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PERCEIVED EFFECTS OF PROLONGED RESIDENTIAL CARE FOR CHILDREN: BOTSWANA EXPERIENCE

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ABSTRACT

The study determined the perceived effects of prolonged residential care for children in Botswana. The study adopted qualitative descriptive research design. Data was collected through focus group discussions and face-to-face in-depth interviews from purposefully selected participants, based on their experience in child welfare and interactions with the children under study. The study obtained ethical clearance from the University of Botswana Institutional Review Board, and a research permit was acquired from the Ministry of Local Government and Rural Development. Informed consent was also obtained prior to data collection. The study findings point out that, residential care for children should be utilised on temporary basis and/or only if it is necessary and in the best interest of the child. In addition, the findings show that other family-based care comprising foster care; kinship care and adoption are preferred alternatives. To this end, it's imperative for all relevant stakeholders to develop context-specific strategies to address prolonged residential care for children.

KEY TERMS: *Child welfare, child protection, prolonged care, social work, Botswana.*

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INTRODUCTION

The United Nations Convention on the Rights of the Child recognizes that children have the best chance of developing to their full potential in a family environment. The primary responsibility for their care lies with their parents and legal guardians. However, issues of HIV and AIDS, family breakdown, and low economic status of young mothers often result in orphanhood, separation from parents, displacement of children, and vulnerability that necessitates alternative care. Residential care is one of the alternative care options for children in need of care and those who advocate for residential care note advantages such as a safe shelter, good diet and educational support (Malinga and Ntshwarang, 2011; Bond, 2018). They also hasten to emphasize that; this form of alternative care is becoming over utilised and prolonged. Notably, residential child care has over the years come under increased scrutiny, and there have been policy debates about its functions within the range of child welfare services.

There have also been inquiries about its effectiveness compared with other alternative forms of care. Moreover, substantial concern has been raised regarding overuse or abuse identified in countries around the world (Tamsen, Zitha & Joanie, 2016; Dziro & Mhlanga, 2018). In particular, the detrimental effects of prolonged residential care have been documented in many countries around the globe (see for example, Morats and Heyman, 2010; Frimpong-Manso, 2018). Given the potentially damaging effect on the social, physical, and psychological development of young children, such provision has been reduced in many developed nations (Wong, 2009). However, this form of alternative care continues to be utilized in parts of Asia, the Middle East, and Central Europe, due to problems with families and displaced children. In Africa, it is a relatively new phenomenon because of the past existence of extended family support, which is now facing potential extinction due to HIV and AIDS, civil wars, migration, and modernization (Maundeni, 2009).

Similarly, an increase in residential care is evident in Botswana as shown by a growing emphasis on residential centers and temporary places of safety for children in need of care. Regrettably, there is little information in Botswana on perceived detrimental effects of prolonged residential care on young children and thus some continue to stay in institutions for long periods of time (Childline, Botswana, Annual Report, 2011). The three SOS Children's Villages in Botswana care for children on a long-term basis and finding permanent family-based care has proven to be difficult as only a small number of children are fostered or adopted (Diraditsile and Nyadza, 2018). Furthermore, there is currently no fully-fledged database of potential foster or adoptive parents in the country. It is against this background that this paper argues that, there is need to explore the issue of ongoing residential care and the possibility of formulating interventions for young children in residential care.

PROBLEM STATEMENT

The phenomenon of prolonged residential care for young children is an issue of major concern across the world. HIV and AIDS and other life-threatening diseases, breakdown of families, household poverty, child abandonment, and armed conflicts are some of the factors resulting in millions of infants and toddlers across the world being orphaned, separated from parents, and in need of care (Maundeni, 2009). Governments and concerned child protection professionals are obligated to protect and attend to the needs of these children in the most efficacious manner (UNICEF, 2011). Emphasis should be made on the fact that the early years (from 0-3years) are the most critical in the development of a human being as they determine health, relationships, education, and economic participation for the rest of the individual's life (World Health Organization, [WHO], 2012).

Every year, more than two hundred million children under five fail to reach their full potential partly due to prolonged periods spent in residential care (UNICEF, 2011). Even though the authors did not come across any aggregated statistics on children who stay for a prolonged period in residential care facilities in Botswana, concerns have been raised by facilities such as Social Society Children's Villages- Botswana (SOS CV) and Mpule Kwelagobe Child Center that a significant number of children stay for long before a solution is sought for them. The effects of prolonged institutional care point to the disturbing finding that, for every three months that a child remains in care, one month of development is lost (Morats & Heyman, 2010). In addition, 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 (Nnama-Okechukwu & Okoye, 2019). Furthermore, if residential care is prolonged, children end up losing a sense of belonging to their biological family and their right to parental property such as land. They suffer a form of material deprivation because children in institutions share everything and grow up not having much to call their own (Rusakaniko, Munyati, Sebit, and Mbozi, 2006.).

Article 20 of the Convention on the Rights of the Child (CRC) alludes to the right to alternative care for children who are temporarily or permanently deprived of their family environment. Alternative care measures include foster placement, *kalafa* of Islamic law, adoption and/or if necessary, placement in a suitable institution for the care of children (UNICEF, 2011). In Botswana, the Children's Act of 2009 identifies the need for alternative care for children in distressed situations. Of critical importance is the fact that in some cases, placement in residential care is required to keep siblings together in situations where children cannot be with their birth

families or in circumstances where they require a more regulated form of care and attention (Jacques, 2011). Regrettably, in Botswana other forms of alternative care, such as fostering and adoption; continue to be underused partly because the regulations concerning foster care as provided for in the Children's Act of 2009 have not yet been officially approved (Jacques, 2011). Legal adoption is also relatively rare, resulting in young children remaining in residential care unnecessarily and often for prolonged periods of time (Maundeni and Malinga-Musamba, 2013).

Studies done on older children point to reasons that some children stay for extended periods in institutions because of difficulty in reconstructing biological families and the lack of information by most Botswana on the possibility of fostering and adoption of children who are not related to them (Maundeni, 2009). Even in the previous Children's Act of 1981, fostering of unrelated children was permitted although with less stringent statutory controls. There is a gap in information among professionals who work with children in need of care as well as community members. There is also 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 heightening the numbers of dysfunctional families and the need for increased funding for children in need of care. The vicious cycle of poverty and family breakdown will continue as more children continue to suffer material deprivation, loss of property and lack of a homely environment to live in and develop.

It is against this backdrop that, this study sought to highlight and document the perceived effects of prolonged institutional care on young children and to explore the opportunity of arguing for more efficacious forms of alternative care. This could be the form of family-based care such as fostering, adoption or improvement of residential settings to ensure continuity of family life and needed attachment of young children to parental figures. To this end, the findings will pave way for recommendations of lasting solutions to the problem of prolonged institutional care and the provision of effectively organized and regulated family-based care.

METHODS

Participants

A purposefully selected sample size of 17 was utilised, comprising 1 policy maker, 5 local authority social workers, 3 early childhood care and education teachers, and residential care facility professionals comprising 2 social workers, and 2 psychologists, as well as 4 housemothers in the residential care. Of the 17 participants, there were 15 females and only 2 males. Most of the participants were in their prime years of between 30-39 and 40-49 years old. Most of them had worked for some time and therefore conversant in their work of child welfare or care.

In terms of the number of years in child welfare, 7 participants had worked for 2-5 years, whereas 6 of the participants had worked for 6-9 and 4 participants had worked more than 10 years in child welfare. Specifically, the number of years of work for the personnel in residential care ranged from 2-5 years, with the housemothers having the most years of experience. The local language (*Setswana*) was used when interviewing the housemothers and the responses were later translated to English. In relation to data handling, a tape recorder was used, and information later transcribed.

Sampling technique

The study utilised the purposive sampling technique. The researchers had access to a list of all local authority social workers working in the residential care facility under study. The policy level representative was chosen purposively from the Child Protection Unit at the Department of Social Protection (DSP); the teachers were all from the schools where the children receive early childhood care and education (ECCE); and the social workers and psychologists in the facility were also utilised intentionally for their insight resulting from working with the children at the centre. Data was collected through in-depth face to face interviews and focus group discussions.

Ethical consideration

The study was submitted to the University of Botswana Institutional Review Board (UBIRB) for ethical clearance, and the researchers obtained a research permit from the Ministry of Local Government and Rural Development to conduct the study. The aim and the purpose of the study were succinctly explained, and a written informed consent was obtained from participants before they could take part in the study. Participants were assured that information obtained from them will be kept confidential. Furthermore, they were informed that their participation is voluntary, and they could withdraw from the study at any given time if they felt uncomfortable.

RESULTS AND DISCUSSION

Effects of prolonged residential care on children

The findings of the study note the effects of prolonged care on children. The psychologists highlighted the issue of delayed development manifested through a significant number of children with mental ages lower than their chronological age. This finding is similar to the results of a meta-analysis conducted by Bragi (2006) which shows that surveys of the risk of harm on young children in residential care in 32 European countries indicated problems of delayed mental and brain activity. Regarding social concerns, literature in Europe, Nigeria and South Africa indicates some negative effects such as loss of family ties, low social competence, and possible anti-social behaviour by children spending most of their childhood in residential care (Morats and Heyman, 2010; Van Breda, 2018).

These arguments are confirmed by the anti-social behaviour of the children at the residential care facility, such as fighting, stealing of toys and food, and a general lack of interpersonal skills like the need for sharing. The teachers at the early childhood care and education centers also alluded to having worked harder to ensure that the children from the facility adhere to rules in school as well as to improve their general level of confidence. Moreover, the findings indicate concerns surrounding the attachment patterns of the children in the residential care facility. To corroborate this proposition, one participant said:

“Even though a few children seemed to have bonded well with the housemothers, most were noted to display clingy behaviour and indiscriminate attachment while others avoided forming relationships”.

This finding is supported by a study conducted by Kendrick (2008) which found out that children who remained in residential care in their first 2 years of life suffered from emotional withdrawal and displayed indiscriminate attachment by readily seeking attention from strangers and caregivers alike. Only a few showed to have developed a bond with a preferred caregiver.

Why children stay for prolonged periods in residential care

It was evident from the study findings that despite the harmful effects associated with prolonged residential care on children, this form of care continues to be utilised. The findings point to some reasons why children continue to stay in care which include gaps in the Botswana child welfare system, work overload among social workers in local authorities, family issues, low contribution care facilities to resolution, and circumstances surrounding a child's case. To substantiate the above statement one participant had this to say:

“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 crops up. I placed this other baby because the mother had postnatal depression, so that I can work with her immediate family to find 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 discover three days later that the child was critically ill in hospital due to an infection from one of the mother's sisters who did not disclose her TB status.”

Research in other countries confirms the arguments raised in the present study findings. In New York, Pardeck (2006) showed that the complexity of processes in the child welfare system characterized by bureaucratic procedures associated with finalizing family based alternative care is a cause for concern. Similarly, the House of Commons Report of 2008 in the United Kingdom showed an increasing workload for placement officers which led to a preference for residential care rather than work associated with recruiting families to care for children in need.

This is related to the present findings on the basis that local authority social workers experienced high workloads which causes them to prefer residential care over family placements. It does not seem unreasonable to suggest that conducting follow up visits for placed children can be difficult. That been said, in South Africa and Zimbabwe (William & Greenberg, 2008; Bond, 2018) asserts that social workers indicate the shortage of resources such as staff and transport to monitor placements and manage rising workloads. Regarding circumstances surrounding the children's cases, research points to factors such as; children with chronic illnesses, family problems like violence and abuse of drugs and alcohol; and displaced children as resulting in prolonged stay in facilities (Rusakaniko et al, 2006; Fridhelm, 2008). Some of these factors were also noted in the present study as social workers and professionals in the child care facility stated that it is difficult to find family-based care for children with chronic conditions such as cancer and/or those with HIV positive status.

The study has also identified difficulties in constructing or reconstructing some families due to problems of alcohol abuse and dysfunctions such as sibling rivalry and lack of support. In addition, an interesting finding of stress, associated with the possible return of the child was highlighted by the psychologist and supported by some social workers in the facility, especially young mothers who do not seem to want to reunite with their children. This finding is shocking as one could assume that the return of a child would bring happiness to both the child and family. However, Bond (2018) notes that issues of poverty and lack of social support can cause parents or families to believe it is better for children to grow up in residential care.

Possible benefits of family-based care as an alternative to residential care

The findings of this study reflect the worldwide trend of preferring family-based care to residential care. All participants in the study chose family-based care as the best environment for children to grow to their full potential. For instance, the local authority social workers and professionals in the facility pointed to the benefit of improved physical and mental development for children who manage to come out of residential care and into family-based care. This is based on noted improvements from children whom the social workers had removed from residential care to adoptive and kinship care. Similarly, Smyke (2008) in Romania showed that children who had been placed in family settings reported improved cognitive and language abilities compared with those who continued to stay in residential care.

Researchers in Europe and South Africa continuously find family-based care to be more child-oriented than residential care (Bragi, 2006; Frimpong-Manso, 2018). Thus, children from families are described as reporting fewer attachment issues than those in residential care. This possibility is also indicated in the present study findings where local authority social workers note improvement in relationship building for children in families. Moreover, the teachers expressed the fact that children from family settings have a propensity to perform better because parents and caregivers tend to have time to give individual attention to children's school work and can more easily identify problems and deal with them. One of the participants summarized this by stating that:

"In a family setting, children can also show improved social skills as they have the opportunity for involvement in community activities and access to different relatives such as uncles, cousins, and aunts."

This study has confirmed findings of other scholarly studies conducted elsewhere around the globe on the cost effectiveness of family-based care as opposed to that of residential care. For instance, in the United Kingdom, East and Central Africa as well as in South Africa, residential care was found to be between six and ten times costlier than family-based alternatives such as foster care and government supported kinship care (Kendrick, 2008). In Botswana, the Program Implementation Barriers Analysis study conducted by Feranil et al (2010) showed that residential care was more expensive than family-based care. Noticeably, participants in the present study such as the policy level representative, local authority social workers, and professionals in the residential care facility, shared similar sentiments regarding the cost effectiveness of family-based care alternatives. This result makes conceptual sense on the grounds that, for residential care, all services, including basic needs for children, utilities, psychosocial support initiatives for children, special programmes by staff, and education all come with a cost to the government. Whereas, in a family the government only pays for basic needs and possibly other factors such as utilities, and caregivers' duties do not come with any costs. Even though foster care will have a cost in the future regarding the possible introduction of a grant, it will still arguably remain cheaper for the government to cater for the costs related to these forms of alternative care.

Nonetheless, most of the participants in the study highlighted concerns about the negative aspects of family-based care. These were mostly based on observations that, currently in Botswana, many families and communities face issues such as low financial status, lack of social support, divorce, and lack of knowledge on issues such as foster care. As a result, the conclusion that child develops satisfactorily in families' remains questionable. This finding corroborates the research done by Scholte (2006) in Holland, where family-based care and particularly foster care placements were likely to fail causing negative outcomes for children. This paper contends that support for families as well as screening, monitoring and options such as foster care and adoption could lessen the pronounced chances of poor family care. Hence, the benefits can outweigh the challenges in avoidance of the alternative of children spending prolonged periods of time in residential care.

Suggested way forward for more efficacious care for children

The findings of this current study mostly confirmed solutions for countries which are similar to Botswana in terms of cultural background and level of experience in child welfare issues. For instance, most of the participants suggested the resuscitation of societal responsibility for the care of children in their families through community involvement. Similarly, other studies (Diraditsile and Nyadza, 2018) point to the need for community initiatives

and support in ensuring children are cared for in their families. They suggest encouragement of the African spirit of extended family and community support for those whose children are predisposed to removal to residential care. Furthermore, where removal from residential care is proving difficult or where it is in the best interest of the child to remain in care, Dziro & Mhalanga (2018) suggests the transition from dormitory style to family-based unit type of residential care. This suggestion is noted from the interactions with some of the participants, as one of them had this to say:

"I suggest that the facility under study should consider division into small family units where one housemother will be assigned a group of children to care for and with whom they can form trusting relationships."

Nevertheless, other participants argued that children eventually notice that these are artificial families. This is because of the evolving nature of residential care and the experience of some children who receive visits from birth families or move out of care and into adoption. Even so, it may still be necessary to consider this transition since it ensures that children experience continued family life. Moreover, if residential care is for the shortest time possible, children may not stay long enough to realize the artificiality of the setting. Research in most developed countries points toward the need to eventually completely de-institutionalize children under the age of six years. Friedhelm (2008) and Wong (2009) note the movement to phase out or considerably reduce residential care in most developed countries. In the present study, the suggestion made by all local authority social workers deviates from the recommendations to de-institutionalize young children as noted above. This is appalling given the recognition that residential care has negative outcomes for young children.

However, it is somewhat understandable for Botswana given her rapid development which is associated with the breakdown of extended family ties and rising social problems such as HIV and AIDS, child abandonment and negligence, as well as increasing family dysfunctionality. The explanation for the foregoing is that social workers are experiencing an overwhelming number of cases, shortage of alternative family care, and overcrowding in the existing residential care facilities. Thus, professionals may be having trouble in finding alternative care and, as a result, forecasting problems for children who are deprived of their birth families. Nonetheless, this paper argues that alternative family care measures have not been developed due to the high workload of social workers, lack of clear standards for alternative care, ease of placement in residential care as well as lack of public education and community involvement. Hence, there is still an opportunity to fully utilize the family-based alternatives for children in need of care.

IMPLICATIONS FOR PRACTICE

Based on the study findings and evidence obtained from numerous official documents in relation to the care of vulnerable children in Botswana, this paper recommends that child residential care facilities must ensure that social workers and psychologists should carry out robust preliminary and continued developmental assessment of children in order to advocate for better standards of care. In addition, it must assist with permanency planning for children especially those who have been abandoned and whose families need reconstruction. This includes designing a programme for family rehabilitation and proposing to donors to fund it through their Corporate Social Responsibility systems. The government should also sponsor this as it forms part of the national drive for child protection and strives to ensure that children in residential facilities enjoy a family-based environment and have the chance to develop loving and secure relationships with at least one parent figure. Considering transforming dormitory style to family-based units might help lessen the deleterious effects of prolonged care on children. Moreover, residential care facilities for children should assist the government to educate the public on issues of out-of-home care and promotion of effective family-based care, and request funding for inclusion of projects to expose children in residential care to the community. For instance, initiating tours to game parks and shopping malls, teaching children about the use of money; cultural tours to the cattle posts; exposing them to traditional diet; and including them in ceremonies such as weddings, and many more. Residential care facilities should also develop a standardized training programme for all housemothers and volunteers in child development and care and encourage consistency of positive care among all caregivers. In addition, to design means to retain staff for longer to ensure that children are accustomed to consistent parental figures.

Financing and supporting programmes geared towards the improvement and standardization of care in existing residential facilities. This includes helping with the conversion of dormitory to family-based units. These programmes can be promoted by both the Department of Social Protection and other residential care facilities that are able to advocate for better care for children. Funding of initiatives in local communities to prevent social problems such as lack of employment and education on social support, child abandonment, stress management for unemployed mothers, alcohol and drug abuse as well as strengthening and rehabilitation of dysfunctional families. Likewise, the local authority social workers in partnership with relevant NGOs should carry out these programs with their communities.

This will lessen some of the problems that lead to placement of children in residential care as it will help prevent children from entering the residential care system. Funding for the training of social workers, housemothers, potential foster and adoptive families, and other professionals who have responsibility for children in need of care should also be a priority. Furthermore, promoting family-based care by supporting the foster care programme through assisting families who are willing to take in foster children. Community members should be willing to be screened for participation as foster parents. Donors can assist families who have volunteered to foster children with financial or material support such as clothing and sponsoring school fees for foster children.

IMPLICATIONS FOR RESEARCH

The primary mission of social work is to enhance human wellbeing and help meet basic human needs of all people, with attention to the needs of vulnerable children (Hepworth et al, 2015). It is the argument of this paper that social workers should be active in drawing attention to the socio-cultural and economic factors that create inequality and unfair distribution of resources and disregard for social justice and human rights of women, children, disabled and other vulnerable groups. A longitudinal study should be conducted, armed with empirical research findings, social workers and other human services professionals in Africa could influence political decisions and advocate effectively for appropriate policy formulation and implementation on child care (Diraditsile, 2018).

In addition, researchers in the academic and practice arena can conduct follow up studies of those who have been through residential care to assess their development in order to verify the suggested effects that have been mentioned previously in the paper. Comparative studies of children who have never been in care, have managed to go into family care, and who continue to be in care should be encouraged by government and in relevant departments at the University of Botswana such as Social Work, Psychology and Sociology. More research activity should be encouraged in the area of alternative care for children deprived of their birth families to build knowledge for evidence-based programming. This can be done by researchers in the field of child welfare and academics with technical and financial assistance from inter alia, the Ministry of Local Government and Rural Development, UNICEF, and the Save the Children Fund.

STUDY LIMITATION

The study findings should be cautiously interpreted due to some limitations. The findings of this study cannot be generalised to the larger population on the grounds that the sample size was small and unique to the people who participated.

CONCLUSION

This paper has addressed the perceived effects of residential care on children. It has covered reasons for the prolonged stay of children as well as how family-based care can be beneficial as an alternative. It has also made recommendations on how more effective care for children can be promoted. In summary, the intention of this paper was not to praise family-based care nor diminish residential care. The findings pointed to 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 and/or outcomes such as delayed development, attachment disorders, and possible low educational achievements in relation to residential care. Therefore, alternative family-based care should be the first option where relevant for different cases such as adoption of abandoned children, statutory foster care, and kinship care for children who have parents or birth families with whom they can later be reunited. For this to be achievable there is need for coordinated and collaborated efforts by the government and stakeholders which will ensure utmost cooperation and community participation in caring for children in need of care.

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