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CHALLENGES EXPERIENCED BY CAREGIVERS CARING FOR ABANDONED INFANTS AND TODDLERS IN INSTITUTIONAL CARE

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ABSTRACT

Childhood trauma continues to be a silent epidemic in South Africa. Institutional childcare centres do not have sufficient funding or resources to render daily therapeutic services for abandoned children. The first line of professional care for these children encompasses their daily interactions and relationships formed with the centre caregivers. This article advances a greater understanding of the views, perceptions and experiences of caregivers caring for abandoned infants and toddlers living in institutional care, on the basis of information obtained from 15 participants interviewed through semi-structured interviews in this qualitative study. Understanding their views, perceptions and experiences provides vital information to develop social work practices.

Keywords: abandonment, adverse childhood experiences, attachment, caregiver, childhood trauma, infants and toddlers, institutional care, social work support.

INTRODUCTION

The Convention on the Rights of the Child (United Nations, 1989: Article 7) underscores the importance of a family environment for every child by stating that every child has “the right to know and be cared for by his or her parents”. This right is violated in cases of abandonment. This is a matter of concern, as the quality of the child’s upbringing is a determining factor in their wellbeing and overall emotional and behavioural development. If children are deprived of a stable upbringing in their early years, this might have a definite influence in their transition into adulthood (Institute of Work, Health & Organisations, 2012; SOS Children’s Villages International, 2017).

Abandonment occurs when a parent withholds basic needs and care from the child (Vadivalu, 2014). Therivel and McLuckey (2017) refer to abandonment as the voluntary relinquishment of control over children by their birth parents, whether by selling them, leaving them somewhere unattended, or legally signing over their rights to another party, either by adoption or institutional living.

Statistics show that the number of children without parental care is rising. Worldwide, leaders are struggling to care for the estimated 153 million orphans and millions more abandoned children (Abandoned Children's Fund, 2013; Escueta, Whetten, Ostermann, O'Donnell & the Positive Outcomes for Orphans Research Team, 2014). Information about the epidemic of child abandonment in South Africa remains inadequate, with no supporting annual government statistics that can give an indication of the widespread implications of high numbers of abandoned children (Blackie, 2014; Papas, 2017; People Magazine, 2018). More than 55.3% of children in South Africa are seen as being "at risk" (SOS Children's Villages International, 2015: 5). In Gauteng province alone, there are 54 registered institutional *child and youth care centres* (CYCCs), 12 places of safety and 14 shelters (DSD, 2016; UNICEF, 2010) where close to half (45%) of these children have been admitted to registered institutional care centres because of abandonment or neglect (Abandoned babies an ongoing tragedy, 2018; SOS Children's Villages International, 2015; UNICEF, 2010).

The recent Covid-19 pandemic has contributed to high numbers of baby abandonments in South Africa. A spike in child abandonment was reported during the lockdown across South Africa, with severe consequences for young children. Some of these abandonments include:

a toddler discarded in a dustbin, a six-week-old baby found at midnight in a hole next to a highway and a toddler left with a stranger in the queue outside a shop. Others died in sewers, streets, dumps, under bridges and in shallow graves (Vorster, 2021).

In the first two months of lockdown 58 abandoned babies were reported, 32 of whom were reported as dead, and the numbers kept on rising (Vorster, 2020).

Early abandonment is one of the main reasons for children under the age of 3 years to be placed in institutional care (Browne, Chou & Whitfield, 2012). Studies on the causes of abandonment have revealed that poverty and unemployment; financial hardship; the human immunodeficiency virus (HIV) epidemic in South Africa; domestic violence and rape; cultural beliefs regarding adoption; women who themselves having been abandoned by the child's father or their families for falling pregnant; and more recently the Covid-19 epidemic, may also be contributing to child abandonment (Abandoned babies an ongoing tragedy, 2018; Blackie, 2014; Vorster, 2020). Haffejee and Levine (2020) believe that the socio-economic impacts of Covid-19 have placed a strain on the rendering of social welfare services and increased the need for alternative care for children. The Covid-19 pandemic has undoubtedly exacerbated the challenges to providing sufficient services to children in CYCCs in South Africa and have placed the resources and capacity to deliver services under severe strain.

According to Osofsky, Stepka and King (2017), infants and toddlers who have suffered numerous early adverse experiences, such as abandonment, are more likely to demonstrate neurobiological effects, such as brain abnormalities, dysregulation of their stress response, and

psychosocial effects. In these studies, it is evident that there are long-lasting effects on personality formation, behaviour and mental health among children who have been exposed to adversity in the early stages of their development (Kaminer & Eagle, 2010; Landy & Bradley, 2014; Osofsky *et al.*, 2017).

Early attachment is very important as “it is our first relationship, usually with our mothers, that much of our future well-being is determined by” (Karen, 1998:5; cf. Mooney, 2010:5-6). Many of these abandoned children depend on caregivers to form such an attachment. A caregiver, according to the Children’s Act 38 of 2005 (RSA, 2006: section 1), is someone who takes on the primary role of caring for a child in the absence of a parental figure and is, therefore, an alternative parent. Some CYCCs are well equipped, with adequate caregivers, programmes and access to medical treatments, while others are not. When the attachment of infants and toddlers to a primary caregiver is disturbed by abandonment, the issue is not just that they suffer separation distress and anxiety, but also that the quality of any future attachments is affected (McLeod, 2017). The roles of significant individuals in an institution can promote the process of positive adaptation for children, as they are more likely to develop positive attachment behaviours when they feel accepted, safe and cared for in an institution (Mota & Matos, 2014).

The caregiver, in partnership with the designated social worker, is responsible for caring for these children (RSA 2006). The main strength of the Children’s Act 38 of 2005 (RSA, 2006) lies in early intervention and prevention services to vulnerable children, hence reducing the likelihood of abuse and neglect; implementing a statutory intervention; and providing professional social services to children in need (Dawes, 2009). Therefore, the social worker must ensure that the child and caregiver receive the support they need for the optimal development of the child.

Considering the rights of each child as described by the Children’s Act 38 of 2005 (RSA, 2006), it is undeniable that children deserve a loving and understanding environment for healthy growth and development, dependent on a meaningful relationship between caregiver and child. Little is known about the importance of the quality of the relationship that caregivers have with small children in institutional care, as the information reported relates more to the physical care rather than the overall quality of relationships between caregivers and children (Mota & Matos, 2014). Caregivers often under-report the behavioural effects of childhood trauma because of difficulties in identifying and understanding the impact of adverse events on infants and toddlers (Rajan, Shirey, Ostermann, Whetten, O’Donnell & Whetten, 2014). In the literature search for this study, the author found that previous studies were conducted on caregivers providing care for older children in institutional care, but no studies focused on caregivers caring for infants and toddlers and the challenges experienced by these caregivers who were caring for these children living in institutional care.

Against the background of this problem statement and the short literature review, the following question was framed for this study: What are the challenges facing caregivers caring for abandoned infants and toddlers living in institutional care?

The theoretical perspective, the research methodology in a qualitative approach, and the findings based on the responses from the participants will be presented in the following sections.

THEORETICAL FRAMEWORK

The theory that guided this study was Bronfenbrenner's bio-ecological systems theory. This approach, as described by Meyer, Moore and Viljoen (2010), provides an interactive model that includes all the systems within which caregivers function, as well as the interaction between the various systems. The theory is linked to the philosophy of wholeness and the principle that all the systems are interrelated to form the whole (Meyer *et al.*, 2010).

Firstly, the bio-ecological theory affords a way to view the challenges caregivers experience caring for abandoned infants and toddlers from an individual perspective within their environment as well as the various systems within the environment. This approach is based on the theory that people cannot exist in isolation, because individuals constantly influence each other through their interactions within their environment (Turner, 2017). In the context of this study, the influence of the systems outside of the caregiver role, such the management, social work, supportive systems, Children's Court and access to resources, influenced their experience as caregivers for abandoned infants and toddlers in institutional care.

For the purpose of this study, caregiver challenges should be viewed in terms of the systemic context of the caregiver role, caring for numerous infants and toddlers at a time within a CYCC setting.

The aim of this study was therefore to explore and describe the challenges experienced by caregivers caring for abandoned infants and toddlers living in institutional care.

RESEARCH METHODOLOGY

This paper approached the research problem through a qualitative lens by utilising phenomenological, explorative, descriptive and contextual research designs. The qualitative research approach relates to the research question, as the lived experiences of caregivers were explored in their natural environment (Creswell, 2014; de Vos, Strydom, Schulze & Patel, 2011; Lietz & Zayas, 2010; Merriam & Tisdell, 2015; Neuman, 2014). The purpose of the enquiry was to explore the challenges experienced by caregivers who are caring for abandoned infants and toddlers living in institutional care.

The phenomenological research attributes a descriptive value to the lived experiences of caregivers caring for abandoned infants and toddlers in the light of their social and personal perceptions within their environment (context) or workplace (Bryman, 2012; Creswell, 2014; de Vos *et al.*, 2011; Fox & Bayat, 2014; Merriam & Tisdell, 2015).

Exploratory designs are used for field research to gain a true feel of the participant's experienced environment (Babbie, 2013; Neuman, 2014). This study examined the experience of caregivers by observing the relationship and interactions between caregivers and children they care for, the difficulties they experienced, and the resources, support structures and interactions with peer caregivers.

Since no previous studies were found on the challenges experienced by caregivers caring for abandoned infants and toddlers, a descriptive design was applied, which allowed for an in-depth understanding of, and insight into, the experiences of these caregivers. This design was applied by giving a descriptive account of data collected by recording repeated topics or themes that arose and separating these accounts from unrelated data (Bryman, 2012; Flick, 2014; Merriam & Tisdell, 2015)

For this study, the author used two methods of data collection, namely face-to-face interviews and telephonic interviews. Both methods entailed conducting semi-structured interviews to gather data. The semi-structured interviews assisted the researcher to be more flexible about the outlines and the depth of data needed, so that concepts and theories could emerge by focusing on areas of interest (Bryman, 2012; Greeff, 2011).

The population of a study consists of the whole group of cases that have similar characteristics and can be applied to the larger group (Babbie, 2013; Brynard, Hanekom & Brynard, 2014), which in this study consisted of caregivers currently caring for abandoned infants and toddlers at registered institutional CYCCs in the Tshwane region. Sampling refers to the group of participants selected for the study that represents a larger population (Brynard *et al.*, 2014; Neuman, 2014). The sampling frame developed by the author for caregivers working at CYCCs, to reach the research target, included the following:

- Caregivers caring for children below the age of 3 years;
- Caregivers caring for infants and toddlers who have been abandoned;
- Caregivers who have been caring for abandoned infants and toddlers full-time for one year or more in the Tshwane region.

Purposive and snowball sampling techniques were adopted as types of non-probability sampling. Purposive sampling refers to the researcher selecting elements to be observed, based on the conclusions about which elements will be best suited to the purpose of the study (Bachman & Schutt, 2011; Maxfield & Babbie, 2012). The research participants were chosen according to the value they bring towards answering the research question and fitting the sampling criteria. Snowball sampling was included as this sampling method is used when there is limited access to participants and the researcher has no knowledge of the sampling frame (Strydom & Delpont, 2011). This sampling method was useful during the Covid-19 pandemic, as caregivers from participating homes referred to other homes and caregivers that would fit the research criteria for participation. A total of 15 semi-structured interviews were conducted.

After the completion of transcription of the interviews, the author analysed the data from these transcriptions independently and concluded that data saturation had been attained (Creswell, 2014). The author followed the eight steps outlined by Creswell (2014) to analyse the data systematically, and to identify the themes that subsequently formed the basis of the emerging story.

The data verification for this study was done by validating the collected data with the research topic. Data were further validated through checking reliability to ensure that similar results would be found if the same study was conducted with different populations or a different set

of participants. According to Schurink, Fouché & de Vos (2011), there are four constructs needed to establish validity and reliability: credibility, transferability, dependability and confirmability.

Credibility demonstrates that the topic was accurately identified and described in the qualitative study (Schurink *et al.*, 2011). The research participants have all been exposed to similar experiences, meaning all participants are caregivers working with abandoned infants and toddlers placed in CYCCs. The researcher viewed the participants as experts in their fields by identifying and discussing emerging themes with each participant to clarify and evaluate the reliability of the data collected.

Transferability is an opportunity for the researcher to ask whether findings from the study can be transferred to other studies (Bryman, 2012; Flick, 2009; Moon, Brewer, Januchowski-Hartley, Adams & Blackman, 2016; Schurink *et al.*, 2011). The researcher established transferability by providing rich data about the restrictions and limitations of the study, the number of participants, methods of data collection, the length of sessions, and the timeframe for the completion of data collection. The researcher minimised any restrictions and obtained as much data as possible until the saturation point was reached.

Dependability is described by Schurink *et al.* (2011) as the researcher's attempt to account for changes in and around the research question under study. Bryman (2012) believes that the findings should be readily applicable to similar situations. Dependability refers to establishing the merit of the research in terms of the following points (Bryman, 2012):

- Describing and explaining the research plan and its implementation;
- Providing detailed information on how data were collected, how sampling was done and how the transcription of interviews took place;
- Evaluating the process of studying the experiences of the study participants.

Confirmability is described (Schurink *et al.*, 2011) as ensuring that the findings could be confirmed by others. The notion of objectivity overlaps with confirmability, meaning that even though different scientists have different personal views, they should nevertheless achieve similar results (Babbie, 2013). The application of this principle entailed that the researcher did not impose any personal expectations or biases on the participants, but that the data collected from the participants determined the true outcome of the study.

Ethical clearance and consideration

The Departmental Research Ethics Committee of the Department of Social Work at Unisa granted ethical clearance for this study. Ethics are described as the moral principles that influence the way the researcher conducts himself/herself, namely with integrity and honesty (Strydom, 2011; Walliman, 2011). Informed consent, confidentiality, anonymity, beneficence, management of information and referral for debriefing were ethical considerations honoured in this study.

Limitations of the study

- Because of the Covid-19 restrictions, adhering to social distancing and safety protocols influenced the interviews, as all these caregivers and organisations provide care for vulnerable infants and toddlers who are already immunocompromised. Two of the participants requested telephonic interviews.
- The participants from this study were from diverse cultures and spoke different languages. Although all participants could understand and communicate in English, they were allowed to speak in the language that made them feel most comfortable, which in some cases was Afrikaans. All interviews were transcribed in their original form and then translated to English.
- The findings of this study cannot be generalised to the whole caregiver population of South Africa, as this study was based on the views, perceptions and experiences of caregivers caring for abandoned infants and toddlers in the Tshwane region.

BIOGRAPHICAL PROFILE OF PARTICIPANTS TO THIS STUDY

The biographical profile of the participants who participated in the research study is presented in Table 1. Pseudonyms were used to protect the anonymity of the participants.

Table 1: Biographical profile of the participants

Participant	Age	Marital Status	Number of own children	Years of experience as caregiver	Years at current organisation	Caregiver to child ratio	Previous training received caring for children
Pat (P)	37	Single	3	4 years	1 year	1:5	Yes, crèche not in South Africa
Ella (E)	39	Divorced	2	3,5 years	3 years	1:7	Yes, community work
Anna (A)	42	Single	4	3 years	3 years	1:4	Yes, domestic
Betsy (B)	58	Single	4	10 years	10 years	1:6	No formal, but received training at current organisation
Winnie (W)	52	Married	4	9 years	9 years	1:4	No formal, but received training at current organisation
Maria (M)	45	Married	3	9 years	9 years	1:2	Yes, teacher foundation phase
Ida (I)	69	Divorced	3	20 years	20 years	1:2	Yes, foster care training
Helen (H)	56	Married	3	15 years	8 years	1:3	No formal, but received training at current organisation
Sherri (S)	37	Married	2	4 years	1 year	1:2	No formal, but received training at current organisation
Brenda (BR)	41	Married	2	4 years	1 year	1:6	No formal, but received training at current organisation
Lee (L)	39	Married	2	2 years	2 years	1:2	No formal, but received training at current organisation
Chantel (C)	73	Widow	4	37 years	37 years	1:3	No formal, but received training at current organisation
Portia (PO)	41	Single	-	5 years	5 years	1:3	Yes, crèche (Early Childhood Development)
Carol (CA)	59	Single	2	23 years	17 years	1:5	Yes, foster care training
Theresa (T)	41	Single	3	19 years	19 years	1:5	No formal, but received training at current organisation

Of the 15 participants who took part in this study, 13 were female and two were male caregivers. Except for one participant who did not have children of her own, the rest had between two to four biological children each. Years of experience ranged between two years and 23 years in the case of the most experienced caregiver. The participants had a combined total of 167.5 years of experience in caring for abandoned infants and toddlers. The youngest caregiver was 37 years and the oldest was 69 years. Almost all of the caregivers were either entering, were in, or about to exit, Erik Erikson's developmental stage of middle adulthood, which includes individuals between the ages of 40 to 65 years. This phase is characterised by the need to nurture; success is exemplified by virtue of care, the feelings of being needed and useful, and making a contribution to society - which accounts for these caregivers caring for infants and toddlers (Cherry, 2020; McLeod, 2018; Sutton, 2020). Most participants had no formal training but confirmed they had received training since being employed as caregivers at their current organisations. Six participants had previous training ranging from early childhood development training, community work, domestic work and foster care training.

DISCUSSION OF MAIN FINDINGS

The participants were asked to share their views, perceptions and experiences related to caring for abandoned infants and toddlers living in institutional care. Many challenges experienced by these caregivers were identified. In the next section the sub-themes that emerged from the data analysis will be substantiated by storylines and compared with the literature derived for the theoretical framework.

Sub-theme 1: Challenges with the children

In this sub-theme the challenges faced by the caregivers who care for the children in institutional homes are described. The challenges relate mainly to the behavioural difficulties of the children. Several participants related their experiences and challenges associated with caring for abandoned children as follows (note that pseudonyms were used to protect the anonymity of the participants):

I can start from toddlers, we face some challenges like they can be naughty; this aunty I'm scared of, or I'm not scared of this aunty, doing all other activities that are not allowed, like smacking others, biting, because they said they are not scared. (Pat)

Our challenges come when the child just cries, then you don't know how to help... it is not easy with them, because they don't understand, especially when they do wrong stuff. (Ella)

Toddlers, if you get them over the age of one and there has been physical trauma, and abuse that can be a bit of a challenge, because, that is more difficult to fix in terms of ... having them to attach because they are always afraid... they are always in that fight or flight mode. So, if they have been traumatised in the first, let say, 15 months or 16 months of their life, I find that they struggle to attach and trust us as caregivers. (Helen)

The caregivers' storylines speak to behavioural issues amongst abandoned toddlers. They especially mentioned behaviours that indicated the children were reacting according to the

fight, flight or freeze responses, meaning that they did not see the world as a trustworthy and safe environment. The flight, fight and freeze responses refer to the primitive autonomic regulation of our emotions and social engagement system (Cozolino, 2014). These children find it difficult to attach to the caregivers, thus making it even more difficult to assist them in regulating their emotions. Therefore, they are unable to settle and always seem emotionally upset. Children who have experienced a number of stresses early in life are less likely to have the ability to form a secure attachment (Landy & Bradley, 2014). Abandonment can inhibit the growing immune system of young children, resulting in poor health, sickness and developmental concerns. Behavioural issues can also stem from poor health and developmental delays (Browne, 2009).

The bio-ecological system theory is based on the premise that the individual should be understood in the context of their environment and experiences (Turner, 2017). Hence, it was a unanimous view amongst the participants that more assistance is required in caring for children with behavioural concerns as a result of early adversities.

Sub-theme 2: Challenges relating to caregiving

Challenges relating to the caregiver role can influence the level of care these vulnerable children receive. In the storylines, it emerged that the caregiver role is not a walk in the park. There is a lot of emotional input from the caregivers, but they do not always have the opportunity to debrief and discuss their stressors. It also became evident that their work is emotionally and physically draining, which often leads to burnout. These caregivers need support in the form of debriefing and counselling to assist them to deal with feelings of exhaustion.

Two participants mentioned that disagreements between caregivers occur from time to time. Conflict usually arises when caregivers have different views of their roles. The following storylines attest to this:

You want to be on top or you want to be like, you know, too much... more than everyone, so you start to have some conflicts, not understanding each other. (Pat)

Do not make no mistake. There are some that are really caring, not that they would ever look after somebody else's child, because we address that with my HR and if you ask them, you know what, would they ever open their houses like I did, taking children from a different colour, and in the end it is not about the colour, but for them if you said would you do that, then no. They would never open their houses to children. Yes, because they get paid, you know it is just a form of income, they are here, they come, they work, they go and there is pay at the end of the month. (Ida)

Anna said that her main challenge related to the caregiver role is the children fighting with each other or children fighting with the caregivers:

Tswarelo... he is stout [naughty], Nunu... Nipho, Tumelo... he is stout [naughty], and Shade he like to beat other children. Tumelo is worse aunty, nowadays. I don't know what is wrong with Tumelo. Sometimes he is crying for nothing (Anna)

Providing a glimpse into the challenges faced by caregivers regarding their workload, the strain of night shifts and exposure to burnout, caregivers shared their sentiments as follows:

Because everything is a big job. (Betsy)

Just to prevent a burnout because the more kids you care for, the more emotions you carry. Like at a large children's home, those workers are always overworked, emotional and tired. (Portia)

Nightshift is the biggest challenge. (Maria)

Even adults have trauma, whether they like to admit it or not. Somewhere something happened in a person's life that caused you to have certain fears and phobias and character traits and trust issues and self-image issues, likes and dislikes. It all stems from past experiences... positive or negative. (Theresa)

The bio-ecological systems theory underlines the point that one system can influence or be influenced by other systems (Meyer *et al.*, 2010). Therefore, the work environment can influence the caregiver role and the level of care these children receive. Confirming the participants' accounts on the demanding nature of their job, Browne (2009) states that institutional homes have highly regimented routines, unfavourable caregiver to child ratios, and unresponsive staff members who see their role as providing nursing care instead of psychological care, all of which can place pressure on the caregiver and have negative effects on the development of the child. A study by Kadungure (2017) identified that caregivers have a considerable amount of pressure placed on them, leading to health problems, both physically and psychologically. Teamwork is an integral part of caregivers caring for children in institutional care. Providing care for children works best when the caregivers have ideas similar to those of their peers and similar organisations (Thesen, 2014).

Sub-theme 3: Matters relating to management

The following extracts reflect the views of participants on management matters relating to caregiving and the effects they have on the caregiver roles. Networking and the provision of medical resources, as well as how these resources are made available to the caregivers and the children, are addressed in the storylines below.

Because our babies are mostly state babies, therapy needs to happen at Steve Biko Academic Hospital, that is where the clinics are; in this time to take a child for half-an-hour therapy session, you have to be in a queue for two and a half hours, just to get into the hospital, then you share a lift with 20 other people to get to the level where they need to be, you know. So in this time, we try to make use of private practitioners, so obviously that, not all of them can afford to give us a free service, but they do give us a discounted rate. So ideally, we could do with more financial support, specifically in terms of therapy, and in terms of medical stuff that we like to acquire for our house. We specifically would like to get our own oxygen concentrating machine. (Helen)

Because sometimes what they will do if they feel the baby needs to be admitted, they will tell you that you need to take them to Steve Biko. And it would be really nice if

they would not do that. Because for me to go to Steve Biko and sit there, it is far number one, because I have my own kids... and I would hate to leave them there. Like I won't leave my own children in hospital on their own. (Lee)

Kadungure (2017) and Yorke (2015) indicate that it is important for caregivers to know the backgrounds of the children placed in their care, as this will help them to understand the child's behaviour and needs while caring for them. Two caregivers confirmed that gaining access to the children's background information will allow them to enhance the care that they provide to these children. The following storylines confirm the need for background information:

Getting enough background information to know what to expect. (Winnie)

But you know some of the babies you can't get any background information. (Ida)

Theresa expressed her opinion on management and social workers:

Outside social workers don't have the understanding of what it takes to give your life, your passion, your love, your time, your energy to help heal a little soul, make them whole and happy again and then just have to give them up again so suddenly, and in some cases, never have contact again, because we are not allowed to.

Theresa then further elucidated that the caregivers' compassion towards these children is not shared:

No, they don't have the brain capacity or the heart understanding our current situation with DSD [Department of Social Development] governing in the wrong way with the wrong principles and the wrong frame of reference. (Theresa)

The management of the children's cases adds to the frustration of caregivers. Some caregivers mentioned that they are always struggling to get feedback on the progress of the children's cases. The participants referred to this along the following lines:

And then some kids stay with me for a year or two before they get even placed. What do you do in between? You take more cases, and take more cases, and take more cases, and what? What happens then? So to me, a child should be placed within six months. It is all about these little ones. It is about the effect that it has on them if they stay in a place of safety too long. Don't get me wrong, our hearts are in the right place, we give them love, we give them affection, we give them everything that they need, but it is still unfair to them to stay with us for two years and then get placed in a family, and then that separation they experience is exactly the same that they experienced when they were taken away from their mothers. (Brenda)

They take very long to work on these children's cases, we often struggle with expired court orders, no feedback from the social workers or the progress on the children's cases. (Theresa)

In accordance with the Children's Act 38 of 2005 (RSA, 2006: Section 194), the Norms and Standards state that the management of CYCCs should make the necessary skills, funds and resources available to operate the CYCC. Similarly, Browne (2009) states that an institutional care centre for children needs to establish an effective multisector management board to

oversee projects in the institution. Management should plan for the transfer of resources to the children in their care. Providing specialised care for so many infants and toddlers within their organisations simultaneously places an enormous responsibility on the caregivers.

The external social workers and organisations' management should take over some administrative responsibilities in providing relief for the caregiver role. These administrative tasks include networking and building a resource base, as well as the facilitation of communication and feedback between the case managers of the children and the organisation. A study by Thesen (2014) found that caregivers need the management of institutions to communicate and coordinate the caregivers more effectively.

Open communications with the social worker and organisations' management can help caregivers to overcome the challenges that lead to frustration and also provide a platform of support for dealing with these caregiver roles and needs, hence offering a supportive sub-system (Turner, 2017).

Sub-theme 4: Matters relating to finances

In this sub-theme, the challenges regarding finances and the caregiver role are discussed. The participants described their experiences and concerns regarding finances as follows:

To ensure we have all the finances, there is enough nappies, milk and washing powder and... because we struggle to get our claims from the department. (Maria)

The financial aspect for us has always been a big issue because we don't have a big donor that is covering our expenses for a salary, for water and lights, for fixing the pool, and this house is old, so the maintenance is quite high as well.... But it is for the admin and the running of the organisation, people don't sort of think about that, they would rather want to give something to a child, which is fine, but it just makes our job a little bit harder. (Carol)

Financially we depend solely on donations, as I have given up on social grants as it is always complicated. (Chantel)

In the light of the bio-ecological theory, it is important to be aware of and understand the factors that affect the caregiver role positively and negatively (Turner, 2017). The views of the participants shared above relating to finances correspond with those in a study by Browne (2009), which showed that the funding of institutional care centres is six times more expensive than providing social services to vulnerable families, three times more expensive than foster care, and twice as expensive as community residential small group homes. According to a study by Pretorius (2013), financial insecurity places a large burden on caregivers, which suggests that national and local governments should support these organisations with appropriate staff salaries and conditions of service, including the funding of comprehensive training programmes for the caregivers.

Sub-theme 5: Matters relating to external role players

In this theme the influences of one system (the external role players) can impact the interactions of other systems (caregiver roles) and in the broader context also impact negatively on the child who is being cared for.

Matters relating to external role players are outlined below.

- **Placement of children**

The participants described the placement of children as a painful event. The following storylines attest to this:

...I can tell you stories for days about the horrors of reunification. I'm not saying that all reunifications are terrible. I'm not saying that all reunifications fail. There are a few, but a very small handful that actually do work and that actually do love that child, but in most cases, we find that reunification is just done to get that case file off a social worker's desk to the detriment of that particular child. (Theresa)

Theresa suggests that case social workers should visit and follow up with reunified children more often to prevent failed placements:

Not nearly enough work is being done with these families in terms of support or parenting skills or substance rehabilitation. Nothing! Then just like that, a child is placed back in exactly the same situation they were removed from in the first place. It is so unfair! There is supposed to be what they call aftercare services and foster care supervision. We know this never happens. In some cases, the history is so bad and we are so afraid of a child's health and well-being that we in our own capacity render aftercare services and then we get into trouble for it, yet those same social workers will come back and ask for clothes or food parcels for that family then because 'things aren't going so well'. Well then why the hell did you place that child back in the first place? (Theresa)

In agreement with this, Carol included her concerns about the placement of children. Even though the organisations are fully aware of the needs of the children, their advice to the social workers is often disregarded:

I find that social workers in general, like don't always listen to what we have to say about the children in our care. Unless it is something they can physically see, they don't understand, you know it is like placing back a child that was with you for two years into a foster family so that the parent could visit, but you know that the parent from previous visit with the child, it doesn't gel. There is no interest from the biological parent, and yet as a caregiver, and I think this is across the board for all caregivers, is that people don't listen because you understand the child, they don't always listen to that. (Carol)

Ida suggested that prospective placement parents should visit the child while the child is still at the organisation. This gives the parents a chance to get to know the child and learn about their behaviours and needs. In effect, this contributes to the transition process. Ida said:

One thing that has been working very well is if the baby is a certain age, I want the parents to come here. I want to know those parents; I want the child to know the parents before they take him. (Ida)

Ella also indicated that the placements are quite harsh:

I will tell them to leave the baby here. The thing is that these kids we bond with them, we give them love and suddenly they come to take the baby. I think they should leave them. Because adoption is good, for us, especially... all of us here is good if she or he found new parents, that can take care of her or him. (Ella)

Confirming the participants' accounts about the placement of children, Browne (2009) admits to the fact that over a third of children leaving care show some form of disability that needs medical or therapeutic intervention, possibly due to the effects of growing up in institutional care. Without the proper assessment of placement families, whether it be an adoptive or foster family, it can be detrimental if these placements are incapable of meeting the child's needs. Browne (2009) further states that poor practice in the deinstitutionalisation of a child may further damage that child, for instance, if the transition is too rapid or if it is poorly prepared and facilitated. Up to a third of placed children show troubling behaviour and development issues that require follow-ups and social service interventions (Browne, 2009).

- **Cooperation with external social workers**

The challenges that the participants experience regarding cooperation with external social workers are summarised as follows:

Lack of social work and social service support interventions. Case managers and outside social workers have such high caseloads that they simply just do not have the time to get to all their cases as efficiently and effectively as they should. We have been trying for more than five years now to register as a CPO [child protection organisation] to enable us to do our own statutory work. (Theresa)

I feel that it gets frustrating when there is not enough feedback, in terms of what is happening with the child. (Lee)

According to Browne (2009), child abandonment can be prevented by providing a supportive service through the community, such as health and social welfare, by engaging with mothers during pregnancy while identifying those children who are at risk. He further points out that abandonment can be the result of a lack of social support or cultural stigma, and the best way to intervene is by early intervention, such as shelter and accommodation or support through foster care options (Browne, 2009:19). Pretorius (2013) confirms that caregivers feel that they lack support from management and social workers.

- **Children's Court**

Two participants shared the same sentiments on occasions where the Children's Court instructed social workers to look for mothers who have abandoned their children and then attempted to reunify these children with their mothers:

When he was three and a half months old, she clearly didn't want him, but the system forces you to go and find her (mother was found and the baby was reunified only to be abandoned again a few months later). Now he is placed back in the wall. But if they have never found his mom, he could have been adopted months ago. And so the whole process of trying to find his family put him back in a situation, probably

affected him more than had he just been abandoned and been adopted when he was three and a half months old. (Lee)

But nowadays with the new Children's Act, the courts demand so much more information. The social workers actually go out and look for parents of abandoned children. And that is not for me a good sign, it is not good. (Carol)

Helen said that there is not always an agreement in court regarding children who need protection:

Especially when it comes to removing children, where there is at-risk situations, the one magistrate will say 'oh no there is a definite risk, you know, there wasn't food in the house, there wasn't this, there wasn't that', then the other one comes and says 'you know what, these people... it is worse off... let's give the kids back'. And then two months down the line, those same kids rock up on your doorstep. (Helen)

Theresa had the following to say regarding South Africa's legal child protection system and her personal feelings:

Government's blatant disregard for children's rights. So, to explain a bit better, everything we do is governed by obviously our country's Constitution, the Bill of Rights and then of course our Children's Act. Each of these pieces of legislation, if worked properly and put into action correctly, would afford orphaned and vulnerable children in South Africa so many better services and opportunities and in general just far better lives. The childcare system is failing children at a phenomenal rate. Some of the Acts and sections were written in such a manner that it pretty much leaves the interpretation of that law up to the reader and there are so many different viewpoints. (Theresa)

According to Browne (2009), European studies have shown that 19% of children from institutional homes are reunified with parents or relatives; 63% enter new families, of which 38% do so through foster care and 25% through adoption; and 18% of children are moved from one institutional facility to another. Browne (2009) further states that the best interest of a child is rarely considered when placement options are considered. The Children's Act (38 of 2005) determines that it is in the best interest of each child to remain in their family setting if and where possible. Therefore, the Children's Court is ordering social workers to look for the mothers who have abandoned their children and attempt reunification.

- **Regulations**

The greatest challenge experienced by caregivers regarding child protection regulations and children's rights was identified as obtaining birth certificates for abandoned children. The participants shared their views as follows:

The birth certificates and the time it takes to obtain them. (Sherri)

They are abandoned, but there is no proof of birth, so they can't be registered, so she would need to get affidavits and things stating that the kids were in the hospital at least. (Maria)

Then there is the matter of abandoned babies and what they call foreign children not being able to be registered and obtain birth certificates. A child born in our country is robbed of an identity, a birthright. It is not that poor baby's fault that he or she was born. (Theresa)

Several laws in South Africa confirm a child's right to a birth certificate (Sonke Gender Justice, 2020). These laws are outlined below.

The Constitution of South Africa: The Bill of Rights (RSA, 1996)

Section 28 of the Constitution (RSA, 1996) recognises and guarantees the rights of all children to support and services to ensure their well-being, and this includes the right to a name and nationality from birth. Therefore, all children born and abandoned in South Africa have a human right to a nationality and a birth certificate.

The Births and Deaths Registration Act 51 of 1992 (RSA, 1992)

The process of registering the birth of a child born in South Africa is explained in this Act, whether they are born to South African or foreign parents. The Act explains that children who were born in South Africa, but do not qualify for citizenship, are entitled to a birth certificate.

The Regulations on the Registration of Births and Deaths (RSA, 2014)

These regulations set out rules, forms and procedures around applying for a birth certificate in South Africa. These regulations were amended in 2014, and the amended draft is being considered in Parliament. The regulations prevent the registration of children from undocumented mothers or single fathers of children where the mother is unavailable, unwilling or undocumented. Section 9 does not allow guardians to register children unless there is proof that both biological parents are deceased.

As described by the National Plan of Action for Children: Discussion Document for Children (RSA, 2012), a goal was set to ensure that by 2014 all children in South Africa have a birth certificate within one month of their birth, yet this goal has not been achieved.

According to the views of Law (2016), not being able to get a birth certificate for an abandoned child who was born in the country is a significant hurdle, as these children will not be recognised as citizens of South Africa, leaving them stateless. Furthermore, the complications associated with not having a birth certificate will impact on these children's lives and future opportunities tremendously. For instance, they will have difficulties enrolling in formal schools and universities, getting married or applying for a home loan. Children are being excluded from educational facilities around South Africa because they lack a birth certificate or any other proof of identity. This actively gives these children the label that they are "nobody" and that they belong "nowhere" (Law, 2016:1).

- **Access to resources**

This category focuses on the challenge that caregivers experience with resource availability, specifically referring to medical resources. Participants emphasised their need for and challenges related to medical resources for the children in their care. Government hospitals

have long waiting lists and often cannot attend to severely ill babies immediately, as there are many other patients also in need of emergency medical care. The caregivers explained their challenges as follows:

In this time to take a child for half-an-hour therapy session, you have to be in a cue for two and a half hours, just to get into the hospital. (Helen)

Because sometimes what they will do if they feel the baby needs to be admitted, they will tell you that you need to take them to Steve Biko. I would hate to leave them there. (Lee)

One of my biggest frustrations are bad medical services from our government hospitals and clinics from our area. (Portia)

According to the provincial guidelines in the Department of Social Development (DSD, 2010), all children in foster or alternative care have the right to adequate medical treatment and so a comprehensive medical referral system must be established. Despite this, caregivers still have a multitude of needs regarding medical access for the children in their care. In underscoring what the participants have shared on the aspect of medical resources, Kadungure (2017:25) and Pretorius (2013:70) conclude in their studies that children living in alternative care are always in need of medical assistance. Kadungure (2017) found that psychological and medical services for these children bring on a lot of financial stress. The costs of the medical services, the transport to get there, and the stand-in caregiver to watch over the children are often not affordable for these organisations.

CONCLUSION

The main aim of the research reported here was to explore the challenges that caregivers experience when caring for abandoned infants and toddlers living in institutional care. Relevant literature on the legislation, policies and current practices was reviewed. Although some of the literature was dated because of the lack of child abandonment data and alternative care placements in South Africa, all the literature scrutinised was rich in information and relevant to this study.

In line with the Bronfenbrenner bio-ecological systems theory (Bronfenbrenner, 1979), the caregiver role within an institutional setting is very much reliant on different systems to provide support when caring for abandoned infants and toddlers. They cannot fully perform their caregiver role to the fullest extent without the necessary needed support. Based on the findings of this empirical research, various positive and negative experiences in the caregiver role were identified. Their positive experiences were aligned with a sense of meaning and purpose in the work they do. Negative experiences in the caregiver role were related to the struggles of caring for children with behavioural concerns as a result of early adversities, financial insecurity at these homes, stress and burnout from the expectations of the caregiver role, and inadequate medical resources including specialised therapies for children affected by abandonment. Other obstacles include the lack of communication with external social workers and legal aspects, which include court proceedings and difficulties in obtaining birth certificates for abandoned children.

In conclusion, it is clear that much more investigation would need to be undertaken on how we can support caregivers caring for abandoned infants and toddlers living in institutional care. It would need to include how we can build support networks to better invest in providing free assistance towards meeting the challenges these caregivers experience, and dealing with the effects of abandonment on these children when they end up cared for in an institutional setting. Furthermore, looking at the policies and legislation as described in the findings, many of these rules and regulations are not implemented as prescribed to protect the rights of each child living in an institutional home.

RECOMMENDATIONS

The following recommendations are made to improve the roles and coping skills of caregivers.

Caregivers require training to enhance the level of care they can provide to children who have been affected by abandonment. This training relates to the following aspects in their roles as caregivers: self-care and skills to enhance caregivers' coping mechanisms, and training towards caring for children who presents with behavioural issues as a consequence of abandonment.

Support for the caregivers, and children, for when children are placed out of their care must be provided. Separation was expressed as traumatic or stressful for both the child and the caregiver. It is recommended that the designated social worker play a supportive role to the caregiver and child in these situations. As suggested by the caregivers in this study, support can be provided by something as simple as sending photos, updates and placement feedback for the caregiver regarding the child after placement. Caregivers also feel that they are not always included in the placement process as they would like to provide support and comfort for the child when he or she may be feeling scared or stressed because of the transition.

It should be ensured that the National Norms and Standards for Residential CYCCs (DSD, 2010) containing the regulations regarding supervision and support for all caregivers are adhered to. Designated social workers in collaboration with the CYCC managers and child protection agencies can jointly provide a supportive forum for the caregivers, not only providing training, but also arranging support groups on a regular basis. In these meetings, the caregivers from different homes can come together and support each other by discussing their challenges and come up with possible solutions.

It is also recommended that further research needs to be conducted on the policies and legislation designed to protect the rights of a child placed in alternative care, and the way that these rights can be enforced. This includes the child's right to a birth certificate and nationality, as well as a child's right to adequate medical care and specialised therapies.

If there is no birth certificate, assistance should be provided to register unregistered children. Further assistance should be facilitated regarding placements, such as adoption and foster care, as these children cannot be placed without a birth certificate. It is therefore recommended that the Births and Deaths Registration Act 51 of 1992 (RSA, 1992) and the Regulations on the Registration of Births and Deaths, 2014 (RSA, 2014) be amended to include the registration of births for abandoned children to provide them with their constitutional rights and the rights as set out in the Children's Act 38 of 2005, namely, the right to a nationality, the right to education and health, the right to live within a family setting (adoption or foster care), and lastly the right

to social support, such as grants in cases where assistance is needed to provide care for these children (RSA, 2006).

Free basic and therapeutic medical care for children living in institutional care should be offered. In terms of section 28(l)(c) of the Constitution, every child has the right to basic healthcare services (South Africa 1996). It is recommended that this Act should be amended so that medical care for children should not just include basic health, but also specialised child therapies and psychosocial support for children affected by various early traumas, such as abandonment.

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