

# Home Beyond Blood: A Practice Reflection on the Foster Care Model of Hermanus Child and Family Services

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## ABSTRACT

This article presents a reflective analysis of the foster care model implemented by Hermanus Child and Family Services (HCFS), a Designated Child Protection Organisation in the Western Cape, South Africa. The model is anchored in trauma-informed care, sibling preservation, and holistic developmental support. Drawing on real-world implementation experience and anonymised case examples, the paper outlines how HCFS bridges the gap between emergency removal and long-term placement, providing stabilising, culturally responsive care. Additionally, the paper explores the interplay between legal obligations and community-based caregiving, with comparative references to similar approaches in other low-resource settings. The reflections highlight practical insights into outcomes such as behavioural regulation, school reintegration, and emotional recovery. A framework of core model components is also proposed to guide replication. This practice-based account offers valuable learnings for social workers, programme designers, and policymakers committed to restorative foster care systems.

**Keywords:** Foster Care, Child Protection, South Africa, Residential Care, Social Work Practice, Cultural Context, Trauma-Informed, HCFS, Family Reunification

## INTRODUCTION

Foster care, while intended as a temporary measure, often becomes a pivotal life experience for children separated from their biological families due to abuse, neglect, abandonment, or trauma. In South Africa, the Children's Act 38 of 2005 mandates foster care as both a protective and rehabilitative intervention. However, the realities of implementation vary greatly depending on context, resources, and the ethos of the service provider.

Hermanus Child and Family Services (HCFS), a Designated Child Protection Organisation (DCPO), operates two foster homes within the Overstrand region of the Western Cape. These homes offer medium-term care to children removed from harmful environments, functioning as stabilising spaces within a broader continuum of child protection and healing.

This paper reflects on the foundational principles, operational practices, and challenges encountered in HCFS's model. While it does not employ formal research methods or collect primary data, it draws on the lived experience of practitioners and anonymised composite case narratives. Comparative references are included to highlight parallels with similar foster care efforts in low-resource contexts, including rural Uganda, India, and parts of Latin America, where community-based alternatives to institutionalisation are emerging in response to systemic gaps.

By sharing our journey, we aim to contribute to the growing body of work on trauma-responsive, community-embedded foster care and inspire similar innovations elsewhere.

## Background and Context

Hermanus Child and Family Services functions as a Designated Child Protection Organisation (DCPO), authorised to remove children from dangerous circumstances and secure environments where healing and development are possible. Identifying a critical service gap between emergency removal and long-term placement, HCFS launched its foster homes to bridge this transitional period through structured, medium-term care.

Each foster home accommodates six children at a time. Children arrive under a range of distressing circumstances—sexual abuse, parental substance abuse, neglect, abandonment, or domestic violence. Housemothers live in, supported by a rotating team of caregivers and overseen by HCFS social workers, allowing for real-time monitoring and a rapid response to developmental, therapeutic, or legal needs.

These foster homes are situated in community settings and mirror a typical family structure, which helps children build trust, reclaim a sense of normalcy, and reconnect with the idea of home. The organisational vision is not simply to remove children from danger, but to reframe foster care as a space of restoration and growth.

## Foster Home Practice Model

### Trauma-Informed Environment

Both foster homes follow trauma-informed care principles. Caregivers are trained in attachment theory, crisis de-escalation, and trauma response, and are supported by HCFS's in-house social workers and external counsellors. The homes are structured to provide emotional predictability, physical safety, and relational consistency. Routine, play, and choice-making are key to building emotional regulation.

A composite example is that of 'Sipho'\*, who at age 10 arrived dysregulated and hypervigilant after years of physical abuse. Over his first 12 weeks, consistent daily routines and positive reinforcement allowed him to stabilise emotionally, begin therapy, and return to school.

\*Name changed to protect identity.

### Prioritising Sibling Placement

Wherever feasible, siblings are placed together. This mitigates the loss of family identity and supports emotional resilience during the transition. Sibling relationships are complex and can be either protective or triggering, and HCFS provides individualised support plans.

For instance, 'Thando'\* (12) and 'Ayanda'\* (7) arrived with a history of emotional neglect and parentification. While Thando initially parented Ayanda, structured roles and counselling helped redefine their sibling bond, supporting their development as individuals and as family.

### Education and Routine

Children are enrolled in local schools and receive ongoing academic support, including tutoring and transport. Routine is a cornerstone of the care environment—mealtimes, bedtime rituals, and homework hours are strictly maintained. This stability is especially important for children previously exposed to chaos, neglect, or inconsistent adult care.

### Social Work Integration

Each home has a dedicated HCFS social worker who visits weekly and manages individual care plans. These plans evolve with each child's emotional and legal progress. Case conferencing with educators, therapists, and family members (where applicable) ensures coordinated care.

## Reunification or Permanency Planning

Placement in foster care is never seen as an end point. From day one, social workers begin assessing paths to reunification, kinship placement, or adoption. Transitions are gradual and child-centred, with focus placed on agency, preparedness, and emotional safety.

A visual framework (Table 1) summarising the core elements of the HCFS Foster Care Model is provided below to assist readers in adapting the model in other settings.

Table 1: Summary of Key Components in the HCFS Foster Care Model

### Key Components of the HCFS Foster Care Model



## Reflections from the Field

The first 90 days in care are critical. Children typically arrive with profound trust issues, heightened stress responses, and difficulty forming attachments. HCFS prioritises this initial adjustment period as a foundation for long-term growth. The structure, predictability, and relational engagement offered help children settle and begin to heal.

Composite experiences highlight this trajectory: one girl, aged 9, arrived non-verbal due to past trauma and, within three months, re-engaged with school and built a trusting relationship with her housemother. Success is not measured solely in terms of behavioural outcomes, but also in emotional breakthroughs and moments of safety.

Cultural alignment is also key to the model's success. HCFS's caregivers and social workers are drawn from the communities they serve, sharing the same language, social norms, and lived realities. This ensures that care is contextually responsive and avoids unintentional alienation. Race and linguistic familiarity are not secondary considerations—they are essential to building trust.

## Challenges and Opportunities

### Resource Constraints

Sustaining high-quality care in a resource-constrained environment is an ongoing challenge. HCFS depends on donations to fund school transport, therapeutic services, and recreational activities. These services are not luxuries—they are core to healing. The organisation continues to seek sustainable funding partnerships to support its model.

## **Staffing and Burnout**

Foster care is emotionally demanding work. Caregiver burnout is real, and turnover can disrupt children's sense of safety. HCFS addresses this through scheduled respite, reflective supervision, peer support groups, and recognition programmes. Still, the sector urgently needs broader strategies for caregiver retention and wellness.

## **Integration with Broader Systems**

Children in foster care often need wraparound support across education, health, and justice systems. HCFS is piloting a multidisciplinary care forum model to improve service integration. However, systemic bottlenecks—such as delayed documentation or unresponsive state services—can undermine even the most robust care plans.

## **CONCLUSION**

The HCFS model demonstrates that foster care can be a site of healing, agency, and forward movement. It is not a static holding space. Rather, it is a deliberate, relationship-rich intervention that bridges trauma and restoration. By embedding practice in context, prioritising the child's voice, and building on community strengths, HCFS is contributing to a quiet revolution in foster care.

We hope this reflection provides a practical template for other child protection agencies in low-resource settings. With intentional design and committed personnel, foster homes can be more than safe places—they can be springboards toward wholeness.

## **DECLARATION**

This paper does not involve human participants, personal data, or animal subjects. It is based on practitioner reflection and programme-level documentation. Names used in case examples are pseudonyms.

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