stipend of a foster mother is 1,000 Guatemalan Quetzales per child, equivalent to approx. USD 133[6]. This money is paid by the lawyer and is presumably part of the payment received from the adoptive family. The average foster mother cares for two children in her home. No official statistics are available to describe the average foster mother, but it is assumed that she is usually from a working-class background. She is a grandmother, having raised children of her own, or a young stay-at-home mother. Most foster parents live in Guatemala City or the surrounding area to be handy for visits to the doctor, the family courts and the US Embassy. One can presuppose that the motivating factor for becoming a foster parent in this sense is the financial reward. Although the stipend is small, it does allow women to obtain an income while they stay at home. In Guatemala's precarious economic situation, this opportunity is appealing to many women and there is frequently a waiting list of interested persons.

The adoption process for a case of relinquishment typically takes 4–6 months, and this coincides with the length of time the child stays in a foster home. There are no official statistics regarding gender distribution of children in foster care for intercountry adoption, but unofficial observations have given estimates of 65% female and 35% male. The average age of children in foster care ranges from newborn to 2 years old. Again, unofficial statistics show that the average age of a child being placed in intercountry adoption is between 5 and 6 months.

No standards or requirements pertaining to the care of a child in foster care exist, and there are no stipulated minimum qualifications for foster parents. Since it is the Guatemalan lawyers who place the children with foster families, they alone are responsible for any requirements or training of the foster family. There have been occasions where the US-based adoption agency working in conjunction with the lawyer has requested, facilitated, or funded foster care training. In nearly all such cases, this is motivated by the ethical and professional standards or practices of the individual agencies, but unfortunately it is prioritised by only a few.

Summary

Because there are no standards or approval processes for adoption agencies working in Guatemala, any individual or agency can establish a relationship with a Guatemalan lawyer and begin processing adoptions. These conditions have created a situation where very few agencies see the need for a more formalised process of recruitment of temporary foster carers. Also, due to the limited involvement of the Secretariat in foster care for intercountry adoption, there are few official statistics regarding the numbers of children in temporary foster care awaiting intercountry adoption. For the reasons mentioned here, no *official* documentation about specific standards of practice, qualifications or training exists.

It appears that there is a Guatemalan culture that is 'open' to the idea of fostering unrelated children, but significant improvements are needed to ensure that children are cared for by trained professionals who meet international standards. Furthermore, there is a pressing need to develop and implement evaluation and monitoring processes to ensure caregivers and the children in their care are doing well and that the children are placed in permanent families, in Guatemala or abroad.

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Notes

1. In this article, the notary system will henceforth be referred to as the private system.
2. The Secretariat estimates that 32 children are in this type of care situation although the number could not be verified at the time of this report.
3. Official statistics show that in 2002, there were only 62 national adoptions in Guatemala.
4. Because of serious concerns over the protection of children's rights in the private procedure in particular, in recent years governments of other receiving countries have one by one refused to allow their citizens to adopt children from Guatemala. For its part, the US has chosen to continue allowing such adoptions while introducing compulsory procedures such as DNA checks in an attempt to forestall rights violations in this sphere.
5. The information provided in this section is based on sampling of 75 private foster caregivers in an unofficial capacity by the author.
6. As an indication, this sum is less than the minimum monthly wage for an 8-hour working day.

South Africa

The case for child-headed households

Carol Bower, Executive Director, Resources Aimed at the Prevention of Child Abuse and Neglect[1]

Children in South Africa may have to live without parental care for a number of reasons, only one of which is the death of their parents. This is not a new phenomenon. South Africans have traditionally had fluid arrangements concerning the care and residence of their children, who move relatively easily among the extended family. Working parents, especially mothers, contribute when they can to the income of the household in which their children are living. Children whose parents have died or disappeared are similarly absorbed into the extended family. These patterns of childcare have been replicated and adapted in urban settings as more people have moved to towns and cities in search of employment.

More recently, the HIV pandemic has contributed increasingly to the number of children living without parental care. South Africans have continued to absorb such children into extended families and communities. However, their capacity to do this is being eroded by a dramatic increase in the number of maternal and double orphans and a reduction in the number of prime-age caregivers, such as aunts and uncles (Foster 2004). Rising unemployment has exacerbated the situation.

Attempts by Government to respond have focused on the foster care system. People are encouraged to foster vulnerable children, and are eligible for a Foster Care Grant (FCG) if they do so. This includes members of the extended family. However, the situation is becoming increasingly unrealistic. There are simply not enough people able or willing to become foster parents in the traditional sense and for members of the extended family, the process of applying to foster the child and receive the grant (through the High Court) is often prohibitively expensive.

Very often, extended family members are unable to take on the responsibility of additional children, or their circumstances exacerbate the vulnerability of the children. Administering the FCG system is also putting enormous strain on the formal child protection system. Placing such children in institutional care is not a viable option either. Apart from the lack of sufficient facilities, institutional care is often unnecessary. If the extended family can access financial and other support, they will provide a more cost-effective and suitable environment for the children, and the children will not require such placements.

Child-headed households

Increasingly, children are living in situations where there is no adult in the home. This may be because a grandmother has died, or because siblings have insisted on staying in their deceased parents' homestead. These are often temporary arrangements, and families usually absorb these children in time. However, children taking on the caretaking role may suffer significant negative consequences, such as having to drop out of school, seek employment to support their younger siblings, or get married in the hope that this will provide greater security.

According to Foster (2004), the presence of child-headed households does not necessarily mean that the extended family has abandoned these children entirely. Indeed, child-headed households often exist in close proximity to relatives who can provide material support. Evidence suggests that child-headed households might be a mechanism used by the extended family to deal with the situation (FHI 2005).

Research in eastern and southern Africa documents a high prevalence of community responses to the issue of child-headed households, most

often initiated by faith- and community-based organisations (Foster 2003). These initiatives enable families to provide care for children living without parents, and are likely to provide an essential mechanism for the growing numbers of such children in the coming years. Technical and financial support to these initiatives is critical.

In summary, the following is clear:

- Extended South African families have traditionally absorbed children who are living without parental care.
- The capacity to care for such children has been negatively affected by the high levels of HIV/AIDS-related deaths, and the deep poverty that currently characterises much of South African society.
- The formal child protection system has proved to be an expensive and inaccessible option for many and it is no longer able to afford protection to the children who need it most.
- Child-headed households can be viewed as a mechanism of extended family support, but the extended family needs some help if it is to meet these children's needs in full.

The protection of children without parental care

Since child-headed households are a growing reality, the rights of children living in this way must be protected and realised. In its preparations for a general discussion on children without parental care, the NGO Working Group on Children Without Parental Care has developed recommendations for international guidelines on the protection of such children. The basic principles of these guidelines should:

- ensure "the planned provision of a range of alternate care options, with priority being given to family- and community-based solutions";
- secure "permanency for the children without undue delay… reunification with the family or in an alternative stable family setting";
- ensure "protection from abuse, neglect and exploitation in all care settings".

These guidelines should govern the measures implemented for children living in child-headed households, while additional standards may also be required specifically for this group. There are several levels of responsibilities for support: these include the State and the community.

The role of the State

Sloth-Nielson (2002) argues that the State has two clear duties, according to the South African Constitution:

1. to ensure that children in child-headed households are linked with some form of care;
2. to provide the resources necessary for survival and development.

Sloth-Nielson links these duties to s28 (1) (c) of the South African Constitution, and argues that the particularly vulnerable position of children in child-headed households places a primary responsibility on the State to provide immediate and direct assistance to them.

Various authors have detailed the kind of support that the State should provide. For instance, Giese et al (2003) note that home- and community-based care is far more successful when the delivering organisations are linked to State health services. Schneider and Russell (2000) suggested that both the governmental and non-governmental sector should be strengthened to facilitate access to home- and community-based care and support. In addition, Giese et al (2003) found that schools provided many instances of sustainable and appropriate support to children living without parents.

It is argued here that the role of the State should be looked at from two perspectives:

1. that of enhancing the capacity of civil society to respond appropriately to children living without parental care;
2. that of emphasising and resourcing the role of the Departments of Education and Social Development.

Community safety nets

The South African Government has adopted a national integrated plan for children and youth infected and affected by HIV. This endorses a community- and home-based care model based on a child rights approach (Sloth-Nielson 2002). The model is based on a foundation of multidisciplinary support, including volunteers, and it requires a level of professional and financial support.

The support already being given to children living without parental care includes material support,

One of many child-headed households in Mtubatua, South Africa. Child-headed households often exist in close proximity to relatives who can provide material support. But the extended family needs help if it is to meet these children's needs in full.

orphan registers, psychosocial support, food gardens and income generation activities (Giese et al 2003). Some of these are more sustainable than others. Orphan registers, for example, are seen as a mechanism for establishing the scale of the problem in any particular area, as well as a way to "create greater awareness [and] mobilise support" (Giese et al 2003). However, unless the existence of this kind of register can be directly linked to resources, it can prove too time-consuming and frustrating to be genuinely useful (Giese et al 2003).

Food gardens have been established in various areas to enhance food security. Although sometimes these initiatives have the support of the Department of Agriculture (in the form of land and seed donations), they have widely varying rates of success. Similarly, income-generating projects have varying rates of success, and the challenges related to limited markets and lack of capacity to develop new ones may make these projects unrealistic.

Material support, which currently includes access to social grants, providing food parcels, payment of school fees and purchasing of school uniforms and supplies, seems more viable. However, organisations providing support of this nature tend to have limited resources and may not be able to expand their activities in line with increasing need. It has also been noted that children living with sick adults are not targeted for support by organisations offering home- and community-based care – a shortcoming that requires attention (Giese et al 2003).

A significant body of research suggests that in situations where there are many vulnerable children, orphaned children may not necessarily be at any greater risk than others. Studies have shown that targeting these children can have seriously negative effects, including stigmatisation (Grainger et al 2001). In addition, orphaned children may come to be seen as a route to resources and support, making them vulnerable to exploitation.

Thus, material support to vulnerable children, including those living without parental care, needs to be made available through non-governmental and community-based organisations. The State has a responsibility to allocate adequate resources to this purpose, and to facilitate the development and sustainability of coordinated service provision. In addition, such support to home- and community-based care will strengthen the capacity of these organisations to identify the children most in need.

There is currently little emphasis on counselling and other forms of **psychosocial support** for children living with sick and dying adults, or those who have lost their parents. Children's descriptions of the situations and difficulties they face highlight the need for support of this kind. Gilborn et al (2001) found, for example, that disclosure was viewed positively and children reported that it helped them to understand the truth, to avoid HIV and to plan for the future.

It is argued that home- and community-based carers are ideally placed to address the need for psychosocial support. The ongoing contact between vulnerable children and home- and community-based carers is conducive to the gradual development of a relationship of trust, and the provision of support and counselling (Giese et al 2003).

Schools as nodes of support

A study undertaken by the Children's Institute at the University of Cape Town on behalf of the Department of Health (Giese et al 2003), made a series of health and social service recommendations to address the needs of vulnerable children, including those experiencing orphanhood. The study highlighted the important role being played by some schools and the potential to increase this role. This is despite the fact that there are currently a number of barriers blocking access to education, including the lack of income within households to pay for school fees, school uniforms and books, the long distances that need to be travelled (usually on foot) by school children, and discrimination faced by children who are infected or affected by HIV.

The school in the impoverished Majwayisa district in Kwazulu Natal is a good example. It provides food at weekends for children who would otherwise go hungry and it has built accommodation to house some needy children (Giese et al 2003). In Cato Crest in KwaZulu Natal Province, the school has established links with St John's Ambulance Service, which provides a nurse once a week. It has also established a community garden project. Schools can therefore help greatly in identifying vulnerable children and providing nutrition, food security, life skills and training.

Health services

The Department of Health acknowledges that its role extends beyond that of providing clinical care, and that there is a need to provide support to home- and community-based childcare and to establish sustainable partnerships with others delivering community services. Giese et al (2003) note a range of responsibilities that should be taken on by the health sector:

- the care of HIV-positive children at primary health care facilities;
- programmes to address hunger and malnutrition
- counselling and support services related to HIV/AIDS testing and to ongoing emotional support;
- hospital and palliative care for sick children and adults;
- support for children in schools through outreach services;
- community health workers.

Bringing it all together

It is clear that, while the challenges facing children living without parents are great, the needs of these children can be met without resorting to institutionalisation. However, if their needs are to be addressed, and if the rights of these children are to be protected and realised, then current examples of success must be expanded and resourced adequately to ensure their sustainability.

We argue that a range of options for children living without parents must be available. These should include formal alternate care situations, such as institutionalisation and kinship care, where these are appropriate. However, they should *not* exclude the viability of child-headed households. The recognition of this option, however, must be accompanied by a range of support mechanisms. These must, critically, involve strong partnerships between the State and civil society.

The home- and community-based care model has been shown to be highly appropriate *if* it is capacitated in the following ways:

- strong links to the Department of Health;
- strong links to the Department of Education;
- coordinated and integrated support from these two departments;
- resources and training for those implementing programmes;
- recognition of the need to provide holistic support focused on addressing basic needs to food, shelter, healthcare, emotional support and education.

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Note

1 RAPCAN is a child rights NGO based in Cape Town, South Africa.