stayed in residential care for a long period of time would have benefited if they had been adopted into families rather than staying in residential care for prolonged periods. The policy level respondent stated that 'Even when facilities are divided into family units, children eventually realise that they are only "mock families" especially if there is a turnover of staff and if they see that some of the children sometimes receive visitors from the outside whom they call mommy or granny'.

The findings further showed that families have the potential to heal some of the effects of prolonged stay in residential care. Two of the teachers and a psychologist from the residential care facility stated that many of the children who experienced difficulties would have done much better in family settings rather than continuing to stay in the facility:

The family would give children a chance to be socialised and expose them to cultural and community activities that are vital for their social and mental development. Their educational achievement is likely to be improved since families have time to check on children's work and are interested in what children do at school, especially those still in early childhood education.

Alternatives such as statutory foster care and kinship care are beneficial

The study found that statutory foster care and kinship care provides the child with an opportunity to continue to be in loving and secure families which are monitored in their best interests by social welfare officers. One of the local authority social workers stated that 'It would be much easier for a parent to visit a child placed in a family than in residential care where there are many rules. Some clients whose children were in the centre had mentioned their fear of being observed by friends when they visited the facility'.

The policy level respondent and professionals at the facility stated that, in their endeavour to promote family-based care, the Department of Social Protection (DSP) under the MLG&RD in collaboration with the facility was involved in a project to encourage communities to take care of their own children in families through the promotion of statutory foster care. One respondent noted that 'There is hope that this initiative will help to de-institutionalise most of the children in the centre and eventually lessen the numbers of Botswana children who enter various residential care facilities'.

Family based care is more cost effective

The respondents who have experience in both family-based and residential placements (policy level representative and the social workers) pointed out that caring for children in families was considerably

cheaper than residential care. On the one hand, the costs related to caring for children in families were linked to caring for orphans and vulnerable children and they included a monthly food basket, seasonal clothing, toiletries for those in school, monthly support for transport, and occasional group psychosocial support tours.

Other costs in families such as utilities (water and electricity) were taken care of by family members. On the other hand, the costs related to residential care included monthly payments for all utilities including communication, food for the children, salaries and benefits for staff and support staff, fuel for transport, special projects, workshops, children's clothing, and the maintenance of buildings, cars, and other assets that make up most of the cost of caring for children in residential placements. The policy level respondent said that 'The fact that it is more expensive for the government to support residential care facilities than families, I would say family-based care is much less costly because other forms, such as adoption and foster care, currently have no direct costs to the government'.

The Way Forward

This section is based on the study findings as well as evidence gleaned from numerous official documents with regards to the care of vulnerable children in Botswana.

The government

This paper contends that the government should ensure that priority is given to budgeting for children in need of care through the parent Ministry (the Ministry of Local Government and Rural Development). This includes ensuring that budgetary allocations for children in other ministries are utilised for the purpose for which they are intended as children in need of care may not be their priority. For example, there is a real need for day care centres for young children whose mothers cannot work as they have to take care of their children. Therefore, both the Ministries of Basic Education and Local Government and Rural Development must budget for and provide free pre-school facilities and necessities such as uniforms and food. Furthermore, the government must promote and facilitate pro-active initiatives through educational and other programmes aimed at preventing and eliminating social problems such as 'baby dumping', unemployment of young women, alcohol and drug abuse in families, and promoting family and social support in the communities.

This can be facilitated by the DSP and implemented by Non-Governmental Organisations (NGOs) and local authority social workers. The Child Protection Unit at the Department of Social Services (DSS) must ensure that there is a strategy in place for the national co-ordination of interventions for children in residential care; this should be implemented in an improved and similar manner to the programmes for orphaned and vulnerable children growing in families. This would have implications for the standardisation of alternative care procedures and specialised employees in the section. In addition, there should be the recruitment and maintenance of a national database of parents who are potential adoptive and foster parents. Moreover, there should be standardisation of residential care facilities in order to lessen the harmful effects of prolonged care on young children. This means ensuring that all facilities are turned into family-based units, to provide children with a continuity of family life and ensure they receive the necessary individual attention.

The government should ensure that national statistics on children in residential care are aggregated and monitored for progress or the lack thereof. It should promote and facilitate statutory foster care at national level, which includes budgeting for public education on effective family-based care for children living outside their birth homes. The government should reconsider providing a grant for foster families, trusting that the DSP and the implementing professionals will scrutinise applications. This will ensure that

those with inappropriate motives will be excluded during means and qualification tests and that there will be continued monitoring and evaluation of the placements in line with the regulations of the Children's Act of 2009. This has implications for the creation of dedicated social work posts and the provision of resources such as transport to ensure that essential standards are maintained. Furthermore, the government should consider taking legal action against parents who continue to take advantage of the system and who do not co-operate with local authority social workers during rehabilitation or reconstruction efforts.

Residential care facilities

This paper recommends that child residential care facilities must ensure that social workers and psychologists carry out the preliminary and continued developmental assessment of children who are placed in care in order to build evidence and advocate for better standards of care. This should assist with permanency planning for children, especially those who have been abandoned and whose families need reconstruction. This includes designing a programme for biological family rehabilitation and proposing that donors fund it through their corporate social responsibility systems. The government should also sponsor this as it forms part of the national plan for child protection and strives to ensure that children in residential care facilities enjoy a family-based environment and have the chance to develop loving and secure relationships with at least one parental figure.

Residential care facilities should also consider transforming the dormitory style to family-based units to help lessen the detrimental effects of prolonged care on children. Moreover, care facilities for children should assist the government to educate the public on issues of out-of-home care and promote the effectiveness of family-based care; care homes should budget and request funding for the inclusion of projects to expose children in residential care to the community. Such programmes could include: initiating tours to game parks and shopping malls, teachings children about the use of money; cultural tours; exposing children to a traditional diet; and including them in ceremonies such as weddings. Residential care facilities should also develop a standardised training programme on child development and care for all house mothers and volunteers and encourage consistency of positive care among all caregivers. In addition, these facilities need to consider strategies to retain staff for long periods of time to ensure that children are accustomed to consistent parental figures.

Limitations of the Study

The study findings should be cautiously interpreted due its limitations. The qualitative nature of the study and the utilisation of a smaller sample means that the study may not fully represent the views of the study population. Hence, the results cannot be generalised beyond the population and area under study. A major limitation of the study is that the children were not interviewed; information on the children was based on the perceptions of their house mothers and other child welfare professionals.

Conclusion

In summary, the study identified some advantages associated with residential care and highlighted some disadvantages in families which predispose children to residential care. However, there are continuing corresponding concerns about the potential harmful effects or outcomes of prolonged residential care, such as delayed development, attachment disorders, and possible poor educational achievements. The above-mentioned outcomes not only affect the stages of childhood but have the potential to cause long term problems in the future such as low levels of participation in the economy and difficulties in forming positive adult relationships.

Therefore, the recommendations point to the need for residential care to be used only as a last

resort, as a temporary measure when necessary and always in the best interests of the child. Alternative family-based care, such as the adoption of abandoned children, statutory foster care, and kinship care for children who have parents or birth families with whom they can later be re-united, should be the first option in these cases. For this to be achieved there is a need for a co-ordinated and concerted effort by both government and stakeholders, and community participation in caring for vulnerable children.

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