

Studying 'deinstitutionalisation' outcomes in Cape Town: How it all happened

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Abstract

In line with her academic background in the field of international relations and political science, the author studied the international 'deinstitutionalisation' movement as an example of a global norm change. In her recently finalised PhD study, she assessed in how far this norm change has actually reached the ground in the particular case of Cape Town's children's home sector and how local practitioners perceive and evaluate this change from their perspective. This article tells the story of how the motivation for her research developed in the context of her previous studies and work in Cape Town and how she went about conducting her study.

Keywords

Deinstitutionalisation, practitioner perspective, norm diffusion, South Africa; Article

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How it all began

Reflecting on the overall research process of my recently finalised PhD study takes me back to where it all started. It was about a decade ago that I learned about the 'deinstitutionalisation' (DI) movement, just before the 'UN Guidelines for the Alternative Care of Children' were celebrated as a break-through in the field and substantiated this as a fundamental change of best practice norms.

At that time, I was a young and eager German MA student of political science who had fallen in love with living in the vibrant and controversial city of Cape Town. I had studied at the University of Cape Town for two years and got involved in different social projects in the city's township communities. These projects focused on women empowerment and income generation, protecting and counselling women, youth and children at risk, and providing afternoon programmes for children from the community. I was the typical German volunteer and intern, idealistic, dedicated, and still having so much to learn.

One day, my supervisor introduced me to the nearby children's home. Thinking of it now, I would describe what I saw as one of the proto-type scenarios of what the DI movement has been up against. It was not that many children, but seeing about 15 approximately three-year-olds sitting on the floor quietly, seemingly anxious or just apathetic in a smelly, unaired room was heart-breaking. These kids had never taken part in the community programmes.

The situation left a deep impression on me. I started coming by quite frequently to help out a bit, but much more importantly, I decided to dedicate my MA thesis to gaining close insights into the realities of children's homes in Cape Town, as well as the international debates surrounding 'best practice' on this matter. I really wanted to understand how children in this situation could best be cared for and thus, how children's homes should best be run. This was the beginning of the story of my PhD research, as the MA study I conducted back then became the baseline of my PhD research design eight years later.

The MA baseline

My literature review ¹ taught me about the vicious circle of caring for children in institutions and the crucial importance of deinstitutionalising care systems and promoting family- and community based alternatives. At the same time, many scholars explained how an adherence to certain standards could at least help to reduce the harms and risks of residential care. For example, they called for ensuring the appropriate training and supervision of care staff, favourable staff-child ratios, and keeping children integrated in the community and in touch with their families. Drawing from this literature, I developed a multi-dimensional questionnaire to interview the leaders of Cape Town based children's homes in order to find out where they were at in terms of these principles and standards.

According to an official government list, there were 30 registered children's homes in Cape Town in 2009. However, only 23 of these were found to be up and running and I conducted interviews at 22 of these homes. In addition, I included two examples of unregistered children's homes into the sample. I highly appreciated that everyone was generally very helpful and seemed rather open to be visited and interviewed for the purpose of the study.

It showed that many children's home leaders were quite aware of modern approaches and quite a few stressed their efforts in getting children back into the community. Yet, they pointed out some typical dilemmas, such as an overburdened and inefficient social work system, high numbers of failed foster care arrangements, and the challenges of working with traumatised families in dysfunctional communities. In this context, one of the most striking findings was that 75% of the respondents agreed – mostly strongly – with the statement that 'international actors promoting DI do not understand the reality in our country' and that 'children's homes are not an ideal place for children, but right now they are the only realistic option'. It was here, that I started realising that most

¹ For example, this included Dunn, Jareg and Webb, 2007; Powell, 2006, 2004 and 2002; Tolfree, 2003 and 1995; Meintjes, Moses, Berry and Mampane, 2007; Meiring, 2005; Desmond and Gow, 2002; several UNICEF publications.

practitioners would support DI as an ideal, but that making this work on the ground was a much more complicated topic.

From researcher to practitioner - and back to researcher

During the time of conducting my study, I got closer to the new management of the children's home I mentioned earlier. The management had been taken over by a local church group which had organised a complete home make-over and had certainly instilled a new sense of love and care at the place. I presented my research to them and it turned out that the topic of DI and modern best practice standards was also still new to them. One could say that this confirmed common concerns in the context of DI. However, we were all eager to learn from one another, so after completing my study I became part of the management team. This was the beginning of my five years of working in the field, first at this organisation and later at a much larger child protection NGO which runs programmes across the continuum of care. I also attended different local and international conferences (i.e. the FICE Congress 2010 happened to take place at our doorstep) and kept learning more about the debates and challenges in the field. Among many things, my work on the ground taught me that the practice of protecting children at risk is a particularly complex task where clear-cut answers and solutions are scarce – everything depends on so many factors.

In light of my experiences, I became intrigued by the idea to – once again - look at our sector from an academic, meta-level perspective. Doing my PhD had always been a dream of mine but I wanted to maintain a strong practice focus. I realised that the data I collected in 2009 offered a unique opportunity for a diachronic comparison of how the sector had developed in the context of the DI movement. The year 2009 even happened to coincide with the year in which the UN Guidelines were endorsed at the global level and, in 2010, a set of highly progressive updates to the South African Children's Act (2005) had come into effect. Beyond an analysis of developments, I wanted to assess which factors and conditions had driven the practitioners on the ground to adjust or not adjust their practices and how they perceived and evaluated the DI norm from their perspective.

In early 2016 all decisions were made. I had enrolled as a PhD student at my home University (Hamburg) where I had also done my MA studies. My favourite professor of International Relations had agreed to supervise my research and I had secured a three-year scholarship for the conduction of the project.

Research design and research process

In terms of a theoretical framework, my study fitted in with a broader scholarly debate on so-called international norm diffusion processes in the discipline of International Relations and Political Science. Khagram, Riker and Sikkink (2002, p. 14) describe (international) norms as severely powerful institutions as 'they determine the expectations or standards of appropriate behavior accepted by states and intergovernmental organisations that can be applied to states, intergovernmental organisations, and/or non-state actors of various kinds'. Diffusion is understood as the process in which ideas or norms spread within or across national or cultural borders as a consequence of interdependence (see e.g. Gilardi 2013). One prominent example in this regard is the general institutionalisation of children's rights norms and their diffusion across the globe.

However, norm diffusion scholars emphasize the remaining gaps in understanding the actual outcomes of and reactions to norm-diffusion processes at the implementation level of target localities (see e.g. Risse, 2017; Zimmermann, 2017; Gilardi, 2013). In this context, the main research question for this study was derived and formulated as: *Which empirical-analytical insights can be gathered on the ground to further differentiate the outcomes of norm diffusion processes and what shapes them - beyond the established factors, such as transnational influences, domestic filters and diffusion mechanisms?*

In the given study, the international DI movement became the case example of an international norm diffusion process and the micro-cosmos of Cape Town's children's home sector became the target locality for observing outcomes and practitioner responses on the ground.

To understand the matter at hand in its full context, the study included elaborations on the global, the national and the local dimension. The aim was to explore how this very specific new norm has developed in the global child protection field, how it has been adopted and translated in the national context of South Africa, and in how far it has been translated into practice in the specific case of Cape Town. Thereafter, the main focus was to gain further insights into what had determined the responses of the practitioners in charge on the ground.

Methods and data collection

The study was designed as an empirical-analytical and micro-level case study. This overall approach was selected to allow for a holistic and meaningful insight into a complex social phenomenon based on real-life events and actors (Yin, 2003). A mixed-method approach was applied and data were collected from a variety of sources.

To start off, the analysis at the global dimension was based on a review of the available academic and grey literature on the DI topic, which had developed a lot since 2009.² This was complemented by two expert interviews, as well as observations and background talks at two major topic-specific international conferences which both took place in Europe in 2016.

For the analysis at the national dimension the review included international and local South African literature³ as well as some legal documents and updates. In addition, volumes of the field-specific local journal published by the longstanding national umbrella organisation, the National Association of Child and Youth Care Workers (NACCW), were reviewed. Overall, it can be said that South Africa is often perceived as a very progressive case, but various implementation challenges are commonly highlighted.

² For recent literature reviews see e.g. Dozier, Zeanah, Wallin and Shauffer, 2012; Babington, 2015, or Williamson and Greenberg, 2010. See also Cantwell, Davidson, Elsley, and Milligan and Quinn, 2013; LUMOS, 2017; Costa, 2016; Csáky, 2009; Browne, 2009; Anglin and Knorth, 2004; Garcia Quiroga and Hamilton-Giachritsis, 2014; Islam and Fulcher, 2016; Embleton et al., 2014.

³ E.g. Patel and Hochfeld, 2013; Jamieson, 2014; Meintjes et al., 2007; Abdullah, 2007.

Eventually, the assessment at the local level took place in two subsequent steps using two different methods. At first, a diachronic comparison of indicators showed the developments which had taken place in Cape Town's children's home sector since 2009. Thereafter the reasons for the changes or non-changes were assessed in Grounded-Theory-guided interviews with children's home leaders.

The diachronic comparison

The adaptation of programme approaches and care models was assessed in a comparison of the data collected in 2009 and a new set of data collected in 2017. The set of indicators was carefully selected to allow for the collection of a comparable set of data without the need to conduct renewed interviews at each of the children's homes. Instead, the indicators were observed on publicly available information on websites and documents (e.g. closures, transitions, changes in programmatic approaches or statements in terms of DI principles).

Some obvious changes had taken place over the time period of eight years. For example, in line with the updates to the South Africa's Children's Act (2005) from 2010, the categories and terminology for the registration of children's homes had been redefined. The new category of 'child and youth care centres' had replaced 'children's homes' and was much more inclusive. After careful consideration of the new situation as well as some lessons learned in the MA study, the target group for the new round of data collection included 25 organisations. Nineteen of these had also been part of the 2009 study and could be directly compared.

To give a very brief impression of the findings, it can be summarised that about half of the children's homes in Cape Town showed some adjustments to the new norm. The other half did not seem to have changed their approach in any significant way. Overall, this demonstrates that both is true at the same time: classic residential care is still a far spread norm and the new norm has also been diffusing. In fact, the study reveals a diversity of co-existing and sometimes ambivalent outcomes. While a small number of homes has closed or fully transitioned, several homes maintain a 'both-and' approach. For example, some organisations care for 80 to 140 children in their residential programmes. Yet, at

the same time, they have added a strong programmatic focus on providing family strengthening and family reunification services and/or other critical community support. This outcome exemplifies an ambivalent sub-type of compliance and resistance in terms of the DI norm.

Interviewing children's home leaders

In the second step, the reasons for the adaptation, non-adaptation or resistance to the new norm were explored in Grounded-Theory-guided interviews (see e.g. Bryant and Charmaz, 2011). The manageable sample and the familiarity with the field presented a situation where the use of such interviews seemed to be particularly feasible and meaningful. Considering the highly heterogeneous field, the children's homes which were approached for interviews were selected with the aim to include a variety of different examples in terms of settings, contexts, and outcomes. Eventually, 15 formal interviews were conducted at selected homes, usually with the directors or – in three cases – with other leading staff.

The Grounded-Theory-style approach guided the way in which the interviews were conducted. Open questions regarding the respondent's general approach, challenges, background and motivations served as a basic frame and brought up several key themes. As the interviews progressed, the DI topic and related issues were brought in to assess the respondent's awareness of, reactions to and perspectives on the topic. The interviews were recorded and transcribed and the data was analysed and evaluated in accordance with respective coding systems.

In general, the approached individuals were open and interested in being part of the study. However, the nature of the interviews differed depending on the context and the availability, interest and knowledge of the interviewee. While some were very aware of - or even involved in - wider local, national or international advocacy work, others were solely influenced by their micro-level local context and completely unaware of the broader debates.

To make a very brief statement in terms of the findings, it can be said that – as expected - the interviews revealed a variety of factors, which often confirmed existing theory. However, it was striking that the study found less confirmation

of international and donor influence than assumed. Instead, changes of programme approaches seemed to depend to a large extent on the personal experiences, convictions, capabilities and self-perceptions of leading staff.

Conclusion

This study developed in the light of my (the author's) background in the field and my conduction of a previous empirical study on Cape Town's children's home sector in line with my MA thesis in 2009. This offered a special opportunity for learning from the given case in the context of a current debate on the outcomes of international norm diffusion processes. The DI movement offered a great example to demonstrate the immense complexity and multi-dimensional nature inherent in norm diffusion realities. In the residential care field – as likely in many other fields - we are dealing with a variety of co-existing and competing norms and interests, parallel efforts and pockets of actors, donor-recipient dynamics and other controversies and ambivalences.

In this study, a strong effort was made to present multiple different perspectives on the topic at hand. At the same time, the potential role conflict between my being a previous practitioner in the field and my task of being an unbiased researcher was openly addressed by clearly stating the motivations and aims of the study in this respect: to contribute to the DI debate the perspectives and realities of Cape Town's children's home leaders. For example, it showed that some of these leaders resist the DI norm based on an informed and moral-based judgement in the light of the realities they experience in the context of their specific local challenges and opportunities. This is an outcome which does hardly seem to be considered in DI discourse - nor necessarily in norm diffusion theory.

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