A DESCRIPTION OF KINSHIP CARE PLACEMENTS IN NSELENI, RICHARDS BAY DISTRICT

Peggy Zethu Mdletshe

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DECLARATION

Submitted in fulfillment / partial fulfillment of the requirements for the degree of Masters in Social Work (Welfare Policy and Social Development) in the Graduate Programme in the School of Social Work and Community Development, University of KwaZulu- Natal, Durban, South Africa.

I declare that this dissertation is my own unaided work. All citations, references and borrowed ideas have been duly acknowledged. It is being submitted for the degree of Masters in Social Work (Welfare Policy and Social Development) in the Faculty of Humanities, Development and Social Science, University of KwaZulu Natal, Durban, South Africa. None of the present work has been submitted previously for any degree or examination in any other University.

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Student Name

16 March 2009

Date

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DEDICATION

This work is dedicated to GOD ALMIGHTY. I am so grateful.

ABSTRACT

This study described kinship care placement in the Nseleni area. The study aims to describe the type of care in kinship foster care placements in the Nseleni area, Richards Bay. The objectives of the study were to investigate the physical and material circumstances of the families, to explore the psycho-social needs of the children, to explore whether or not the kinship carer is experiencing physical and emotional problems and to identify support systems available to kinship carers.

The study was guided by the ecosystems perspective. This perspective attempts to appreciate and understand people in their environment. The ecosystems perspective was pertinent in this study as it provided a framework for understanding the individual, family, community and society context in which kinship carers operate.

A quantitative descriptive (survey) approach guided this study. This design is useful for describing the characteristics of a large population and therefore it was an appropriate design for this study which aimed at describing how children in kinship care are being cared for.

The sample comprised of 30 kinship carers who were respondents. Probability sampling was used to ensure representativeness and that all the members of the identified population had an equal chance of being selected. Structured interview questionnaires were personally administered to the respondents.
Data was analyzed manually. Each of the questions was recorded in the manual table for data entry. All variables were added and checked. The totals were converted into percentages for easy calculation and analysis. Using Microsoft excel, tables and figures were formulated.

Most of the respondents indicated that they tried to meet the basic needs of the child and ensure that the child had appropriate shelter, food, clothes, safety and security. Most of the respondents indicated that they have relatives

living with them in the yard and have good support systems around them. Recommendations for further practice and research are made.

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CHAPTER ONE: INTRODUCTION

1.1 INTRODUCTION

The study aims to describe the type of care in kinship foster care placements in the Nseleni area, Richards Bay. Chapter One will provide the background to the study and outline the research problem. This will be followed by the research problem, assumption for the study, value of the study, purpose, research questions and, finally, the theoretical framework and research approach.

1.2 BACKGROUND

Foster care is a form of alternate care for children whose parents are unable to provide them with adequate social, emotional and physical care, to the extent that if they were left in that home serious abuse or neglect would result (Martin, 2000). Kinship care is the placement of foster children in the care of relatives. According to the Child Welfare League of America (1994:2), kinship care is "the full-time nurturing and protection of children who must be separated from their parents by relatives, members of their tribes or clans, godparents, step-parents, or other adults who have a kinship bond with the child." Kinship care is seen as a way of keeping the family together and as better funding opportunities for kinship carers became available, kinship care placements increased and, according to Martin (2000), this type of placement of children is now the preferred choice in the US.

South Africa has a long tradition of informal kinship care and children have often been cared for by relatives while their parents worked. Extended families and communities are usually willing to serve as a safety net for orphaned and abandoned children and represent the single most important factor in building a protective environment for children who have lost their

parents to HIV/ AIDS or any other cause (UNICEF 2003:32). HIV and AIDS have become one of the most critical challenges facing South Africa today, especially in northern Kwazulu-Natal which has one of the highest HIV and AIDS infection rates in the country. The pandemic is restructuring the family in ways never experienced before. Its impact on family life exceeds that of war and the apartheid system.

According to Scannapieco and Hegar (1999: 1), “kinship foster care, the care provided to children and youth in state custody by relatives, has only recently become a major focus of child welfare practice, policy and research efforts”. As recently as 1992, kinship foster care was a mere mention in major child welfare texts. The explanation for the tremendous increase in the number of children in formal kinship care is multidimensional and ranges from an increase in reported child maltreatment, and in the number of children entering foster care, to a reduction in the number of traditional foster homes, to and increase in the number of persons with HIV or using drugs, to a growing population of children who are poor. This suggests that there is a need for professional knowledge-base for working with kinship placements and it requires development in the area of policy, practice and research.

Some other writers have responded to their plea of doing more work in this arena. Chipman, Wells and Johnson (2002:508) stated that, though principles, guidelines and procedures for assessing the quality of foster care in kinship settings have been introduced, research on the factors that mediate the quality and outcome of kinship care has been minimal. To provide insight into these factors from the perspectives of kinship stakeholders, their article presented findings from a qualitative study conducted with kinship care-givers, children living with relatives and caseworkers of children in kinship placements. Their views on quality care in kinship homes, including factors to consider in the selection and evaluation of kinship placements and opinions of how kinship and non-kinship foster care differ, contribute to the development of standards and measures for kinship foster care assessment. The present study contributes to the debate about standards of care in kinship care.

1.3 PROBLEM STATEMENT AND RATIONALE FOR THE STUDY

As a social worker in the Department of Social Welfare, Richards Bay, the author is aware of an increasing number of children being identified as in "need of care" due to their being orphaned by the AIDS pandemic. In dealing with these children, the aim is to provide them with care in the community, with family members as far as possible. According to the office statistics (August 2007), 2502 children were placed in 1021 kinship care and the number of children in the process of being placed is 798.

The Department of Social Welfare has made good progress in finalizing Children's Court enquiries and placing children in formal foster care with relatives. This has major implications for accessing social support in the form of foster care grants and is aimed at reducing the burden of poverty. However, there is very little follow-up and very often the only time that a social worker visits these families is when it is time for the statutory review, i.e. after the first two years and thereafter annually. It is not known how placements are progressing, because of the load carried by each social worker and the demand for more placements of the children who need urgent assistance. Support groups are run for foster parents, but this has a minimal effect, since most foster parents are not in full-time employment and are unable to attend because they are doing temporary jobs or out looking for jobs. It therefore not known how the placements are progressing, what problems and needs the families experience and whether or not these placements are successful.

1.4 CONTEXT OF THE STUDY

Nseleni is a predominantly semi-urban, residential area situated outside the town of Richards Bay, in the uMhlatuze Municipality District of KwaZulu-Natal. The population of Nseleni is given in Table one.

Table 1: Population of Nseleni

AGE	FEMALE	MALE	POPULATION NO.	POPULATION (%)
0-4 YRS	16 002	16 002	32 004	10,8
5-15 YRS	33 190	32 597	65 797	22,5
15-34 YRS	628 224	57 786	120 610	40,75
35-64 YRS	35 560	34 079	69 639	23,5
OVER 65 YRS	5 334	2 962	8 297	2, 8
TOTAL	152 910 51, 5%	143 427 48, 4%	296 337	100

According to the municipality, electricity is available to all households in Nseleni and is used for cooking and lighting. Most people use pre-paid meters and when this runs out they may use alternate forms of energy. Sixty-eight percent of the houses have tapped water, either inside the house or in the yard, while the remainder has access to communal taps in the neighbourhood.

1.5 VALUE OF THE STUDY

This study will provide an assessment of the quality of kinship care in the Richards Bay district. This will enable social workers at the Dept of Social Welfare to develop tailor-make programmes to address areas of concern and so improve social work services to children and their care-givers.

The Department does not have well-developed tools for assessing quality of care in kinship placements. This study will contribute to the development of policies and programmes to respond appropriately to the assessment of quality of care in kinship placement. The study will contribute to the growing body of knowledge of kinship care.

1.6 PURPOSE OF THE RESEARCH

The main aim of this study is to describe the type of care in kinship foster care placements in the Nseleni area, Richards Bay.

1.6.1 Research objectives

The objectives are to:

- investigate the physical and material circumstances of the families.
- explore the psycho-social needs of the children.
- explore whether or not the kinship carer is experiencing physical and emotional problems.
- identify support systems available to kinship carers.

1.6.2 Research questions

The research questions are:

- What are the material circumstances of the families?
- What are the psycho-social needs of the children?
- What physical and emotional problems are care-givers experiencing?
- What are the support systems of kinship carers?

1.6.3 Assumptions

- Kinship carers are experiencing difficulties in raising children left in their care.
- Kinship carers are facing psychological and social problems.
- Kinship carers lack support services in social service agencies.

1.7 THEORETICAL FRAMEWORK

The study was guided by the ecosystems perspective. This perspective attempts to appreciate and understand people in their environment. It is a holistic, dynamic-interactional systems approach, based on human ecology (Bronfenbrenner, 1979; Jack 1997). The approach is known as the life model.

As a result of growing public awareness concerning the environmental impact of various forms of human activity, most people are now familiar with the general principles of ecology. Within this framework, the planet is understood to consist of a number of systems and subsystems, involving plants, animals, people and their physical surroundings. These different systems are involved in constant processes of mutual interaction with one another. A delicate ecological balance has evolved, in which changes in one system can have significant consequences for another systems and vice versa. The development of all living things is therefore inextricably bond up with the characteristics of the environments that they inhabit (Bronfenbrenner, 1979; Jack 1997).

The centrality of this evolving interaction between people and environment is captured in Bronfenbrenner's characterization of human development as "the progressive, mutual accommodation between an active, growing human being and the changing properties of the immediate settings in which the developing person lives, as this process is affected by relations between these settings, and by the larger context in which the settings are imbedded" (Whittaker; Schinke and Gilchrist, 1986).

Central to Bronfenbrenner's definition is the notion of reciprocity: an active, dynamic individual who moves and reshapes the environment even as he or she is acted on by it. The environment here is conceived of as a set of "nested concentric structures" each influencing the other and, ultimately, the developing child (Whittaker, Schinke and Gilchrist, 1986:485-488). It can be visualized as a nested arrangement of interacting systems, rather like a set of Russian babushka dolls, with the individual located at the centre.

Briefly, the immediate settings in which individuals develop are called micro-systems. Within this model, a developing child can be seen to be part of a number of micro-systems, starting with their immediate family and going on to include extended family networks, schools and neighbourhood settings.

The interactions between these settings constitute what is known as the meso-system. Whittaker *et al*. (1986: 488) noted that meso-systems refer to relations or links between micro-systems in which the developing child directly experiences reality, for example, the connections between home, school, and neighbourhood. They noted that central to Bronfenbrenner's theory is that the stronger and more varied are the links between these micro-systems, the more powerful is the effect on the individual.

Moving further outwards, settings that influence an individual's development, but in which they are not directly involved, are called exo-systems. The final level of influence, which consists of the cultural and societal environments in which all other systems are embedded, is known as the macro-system (Bronfenbrenner, 1979; Garbarino 1990). Macro-systems reflect the broad ideological and institutional patterns of a particular culture that are underpinned by belief systems and values. Bronfenbrenner refers to the macro-system as the "blue prints" for society that determine the shape, character and relation to each other of dominant institutions, for example schools, the work place and hospitals. The term "macro-system" connotes the societal blueprint as it presently exists and as it might exist in some future form.

The ecosystems perspective was particularly useful for this study, because it attempts to appreciate and understand people in their environment. It is a holistic, dynamic-interactional systems approach, based on human ecology (Bronfenbrenner, 1979; Jack 1997). According to Meyer and Mattaini (1998), the ecosystems perspective is a way of approaching a case as a complex system of interconnected phenomena and of considering the person's interactions with multiple factors and actors in his or her environment.

This approach will assist in examining care of kinship carers in their physical and social lives and view resources and opportunities available in fulfilling their needs, or hindrances in fulfilling their needs. Care in kinship care placements is multi-faceted and the eco-systems model will provide a

framework with which to identify and analyze these factors and the relationships between them.

1.8 RESEARCH DESIGN AND METHODOLOGY

A quantitative descriptive (survey) approach guided this study. According to Babbie and Mouton (2001), this design is useful for describing the characteristics of a large population and therefore it is an appropriate design for this study, which seeks to describe how children in kinship care are being cared for. Probability sampling was used to ensure representativeness and that all the members of the identified population had an equal chance of being selected. The population from which the sample was selected consists of all kinship care foster families whose foster children were legally placed in terms of the Child Care Act, No. 74 of 1983, in the Nseleni area, that is 342 cases. A random sample of 30 kinship carers was selected and interviews were held with them, using a structured questionnaire. The questionnaire was a modified version of the one developed by The Children and Family Research Center at the University of Illinois at Urbana-Champaign (1999). The methodology is further described in Chapter Three.

1.9 CONCLUSION

In this chapter, the background to the study, the research problem and the rationale for the study, the purpose of the study and the theoretical framework and a brief overview of research design and methodology were discussed.

1.10 OUTLINE OF THE STUDY

Chapter One focuses on the background to the study, the research problem and the rationale for the study, the purpose of the study and the theoretical framework guiding the study. A brief overview of research design and methodology was given.

Chapter Two presents the literature review, which integrates both local and international research. Chapter Two discusses what kinship care is, the characteristics of kinship care-givers, the advantages and disadvantages of kinship care and the South African policy and social services in South Africa.

Chapter Three outlines the methodology used in the research process. The research design, sampling, data collection method and analysis of data and interpretation, and reliability and validity of data, are explained. Ethical consideration and the limitations of the study are discussed.

Chapter Four presents the data analysis and discussion and Chapter Five presents the conclusions and recommendations.

CHAPTER TWO: LITERATURE REVIEW

2.1 INTRODUCTION

The full-time care, protection and nurturing of children by kin has traditionally been a private family decision, concerning how best to meet the needs of children. As a practice that is part of the history of most cultures around the world, kinship care has been a common solution for children whose parents could not care for them. Whether the children were orphaned or their parents were ill, incarcerated, or financially unable to provide for their care, throughout history kin have come forward to provide the day-to-day parenting that was needed (Hager and Scannapieco: 1999, 84). Finch (1989:221) states that there are shared beliefs about how kinship is constructed. Phrases such as 'blood is thicker than water' and 'my own flesh and blood' a particular construction that blood ties should be treated differently, which is likely to impact on the way people interact.

Chapter Two gives an overview of kinship care, characteristics of kinship carers, advantages and disadvantages of kinship carers and South African policy on kinship care, social services and social welfare services on kinship carers in South Africa and social security provision in South Africa.

2.2 WHAT IS KINSHIP FOSTER CARE?

The Child Welfare League of America (CWLA) defines kinship care as "the full-time care, nurturing and protection of children by relatives, members of their tribes or clans, godparents, step-parents, or any adult who has a kinship bond with a child". They expanded the definition by highlighting that some other definitions are even a little wider and include, in particular, neighbours who are well-known to the child.

Like other forms of care, kinship care may be seen as a solution to a short-term problem or a response to a long-term need, depending on the situation of the child and his or her parents (International Social Service and UNICEF, August 2004).

The South African Social Workers' Manual from the Department of Welfare (Information guide for social workers on the practical application of the Child Care Act 74 of 1983, as amended and regulations; 1998) defined foster care as the placement of a child by means of an order of the children's court, in the custody of a suitable family or individual, willing to act as foster parents to the child. The child is generally maintained with the aid of a foster child grant paid by the State, with a corresponding duty on the part of the parent to contribute towards the child's maintenance in the form of a contribution order. This is the most preferred option for children who have been found to be in need of care.

2. 2.1 Formal kinship care

Warrall (in UNICEF, 2004) noted that keeping children within their own kinship, community and cultural networks, that is the concept of continuity, has found international favour in contemporary child welfare practice. Coupled with the growing, and sometimes already critical, pressure on formal foster care systems in the industrialized nations, it is not surprising that kinship placements within the formal context have grown apace in those countries. In New South Wales, Australia, for example, kinship placements accounted for 14% of the total in 1991/1992, but were already up to 24% by 1995/1996, second only to non-kinship foster care as a placement option. Warrall noted that the international trend toward formal use of kinship care for children who have suffered abuse or neglect is thought likely to continue as foster care resources shrink.

Within a kinship grouping there may be reluctance to have a foster relationship defined by the court as opposed to being informal. However, one major advantage from the foster parents' standpoint may often be easier

access to grants or allowances. Children who require formal protective services and are placed in the care of relatives by court order should qualify for a grant such as normal foster care grant, with an additional allowance if the child has special needs, according to the South African Law Reform Commission, UNICEF (2004).

2.3 CHARACTERISTICS OF KINSHIP CARE-GIVERS

Le Prohn (1994) found that kinship parents place more emphasis on maintaining contact with biological families and feel more responsible for helping with the child's emotional problems. Chipman, Wells and Johnson (2002) noted that when comparing kinship and non-kinship foster parents, kinship care-givers are more likely to be older, African women, single and head of household, with less education and lower incomes. They quoted Gebel (1996), who reported that relative care-givers were less likely to be employed outside of the home, while Berrick *et al*. (1994) were quoted as finding the opposite to be true, though both found relatives more likely to report that they were not in good health. They found that kinship care-givers have different attitudes about child rearing, the children in their care and their role as care-givers. Le Prohn (1994, in Chipman *et al.,* 2002:509) found that kinship care-givers placed more emphasis on maintaining contact with biological families, felt more responsible for helping with the child's emotional problems, felt more accountable for tasks related basic parenting. They quoted Berrick and others (1994) who found that kinship care-givers were also more likely to think that the child had been in no danger prior to placement. Gebel (1996) reported that relative care-givers had more favourable attitudes toward physical punishment and higher expectations for the child than non-relative foster parent, and were less likely to describe the child as "difficult to handle." Thornton (1991), in Chipman *et al.,* 2002) found that relative care-givers were more hesitant to adopt children in their care, though other investigators found no differences in kinship care-givers' willingness to adopt.

Shlonsky and Berrick (2001) stressed that the loss of a parent or parents, whatever the level of care they may have provided, is likely to cause significant trauma to a child. The child's loss may be exacerbated when he or she is placed in an unfamiliar living environment with unknown care-givers who have not yet gained the child's trust. Placing a child with relatives may help offset some of this psychological trauma, providing the child with a familiar environment with known care-givers and maintaining the perceived warmth and safety of a family during the placement process.

While kinship care has many advantages, UNICEF points out that kinship care in itself is no guarantee of welfare, protection and ability to cope (2004:2). Literature has emphasized a number of risk factors that may impact negatively on children's well-being. Screening procedures, monitoring and evaluation of kinship foster families may be far less rigorous than for non-kinship foster families (Berrick, Barth and Needell, 1994; Iglehart, 1994). Kinship carers tend to be older, have lower income, single women of colour, who had not planned on caring for children at this stage of their lives (Berrick *et al.,* 1994; Minkler, Roe and Price, 1992). Kinship care families tend to receive fewer services, more infrequent supervision and less financial support than other foster families (Berrick *et al.,* 1994; Dubowitz, Feigelman, and Zuravin, 1993). In a study in the Pinetown area, Ntombela (2000) found that social workers hardly ever visited kinship care placements. Meyer and Link (1990) suggested that this might be because children are thought to be more settled and so require less supervision.

These risk factors indicate the need to assess the quality of kinship care. However, research on quality of kinship care is minimal and knowledge of how to assess quality of care in these homes is less than adequate (Dubowitz, 1994).

Shlonsky and Berrick (2001) point out that since there are few substantive studies assessing quality of care in foster homes it is difficult to create a single definition of quality. They stated that quality of care may be a fluid measure,

varying by placement type, by amount of time spent in care and by a child's unique attributes.

The factors constituting quality in foster homes vary and depend on the child's individual needs. The combination of concrete measures (such as freedom from further abuse and neglect; physical care; co-operation with child welfare agencies; and meeting medical, dental, educational and developmental needs), with less tangible indicators (such as a warm, safe, loving home) describes the quality of a foster home. Meeting these baseline standards of care is important, given the seriousness and complexity of problems faced by foster children (Shlonsky and Berrick, 2001:65).

The CWLA (1998) developed standards for kinship foster family assessment. These mirror those for non-kinship parents and include some considerations with respect to current family problems and special kinship considerations. The areas that should be assessed are:

1. relationship between child and relative
2. ability and desire of relative to protect the child from the parent
3. safety and nurturing environment of home
4. willingness of family to accept child
5. ability of parent to meet child's developmental needs
6. relationship between birth parent and relative
7. family dynamics in kinship home related to abuse or neglect of the child
8. absence of substance abuse
9. willingness to co-operate with the agency
10. existing support systems
11. number of children in the home and their status (e.g. HIV status, other medical conditions, drug use)
12. health status of kinship caretakers
13. age of kinship caretakers in light of child's long-term needs
14. the possibility that family members will pressure the child to recant any allegations of abuse (CWLA, 1994: 13).

The CWLA recommends that licensing standards for kinship homes adhere to the same safety standards required of all foster homes, but also be flexible in standards unrelated to child protection (e.g. number of bedrooms). Standards should include a complete check for criminal records, child abuse history and evaluation of home safety.

The CWLA recommendations provided a starting point for identifying criteria relevant to evaluating kinship care families and the context that mediates quality of care. The Children and Family Research Center at the University of Illinois at Urbana-Champaign (1999) has developed a set of instruments for assessing the quality of kinship care. These instruments are designed to be used by social workers in practice and include a caseworker self-administered questionnaire, a caregiver interview, a case record review and a child interview. These provide a comprehensive overview of the kinship placement.

The major points included in the instruments are:

Kinship caregiver's attitudes about the child and foster care

3 Kinship caregiver's co-operation with the agency
4 Caregiver's commitment to the foster child

Child's needs are being met

4 Child's developmental emotional, and social needs are being met
5 Child's physical needs are being met
6 Child maltreatment by the caregiver/caregiving family

Kinship caregiver functioning

4 Kinship caregiver's economic functioning
5 Kinship caregiver's social functioning
6 Caregiver's physical and emotional capacity to care for the child

Family functioning

3 Kinship family functioning
4 Foster/kinship family's relationship with the biological family and child

In addition, additional items which pertain to the child's satisfaction with the living arrangements and the outcome of the foster caregiving experience for the kinship foster family are included.

2.3.1 Advantages and disadvantages of kinship care

There are number of risk factors and problems associated with the kinship care that are of great concerned. UNICEF and International Social Service (2004) highlighted the following risk factors and problems associated with the kinship care form of care that can have negative repercussions for the children concerned:

1 Some relatives may cause intra-familial friction by insisting on caring for the child, or may allow unauthorized contact between the child and the parents;
2 Some relatives may be abusive or neglectful because they come from the same type of "troubled" family;
3 Kinship care may create financial disincentives to returning the child to the parents if relatives receive higher allowances (which can even happen in informal placements) than those available to parents, which is one reason why children may remain longer in kinship care than in non-kinship care;
4 Children may be less likely to receive services than they would in non-kin foster care;
5 Relatives, too, may need more services and support than " specialized" non-kin foster carers;
6 Division of responsibilities and decision-making powers between relatives and parents regarding the child may be unclear or contested, which may lead to intra-familial friction;
7 Children may be the victims of conflict between their foster relatives

and the birth parents, who may be portrayed and/or perceived negatively, sometimes resulting in little effort being made to reintegrate the child with the birth parents;

8 There is a risk of children having difficulty in situating themselves on a generational or genealogical level when, for example, they are brought up by grandparents almost like the brother or sister of one of their parents.

According to Gibson (2002), when grandparents assume primary responsibility for grandchildren they take over demanding roles that can result in various limitations. Role restrictions can lead to a sense of resentment associated with the loss of the anticipated freedom from parental responsibilities. They can enjoy being grandparents when grandchildren, for example, come for visits for short periods of time. When it is a full-time responsibility it becomes a problem, as they are unable then to spend more time on their old-age activities.

Shlonsky and Berrick (2001:65) highlighted that domain of quality of care in foster homes. They noted that the factors constituting quality in foster homes vary and depend on the child's individual needs. The combination of concrete measures (such as freedom from further abuse and neglect; physical safety; co-operation with child welfare agencies; and meeting medical, dental, educational and developmental needs), with fewer tangible indicators (such as a warm, safe, loving home) describes quality in a foster home. They indicated that meeting these baseline standards of care is important, given the seriousness and complexity of problems faced by foster children.

Shlonsky and Berrick (2001:65) stated that a review of the literature was conducted using the Research Triangle Institute's Encyclopedia of Kinship Care as an initial guide. After selecting relevant material, the information was sorted into broad fields resulting in a series of domains of quality that form a rudimentary guide for understanding and assessing the care children receive in kin and non-kin homes. The domains are made up of:

2.3.1.1 Child safety

Child maltreatment which was mentioned as one of the most obvious and incontrovertible baseline standards for quality care is the intolerance of further abuse in and out of home care. In the case-control conducted that compares foster parents (both related and non-related), who had a confirmed maltreatment report with a group of care-givers who did not maltreat over the course of a five year period (N=66 cases, 240 randomly sampled controls) it was found that non related foster parents were twice as likely as kin to have a confirmed case of child abuse filed against them, about half of these involving child sexual abuse.

2.3.1.2 Physical safety of the home

Shlonsky and Berrick (2001:67) noted that basic home safety precautions represent another baseline quality of care standard, especially when the child being placed is young. They stated that young children are active and easily injured a combination that puts child safety concerns at the heart of any placement decision.

The accessibility of articles or structures in the home that can injure or kill (such as small, easily swallowed objects, toxic solutions, fire-arms, swimming pools, combustibles and exposed wiring), and the presence of functional and correctly placed fire alarms, are easily measured indicators of safety.

2.3.1.3 Neighbourhood

As many kinship care-givers and a fair number of non-related foster parents have low or limited income, an argument can be made that many foster homes are located in neighbourhood that may not be optimal for raising vulnerable children. Generally, economically depressed neighbourhoods have increased crime rates, poor housing, poor schools, decreased social mobility and widespread unemployment (Shlonsky and Berrick, 2001:67).

These authors cautioned that neighbourhood conditions should be taken into account when making decisions influencing children in care. If a neighbourhood has “bad characteristics”, the caregiver must take steps to enhance safety and take advantage of community resources. If the neighbourhood has “good characteristics”, and the child comes from a neighborhood with bad characteristics, the caregiver must attempt to curb the negative effects of that transition.

2.3.1.4 Medical and dental care

Timely and appropriate medical and dental care is both a necessary and quantifiable indicator of the quality of care a foster child receives. In general, foster children have many health problems. In possibly the most widely cited and well-constructed study in this area. Dubowitz *et al*. (1992) provided nearly 80 percent of children who were residing with kin under the supervision of the Baltimore City Department of Social Services N=407) with pediatric and mental health assessments, examined their medical records and administered questionnaires to their care-givers. The authors found that children in kinship care have significant problems, such as impaired visual acuity and hearing, poor growth, obesity, dental caries (tooth decay) and asthma. These problems were frequently not addressed (Shlonsky and Berrick, 2001:68).

2.3.1.5 Educational support

The relationship between educational attainment and economic success makes it necessary for care-givers to support the educational needs of the children in their care. Children must attend school regularly and receive support and encouragement in their educational endeavours. This is especially true for foster children, who may never have has this type of support and who are especially vulnerable to underachievement (Shlonsky and Berrick (2001:68).

Shlonsky and Berrick (2001:68-69) reviewed different studies. Berrick *et al*. 1994; who stated that children in foster care appear to have more educational difficulties that children in the general population, which makes quality care that much more important.

Another study was done by Sawyer and Dubowitz (1994), they were quoted by Shlonsky and Berrick (2001:69) stated that children in kinship care evidently have problems similar to those of children in nonrelated foster care. They collected information from teachers of school-age children in kinship care in Baltimore (N-282) and found that children in relative care scored significantly lower on core subjects than did non-foster children, more often repeated a grade and frequently used special education. But in a study of adolescent children in foster care in Los Angeles (N=990), Iglehart (1994) found no significant educational differences between adolescents in kin and non-kin homes.

2.3.1.6 Mental health and behavioural support

Shlonsky and Berrick (2001:70) stressed that it is reasonable to expect increased behavioural problems among abused and neglected children across placements settings. They stated that this has been confirmed in several studies (Simm 1989; Berrick *et al.,* 1994; Dubowitz *et al.,* 1994; Bilaver *et al.,* 1999), but comparisons between Kin and non-kin placements are sparse. Berrick *et al.,* 1994; and Gebel 1996; quoted by Shlonsky and Berrick (2001:70), carried out two studies comparing children in relative and non-relative care and found fewer behavioural in problems in children in kinship care. These studies, however, do not address the differences that may exist between the children on entry to the two types of care. The studies compare only care-givers' perceptions of behavior. Kin may interpret bahaviour more positively, while nonrelated foster parents may be inclined to label behaviour as pathological.

They quote a study by Altshuler (1998) which stated that being placed with family members, biological family structure and stability may also be important for children in kinship placements. This study of 77 randomly selected children in relative care finds that caseworker ratings of child well-being (a composite of mental health and school functioning) were higher if children's birth mothers were unmarried and were not experiencing housing problems. However, marital status and the presence of maternal housing problems may be proxies for other maternal or maltreatment characteristics. While family structure and biological parent characteristics are not quality measures, awareness of their potential consequences and subsequent efforts to counteract any negative effects may reflect upon the quality of a home. If quality of care is to be provided, the care-giver must have an understanding of a child's mental health needs and must have the ability to deal with behavioral difficulties (Shlonsky and Berrick; 2001:71).

2.3.1.7 Developmental factors

Quality of care includes providing children with the stimulation required for them to reach normal developmental milestones. Adequate levels of cognitive stimulation vary with the age of the child, but the most critical time period for brain cell formation and the capacity to form trusting, human relationships occurs in the first three years of life. Recent studies show that poverty has a great impact on cognitive development and is a strong indicator of developmental outcomes, especially in early childhood (Shlonsky and Berrick, 2001).

The influence of a biological parent's income level on child outcome may also be generalized to out-of-home care-givers. In one of the few studies to address this issue, Fein *et al*. (1983) conducted follow-up investigations on 187 children who had been in various foster care settings for at least 30 days. They discovered that high caregiver incomes were associated with better child outcomes (i.e. family adjustment, emotional and developmental functioning, behaviour, and school functioning), in all placement categories.

Interpreting a similar finding with older children, Gaudin and Sutphen (1983) claim that “as children get older the lower income extended family care providers, who are also more often single parents, find it more difficult to meet the children’s increasingly greater needs for experiences that contribute to their intellectual and social development”.

Lower–income care-givers may be at a disadvantage as they attempt to reverse the effects of early or repeated exposure to violence and neglect, since they may not have sufficient means to provide age-appropriate toys, books and funded activities (Gaudin and Sutphen, 1983).

There are no minimum standards for assessing quality of care in foster/kinship care placements in South Africa.

2.4 Foster care in South Africa

HIV/AIDS has become one of the most critical challenges facing South Africa today, with northern KwaZulu-Natal having one of the highest HIV/AIDS infection rates in the country. The pandemic is restructuring the family in ways never experience before the impact on family life exceeding that of war and the apartheid system (Department of Social Development 2002:39). UNICEF (2003:33) states that governments in sub-Saharan Africa have been slow to respond to the orphan crisis for various reasons, and South Africa is no exception. UNICEF point out that, apart from competing for scarce public funds, the reluctance to respond often reflects unease about HIV/AIDS itself, because of its association with sexual behaviour. This is further complicated by the fact that the orphan crisis is not highly visible, as the millions of affected children are dispersed over many families in communities, “where the hardships of individual children are lost from sight” (UNICEF 2003:33).

Extended families and communities are usually willing to serve as a safety net for orphaned and abandoned children, and ‘represent the single most

important factor in building a protective environment for children who have lost their parents to HIV/AIDS or any other cause' (UNICEF 2003:32). Bradshaw, Johnson, Schneider and Bourne (2002:17) suggest that South Africa's ability to care for these children will determine the long-term social stability of the country. South African policies and programmes designed to assist orphans and vulnerable children should recognize the strengths of the families and the community where the children have been kept. The families and communities have their own way of caring that have been regarded or seen as safe for the children.

2.4.1 South African policy

Social welfare in South Africa is guided by the White Paper for Social Welfare (August 1997:52-53), which places emphasis on strengthening and promoting family life. In its situational analysis of social and economic impact on family, it noted that the social, religious and cultural diversity of families are acknowledged, as well as the effects of social change on the nature and structure of families. Families have been particularly affected by the social, economic and political policies of the past, the inequitable distribution of resources, social changes, migration patterns, the growing subculture of violence and changes in the traditional roles of women and men. Past policies such as influx control and the migratory labour system, in addition to divorce and desertion and a lack of housing, have redefined household structures in South Africa.

A major contributor to family problems and breakdown in family functioning is the increasing economic stress facing households. Those living below the poverty line, as well as poor single parent families, which are predominantly female-headed households, are the worst affected. Family dysfunction sets in when poverty is combined with environmental stress and feelings of powerlessness and frustration. This, in turn, could contribute to social problems which affect the capacity of the family to function optimally.

The financial, social and emotional resources of families are also taxed when they have to care for members who have special needs and problems. The well-being of children depends on the ability of families to function effectively. Because children are vulnerable they need to grow up in a nurturing and secure family that can ensure their survival, development, protection and participation in family and social life.

Not only do families give their members a sense of belonging, they are also responsible for imparting values and life skills. Families create security; they set limits on behaviour; and, together with the spiritual foundation they provide, instil notions of discipline. All these factors are essential for the healthy development of the family and of any society. Children grow up in a wide range of family forms and structures, with different needs, role divisions, functions and values.

Families are faced with many new demands and challenges as they attempt to meet the needs of their members. Internal family problems, such as alcohol and drug abuse, communication and relationship problems, marital conflict, a lack of preparation for marriage and family life; parental problems, a lack of family and community support networks and family breakdown have been listed as some of the problems facing families. Children are traumatised by violence in communities and by natural disasters. Increasingly, women have had to join the labour market for economic survival and have had to rely on child care outside of the home.

Foster care could also be a cost-effective, family-centred and community-based way to care for children whose parents are unable to do so adequately. The White Paper (1997) undertook to review of foster care policies and programmes, as well as administrative, recruitment and screening procedures, regulations and training programmes and the assessment of placements. It also recognized traditional and indigenous systems of foster care.

A new Children's Act, the Children's Act 38 of 2005, was signed by the South African President in June 2006, but, in practice, the old Children's Act of 1983 is still being used to effect the placement of children in foster care. In terms of Chapter 3 and Chapter 6, a children's court which is satisfied that a child is in need of care may order that he or she be placed in the custody of a suitable foster parent, designated by the court and under the supervision of a social worker. Thus a child can only be placed in foster care, as legally defined, by means of a children's court order. This child care Act makes no distinction between kinship foster care and non-relative foster care.

There was debate about the concept of kinship care as a form of alternate care for children, but no finality has been reached.

The Child Care Act 74 of 1983 currently provides the framework for permanency planning; conferring duties on local authorities to provide certain services or take specific action, should a specific set of criteria exist. The Act is not only grounded in statutory terms but also on decisions taken over the years on departmental, ministerial and cabinet levels. Van Dyk (1996:22) described the framework for the Child Care Act as an expression of the interest shown by the state in the conduct and circumstances of people in society, should the court prove that it is not in the best interest of a child or that it is not possible for a child to grow up in their own family,

2.4.2 Social services in South Africa

Lombard (2005) quoted the White Paper for Social Welfare (1997:7), stating that social welfare in South Africa is developmental in nature, its goal being to bring about "…a humane, peaceful, just and caring society, which will uphold welfare rights, facilitate the meeting of basic human needs, release people's creative energies, help them achieve their aspirations, build human capacity and self-reliance, and participate fully in all spheres of social, economic and political life" This policy framework provides a mandate for social services to

have a developmental focus, which will facilitate human, social and economic development and the promotion of the human rights of all South Africans. Within this framework, social service interventions are consciously planned. Goal-directed activities are implemented as a process which strives to facilitate the satisfaction of basic needs satisfaction and to change the context, structure, interaction, behaviour, thinking and/or feeling of all client systems (individuals, groups, families, communities and organizations) in order to empower them and facilitate their growth and development to function better in society (Lombard, 2005).

Van Delft (2005:3) emphasized that the development and delivery of social services in South Africa is characterized by a partnership between the state and non-governmental organizations and churches. The national Department of Social Development designs, monitors and partly implements social welfare policy. The National Department of Social Development maintains the overall responsibility for managing statutory social services.

All nine provinces of South Africa have a Department of Social Development, whose duties are to deliver and ensure the development and implementation of social services in these provinces. The national Department of Social Development maintains the overall responsibility for managing statutory social services. National guidelines for social services to children affected and infected by HIV/AIDS were developed by this Department (2002:5), for use by community-based organizations, governmental officials, non-governmental officials, community caregivers and volunteers. The guidelines summarise the special needs of children infected and affected by HIV/AIDS, as follows:

1. Alternative care, ideally community-based,
2. Medical care,
3. Education,
4. Protection from discrimination and exploitation,
5. Food, shelter, clothing and general nurturing,
6. Life skills and vocational training,
7. Understanding and appropriately addressing the psychosocial needs of these children.

These national guidelines follow a rights-based approach, focusing on survival, protection, development and the participation of children affected and infected by HIV/AIDS. The Department of Social Development (2002:11) stressed that "the best interests of the child should be the deciding factor in all decisions regarding the care of any child".

2.4.3 Social welfare services delivery to children

The White Paper for Social Welfare (1997) commits government to "giving the highest priority to the promotion of family life, and the survival, protection and development of all South African children". In many ways, it reflects the spirit of the former President, Nelson Mandela's special interest in, and commitment to, promoting the well-being of children and protecting their rights. It promises to give priority to children in social welfare service delivery and especially to children in difficult circumstances (Streak and Poggenpoel, 2005:13). These authors pointed out that the White Paper (1997) emphasized the fact that welfare services should be conceived and delivered in a way that treats a child's situation as an outcome of their family and community situation. In order to realize children's right to social services, it is necessary to take into account the developmental needs not only of vulnerable children themselves, but also of the relevant family and community. The call is for child welfare services to be delivered as part of a comprehensive package of services to vulnerable families. The aim of family and child welfare services is "to preserve and strengthen families so that they can provide a suitable environment for the physical, emotional and social development of all their members". Residential facilities are to be used as a last resort for children in need of alternate care and programmes should aim to re-integrate children back into the family (or at least the community) if they have spent time in a residential facility.

The White Paper (1997) offers some very broad guidelines for the delivery of social welfare services to each of the groups of vulnerable children identified, including children in out–of-home care. It lists a number of general guidelines

that are seen to apply to all categories of children living in difficult circumstances. The latter guidelines are:

1. To protect children's rights;
2. To address the fundamental cause of family disintegration;
3. To foster self-reliance, capacity and empowerment;
4. To concentrate interventions first on prevention, by enhancing family functioning, then on protection and lastly on provision of statutory services;
5. To deliver services in an integrated, comprehensive way, in keeping with the developmental approach;
6. To make provision for the needs of families and children according to their different stages of family development; and
7. To strive for the meaningful participation of all family members in activities aimed at promoting their wellbeing.

The White Paper flags the need for further child-specific policies and plans to be developed to guide the delivery of social welfare services to children (Streak and Poggenpoel, 2005:14).

2.4.4 Social security provisioning for children in South Africa

The Social Assistance Act No. 59 of 1992 currently makes provision for three main grants for the benefit of children, namely the child support grant, the care dependency grant and the foster care grant. There are many shortcomings to this social assistance scheme for children, including: the limited eligibility of children for the child support grant due to age and caregiver income restrictions; difficulties in accessing the foster care grant due to cumbersome court procedures; and the fact that the care dependency grant is only for those children who suffer from severe disabilities and require permanent home-based care.

The result of these shortcomings is that groups of vulnerable children have no access to social assistance, despite clearly being vulnerable and in dire need of support. For example, children between the ages of 14 and 18 are not

eligible for the child support grant. In addition, there are many poor children between the ages of 0 and 18 years whose care-givers do not pass the means test. The means test does not take account of the number of people living off the income or the extra vulnerabilities faced by the family, such as HIV/AIDS.

2.5 Conclusion

Chapter Two has covered the literature review on kinship carers and has shown that there have not been many studies conducted on kinship carers. The literature available elucidated the differences between non-kinship and kinship care. Kinship care has been practised for decades and has been used by social welfare as alternative placement for orphans and vulnerable children.

Children are kept within their own kinship, community and cultural networks. The concept of continuity has found international favour in contemporary child welfare practice. The kinship carers, when placed with the child felt more accountable for tasks related to basic parenting. The literature showed that kinship carers are more likely to be older, single and heads of households, with low incomes.

A common practice internationally and in South Africa is that welfare agencies hardly visit or supervise kinship care placements. It is suggested that this might be because children are thought to be more settled.

South Africa has made provision for orphans and vulnerable children and their families. Social welfare services give the highest priority to the promotion of family life and the survival, protection and development of all South African children. The current social security system for children in South Africa is clearly inadequate in its capacity to address the socio-economic realities faced by kinship carers.

CHAPTER THREE: RESEARCH METHODOLOGY

3.1 Introduction

In this chapter the research design, sample, data collection methods, analysis of data, ethical considerations and limitations are presented.

According to Durrheim (2006), research design is a strategic framework for action that serves as a bridge between research questions and the execution or implementation of the research. He explained that research design consists of plans that guide 'the arrangement of conditions for collection and analysis of data in a manner that aims to combine relevance to the research purpose with economy in procedure'.

Royse (2004:24-25) stated that research design outlines the approach to be used to collect the data. It describes the conditions under which the data was collected, how the subjects or respondents were selected, what instrument was used and generally provides information about the who, what, when, where, and how the research project was completed.

3.2 Research design

A quantitative descriptive (survey) approach guided this study. According to Babbie and Mouton (2001), this design is useful for describing the characteristics of a large population and therefore it is an appropriate design for this study, which seeks to describe how children in kinship care are being cared for. Quantitative research sees research; ideally, as an unbiased investigation of reality, which is 'out there' to be observed and requires that the data collected can be expressed in numbers (i.e. they can be quantified).

3.3 Sampling

The population from which the sample was selected consists of all kinship care foster families whose foster childlren were legally placed in terms of the Child Care Act, No. 74 of 1983, in the Nseleni area, that is 342.

Probability sampling was used to ensure representativeness. All the members of the identified population had an equal chance of being selected. This means that each element had a known probability of being included in the sample (Babbie and Mouton 2001:173 and Struwing and Stead, 2001: 112). A simple random sample was selected, following the guidelines suggested by Strydom and Venter (in de Vos, 2002). All the cases were numbered and, using a table of random digits, 34 (that is 10% of the population) were selected. Strydom and Venter (2002) point out there are differences in opinion regarding the size of a sample, with some researchers saying that 10%, or a minimum of 34, should be sufficient to control for sampling error and to perform basic statistical procedures, while others believe larger samples are necessary. Ten percent, which worked out at N=34, was realistic for this study, given the fact that only one person (the researcher) collected the data in a limited period of time. In the end, 30 people were available for the study and formed the sample.

3.4 Data collection method

Observation and asking questions are the two basic data collection methods. Regardless of which of the two methods are used, some procedure must be devised to standardize the collection process and thereby standardize the data collected (Struwig and Stead, 2001:86). In this study, personal interviews with the kinship carer, using a structured questionnaire, were used.

Personal interviews provide the interviewer with more control than either mail or telephone surveys. The interviewer can read facial expressions and moods, monitor environmental distraction, and determine if the interview should move to a quieter room or be continued at a later date (Neuman

1997:30). Struwig and Stead (2001) pointed out that the physical presence of the interviewer, especially in the case of interviews at home, tends to have a positive effect on the accuracy of the data obtained. They stated that, although it has not been empirically substantiated, many researchers believe that personal interviews provide more accurate information than mail questionnaires and telephone interviews. They further noted that personal interviews provide good response rates, since the interviewer is often able to persuade individuals to take part in the research.

The questionnaire was a modified version of the one developed by The Children and Family Research Center at the University of Illinois at Urbana-Champaign (1999). The questionnaires were administered at the respondents' homes by the researcher. This was done to ensure that questions were clarified, when necessary. It was anticipated that some respondents would be illiterate and would be unable to complete the questionnaire without assistance.

The modified questionnaire consisted of 70 closed questions and took about 30-45 minutes to complete. Some questions required a yes/no type answer, while others required the respondent to choose always, usually, sometimes, rarely, or never, in response to the question. Table 2 illustrates how the questionnaire was constructed to meet the objectives of the research (Questionnaire attached: Appendix A).

Table 2: **Objectives and indicators**

Objectives	Indicators	Questions
To investigate the physical and material circumstances of the family	Shelter, food, clothing, income, health, safety & security	3-27, 64-66,
To explore the psycho-social needs of the children	Roles and relationships in family Discipline Education and school Recreational activities	28, 29-41
To explore the physical and emotional problems of the care givers	Health Emotional problems Alcohol or drug abuse in the home	67-70
To identify support systems available for kinship carers	Extended family support Health system Department of Welfare/ Welfare Agency	41-62

There was space in the questionnaire for comments, so that the researcher could record observations or additional comments made by the respondent. This adds a qualitative element to the data and can enrich the results.

There are no copyright restrictions on the questionnaire.

The questionnaire was translated into isiZulu and interviews were be held in isiZulu. The questionnaire was pre-tested with three respondents to check the wording of the questions, sequencing of the questions, whether or not there were redundant questions or missing or confusing questions (Strydom, in de Vos, 2002).

3.5 Reliability and validity

Struwig and Stead (2001:130) emphasized that, when conducting a study, a reseacher must report the extent to which instruments employed in the study have reliable and valid scores and whether or not the research design is valid. Reliability is the extent to which test scores are accurate, consistent or stable. A test score's validity is dependent on the score's reliability, since if the

reliability is inadequate, the validity will also be poor. They pointed out that, in their research experience, researchers often ignore reliability and validity issues regarding instrumentation, for example, instruments from other countries are sometimes used in the South African context, irrespective of whether they can be appropriately employed in this context or not. Failure to address reliability and validity issues can result in a project's findings being worthless.

The questionnaire being used in this study was developed in the United States of America. The items selected for these instruments and the instruments themselves were tested in a number of ways. The literature review and constructs selected for measuring quality of care were reviewed at three points in time by experts in the field. Selected authorities with special knowledge of kinship care and experts in survey research reviewed the instruments. The instruments were reviewed again, pre-tested in the field and modified. In assessing the suitability of this questionnaire for the local context, three social workers in the field of foster care examined it and were of the opinion that it contained questions that were relevant and appropriate. Thus an attempt was made to ensure the content validity of the questionnaire.

3.6 Data analysis and interpretation

Data was analyzed manually. Each of the questions was recorded in the manual table for data entry. All variables were added and checked. The totals were converted into percentage for easy calculation and analysis. Using Microsoft Excel, tables and figures were formulated. The data was summarized and presented by using frequency distributions in the form of graphs and/or tables. Qualitative comments were provided to highlight aspects, where appropriate.

3.7 Ethical considerations

Informed consent is central to the use of human participants. A consent form was included in the questionnaire as a covering letter and the title of study was written in full in the form. The researcher went through the consent form with the respondent, whose questions were addressed. A fair explanation of the purpose of the study and procedures to be followed was given to the respondents.

Participants should be fully informed of the aims of the study and so fully understand what they are agreeing to. The researcher informed them how they would be interviewed and she set a time with them. They were at liberty to withdraw at any two words time from the investigation. The researcher assured them that they were part and parcel of the research project (De Vos, 1998).

The privacy of participants should be respected and so no names were recorded. The interviewer informed the respondents that she would treat the information they provided as confidential. The interview transcripts will be stored at the university in a locked cabinet for five years and will not be accessed by anyone.

3.8 Limitations of the study

The sample was limited to one geographic area. Generalizations to the wider community would therefore be unwise. Useful information would be obtained and further research on a wider scale can take place at a later stage. In addition, data will be collected from only one party (the care-giver) in the kinship care. For a better understanding of care, data needs to be collected from the child and the service provider. However, this is not the focus of this study. It will not seek the views of children, organizations or other stakeholders.

The respondents are the researcher’s clients and may feel the need to tell the researcher what they think she wants to hear, thus placing the validity of the study in danger. The researcher explained this to the respondents and urged them to be honest. The researcher assured them that the results would help the welfare authorities to do a better job of helping families. Their privacy would be protected.

3.9 CONCLUSION

In this chapter, the research design, sample, data collection methods, analysis of data, ethical considerations and limitations were presented.

In Chapter Four, the results are presented and discussed.

CHAPTER FOUR: DATA ANALYSIS AND DISCUSSION

4.1 Introduction

In this chapter the data obtained from the questionnaire will be presented on kinship caregiver's attitudes about the child and foster care, whether the child's physical, developmental, emotional and social needs are being met, the kinship caregiver’s socio-economic functioning and psycho-social and emotional capacity to care for the child and the general family of the family.

The data will be summarized and presented by using frequency distributions, which can take the form of graphs and/or tables. Qualitative comments will be used to highlight aspects, where appropriate.

Names of respondents have not been provided, to ensure confidentiality and anonymity of participating kinship carers.

4.2. Profile of the caregiver

The following section provides the profile of the kinship carers and covers the relationship they had with the child’s parents, the age of the kinship carers and sources of income.

4.2.1 Relationship with the child

Table 3: Relationship with the child’s parents

Maternal	80%
Paternal	13%
Step-parents	7%
Total	100%

4.2.2 Age

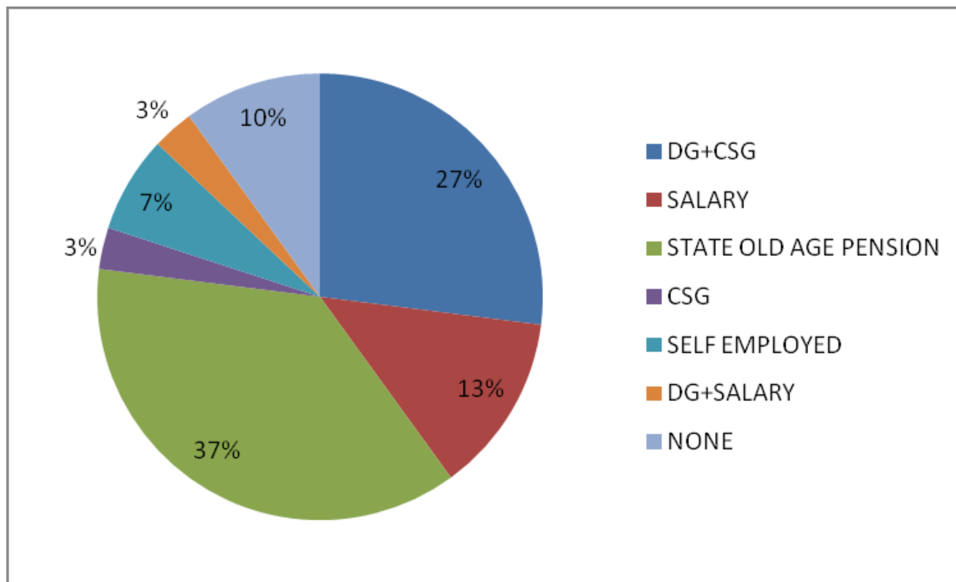
Table 4: Age distribution

Year born	**Age**	**Percentage**
1920-1930	88-78	10
1930-1940	78-68	27
1940-1950	68-58	13
1950-1960	58-48	20
1960-1970	48-38	20
1970-1980	38-28	10
	Total	100

Out of 30 respondents, more than fifty percent are on pension and are above the age of 50 years. It is of concern that the respondents are in their old age phase and are supposed to be cared for by their children. The respondents felt it is their responsibility to care for their children's children, as there is nobody else who can take good care of them. Research by UNICEF in Zambia revealed that almost 40% of orphans are cared for by grandparents (most often grandmothers) and another 30% by uncles and aunts (usually their mother's sisters). Grandparents are increasingly raising the offspring of their own children, at a time in their lives when ordinarily they could have expected support from their children (McKerrow 1994:8).

4.2.2 Extra source of income

Figure 1: Respondents' extra source of income



All the respondents are foster parents of the children. They are recipients of the foster care grant. From the graph it can be seen that 37% of the respondents are recipients of the state old pension and 27% of the respondents are recipients of the disability grant and child support grant.

It is of concern that seven percent of the respondents are working and the rest of the respondents are relying on foster care grants and other state grants to care for the whole family, including the child concerned. Most of the respondents who are working are domestic workers, working on selected days in Richards Bay town. It is of even greater concern that ten percent of the respondents are not working, relying solely on the foster care grants to cater for the whole family. This means that the foster care grant does not serve as extra income for the family, that assist the family from extra budgetary pressures.

However, international literature paints a different picture. According to Hager and Scannapieco (1999: 147), up to 48% of kinship care-givers are employed outside the home and non-relative care-givers have higher levels of income. Mhlongo (2004:6 quoted by Mabutho and Alpaslan, 2005:289), is of the opinion that a lack of, or limited, finances on the grandparent' side causes the orphaned children in their care to view the care as negative and states:" the economic burden is not only a cause of concern for older people, but is also a source of dissatisfaction for some of the children in their care."

It was pleasing to find that 73% of respondetns reported that they own their homes and have no problems in paying for rent or a mortgage.

Looking at their expenses, the results were satisfactory, in that all of the respondents were able to pay for their running water and electricity; they had no financial problems that affected their ability to take care of the children and had been able to pay for all of the children needed. The Mhlathuze municipality indicated that in Nseleni 70,3% of all households use electricity as an energy source for cooking and 86,0 % use it as a lighting source. One hundred and fifteen households have access to free basic electricity services. The number of households that have access to free basic water services is 4605. Some of the respondents indicated that they receive free basic, services especially those who are residing inside the township.

4.3 PHYSICAL AND MATERIAL CIRCUMSTANCES OF THE FAMILY

In this section, the researcher's results in relation to shelter, food, clothing, income, health, safety and security are presented and discussed.

4.3.1. Shelter

Figure 2: Respondents' dwelling rooms

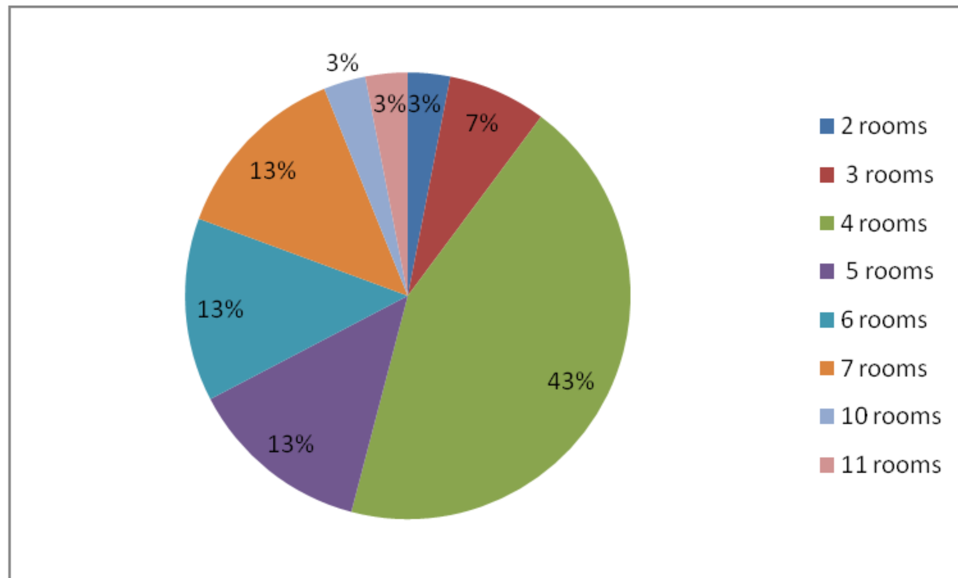


Figure 2 illustrates that 3% of foster parents are staying in a two-roomed house structure in the yard; 7% in three rooms; 43% in seven rooms; 13% in five and 13% and in six rooms; 13% in seven rooms, 3% in 10 rooms and 3% in 11 rooms.

Most of the respondents (N= 13,43%) described their accommodation as inadequate. They were residing in a yard with several structures. In each yard one may find that there are several housing structures, some referred to as flats. Some are single dwellings and some are rondavels. For the purpose of this study, each room that was in use was counted.

Seventy-three percent of respondents reported that they own their homes and have no problems in paying for rent or mortgage, and 90% of them have enough light in the home. Sixty percent of them have houses that need to be fixed. These results indicate that most of the respondents owned their houses, but 43% felt that the accommodation was inadequate. Hager and Scannapieco, (1999: 147 quoted Dubowitz *et la.,* 1994 and Berrick *et al.,* 1994) commented that many relative caregivers (53% to 59%) own their

homes, but non-relative care-givers are even more likely to. They are residing outside of the township. Most of the respondents had several housing structures in the yard and some houses are built out of mud and stones; some are built out of planks and roofed with sail.
Chipman, Wells and Johnson, (2002:508) found that children in kinship care were more likely to live in public housing and less likely to live in single-dwelling homes. The present researcher found that most of the children in kinship care were more likely to live in affordable houses, or in yards with many housing structures for members of the family.

A large number of families (77%) indicated that they had problems with rats and other pests in their houses. Seventy three percent of the respondents have their garbage burnt in the house and 27% of them have the municipality collect it. Chipman, Wells and Johnson (2002:508 quoted Fox and others 2000) found that of 100 children in kinship homes more homes were likely to be located in a "generally dangerous appearing area", with more poorly kept homes, more garbage, more loitering and more outside hazards than non-kinship homes. The Umhlathuze municipality indicated that 53, 2% of all households have flush or chemical toilets on the premises.

4.3.2. Food

All respondents (N=30) said that children received adequate food. Thirty percent of the respondents indicated that they had relatives and friends who could lend them money. Ninety-three percent of them indicated that they could find someone to assist with chores like shopping. All of the respondents are the recipients of foster care grants, which serve as an extra source of income. This ensures that children received basic needs such as food. Eighty seven percent of the respondents indicated that they have enough heat in rooms. This meant that most of the houses had electricity. Adequate food in the house means there are refrigerators, to store food for longer periods. Only ten percent of the respondents who indicated that they had not enough

heat in rooms. This does not mean there is no electricity in the home, but some of the dwellings in the yard have no electricity installed in them, as yet.

4.3.3. Clothing

All respondents indicated that the children had adequate clothing and that the children were always clean.

These results indicate that the children received clothing appropriate for the weather. All the respondents ensure that the children have clothes that are appropriate for the weather and were kept clean. It is not uncommon to find a child without proper clothes to wear if the child has relatives living in one yard.

4.3.4. Health

All respondents (N=30) indicated that the children were always clean and were receiving adequate food. All of the respondents indicated that the children had access to health facilities when the need arose. Nonetheless, Ninety-seven percent of respondents had never had the doctor prescribe medicine for the child. Sixty three percent of the respondents reported that they do not take the child to the dentist, except when the child has toothache. The respondents had no problems in visiting the clinic, since it is within the township. The taxi fees are affordable, because they are local taxis.

All the respondents have been taking the children to the local clinic, which is not far from their homes. Three percent of the respondents indicated that they have received prescribed medicine from the clinic. The clinic that is in the township is a community health clinic, which is visited by different doctors. The prescribed medication is obtained inside the clinic dispensary. Children only visited the dentist when they had toothache. This means children never visit dentists for treatment of other dental illnesses. According to Martin (2000), foster children may have unmet medical & dental needs. Children entering care have unusually poor health, compared with their peers from

similar social and ethnic backgrounds who live at home. This might be because many of them have suffered physical injuries as a result of abuse or physical and emotional neglect.

All the respondents indicated that the child has never had mental or emotional problems. The child has never needed assistance from a minister of religion or a traditional healer.

4.3.5. Safety and security

More than half of the respondents (N=22, 73%) indicated that the children were exposed to violence and twenty-sevenpercent indicated that children were not exposed to violence in the neighbouhood. Fifty-seven percent of the respondents indicated that their neighbourhood was not a safe place to raise their children. Thirty-seven percent indicated that their neighbourhood presented no danger in raising a child. Only seven percent were not sure whether or not to trust their neighbourhood. Fifty percent of the respondents indicated that they had problems with drugs in the streets.

Ninety percent of them had no gun in the house and ten percent had a gun locked away where a child cannot reach it. Ninety three percent of the respondents had never left the child or sought assistance with someone to look after the child. Fifty percent of them indicated that drugs were easily accessible in their neighbourhoods.

The results indicated that the child is brought up in a dangerous neighbourhood. The respondents are aware of the danger the children are in and are doing the best they can to protect the children, by not leaving them with anyone in the neighbourhood. The children are exposed to substance abuse. Chipman, Wells and Johnson (2002:508) found that children in kin and non-kinship care tend to differ in terms of the safety of the neighbourhoods within which they reside. They quoted Fox and others (2000) who found that 100 children in kinship homes were more likely to be located in

a “generally dangerous appearing area", with more poorly kept homes, more garbage, more loitering and more outside hazards than non-kinship homes. They noted that children in kinship care were more likely to live in public housing and less likely to live in single-dwelling homes. This is notable, in that the children in the study who lived in public housing reported significantly higher levels of exposure to violence when compared to other children. Children in non-kinship placements were more likely than children in kinship placements to report having witnessed a stabbing and or shooting at least once “ in or near their home".

4.4. PSYCHO-SOCIAL NEEDS OF THE CHILDREN

In this section, the researcher’s results in relation to roles and relationships in family; discipline; education; and school; and recreational activities are presented and discussed.

4.4.1. Roles and relationships in family

Table 4: Foster parent’s roles and relationship to the child

Mother	Father	Someone else
80%	13%	7%

More than half of the respondents are related to the mother of the child; 80% of the foster parents are related to the mother of the child. 13% of the foster parents are related to the father of the child; and 7% are not related to the child.

Most of the respondents are maternal grandmothers to the children. The respondents believed that the child is well carred for by the maternal side, especially when the mother of the child was not married to the child’s father. LeProhn (1994: 66) found that fifty to seventy percent of the children placed with relatives live with their grandparents, usually the maternal grandmother.

Other relative caretakers include aunts, uncles, older siblings and cousins. Most relative care-givers are female (Dubowitz, 1990). Relative care-givers are more likely to be single (never married, divorced, or widowed) than married. Studies of kinship care have found that only about 40% of kinship care-givers are married, while between 75% and 90% of non-relative foster parents are married.

Hager and Scannapieco (1999:147) found that women are the most frequent kinship care-givers. They noted that the relatives who most frequently provide kinship care are maternal grandmothers, followed by aunts. Chipman *et al.* (2002:509) stated that kinship care-givers have different attitude about child rearing, the children in their care and their role as care-givers.

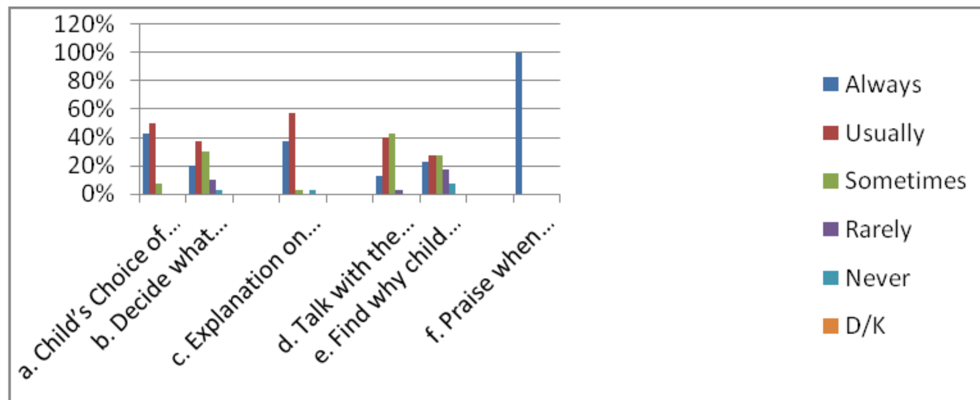
Le Prohn (1994:67 quoted Field and Radin 1982) commented that there are several ways of defining a role. The perceptions and understandings an individual holds about a role he or she occupies are referred to as role conception. In foster care, the role conception of the foster parent refers to his or her understanding of what being a foster parent means. Roles can be defined by the expectations others have of the person in the role. These expectations are referred to as role demands.

Le Prohn (1994, quoted by Chipman *et al*; 2002:509)found that kinship care-givers placed more emphasis on maintaining contact with biological families, felt more responsible for helping with the child's emotional problems and felt more accountable for tasks related to basic parenting.

4.4.2. Discipline

In Chapter 5 of the Children's Bill of Rights it is emphasized that discipline should mean raising the children to be responsible, caring and self-disciplined adults. It should also mean initiating children into society and helping them to understand and want to follow the values human beings cherish.

Figure 3 : Time spent talking with child



All the respondents (N=30) indicated that they had never disciplined the child by punishing a child or not speaking to him/her; never punished a child by locking him/her out of the house and by calling the child names when they did not listen or follow directions. Forty-three percent of the respondents usually enforce the rules.

The figure above illustrates that seventy-three percent were giving the child praise, treats or other things for behaving especially well. However, more than half of the respondents indicated that when disciplining a child they explained why and what he/she had done wrong. This means the child does misbehave and need to be punished. It is very common inar community to find an adult administering corporal punishment to the child. This act is seen as correcting a child and punishment is seen as raising a child knowing that if you are doing wrong, pain follows. This is not meant to hurt thechild.

Yet the results indicate that the respondents had well-behaved children who were not difficult to handle. Gebel (1996) reported that relative care-givers had more favourable attitudes toward physical punishment and higher expectations for the child than non-relative foster parents, but were less likely to describe the child as “difficult to handle.” This means kinship carers do apply physical punishment and it is unlikely that the child has never received any physical punishment, as was being indicated.

4.4.3 Education and school

Chipman, Wells and Johson (2002:509) quoted Fox *at al*. (2000) found that children in kinship placement were more likely than children in non-kinship placements to receive help with homework and less likely to report that the "people in [their] home say mean things to [them], and are more likely than children in non-kin placements to have more contact with their biological parents."

Ninety-seven percent of the respondents indicated that the children were enrolled in a school. Three percent are those who were not, were not yet of school-going age.

Table 5: Child's grade

GR1	GR4	GR5	GR6	GR7	GR9	GR10	GR11	NOT SCHOOLING
3%	3%	13%	10%	27%	17%	10%	10%	3%

The respondents indicated that all the children who were enrolled in a school had sufficient school supplies, had a quiet space to study at home, or do homework. This shows that the kinship carers are able to meet the needs of the children in respect of schooling. This is a positive aspect. Ninety-seven percent of the respondents indicated that the child had no learning problems.

Only twenty-three percent of them sometimes attend school meetings and only thirteen percent of them sometimes talk about the report card of the child. These results are expected with children who are living with their grandparents, as some of them are ill and unable to get to school. Many of them do have an adult or older teenager living with them who is available to help care for the child. Ninety-seven percent of them indicated that they have relative or friend who can help in taking care of the child.

Mabutho and Alpaslan (2005:288), in their study done in Botwana on the experiences of AIDS orphans relating to their grandmother's revealed that attending to and fulfilling their basic needs caused the children to experience the care provided by the elderly grandmother care-givers as positive. They also found that the orphans who experienced elderly grandmother's care as negative reported that “being cared for by elderly grandmothers was not only a positive experience, but also a negative one". This was mainly due to the lack of, or limited, finances from the elderly grandmothers which could not provide for their basic needs. They expressed the following views: she is unable to provide for all the things that my mother used to provide me with. She is unable to buy me things like my mother used to, because she is not employed. This is likely to happen with the children who were staying with grandparents or care-givers.

4.4.4. Recreational activities

Thirty seven percent of the respondents indicated that they let the child decide what activity they wanted to do for fun such as go to a movie or a football game or play a game together. Sixty-seven percent of them usually know the child’s friend and fifty-seven percent of them always know the child’s plans.

These results indicate that the respondents do supervise the activities of the child. The child decides what fun activity to do. The activities, friends and child’s plans were being monitored. These indications were essential as the area was being seen as a dangerous area to raise a child. The respondents had indicated that they trust the area as a safe area, but one needs to be conscious of the child’s movements because of the use and availability of drugs in the area. There was no indication that the respondents take some time to play or go out to play with the child. It is not surprising to note the absence of doingactivities together or playing, as the respondents are old and it is not in the community culture to find an older adult playing with children. Jones and Gibbons (2000), in their study of grandparents taking care of their grandchildren, noted that with regard to role functioning-emotional, the older

grandparent reported more emotional handicaps than the younger grandparents. For some of the male categories, the older, as opposed to the younger, grandfathers reported experiencing lack of energy and vitality, while the younger grandfathers reported a lack of social support or social activities.

4.5 PHYSICAL AND EMOTIONAL PROBLEMS OF THE CAREGIVERS

In this section, the results in relation to health and emotional problems and alcohol or drug abuse in the home are presented and discussed.

4.5.1 Health and emotional problems

In the last six months, 13% of the respondents had had physical or emotional problems and 87% of the respondents had not had any problems. All of the the respondents had never been prevented by any physical or emotional problems from preparing meals for the child and only three percent of them had been prevented from doing routine household chores.

All of the thirteen percent of the respondents who indicated that they have had physical or emotional problems said that these conditions has not kept them from talking with teachers at the child's school, nor from spending time doing things with the child. The grandparents suffer from old age ailments, which they do not regard as major health problems. The respondents who were recipients of a disability grant reported that their health does not prevent them from caring for the child. The respondents believed that in all circumstances, they have to be physically strong for the sake of the child and the people that were in the yard who were his/her dependants.

All of the respondents (N=30) indicated that they could find someone in their neighrbourhood to help in times of emergency. All of them have access to services for the family.

None of the respondents indicated that they have needed health care services for serious emotional problems, nor have had problems in understanding a doctor or social worker.

The results indicate that, in spite of their physical or emotional problems the respondents continues to care for the child. The neighbours are there in times of emergency. These problems have never prevented them from ensuring that the children's school is contacted and the meals are prepared for the child.
Mabutho & Alpaslan (2005:286) found that elderly grandmother care-givers are the only ones left to be economically active, but their own health problems prevent them from earning an adequate income.

4.5.2 Alcohol or drug abuse in the home

All the respondents (N=30) indicated that they were not using drugs or alcohol. They had never used drugs or alcohol to calm their nerves. Since they were not using drugs or alcohol they had not had problems, like missing work, missing appointments, or getting into fights, as a result of their drinking.

Seven percent of the respondents indicated that they had never had someone drinking in the household nor caused any problems because they had been drinking. For ninety-three percent of the respondents, the question was not relevant to them, since they were not drinking.

Ninety-seven percent of the respondents indicated that they had had drugs prescribed by the doctor. The question was not applicable to three percent of the respondents. Since they had been living with the child they had never used drugs not prescribed by a doctor, to make them feel better.

Most of the respondents do not believe in taking drugs to calm themselves or using alcohol. Most of them are religious persons, who believe that God is

looking upon them. They rely on neighbours and relatives in times of emergency.

4.6 SUPPORT SYSTEMS AVAILABLE FOR KINSHIP CARERS

The support systems mentioned by the elderly grandmothers in the Botwana study in caring for the AIDS orphans concur with the sources of support available to Ugandan households providing crisis fostering for children orphaned by AIDS, as found in the study of Aspass (1999:214). She divided the resources available to household members for meeting the needs of AIDS orphans into the following subgroups: capital resources; labour resources and social welfare resources. The Council Orphan Programme and the old-age pensions as sources of support, as well as the familial community support, would fit in with what Aspaas (199:214) labelled social welfare resources. The latter are defined as kin network and social or institutional services that offer material and emotional support. Doing part-time jobs would fit in under the subgroup ‘labour resources'. 'Labour resources' refer to wages and/or earnings derived from informal sector activities, or from remittances (Mabutho & Alpaslan, 2005:290).

In this section, the results in relation to support systems available to assist kinship carers, extended family support, the health system and the Department of Welfare/Welfare Agency are presented and discussed.

4.6.1. Support systems available to assist kinship carers

Ninety-three percent of the respondents indicated that the school had never contacted the cares or reported the child ifor misbehaving. Three percent indicated that the school had contacted them because the child had misbehaved. None of the children had ever been in trouble with the police.

4.6.2 Extended family support

All the respondents indicated that they could count on their relatives and friends in an emergency and that they could find someone to look after the child. Most of the respondents are staying with extended families in the same yard. It is easy for them to find someone to look after their houses when they are not in the home. Seventy-three percent of the respondents indicated that adults always agree on the rules in the home and ten percent indicated that adults usually agree on the rules. The respondents who are staying with relatives complained of the extended family interfering with the way they are raising the child. They believe that the relative want to take the child in order to access the foster care grants. All the respondents indicated that they can find someone in times of emergency.

Ninety-three percent had never needed assistance from people in the neighrbourhood to take care of for the child. Mabutho and Alpaslan (2005) pointed out that kin network and social or institutional services offer material and emotional support.

Mabutho and Alpaslan (2005:290 quoted Ansell and Young 2004:6) confirmed the lack of community support. They found that very few of the participants (AIDS orphans and guardians in urban and rural Lesotho and Malawi) reported not receiving any formal or informal assistance from non-related community members.

4.6.3 Health system

All the respondents knew where to get needed services for the family. Seventy-seven percent of the respondents had never needed health care or other services for more than 12 months. Twenty-seven percent of the respondents had used the health care or other services. Ten percent of the respondents had sometimes gone without health or mental health care, or services such as counseling when they needed them, because they could not

get there. Seventeen percent of the respondents had never gone without health or mental health care, or services such as counseling when they needed them, because they could not get there. All the respondents had never needed health care services for serious emotional problems.

Twenty-seven percent of the respondents had never gone without health or mental health care or social services, such as transportation or a homemaker, because they could not afford them. The respondents are aware that free health care and mental health care services were available in their clinic. The local clinic has the social worker; the counselors are in the clinic together with professional nurses.

4.6.4 Department of Welfare/Welfare Agency

All the respondents reported that they had never had a hard time understanding a doctor or social worker. The older respondents reported that doctors usually have nurses with them who further explain to them what the doctor is saying and tell them when they are coming back for treatment. All the respondents had never been referred to the doctor or counselers by the social worker. All the respondents indicated that they have never had problems not understanding the caseworker. Seventeen percent of the respondent had needed advice about getting a child service. Fifty-three percent of the respondents had had questions about the plans of the child. The respondents were supposed to attend support groups, but none had time to attend, so they opted to contact the caseworker individually, usually on the review of the case. Chipman *et al* (2002:510) stressed that agency support represents a potential mediating factor that may affect both the quality and outcome of kinship care. When compared to non-kinship placements, at least four groups of researchers have found that these social services agencies provide less funding and fewer services to kinship placements, such as agency supervision, respite care, day care, support groups and training.

4. 7 Summary

Chapter four has presented and discussed the results of the data collected from kinship carers. There were thirty respondents participated in the study. The results indicated that more than half of the respondents are in their 50s. This means most of the respondents could be grandparents of the children and are related to the mother of the child. It is believed that if a girl gives birth to a child whilst not married, if she dies, the child belongs to the maternal house. The respondents indicated that paternal relatives did not assist them with raising a child or having any contact with the child.

All respondents were recipients of foster care grants. Other grants that are being received are the disability grant, child support grant and state old age pension. More that fifty percent of the respondents are benefitting from grants other than foster care grants. Some other households are relying solely on foster care grants. This is a cause for concern, because it indicates that the grant is not serving the child alone, but the whole family as well. These results are not surprising, in view of the rate of mortality of middle-aged persons who are supposed to be breadwinners. They die leaving children and the family financially drained. This is becuase by the money is spent on doctors, clinics and hospitals for the treatment of their illnesses.

Most respondents own the land and homes they are living in. Most of their homes are outside of the townships. They have many housing structures in thier yards. Amongst these housing structures are rondavels, which are for ancestral purposes. The person who has passed away is believed to look after those who are left behind. This can serve as a bereavement process for the family. The respondents believe that the late child's parents are watching over their children. The grandparents would say this after getting a foster care grant. Usually the welfare department takes a long time to process the placement. If the respondent finally accesses the grant they believe it is the doing of the ancestors.

The respondents indicated no problems with handling the child. They had no problems with the additional member in the home, as the child is seen to be part of them. The respondents indicated that other members of the family welcomed the child into the family. This was not surprising, since all of the children were born outside of marriage. The area or neighbourhood where the child is raised is seen as safe and no different from other townships surrounding Richards Bay. However, the respondents indicated that they trust nobody in their neighbourhood with their children. The children's movements are monitored and adults supervise the child. Everybody in the home supervises the child.

The respondents indicated no problems in accessing the support systems available. The area has all basic amenities such as a community health care centre, Department of Social Development, schools and public transport. The community health care centre is well equipped. It operates like a small hospital. It never closes. However, the respondents indicated that even though the clinic does everything it is always full. They paid attention to people taking treatment for pandemic illnesses. The social worker is found inside the clinic, but no grants application is processed in the clinic. They had to go to Richards Bay for assistance. It is very expensive to access grants.

CHAPTER 5: CONCLUSION AND ECOMMENDATIONS

5.1 INTRODUCTION

Chapter Five will summarise the main findings of the research and provide recommendations for practice, policy formation and further research.

5.2 SUMMARY OF RESEARCH PROCESS

The study aimed at addressing the following questions: What are the material circumstances of the families; what are the psycho-social needs of the children; what physical and emotional problems are caregivers experiencing; and what are the support systems of kinship carers? Thirty kinship carers who were drawn from the researcher's case load participated. Probability sampling was used to ensure representativeness of all the members of the identified populations. Observation and asking questions were the basic data collection methods used. The questionnaire was a modified version of the one developed by The Children and Family Research Center at the University of Illinois at Urbana-Champaign (1999). (See attached questionnaires - Appendix A and B). There was also space in the questionnaire for comments so that the researcher could record observations or additional comments made by the respondent. This added a qualitative element to the data and enriched the results.

The questionnaire was translated into isiZulu and interviews were held in isiZulu. The questionnaire was pre-tested with three respondents to check the wording of the questions, sequencing of the questions, whether or not there are redundant questions and missing or confusing questions. The findings of this study will assist the Department of Social Development in developing policies and programmes relevant and appropriate for the kinship carers of orphans and vulnerable children.

The ecosystems perspective was pertinent in this study kinship carers. It provided a framework for understanding the individual, family, community and society context in which kinship carers operate.

It is apparent that this study achieved its objectives of providing a deeper understanding of the physical and material circumstances of the families of kinship carers within the Nseleni community. An extensive and ongoing literature review was conducted prior to, and throughout, the study.

5.3 SUMMARY OF FINDINGS IN TERMS OF THE MAIN OBJECTIVES OF THE STUDY

5.3.1 Material circumstances

Most respondents indicated that they tried to meet the basic needs of the children and ensured that the children have appropriate shelter, food, clothes, safety and security. The kinship carers indicated that they ensure that the child had enough food, appropriate clothes for the weather, school material is available and the child has shelter. Most of the respondents are residing in yards, with different housing structures in the yards. These houses provide enough space for the members of the family. Some housing structures were built of mud and roofed with sail. These housing patterns were similar to other housing in the area.

The local clinic was contacted when the need arose. Most respondents did not take the child to the dentist unless the child had toothache. Previous research indicated that children in foster care have problems with their health, including dental health. Martin (2000) stated that foster children may also have unmet medical & dental needs. Children entering care have unusually poor health compared with their peers from similar social & ethnic backgrounds who live at home. This might be because many of them have suffered physical injuries as a result of abuse or physical and emotional neglect.

5.3.2 Psycho-social needs of the children

The present study found most of the respondents are maternal relatives of the child. The maternal relatives are seen as being duty-found to assume the responsibility of taking care of the child if the child's mother was not married. Most of the respondents reported no contact or assistance from the paternal side of the child.

The respondents defined the child as not difficult to handle. This response was not surprising, as the researcher is a social worker and child abuse is one of the priority issues to fight in the society. The researcher knows that kinship carers do administer punishment, which includes biting a child. This is viewed as teaching a child a lesson. Elders believed that they were brought up that way and they turned out as normal human beings.

Only 3% had no child enrolling in school. The respondents with children enrolling in school indicated that the child receives all necessary school supplies. The respondents had expectations for the child. Most respondents wished that the child could finish school. The school needs are provided for. However, it was noted that the respondents ensure that the school supplies are provided at the beginning of the school year, at the mid of the year they check the missing itema and that is when they replaced lost lost.

The respondents indicated that the child's whereabouts are being monitored and the friends of the child are known to the family. However, there was no indication that the respondents carry out some activities with the child. This is understandable because it is not common in the townships for an adult to be seen playing with a child. In addition, most of the respondents are old.

5.3.3 Physical and mental health of the carers

Most of the respondents indicated that physical problems have never prevented them from doing things with the child or from preparing meals for the child. However, ninety-seven percent of the respondents indicated that

had times where there were unable to do household chores because of physical problems. The respondents indicated that they have friends and relatives in the neighbourhood to assist in an emergency.

The respondents indicated that they are not using drugs or alcohol to calm themselves. Some indicated that they had taken drugs prescribed by the doctor. Most of the respondents are suffering from old age ailments. It is very uncommon to find an older person not complaining about their hypertension and arthritis.

5.3.4 Support systems

Most of the respondents indicated that they have relatives living with them in the yard. The respondents indicated that they can count on their relatives. Most of the respondents are aware of the resources available within the community and had made use of them. These include the education system, where the child is schooled; safety and security (police) and health services. The community had all the necessary amenities such as schools, police, a health-care centre, shops and public transport.

The respondents have used the health care centre. The respondents indicated that they are satisfied with the services received from the clinic. The clinic is well-equipped and operates like a small hospital. Nevertheless, the respondents were dissatisfied by the queues and waiting in the queues, whilst emergencies are attended to.

The respondents had been in the welfare offices. They indicated that they are satisfied about the services that they are receiving. They are aware of the case plan and had never experienced the problems of not getting assistance.

The motivation for selecting this particular area for research was based on the need for a deeper understanding of the care of kinship carers in Nseleni. The assumptions that kinship carers are experiencing difficulties in raising children

left in their care and are facing psychological and social problems are partially supported, as kinship carers are doing the best they can in the circumstances. The assumption that kinship carers lacks support services in social services agencies is not fully supported, as kinship carers appeared satisfied with, and able to access, services. To this extent the objectives were achieved, although further research needs to be undertaken before any generalizations can be made concerning the wider population.

5.4 RECOMMENDATIONS

5.4.1 Policy development

The White Paper (1997) indicated that the problems inherent in South African welfare legislation underline the urgent need to develop a holistic body of legislation, determined in accordance with a comprehensive policy. The White Paper noted that future legislation will be holistic and comprehensive and will take the following criteria into consideration:

(a) the relationship between welfare and the other sectors;

(b) the range of human needs;

(c) the spectrum of measures available to develop affordable and sustainable optimum social functioning;

(d) networking with other Government departments to ensure that their legislation is welfare-friendly;

(e) the co-operation of other sectors will be sought in order to formulate and implement appropriate welfare legislation.

The idea of formulating a comprehensive policy is endorsed, but the problems are with the process of how and who would be involved when formulating a policy that will provide for kinship carers and their needs. The process of formulating and administering legislation should be transparent and accessible to the beneficiaries. The present study showed that there are families who survived on a foster care grant to cater for the needs of the

whole family. Comprehensive services to support kinship families are needed. The Umhlathuze Municipality indicated that there are free-litre water services provided for those who cannot afford water and free electricity for poor families. The problem lies in other sectors such as education, where children must be accepted and provided with school necessities, and free transport services. The comprehensive policy will be of great assistance to the kinship carers.

5.4.2 The future of foster care

Famsedin *et al*. (2002: 23) state that family members are the best care-givers for orphaned children; even if they are distantly related. However, many care-givers are grandmothers, who may need assistance themselves in the form of material help, medical care, emotional and social support, parenting skills or housekeeping. While it is undoubtedly in the best interest of any child to live in a family home rather than an institution, the fact that families exist does not necessarily mean that orphan care has to be foisted upon them without providing incentives in the form of backup and support.

The author supports the idea that there is an urgently need to review the traditional definition of foster care within the context of the current HIV/AIDS pandemic. Foster care was traditionally viewed as a temporary service, with the aim of reuniting the child with his or her family as soon as possible. Permanency planning was to provide a framework whereby the whole family participated in formulating a permanent plan for the child, with the primary aim of reuniting the child with the biological parents. Should long-term foster care be required, adoption was regarded as a suitable alternative (Scholtz, 1988: 28). In the South African situtation, adoption is not the solution because of poverty. Kinship carers need on-going material support to cope with the burden of caring for additional children.

South Africa has a long tradition of informal kinship care and children have often been cared for by relatives while their parents worked. Extended families and communities are usually willing to serve as a safety net for orphaned and abandoned children. They represent the single most important factor in building a protective environment for children who have lost their parents to HIV/AIDS or any other causes (UNICEF 2003:32).

The Department of Social Development (2000:12) stated that in order to help mobilise communities for early identification of orphaned and vulnerable children, welfare organisations rendering services in areas badly affected by the pandemic can assist in establishing Child Care Committees, recruiting foster parents, adoptive parents or alternate care-givers, while linking them with resources and services. Furthermore, organisations need to incorporate communities into poverty alleviation programmes such as income or food generating projects. Capacity-building for volunteers needs to be undertaken and networks established among organisations, so that community-based care can be holistically managed.

5.4.3 Community initiatives for orphan care

After families, communities are regarded as the next level of support (UNICEF 2003:5). In order to mobilise and strengthen this support, guidelines for establishing community structures to render services to children affected and infected by HIV/AIDS have been extensively published. At the same time, hundreds of groups have spontaneously recognised dwindling family networks and the plight of increasing numbers of orphaned and vulnerable children. Extensive literature is available with details of highly creative projects that have been established for the informal care of orphans within their own communities. Communities have developed their own ingenious responses, often prompted by the inadequate or non-existent public service safety net. Others have arisen from a sense of community cohesion and ownership, which has had the added advantage that volunteer and resource bases have expanded. According to Foster (2001:4), these initiatives are characterised by

features that are typical of other community coping activities that are not unique to the AIDS pandemic and most commonly consist of material relief, emotional support and labour. These spontaneous responses to the crisis are described by the Department of Social Development (2003: 5) as ''the most effective, affordable and least visible programme available to assist children and adults infected and affected by HIV/AIDS''.

It is widely recognised that the current social service system cannot alone protect the rights of the vast number of orphans and vulnerable children in need of care. In order to provide this protection, the current welfare system is largely dependent on non-profit organisations, religious groups, community-based organisations and community caregivers, for the delivery of social welfare services. The multifaceted impact of HIV/AIDS requires a co-ordinated response from all sectors. Bradshaw (2002:17) warns that external organisations and government departments should be wary of undermining traditional coping mechanisms, bearing in mind that children need support long before a parent dies. He suggests that help already needs to be made available when children have to look after ill parents and are in need of material and emotional support.

HIV and AIDS have become one of the most critical challenges facing South Africa today, especially in northern KwaZulu-Natal which has one of the highest HIV and AIDS infection rates in the country. The pandemic is restructuring the family in ways never experienced before. Its impact on family life exceeds that of war and the apartheid system.

5.4.4 Other informal alternatives

The other alternative care is community based, where the orphans are catered for whilst waiting for their foster care application to be processed.

Many orphans are cared for by the extended family on a private basis, some live independently, without external supervision and support. Some orphans

are involved with state or NGO funded community–based structures, like drop-in points, feeding scheme, and day care facilities. A number of these organisations supplement basic needs for food and clothing, while a few attend to needs for shelter, recreation and education. Self-help programmes have been established for households where there is an adolescent child who can assume an adult supervisory role to some degree, supported by an outside organisation.

Registered community households have been established that accommodate one or more families of orphans within an extended family environment. This takes place under the management and supervision of paid, community appointed individuals or committees. In other instances, communities have been shown to place adults (who are usually older women) in the homes of orphaned children (McKerrow 1994:9. Another increasing trend in the rural communities of South Africa is for group or community care, where the group as a whole raises the children, with or without outside assistance. Religious, social, sport or other cultural groups assume collective responsibility for meeting the children's basic needs, while individuals in the group may assume responsibility for fulfilling specific needs (McKerrow 1994:9).

5.4.5 Welfare interventions on kinship care

Child welfare and family services should regard the family as a system, with a unique definition of self, dynamics, values and ways of operating as the target for change. When the family is looked upon as a system, intervention is focused on recognizing and building up the strengths within the family unit (Hager and Scannapieco, 1999).

The strengths perceptive must be emphasized to practitioners as they work with extended families. Understanding the importance of identifying, observing and utilizing the strengths of family systems is extremely important and requires training for the practitioners. The use of the systems theory is effective in working with the triad because of the level of interactions

necessary to understand the dynamics of the triad in relation to environmental systems (Hager and Scannapieco, 1999). The present author fully endorses the idea of taking into consideration the strengths and experience of the kinship carers in the intervention processes.

The author would also recommend that the Department of Social Development implements specific tailor-made intervention programmes for kinship carers. The intervention programmes should address and cater for the specific needs and support for them.

5.4.6 Recommendations for further research

It is recommended that further research be conducted, as the sample was limited to one geographical area. Generalizations to the wider community would therefore be unwise, but the findings of the study could be similar to other studies. Therefore one can draw from conclusions and gather similar results in other geographical areas and challenges are believed to be the same in South Africa. Useful information obtained can be of assistance and further research on a wider scale can be considered for a later stage. In addition, data was collected from only one party (the care-giver) in the kinship care. For a better understanding of care, data needs to be collected from the children and the service provider. However, this was not the focus of the present study. It did not seek the views of children, organizations or other stakeholders.

5.5 CONCLUSION

Kinship carers have taken the decision to assume responsibility of caring for a child. This responsibility is accompanied by certain roles, responsibilities and expectations. Kinship carers are doing their best to fulfil these roles and responsibilities. They ensure that the needs of the child are met. Children experience the warmth, belongingness, identity and acceptance in the family and in society. Thus the family ties are stregthened or preserved.

In spite of difficult circumstances, kinship carers are providing the best possible care. The general population should support them and the children and cater for the specific needs of the kinship cares.

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APPENDIX

APPENDIX A

Questionnaire – English Version

Child Name ____________ _ __________ Child ID: __________________
Caregiver Name ________________________ Family ID: ________________
Caseworker __________________________ Name Agency/Office: _____
Child Name __________________________ Child ID __________________
Caregiver ___________________________ Name Family ID ___________
Caseworker Name _____________________ Agency/Office _____________

CAREGIVER INTERVIEW ON KINSHIP FOSTER CARE
Instructions for completing questionnaire:

If the caregiver refuses to answer a question, or simply does not say anything, or says (he/she) doesn't know, circle "d/nr/dk," which stands for "declines/ no response/ doesn't know."
If any question is not applicable, indicate the reason in the space after the "not applicable" option.
The line underneath the set of answer options following each question is for a brief notation of any comment the caregiver makes about the question or about the answer or any observation the interviewer makes.

INTRODUCTION

Good morning/afternoon
My name is .... and I'm from .... Social Development Service Office. I am also a student at the University of KwaZulu Natal and I am doing my masters degree in social work. My supervisor at the university is Dr Barbara Simpson and you can contact her at 031-2601208. I am doing a study of children who live with their relatives who are currently served by the Department of Social Development. We are trying to determine whether kids are getting good care, and whether the families need any help. I am interviewing about 35 people who are looking after children that are related to them. I would like to ask you some questions. Depending on your answers, this interview should take about 45 minutes to complete. Let me explain how we're going to do this interview. I have a list of questions that covers many different topics. Some of the questions may not apply directly to you or your family, because the questions have been written to cover a very wide range of situations. For example, there are questions that ask about how the adults living in this house get along. If you're the only adult living in your house, you should just tell me that the question doesn't apply to you, for that reason.
If you don't understand a question, be sure to ask me to explain it. And if you think any of the questions are too personal, you don't have to answer them. But if you do answer a question, please do the best you can. Perhaps you might be worried that if you tell me about things that are not gong well in the family, we will take away your grant. I want to tell you that is not the purpose of the research. We want to understand how things are for you so that we can help make things better. However, I need to make sure you understand that if your answers to the questions suggest that (CHILD) is being abused or neglected, we will need to make another appointment to discuss this and see how we can help your family. I would also like to tell you that when I write the report on the research, I will not use your name or identify you in any way. Do you have any questions now? (NB. Allow enough time to fully answer any questions). If you want to take a short break at any point during the interview, that's no problem. Just let me know, and we'll take a break. Okay, do I have your permission to conduct the interview?
May we proceed? Yes ....
No.................
Please will you sign/make a mark here to show you understand the above? First, let me ask you what you usually call (READ CHILD'S NAME). Do you call (him/her) by (his/her) name, or do you call (him/her) (grandson/granddaughter), (or(nephew/niece), or what ....?

_ _

I'll use that name during the rest of this interview when I ask you questions about (CHILD'S NAME), OK?
1. Let me ask you two questions about your relationship to (CHILD) before we get started.
Are you related to (CHILD)'s mother or father?
Mother...
Father ....
Someone else ....
2. How are you related to (CHILD)?

____

Let's get started. First, we're going to talk about where you live, including your house and your neighborhood. When I use the word "house" in these questions, it means here, your home, where you live.

Section 1

The first questions are about your house and your utilities and appliances. Please answer Yes or No to these questions.
3. Right now, how many rooms are there in your house?
....
4. When it's cold outside, is there enough heat in every room in your house?
Yes...1
No..2
D/NR/DK..3
Not Applicable..4
Comment: ________________________
5. Is there a working light or lamp in most every room in your house?
Yes...1
No..2
D/NR/DK...3
Not Applicable 4
Comment: ________________________
6. Are there any serious problems in your house that need to be fixed, like a leaky roof, broken windows, or holes in the steps?
Yes...1
No..2
D/NR/DK..3
Not Applicable 4
Comment: ________________________
7. Where do you put your garbage?
....
Comment: ________________________
8. Do people buy or use drugs on the streets near your house?
Yes...1
No..2
D/NR/DK...3
Comment: ________________________
9. Is there violence in your neighborhood, like fights or shootings?
Yes...1
No..2
D/NR/DK...3
Comment: ________________________
10. Do you feel it is dangerous to raise (CHILD) in your neighborhood?
Yes...1
No..2
D/NR/DK...3
Comment: ________________________
11. Do you have a problem with rats, mosquitoes or cockroaches in your house?
Yes...1
No..2
D/NR/DK...3
Comment: ________________________

12. Is there enough space for everyone staying in your house?
Yes...1
No..2
D/NR/DK...3
Comment: ___________________________
13. Do more than three children share a bedroom?
Yes...1
No..2
D/NR/DK...3
Not Applicable 4
Comment: ___________________________
14. Does a child older than four ever share a bed with another child of the opposite sex?
Yes...1
No..2
D/NR/DK...3
Not Applicable 4
Comment: ___________________________
15. Do children older than four ever sleep in the same room with an adult of the opposite sex?
Yes...1
No..2
D/NR/DK...3
Not Applicable 4
Comment: ___________________________
16a. Do you (or your spouse/partner) own a gun?
Yes...1
No..2(SKIP TO SECTION 2)
D/NR/DK...3(SKIP TO SECTION 2)
Not Applicable ....4(SKIP TO SECTION 2)
Comment: ___________________________
16b. Is it kept locked somewhere where (CHILD) can't get at it?
Yes...1
No..2
D/NR/DK...3
Not Applicable 4
Comment: ___________________________

Section 2

Now we're going to focus on (CHILD), and (CHILD)'s health, and habits, and clothing.
17. Does (CHILD) have clothes for rainy or cold weather?
Yes...1
No..2
D/NR/DK...3
Not Applicable 4
Comment: ___________________________
18. Are you able to keep enough food in the house so that the child doesn't go hungry?
(THE ABILITY TO KEEP FOOD IN THE HOUSE INCLUDES THE ABILITY TO OBTAIN GROCERIES – FOR EXAMPLE, HAVING THE TRANSPORTATION TO GET THEM - AND THE INCOME TO BUY THEM.)
Yes...1
No..2
D/NR/DK...3
Comment: ___________________________
19. Are you able to make sure that (CHILD) usually has clean clothes to wear?
Yes...1
No..2
D/NR/DK...3
Comment: ___________________________
20. Do you make sure that (CHILD) gets to the clinic when (s/he) needs to?
Yes...1
No..2
D/NR/DK...3
Not Applicable 4
Comment: ___________________________
21a. Has a doctor ever prescribed medicine for (CHILD)?
Yes...1
No..2(SKIP TO Q.24)
D/NR/DK... 3(SKIP TO Q.24)
Not Applicable ....4(SKIP TO Q.24)
Comment: ___________________________
21b. Did (CHILD) get the medicine prescribed by the doctor?
Yes...1
No..2
D/NR/DK...3
Not Applicable 4
Comment: ___________________________
22. Are (CHILD's) immunizations up to date?
Yes...1
No..2
D/NR/DK...3
Not Applicable 4
Comment: ___________________________
23. Does (CHILD) go back to the same clinic or doctor's office when (s/he) needs treatment?
Yes...1
No..2
D/NR/DK...3
Not Applicable 4
Comment: ___________________________
24. Since (CHILD) has been living with you, has (s/he) gone to the dentist once a year?
Yes...1
No..2
D/NR/DK...3
NA (CHILD is an infant).............................4
Comment: ___________________________
25. If (CHILD) needs a pair of glasses, does (s/he) have them?
Yes...1
No..2
D/NR/DK...3
NOT APPLICABLE 4
Comment: ___________________________
Now there are a couple of general questions concerning (CHILD)'s health.

26a. Does (CHILD) have any mental or emotional problem, like being very sad or withdrawn?
Yes...1
No..2(SKIP TO Q.27a)
D/NR/DK..3(SKIP TO Q.27a)
Not Applicable ....4(SKIP TO Q.27a)
Comment: ______________________

26b. Is (CHILD) seeing a counselor, a reverend, traditional healer or doctor about it?
Yes...1
No..2
D/NR/DK..3
Not Applicable 4
Comment: ______________________

27a. Does (CHILD) has any kind of learning problem, like not being able to read as well as other children (his/her) age?
Yes...1
No..2(SKIP TO Q.28)
D/NR/DK..3(SKIP TO Q.28l)
Not Applicable ....4(SKIP TO Q.28l)
Comment: ______________________

27b. Is (CHILD) getting help from anyone, like the school or a tutor?
Yes...1
No..2
D/NR/DK..3
Not Applicable 4
Comment: ______________________

Section 3

28. All right, now we're going to move to a new topic. We'd like to know how often you talk about certain things with (CHILD), and do certain things with (him/her.) Your answer should be one of these: Always, Usually, Sometimes, Rarely or Never. How often do you... Always, Usually, Sometimes, Rarely, or Never? D/NR/DK

	Always	Usually	Sometimes	Rarely	Never	D/NR/DK
a. Let (CHILD) decide what to wear? Would you say	1	2	3	4	5	6
b. Let (CHILD) decide what activity you will do for fun—like go to a movie, or foot ball game or play a game together? Would you say..................................	1	2	3	4	5	6
c. Explain to (CHILD) why it is important for (him/her) to do something you asked him/her to do when (he/she) doesn't want to do it? (Would you say)	1	2	3	4	5	6
d. Talk to (CHILD) about (his/her) day when (s/he) wants to? (Would you say)...	1	2	3	4	5	6
e. Try to find out why (CHILD) seems depressed or unhappy? (Would you say)	1	2	3	4	5	6
f. Praise (CHILD) when (s/he) has done something extra nice or helpful? (Would you say)	1	2	3	4	5	6
g. Talk to (CHILD) about (his/her) parents when (s/he) wants to? (Would you say)...	1	2	3	4	5	6
h. Know who (CHILD'S) friends are? (Would you say)...	1	2	3	4	5	6
i. Know where (CHILD) is going and what (s/he) plans to do when (s/he) goes out? (Would you say)...	1	2	3	4	5	6
j. Make sure when (he/she) goes out that (s/he) knows when (s/he) needs to be back home? (Would you say)	1	2	3	4	5	6
k. Make sure (CHILD) helps out around the house-like cleaning up after spilling something and keeping (his/her) room clean? (Would you say)	1	2	3	4	5	6
l. Set some limits on how much TV (CHILD) can watch? (Would you say)	1	2	3	4	5	6
m. Listen to (CHILD'S) opinions about things that have happened to (him/her?)	1	2	3	4	5	6
n. Leave (CHILD) in the house overnight without an adult? (Would you say).	1	2	3	4	5	6

Section 4

Now I'll ask some questions about (CHILD)'s education and schoolwork.

29a. Is (CHILD) enrolled in a school of any kind right now – preschool, primary or high school, college?
Yes...1 (go to 29b)
No..2SKIP TO SECTION 5)
D/NR/DK..3SKIP TO SECTION 5)

Comment: ___________________________

29b. What grade is (CHILD) in? ....

30. Does (CHILD) have enough school supplies, like pencils and notebooks? Would you say . . .

Always, ...1
Usually,..2
Sometimes, ...3
Rarely, or 4
Never? 5
D/NR/DK...6
Not Applicable 7
Comment: _________________________________

31. Does (CHILD) have a quiet place to study or do homework? Would you say. . .

Always, ...1
Usually,..2
Sometimes, ...3
Rarely, or 4
Never? 5
D/NR/DK...6
Not Applicable 7
Comment: _________________________________

32. Do you go to the meetings with (CHILD)'s teachers when you're asked to attend?

Always, ...1
Usually,..2
Sometimes, ...3
Rarely, or 4
Never? 5
D/NR/DK...6
Not Applicable 7
Comment: ____________________________________

33. Do you talk to (CHILD) about (his/her) report cards? Would you say. . .

Always, ...1
Usually,..2
Sometimes, ...3
Rarely, or 4
Never? 5
D/NR/DK...6
Not Applicable 7
Comment: ____________________________________

Section 5

The next questions are about your discipline of (CHILD) and the way other adults in the house treat (him/her.)

34. How often do you have the time to enforce the rules you've set for (CHILD) to follow? Would you say. . .

Always, ...1
Usually,..2
Sometimes, ...3
Rarely, or 4
Never? 5
D/NR/DK...6
NA ((CHILD) is an infant) 7
Comment: ____________________________________

35. Do you give (CHILD) praise, treats, or other things for behaving especially well? Would you say. . .

Always, ...1
Usually,..2
Sometimes, ...3
Rarely, or 4
Never? 5
D/NR/DK...6
NA ((CHILD) is an infant) 7
Comment: ________________________________

IF NO OTHER ADULTS IN HOUSEHOLD, SKIP TO Q.37

36. Do the adults in your home agree on the rules for (CHILD)'s behavior? Would you say. . .

Always, ...1
Usually,..2
Sometimes, ...3
Rarely, or 4
Never? 5
D/NR/DK...6
NA ((CHILD) is an infant) 9
Comment: ____________________________________

37. When you're disciplining (CHILD) do you explain why what (s/he) did was wrong? Would you say. . .

Always, ...1
Usually, ...2
Sometimes, ...3
Rarely, or 4
Never? 5
D/NR/DK...6
NA ((CHILD) is an infant) 7
Comment: ____________________________________

38. Do you punish (CHILD) by not speaking to (him/her?) (Would you say. . .)

Always, ...1
Usually,..2
Sometimes, ...3
Rarely, or 4
Never? 5
D/NR/DK...6
NA ((CHILD) is an infant) 7
Comment: ____________________________________

39. Do you lock (CHILD) out of the house to punish (him/her?) (Would you say. . .)

Always, ...1
Usually,..2
Sometimes, ...3
Rarely, or 4
Never? 6
D/NR/DK...7

NA ((CHILD) is an infant) 8
Comment: ___________________________________
40. When (CHILD) doesn't listen or follow directions, do you or anyone else who lives in this house call (him/her) names like lazy, stupid or other things like that? (Would you say...)
Always, ...1
Usually,..2
Sometimes, ...3
Rarely, or 4
Never? 5
D/NR/DK..6
NA ((CHILD) is an infant) 7
Comment: ___________________________________
41. When (CHILD) disobeys you, do you tell (him/her) that if (s/he) doesn't obey you,
(s/he'll) be moved to another home? (Would you say. . .)
Always, ...1
Usually,..2
Sometimes, ...3
Rarely, or 4
Never? 5
D/NR/DK..6
NA ((CHILD) is an infant) 7
Comment: ___________________________________
Now I'm going to ask you whether certain things have happened in the last six months.
Please answer Yes or No.
42. Many people get angry with children's behavior. In the last six months...

	Yes	No	D/NR/DK
a. Have you told (CHILD) that you would spank, hit or hurt (him/her) when (she/he) disobeyed?	1	2	3
NA ((CHILD) is an infant) ___________________________			
Comment: ___________________________________			
b. Have you needed to whip or spank (CHILD) to make (him/her) obey?.........................	1	2	3
NA ((CHILD) is an infant) ___________________________			
Comment: ___________________________________			

Section 6
Now we're going to move to a new topic, and I'm going to ask you some questions about the support you get from friends and family and what you do when you have problems or emergencies. Friends and family can mean either people who live with you, or people who live in the community.
43. Can you count on your relatives and friends in an emergency? Would you say. . .
Always, ...1
Usually,..2
Sometimes, ...3
Rarely, or 4
Never? 5
D/NR/DK..6
Comment: ___________________________________
44. Do people look out for the children in your neighborhood? Would you say. . .
Always, ...1
Usually,..2
Sometimes, ...3
Rarely, or 4
Never? 5
D/NR/DK..6
Comment: ___________________________________
45. If you need someone to look after (CHILD) while you run an errand, can you find somebody? Would you say...
Always, ...1
Usually,..2
Sometimes, ...3
Rarely, or 4
Never? 5
D/NR/DK..6
Not Applicable 7
Comment: ___________________________________
46. If you need a ride to go somewhere, does a friend or a family member give you a lift? (Would you say. . .)
Always, ...1
Usually,..2
Sometimes, ...3
Rarely, or 4
Never? 5
D/NR/DK..6
Not Applicable 7
Comment: ___________________________________
47. When you need to borrow some money to get something you need, like food, are you able to borrow it from friends or relatives? (Would you say...)
Always, ...1
Usually,..2
Sometimes, ...3
Rarely, or 4
Never? 5
D/NR/DK..6
Not Applicable 7
Comment: ___________________________________
48. If you'd like a little help with a chore like shopping or cleaning, is there someone you
can call on? (Would you say...)
Always, ...1
Usually,..2
Sometimes, ...3
Rarely, or 4
Never? 5
D/NR/DK..6
Not Applicable 7
Comment: ___________________________________
49. Is there someone in your neighborhood who would help you out in an emergency? (Would you say...)
Always, ...1
Usually,..2
Sometimes, ...3
Rarely, or 4

Never? 5
D/NR/DK...6
Comment: ___________________________________

Section 7

Now we'll be talking about a related topic - that is, your use of health and mental health services, like the doctor or clinic, and social services, like counseling, transportation, or homemakers. Most of your answers should be from the same set, always, usually, sometimes, rarely, or never, but there are some yes/no questions, too.

50. If your family needed services like a doctor's care, counseling, would you know how to get them? Yes or no?
Yes..1
No...2
D/NR/DK...3
Not Applicable 4
Comment: ___________________________________

51a. Have you needed any health care or other services like counseling in the past 12 months?
Yes...1
No...2(SKIP TO Q.55)
D/NR/DK...3(SKIP TO Q.55)
Not Applicable ....4(SKIP TO Q.55)
Comment: ___________________________________

51b. How often have you gone without health or mental health care, or services like counseling when you needed them because you could not get there? Would you say...
Always, ...1
Usually...2
Sometimes, ...3
Rarely, or 4
Never? 5
D/NR/DK...6
Not Applicable 7
Comment: ___________________________________

51c. How often have you gone without health or mental health care or social services like transportation or a homemaker because you couldn't afford them? Would you say...
Always, ...1
Usually...2
Sometimes, ...3
Rarely, or 4
Never? 5
D/NR/DK...6
Not Applicable 7
Comment: ___________________________________

52. When there is a serious emotional or mental health problem in your family, how often have your family or family members gotten counseling to resolve the problem? Would you say...
Always, ...1
Usually...2
Sometimes, ...3
Rarely, or 4
Never? 5
D/NR/DK...6
Not Applicable 7
Comment: ___________________________________

53a. Have you ever had a hard time understanding a doctor or social worker? Yes or no?
Yes...1
No...2(SKIP TO Q.57)
D/NR/DK...3(SKIP TO Q.57)
Not Applicable ....4(SKIP TO Q.57)
Comment: ___________________________________

53b. How often has this kept you from going to see that doctor or social worker again? Would you say...
Always, ...1
Usually...2
Sometimes, ...3
Rarely, or 4
Never? 5
D/NR/DK...6
Not Applicable 7
Comment: ___________________________________

54. In the last six months, did your caseworker tell you to contact any doctors, social workers or counseling centers? Yes or no?
Yes..1
No..2(SKIP TO SECTION8)
D/NR/DK...3(SKIP TO SECTION 8)
Not Applicable ....4(SKIP TO SECTION8)
Comment: ___________________________________

Section 8

55. Now, I'm going to ask you whether certain things have happened in the last 12 months, since (TODAY'S DATE) one year ago, and whether you contacted the agency about the things that happened.

A. In the past 12 months...	**Yes**	**No**	**DK**	**NA (If Yes...)**
(a) Have you needed advice about getting a service for CHILD?	1	2	3	4
(b) Have you had question About the plan for child?	1	2	3	4
© Has CHILD had a serious illness?	1	2	3	4
(d) Has the school told you CHILD is misbehaving?	1	2	3	4
(e) Has CHILD failed a subject in school?	1	2	3	4
(f) Has CHILD gotten in trouble with the police?	1	2	3	4
(g) Has CHILD told you that she/he was feeling really bad about (him/herself) or (his/her life?)	1	2	3	4
(h) Have you thought that CHILD might be				

taking drugs? 1 2 3 4
(i) Have you thought that CHILD might have been drinking? 1 2 3 4
(j) Has CHILD gotten a part-time job? 1 2 3 4
(k) Has CHILD run away from home? 1 2 3 4
(l) Has CHILD been gone overnight without your permission? 1 2 3 4
(m) Has CHILD gotten a very good report card 1 2 3 4
(n) Have you took CHILD out of state for a visit? 1 2 3 4
(o) Has a friend or relative moved in with you for a while or started to sleep in your house? 1 2 3 4
(p) Has someone living in your house gotten in trouble with the police? 1 2 3 4
(q) Have you gotten sick and needed to get someone else to take care of CHILD? 1 2 3 4
(r) Have you had any trouble taking care of CHILD? 1 2 3 4

56. When you have tried to contact the caseworker or someone else at the agency when you needed help or wanted information, was someone available to talk to you?
Yes..1
No..2
D/NR/DK...3
Comment: ___________________________

Section 9

Now we're going to talk about the other people who live in your house and other family members.

57. Do you have a spouse or partner who is currently living with you?
Yes..1
No..2
D/NR/DK...3
Comment: ___________________________

58. Since you took (CHILD), has your relationship with any adult in the house gotten bad?
Yes..1
No..2
D/NR/DK...3
Not Applicable 4
Comment: ___________________________

59. Has anyone living in the house ever hurt (CHILD) physically—for example, done anything that caused bruises, even if they didn't mean to?
Yes..1
No..2(SKIP TO Q.82)
D/NR/DK...3(SKIP TO Q.82)
Not Applicable ....4(SKIP TO Q.82)
Comment: ___________________________

60a. Did you need to do anything to keep (CHILD) from being hurt again?
Yes..1
No..2
D/NR/DK...3
Not Applicable 4
Comment: ___________________________

60b. Since that happened, has that person spent time alone with (CHILD)?
Yes..1
No..2
D/NR/DK...3
Not Applicable 4
Comment: ___________________________

61. Since (CHILD) came to live with you, has any adult who lives in your house had, or continued to have, a problem with drugs or alcohol?
Yes..1
No..2
D/NR/DK...3
Not Applicable 4
Comment: ___________________________

62. Is there anyone living with you who is available to help you care for (CHILD) or play with (CHILD), like another adult or an older teenager?
Yes..1
No..2
D/NR/DK...3
NA (No other adults/teenagers)...................4
Comment: ___________________________

63. Are there other family members or friends who don't live with you who are available to help you care for (CHILD) or play with (CHILD?)
Yes..1
No..2
D/NR/DK...3

Not Applicable 4
Comment: ______________________________

Section 10
Now we're going to talk about your financial situation.
64 a. In the last 12 months, have you ever not been able to pay the rent or mortgage on time?
Yes...1
No..2
D/NR/DK..3
Not Applicable 4
Comment: ______________________________
64 b Are you getting Foster Child Grant ?
Yes 1
No...2
64c. Are you getting any other form of income
Yes ....1 (go to 64d)
No..2
64d. What other form of income do you get? ....
65a. In the past year, have you been without heat/light in your house because you couldn't make a payment?
Yes...1
No..2
D/NR/DK..3
Not Applicable 4
Comment: ______________________________
65b. In the past yea, have you been without running water in your house because you couldn't make a payment?
Yes...1
No..2
D/NR/DK..3
Not Applicable 4
Comment: ______________________________
65c. (In the past year,) has your telephone been cut off because you couldn't pay the bill?
Yes...1
No..2
D/NR/DK..3
Not Applicable 4
Comment: ______________________________
65d. Since (CHILD) has been living with you, have you had any other financial problems that have affected your ability to take care of (CHILD)?
Yes...1
No..2
D/NR/DK..3
Not applicable 4
Comment: ______________________________
66. In the past year, have you been able to pay for all of the child care you needed?
Yes...1
No..2
D/NR/DK..3
Not applicable 4
Comment: ______________________________

Section 11
Now I have some questions about how often in the last six months you might have experienced any physical or emotional problems.
67a. In the last six months, have you had any physical or emotional problems?
Yes...1
No..2(SKIP TO SECTION 12)
D/NR/DK..3(SKIP TO SECTION 12)
Not Applicable ....4(SKIP TO SECTION 12)
Comment: ______________________________
67b. In the past six months, how often have any physical or emotional problems kept you from preparing meals for (CHILD)? Would you say. . .
Always, ...1
Usually..2
Sometimes, ...3
Rarely, or 4
Never? 5
D/NR/DK..6
Not Applicable 7
Comment: ____________________________________
67c. In the past six months, how often have any physical or emotional problems kept you from doing routine household chores, like cleaning? Would you say. . .
Always, ...1
Usually..2
Sometimes, ...3
Rarely, or 4
Never? 5
D/NR/DK..6
Not Applicable 8
Comment: ____________________________________
67d. In the past six months, how often have any physical or emotional problems kept you from talking with teachers a t (CHILD)'s school? Would you say. .
Always, ...1
Usually..2
Sometimes, ...3
Rarely, or 4
Never? 5
D/NR/DK..6
Not Applicable 7
Comment: ____________________________________
67e. (In the past six months, how often have any physical or emotional problems kept you) from spending time doing things with (CHILD)? (Would you say. . .)
Always, ...1
Usually..2
Sometimes, ...3
Rarely, or 4
Never? 5
D/NR/DK..6
Not Applicable 7
Comment: ____________________________________

Section 12
Now I'll ask some questions about drug and alcohol use by everyone living in your house since (CHILD) has been with you.
68a. Some people enjoy using drugs or alcohol. Since (CHILD) has been living with you, how often have you had a drink to calm your nerves? Would you say. . .
Always, ...1

Usually...2
Sometimes, ...3
Rarely, or 4
Never? 5
D/NR/DK...6
Comment: ____
68b. How often have you had problems, like missing work, missing appointments, or getting into fights, as a result of your drinking? Would you say. . .
Always, ...1
Usually...2
Sometimes, ...3
Rarely, or 4
Never? 5
D/NR/DK...6
Not Applicable 9
Comment: ____
68c. How often has drinking by someone else in the household caused any problems, like missing work, missing appointments, or getting into fights, for that person? Would you say . . .
Always, ...1
Usually...2
Sometimes, ...3
Rarely, or 4
Never? 5
D/NR/DK...6
Not Applicable 7
Comment: ____
68d. Since (CHILD) has been living with you, how often have you used drugs not prescribed by a doctor to make yourself feel better? (Would you say ...)
Always, ...1
Usually...2
Sometimes, ...3
Rarely, or 4
Never? 5
D/NR/DK...6
Comment: ____
68e. How often have you had any problems, like missing work or getting into fights, as a result of drug use? (Would you say. . .)
Always, ...1
Usually...2
Sometimes, ...3
Rarely, or 4
Never? 5
D/NR/DK...6
Not Applicable 7
Comment: ____
68lf. How often has drug use by someone else in the household caused any problems, like missing work or getting into fights, for that person? (Would you say. . .)
Always, ...1
Usually...2
Sometimes, ...3
Rarely, or 4
Never? 5
D/NR/DK...6
Not Applicable 7
Comment: ____

Section 13
Now, we're just about done, and I want to ask you two questions about dates.
69. First, please give me your date of birth: ___________________
(month / day / year)

70. Second, what month and year did (CHILD) come to live with you?
____
(Month/ Year)
71. Is there anything you want to add?
____
____
____

THANK YOU FOR COMPLETING THE QUESTIONNAIRE.

APPENDIX B

Questionnaire – Zulu Version

Igama lengane_____________________________ umazisi wengane____________________
Igama lombeki ngane___________________________ umazisi wakhe_______________________ Unonhlalakahle______________________________ Igama lehovisi alisebenzelayo _________
Igama lengane ____________________________ umazisi wayo_____________
Umbheki mtwana ___________________________ Name Family ID_______________________
Igama lononhlalakahle________________________ Igama lenhlangano ayisebenzelayo/ ihovisi asuka kulo______________________________________

Uhlelo lwemibuzo ebhekene nababheki bezingane abahlobene nazo

Imigomo ezolandelwa uma kugcwaliswa imibuzo:
Uma ubheki mntwana enqaba ukuphendula imibuzo, noma engasho lutho, noma ethi yena akazi, zungeleza "d/nr/dk" lokho kusho ukuthi " declines/ no response (anginampendulo), doesn't know(angazi)".Uma kunombuzo ongahambisani nohlelo, shono isizathi esikwenza usho njalo emva kuka "not applicable (lokhu akuhambisani)"

Ulayini ongaphansi ongaphansi kwanoma iyiphi imbendulo, uyekelwe ukuthi ubhale noma yini umbheki ayishilo ngombuzo ubumbuza wona, noma ngabe yini ekudonsile ngenkathi nibuzana.

ISINGENISO
Sawubonga , igama lami ngingu .... ngiqhamuka Emnyangweni wezenhlalakahle, eNkanld. Ngiphinde ngibe umfundi eyunivesithi yaKwaZulu Natal ngenza izifundo zami ze Masters degree in Social work. NginoSupervisor khona eyunivesity uDr. Barbara Simpson uvumelekile ukuthi ungathintana naye kulezizinombolo 031-2601208. Ngenza ugcwaningo ngezingane ezihlala nababheki ababonwa inhlangano engiyisebenzelayo. Sizama ukuthola ukuthi abantwana bathola umakekelo olugculisayo yini futhi sifuna ukubona ukuthi umndeni udinga usizo yini. Ngizobona imindeni engu 35 ohlala nalezizingane futhi oyizihlobo nabomntwana. Bengicela ukukubuza imibuzwana nje. Kuzoya ngezimpendulo zakho, kodwa uhlelo lwemibuzo kufanele luthathe u 45 minutes ukuliqeda. Mangiqale ngikwazise ukuthi uhlelo lokubuzana luzohamba kanjani. Nginohla lwamibuzo oluzobe lubheka izahluko ezingefani. Eminye yalemibuzo ngeke ibheke kuwe nqo noma kumndemi wakho, ngoba imibuzo ibhalwe ukuthi isabalale ukuze ikwazi ukubhekela izimo eziningi. Isibonelo, kunemibuzo ebuza ukuthi ngabe abantu abadala abahlala lapha ekhaya baphilisana kanjani. Uma kunguwe wedwa ohlala lapha ekhaya vele ungitshele ukuthi lowo mbuzo awungeni kime, ngalezizizathu. Uma ungawuqondi umbuzo, ngibuze. Futhi uma ubona ukuthi umbuzo usungene kakhulu empilweni yakho eyimfihlo, asikho isidingo sokuthi uyipheduke. Kodwa uma uphendule ubuzo uphendule ngokukhulu ukwethembeka. Kokunye angaba nokungabaza ukuthi ukungitsheke izinto ezenzekayo emndenini, usabela ukuthi ngingathatha imali yempesheni yengane. Ngifisa ukukwazisa ukuthi lokhu akusiyona inhloso yogcwaningo. Sifisa ukwazi izinto zinjani kuwena ukuze sikusize lapho ongasizwa khona, ukuze izinto zibengcono kuwena. Kodwa, ngifisa ukwazi ukuthi uyaqonda yini ukuthi uma impendulo zakho ziveza ukuthi umntwana uyahlukumezeka nanoma ngayiphi indlela, kuzomela senze esinye isikhathi ukuthi sixoxe ngakho bese siyabona ukuthi umndeni wakho ungasizakala kanjani. Ngifisa ukukwazisa ukuthi uma sengibhala umbiko wogcwaningo, angeke ngilisebenzise igama lakho langempela noma ngibike ngento okuzobalula ukuthi kusheshe kubonakale ukuthi ngikhuluma ngawe.
Ingabe unayo yini imibuzo? (NB. Nikeza isikhathi esanele ukuthi umbuzo ngamunye uphenduleke ngokuphelele). Uma ufuna ukuthatha ikhefu noma ngasiphi isikhathi sisabuzana imibuzo, ngazise, lokho akusiyona inkinga.
Singaqhubeka? Yebo ....
Cha..............
Ngicela ukuthi ungisayindele lapha/ noma ufake imaka oshoyo ukuthi uyakuqonda lokhu okungenhla. Okokuqala, ngicela ungazise ukuthi umntwana uvamise ukumbizo ngokuthi ungubani kuwena. _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
Ngizolisebenzisa leligama uma ngikubuza imibuzo, kungabe kulungile lokho? Akesiqalise.Okokuqala ngizokubuza imibuzo elandelayo ngendawo ohlala kuyo,indlu ohlala kuyo kanye nomphakathi owakhelene nawo.uma ngisebenzisa igama elithi indlu kulemibuzo ngisuke ngichaza umuzi wakho nokuthi uhlalaphi.

Isigaba sokuqala
Umbuzo wokuqala ngomuzi wakho kanye nezinsiza kusiza nezinto zikagesi Ngicela ungiphendule ngo Yebo noma Cha kulemibuzo.
3. Okwamanje mangaki amagumbi akhona endlini yakho?
....
4. Uma kubanda phandle ingabe kufudumala ngokwanele endlini yakho/
Yebo...1
Cha..2
Akusebenzi...4
Chaza:______________________________________
5. Emagumbini asendlini ingabe ukukhanya kukagesi noma amalambu kwanele kuwona wonke amagubi endlu?
Yebo...1
Cha...2
Awekho..4
Chaza:________________________________
6.Kukhona yini endlini okuyinkinga okudinga ukulungiswa njengokuvuza ophahleni, amawindi afile noma izigodi kuzitebhisi?
Yebo...1
Cha..2
Akukho..4
Chaza:_______________________________________
7.Ulibeke ngakuphi igaraji?
....
Chaza:____
8. Ingabe abantu bayazithenga noma bazisebenzise izidakamizwa eduze nomuzi wakho?
Yebo...1
Cha..2
Chaza:_____________________________________
9.Ingabe lukhona udlame emphakathini wangakini njengokulwa noma ukudubulana?
Yebo..1
Cha...2
Chaza:____4
10.Ucabanga ukuthi kuyingozi yini ukukhulisa umtwana emphakathini wangakini?
Yebo...1
Cha..2
Chaza:____4
11.Ninayo yini inkinga yamaphela,omiyane noma amagundan endlini yakho?
Yebo..1
Cha...2
Chaza:____4
12.Indawo yanele yini kulabo enihlala nabo endlini yakho?
Yebo..1
Cha...2
Chaza:____4
13. Ingabe zingaphezu kwezintathu yini izingane ezilala egumbini lokulala elilodwa?
Yebo...1
Cha...2
Akwenzeki..4
Chaza:____
14. Ingabe ingane engaphezu kweminyaka emine ingakwazi yini ukulala neye enobulili okungafani embhedeni owodwa?
Yebo..1
Cha...2
Akwenzeki..4
Chaza:____
15. Ingabe ingane engaphezu kweminyaka emine ingalala yini embhedeni owodwa nomuntu omdala onobulili obungafani?
Yebo...1
Cha..2
Akwenzeki...4
Chaza____________________________________-

16. Ingabe wena(isihlobo/umngani) ninaso isibhamu?
Yebo..1
Cha..2(Yeqa uye esigabeni 2)
Akwenzeki..4(Yeqa uye esigabeni 2)
Chaza:____
16b. Ingabe siyakhiyelwa lapho kungeke kufinyelele khona umuntu (isibhamu)
Yebo..1
Cha..2
Akwenzeki..4
Chaza:____

ISIGABA 2

Manje sizokubuza ngengane ngempilo,ukuziphatha nanokugqoka.
17. Ingabe ingane inazo yini izingubo zamakhaza noma lina?
Yebo..1
Cha..2
Akwenzeki..4
Chaza:____
18. Ingabe unakho ukudla okuchinile ukuze izingane zingalambi?
(Indlela yokuchina ukdla endlini ngezinye izindlela zokuthola igrosa okunjenge-moto yokukulanda nanokuthola imali yokuya uyokuthenga.)
Yebo..1
Cha..2
Chaza:____4
19.Uyakwazi ukubhekelela ukuthi umtwana njalo unezingubo ezihlanzekile zokugqoka
Yebo..1
Cha..2
Akwenzeki..4
Chaza:____
20. Uyakwazi ukuqikelela ukuthi umtwana uya emtholampilo uma edinga ukuya khona?
Yebo..1
Cha..2
Akwenzeki..4
Chaza:____
21a.Ingabe udokotela wakhe wayenzela umuthi okumele iwusebenzise njalo ingane?
Yebo..1
Cha..2(Yeqa uye kumbuzo 24)
Akwenzeki..4(Yeqa uye kumbuzo 24)
Chaza:____
21b.Ingabe ingane iyawusebenzisa njalo lomuthi eyawunikwa udokotela?
Yebo..1
Cha..2
Akwenzeki..4
Chaza:____
22. Ingabe imigomo yengane iyagcinwa?
Yebo..1
Cha..2
Akwenzeki..4
Chaza:____
23. Ingabe ingane iya emtholampilo owodwa yini noma kudokotela uma idinga imithi
Yebo..1
Cha..2
Akwenzeki..4
Chaza:____
24. Njengoba ingane ibingahlali nawe iyayiswa yini kudokotela wamazinyo njalo ngonyaka?
Yebo..1
Cha..2
Akwenzeki(ingane isewusana)..4
Chaza;____
25. Ingabe ingane iyazidinga noma iyazifaka yini izibuko njalo?
Yebo 1
Cha..2
Ayizifaki..4
Chaza:____
Manje ngizokubuza imibuzo emibhalwa mayelana nempilo yengane.
6a. Ingabe ingane inenkinga ngokwenqondo noma ukuhlukumezeka njengokuba ibe nomzwangedwa noma iphatheka kabi?
Yebo..1
Cha..2(Yeqa uye kumbuzo 27a)
Akwenzeki..4(Yeqa uye kumbuzo 27a)
Chaza:____
26b. Ingabe ingane yake iyaya kumfundisi,udokotela,usonhlalakahle noma inyanga ngalenkinga?
Yebo..1
Cha..2
Akwenzeki..4
Chaza:____
27aIngabe ingane inayo yini inkinga yokufunda njengokufunda incwadi njengazo zonke izingane ezingontanga bayo?
Yebo..1
Cha......................2(Yeqa uye kumbuzo 28)
Akwenzeki..............4(Yeqa uye kumbuzo 28)
27b. Ingabe ingane iyaluthola yini usizo esikoleni?
Yebo..1
Cha..2
Akwenzeki....................................4
Chaza:___________________________________

Isigaba 3

28. Ngicela ukwazi ukuthi kukangaki nixoxa nengane ngezinto nokuthi izinto zenziwa kanjani naye.Izimpendulo engizilindelekile 1**.Njalo, 2.Kaningana 3.Ngezinye izikhathi,4.nje 5.akaze.6. anginampendulo**.
a.Uyekel ingane ibone ukuthi izogqokani?ungathini................1 2 3 4 5 6
b.Imiphi imihlalo noma izinto athanda ukuzenza njengo kuya esithombeni ukuyodla ibhola lezinyawo nomanidlale imidlalo ndawonye?
Ungathini...................................1 2 3 4 5 6
c.Chaza enganeni ukuthi kungani ukuthi umbuze ukuthi ufunani noma ufuna ukwenzani?Ungathini wena....................................1 2 3 4 5 6
d.Ukukhuluma ngokuthi usuku lwakhe belinjani?Ungathini wena 1 2 3 4 5 6
e.Uzama ukuthola ukuthi ujabule noma uphatheke kabi yini?
ungathini wena.. ....1 2 3 4 5 6
f.Umkhuthaze uma enze okuhle noma esizile ?
Ungathini wena.......... 1 2 3 4 5 6
g.Khuluma nengane ngabazali bayo uma ithanda?
Ungathini wena 1 2 3 4 5 6
h.Ukwazi abangani bengane?(ungathioni wena)...............1 2 3 4 5 6

i.Ukwazi ukuthi iyaphi iyokwenzani uma izikhipha?
(Ungathini wena)......1 2 3 4 5 6
j.Ukwenza isiqiniseko ukuthi izobuya nini uma izikhipha ekhaya?
(Ungathini wena)......................1 2 3 4 5 6
k.Akwazi ukusiza endlini nanokuthi akwazi ukuthi uma echithile asule nanokuhlanza igumbi lakhe lokulala?(Ungathini wena)......................1 2 3 4 5 6
i.Akwazi ukuthi uzogcina ngasiphi isikhathi ukubona umabonakude?
(Ungathini wena)....................1 2 3 4 5 6
m. Ukumlalela ngezinto ezenzeke kuye nanemibono yakhe?
(Ungathini wena).... 1 2 3 4 5 6
n.Ukumshiya yedwa ngaphandle komuntu omdala?
(Ungathini wena)..........1 2 3 4 5 6

Isigaba 4

Manje sengizokubuza imibuzo ngengane mayelana nemfundo nanomsebenzi wesikole
29a.Ingabe iyafunda ingane esikoleni kulamabanga enkulisa,primary high school noma ekolishi?
Yebo..1 (yiya ku 29b)
Cha...2(yeqa uye kwisigaba 5)
Chaza:_______________________________________
29b.Ikuliphi ibanga ingane?...
30.Ingabe ingane inazo izinsiza kufundisa ezanele njengama peni,notebook?Ungathini..
Njalo..1
Sonke isikhathi..2
Nje...3
Akaze...4
Akwenzeki..7
Chaza:________________________________
31. Ingabe ingane inayo yini indawo ethile yokufunda nokwenza umebsnzi wesikole isekhaya?
Ungathi....
Njalo 1
Ngasosonke isikhathi..2
Nje...3
Akaze...5
Akwenzeki..7
Chaza:____________________________
32.Uyaya emhlanganweni wengane nothisha uma bekubizile?
Njalo..1
Sonke isikhathi..2
Ngezinye izikhathi....................................3
Nje...4
Akaze?...5
Akwenzeki..7
Chaza:____________________________
33.Uyaxoxa nengane nge report layo/ungathi..
Njalo..1
Sonke isikhathi...2
Ngezinye izikhathi...3
Nje...4
Akaze...5
Akwenzeki...7
Chaza:________________________________

Isigaba 5

Lemibuzo elandelayo esengizokubuza ngayo imayelana nokuziphatha kwengane nanokuthi abadala abasendlini bamphethe kanjani.
34. Kukangaki ugcizelela imithetho oyibekile ukuthi ingane iyilandele?Ungathi..
Nja..1
Sonke isikhathi...2
Ngezinye izikhathi..3
Nje...4
Akaze?..5
Akwenzeki(ingane) isewusana......................................7
Chaza:________________________________
35. Uyayingcoma yini ingane,uyikhuthaze,umbheke noma umnike into uma enze kahle?
Ungathi...
Njalo...1
Sonke isikhathi..2
Ngezinye izikhathi...3
Nje..4
Akwenzeki...5
Akwenzeki (ingane)isewusana..7
Chaza:________________________________
Uma bengekho abadala enihlala nabo endlini yeqa uyophendula umbuzo 37
36. Ingabe abadala endlini yakho bayavumelana nemigomo yokuthi ingane iziphethekanjani?Ungathi...
Njalo...1
Sonke isikhathi...3
Ngezinye izikhathi...3
Nje..5
Akwenzeki...6
Akwenzeki(ingane)isewusana..9
Chaza____
37.Uma uzomjezisa umtwana ingabe uyamchazela ukuthi yiliphi iphutha alenzile?
Ungathini.......
Njalo...1
Sonke isikhathi...2
Ngezinye izikhathi...3
Nje...4
Akaze..5
Akwenzeki (ingane)isewusana..7
Chaza____
38.Ingabe uma uzokwahlulela ingane uyaxoxisana yini nayo?Ungathini...
Njalo...1
Sonke isikhathi...2
Ngezinye izikhathi...3
Nje 4
Akaze..5
Akwenzeki(ingane)isewusana...7
Chaza:____
39.Ingabe uyavala endlini uma uzomgweba?Ungathini..
Njalo..1

Sonke isikhathi..2
Ngezinye izikhathi...3
Nje..4
Akaze...5
Akwenzeki(ingane)isewusana...8
Chaza:____
40.Uma ingane ingalandeli noma ingahloniphi imigomo oyibekile yakho noma yalowo enihlala naye endlini niyaye nimbize ngamagama anjengo ivila,isidomu noma nangamanye amagama?Ungathini...
Njalo...1
Sonke isikhathi...2
Ngezinye izikhathi...3
Nje..4
Akaze..5
Akwenzeki(ingane)isewusana...7
Chaza:____-
41. Uma umtwana engakuhloniphi uyamtshela ukuthi uma engahloniphi uzoxosha aye komunye umuzi?Ungathini...
Njalo..1
Sonke isikhathi..2
Ngezinye izikhathi..3
Nje...4
Akaze...5
Akwenzeki(ingane)isewusana...7
Chaza:____
Manje sengizokubuza ukuthi ezinye zezinto zike zenzeka yini ezinyangeni eziyisithupha ezedlule.Ngicela uphendule u **1. Yebo 2. Cha 3. Anginampendulo**
42.Abantu abaningi bayadinwa yizingane eziphatha kabi.Ezinyangeni eziyisithupha ezedlule..
a.Uyaye umtshele umtwana ukuthi uzomshaya noma umlimaze uma yena engahloniphi?1 2 3
Akwenzeki(ingane)isewusana_______________________________
Chaza:____
b.Uyaye udinge ukumshayauma engahloniphi?..............1 2 3
Akwenzeki(ingane)isewusana_________________________
Chaza:____

Isigaba 6
Manje sesizoya kolunye uhla lwemibuzo,ngizokubuza mayelananokuthi uyaluthola yini usizo kubangani nabomndeni nanokuthi wena wenzenjani uma unezinkinga noma isimo esiphuthumayo.Abomndeni nabangani sisuke sisho ohlala nabo endlini noma abahlala emphakathini wakho.
43.Ungathembela kubangani nasemndenini wakho uma kunesimo esiphuthumayo?Ungathi......
Njalo...1
Sonke isikhathi...2
Ngezinye izikhathi...3
Nje...4
Akaze..5
Chaza:____
44.Ingabe abantu bayazinakekela izingane emphakathini wakho?Ungathi....
Njalo...1
Sonke isikhathi...2
Ngezinye izikhathi...3
Nje...4
Akaze...5
Chaza:____
45.Uma udinga umuntu ozokugadela ingane uma uphuthuma ,uyaye umthole umuntu?
Ungathini...
Njalo..1
Sonke isikhathi..2
Ngezinye izikhathi..3
Nje..4
Akaze...5
Akwenzeki...7
Chaza:____

46.Uma udinga ukuhanjiswa endaweni ingabe umngani noma owomndeni wakho uyakunika usizo lwemoto.
Njalo..1
Sonke isikhathi..2
Ngesinye isikhathi..3
Nje..4
Akaze...5
Akwenzeki...7
Chaza:____
47.Uma ufuna ukuboleka imali uma udinga izinto ezinjengokudla,uyaye uyiboleke kubangani noma ezihlobeni?Ungathini...
Njalo..1
Sonke isikhathi..2
Ngezinye izikhathi..3
Nje...4
Akaze...5
Akwenzeki...7
Chaza:____
48.Uma udinga usizo olungcane olunjengokuyothenga noma ukuhlanza indlu ukhona oyaye umbizo azokusiza?Ungathi...
Njalo..1
Sonke isikhathi..2
Ngezinye izikhathi..3
Nje..4
Akwenzeki...7
Chaza:____
49.Ingabe ukhona emphakathini wakho ongakusiza esimweni esiphuyhumayo?Ungathini...
Njalo...1
Sonke isikhathi..2
Ngezinye izikhathi..3
Nje..4
Akwenzeki..5
Chaza:____

Isigaba7
Manje sizokhuluma ngolunye uhla lwemibuzo lokho ukuthi usebenzisani,ngokwezempilo njengo dokotela,umtholampilo,osonhlalakahle,ukuboniswa,ezokuthutha noma onompilo.Okubalulekile ezimpendulweni zakho kumele uphundule kululuhla .njalo,sonke isikhathi,ngezinye izikhathi,nje noma akaze,kodwa kweminye uzophendula yebo/cha kuleyomibuzo,futhi.
50.Uma abomndeni bedinga usizo lukadokotela,usonhlala kahle uyazi ukuthi uzobatholaphi?Yebo noma Cha
Yes..1
Cha...2
Akwenzeki..4
Chaza:______________________________________-
51a.Uke waludinga usizo likasonhlalakahle,lwezempilo noma lokuboniswa ezinyangeni eziwu 12 ezedlule?

Yebo..1
Cha..2(Yeqa uye kumbuzo 55)
Akwenzeki..4(yeqa uye kumbuzo 55)
Chaza:____

51b.Wagina nini ukungayi emtholampilo noma emtholampilo wezenqondo,noma kwabazenhlalakahle ngoba ungakwazi ukufinyelela khona?ungathini...
Njalo...1
Sonke isikhathi..2
Ngezinye izikhathi...3
Nje..4
Akaze...5
Akwenzeki..7
Chaza:____

51c. Kukangaki lapho ungayi emtholampilo,noma kwabezenhlalakahle noma kunompilo ngoba ungakwazanga ikuthola imali yokugibela?Ungathi..
Njalo...1
Sonke isikhathi..2
Ngezinye izikhathi...3
Nje..4
Akaze...5
Akwenzeki..7
Chaza:____

52. Uma kunesimo esiphuthumayo njekokuphatheka kabi noma kukhona ogula ngenqondo emndenini,kukangaki emndenini wakho noma amalunga omndeni athola ukuboniswa osozonhlalakahle ukuba lenkinga enibhekene nayo ixazululwe/Ungathini..
Njalo...1
Sonke isikhathi..2
Ngezinye izikhathi...3
Nje..4
Akaze...5
Akwenzeki..7
Chaza:____

53a.Uyaye ube nayo inkinga yokuqonda udokotela noma usonhlalakahle?Yebo noma cha?
Yebo..1
Cha..2(Yeqa uye kumbuzo 57)
Akwenzeki..4(Yeqa uye kumbuzo 57)
Chaza:____

53b. Kunini lapho lesisimo siyaye sense ungayio kudokotela noma usonhlalakahle futhi?Ungathi..
Njalo...1
Sonke isikhathi..2
Ngezinye izikhathi...3
Nje..4
Akaze...5
Akwenzeki..7
Chaza:____

54Ezinyangeni eziyisithupha ezedlule ingabe okuphethe wena wake wathintana nodokotela noma usonhlalakahle noma indawo yokubonioswa?Yebo noma Cha?
Yebo..1
Cha/..2(Yeqa uye kwisigaba 8)
Akwenzeki..4(Yeqa uye kwisigaba 8)
Chaza:____

Isigaba 8

55.Manje ngizokubuza ngokuke kwenzeka ngaphambili ezinyangeni eziwu 12ezedlule kuze kube manje nanokuthi wake wabathinta yini ozonhlalakahle ngezinto ezenzeka.

A. Ezinyangeni eziwu 12 ezedlule...1. Yebo 2. Cha 3. Akwenzeki 4. Anginampendulo

(a) Uke waludinga usizo ngokuboniswa ngohlelo lomtwana? 1 2 3 4
(b)Uke wabuza ngoh;lelo lomtwana? 1 2 3 4
© Ingabe ingane ibe nacho ukugula okuyixinayo? 1 2 3 4
(d) Ingabe esikoleni bake bakubikele uma ingane ingaziphathanga kahle? 1 2 3 4
(e) Ingabe ingane ike yafeyila isifundo esikoleni? 1 2 3 4
(f) Ingabe ingane yake yazithola isenkingeni namaphoyisa?1 2 3 4
(g)Ingabe ingane iyaye ikutshele ukuthi ayizithandi yona qobo lwayo noma impilo yayo?1 2 3 4
(h)Uyaye ukucabange ukuthi ingane idla izidakamizwa? 1 2 3 4
(i)Uyaye wena ukucabange ukuthi ingane iphuzile utshwala? 1 2 3 4
(j)Ingabe ingane iyaye ilithole yini itoho? 1 2 3 4
(k)Ingabe ingane ike yabaleka ekhaya? 1 2 3 4
(j) Ingabe ingane isike yahamba ubusuku bonke ngaphandle kwemvume yakho?1 2 3 4
(m) Ingabe ingane ithole i report enhle kakhulu 1 2 3 4
(n) Ingabe uke wayithatha ingane wayisa phesheya uyivakashisa? 1 2 3 4
(o)Ingabe umngani noma isihlobo sesike savakasha noma sazolala endlini yakho?1 2 3 4
(p)Ingabe umuntu enihlala naye useke waba senkingeni namaphoyisa?1 2 3 4
(g)Ingabe usuke wagula wadinga umuntu ozokubhekela umtwana? 1 2 3 4
®Uke waba nenkinga yokubheka ingane? 1 2 3 4

56Ngenkathi udinga usizo kokubhekele noma kuzonhlalakahle ngenkathi udinga ukuchazelwa uyaye umthole umuntu ozokusiza ?
Yebo..1
Cha...2
Chaza:____

Isigaba 9

Manje sizokhuluma ngabantu enihlala nabo endlini nangamanye amalunga omndeni wakho.

57.Unaye umuntu oshade naye noma enihlekisana naye okwamanje ohlala naye endlini?
Yebo..1
Cha...2
Chaza:____

58.Ngenkathi wena uthatha ingane ingabe ubudlelwano nabadala endlini abubanga buhle?
Tebo..1
Cha...2
Akwenzeki..3
Chaza:____

59. Ingabe kwenihlala nabo endlini ukhona owake wahlukumeza ingane njengokuyishaya ibe nezibazi noma emzimbeni noma engaqondile?
Yebo..1
Cha...2(Yeqa uye kumbuzo 82)
Akwenzeki..4(Yeqa uye kumbuzo 820
Chaza:____

60a.Uyaye udinge ukwenza noma yini ukuze ugcine ingane ukuthiingahlukumezeki futhi?
Yebo..1
Cha...2
Akwenzeki..4
Chaza:____

60b.Emva kwesigameko senzeka ingabe lowo muntu useke wahlala yedwa nengane?
Yebo..1
Cha...2

Akwenzeki...4
Chaza:____
61.Ngenkathi ingane iza ukuzohlala nawe,ingabe enihlalanabo endlini abadala bake noma basaqhubeka ukudla izidakamizwa noma utshwala?
Yes...1
Cha...2
Akwenzeki...4
Chaza:____
62. Ingabe kwenihlala nabo ukhona ogcina ingane noma odlala nayo njengomuntu omdala noma omdadlana?
Yebo...................................1
Cha.....................................2
Akwenzeki(akekho omdala/omdadlana).........4
Chaza:________________________________
63.Ingabe amalunga omndeni wakho noma abangani bakho ohlala nabo ukhona ongakusiza ekugadeni noma ozodlala nengane?
Yebo..1
Cha...2
Akwenzeki:____________________________________

Isigaba 10

Manje sizokhuluma ngokuthi ulitholaphi uxhaso lwemali.
64 a. Ezinyangeni eziwu 12 ezedlule uke wangakwazi ukukhokhela indlu noma irent ngesikhathi?
Yebo..1
Cha...2
Akwenzeki:________________________________
64 b Ingabe uyaluthola uxhaso lwengane yemali?
Yebo 1
Cha...2
64 c.Ingabe uyaluthola olunye uhlobo losizo lwemali
Yebo..1(yiya ku64d)
Cha...2
64d. Yiluphi olunye uhlobo losizo lwemali oyaye ulitho?...
65a.Eminyakeni edlule uke wangaba nogesi endlini ngoba yakho ungakwazanga ukuwukhokhela?
Yebo...1
Cha..2
Akwenzeki...4
Chaza:____
65b.Eminyakeni edlule ukewangaba yini namanzi ngoba ungakwazanga ukuwakhokhela?
Yebo...1
Cha..2
Akwenzeki...4
Chaza:____
65c. (Eminyakeni edlule)uke wavalelwa ucingo ngoba ungalikhokhelanga?
ebo..1
Cha..2
Akwenzeki..4
Chaza:____
5d.Selokhu (ingane) yahlalanawe uke waba nenkinga yezezimali eze yenza ukuthi ungakwazi ukunakekela ingane?
Yebo...1
Cha..2
Akwenzeki...4
Chaza:____
66.Onyakeni odlule ubukwazi ukukhokhela zonke izidingo zengane ezidingayo?
Yebo...1
Cha..2
Akwenzeki...4
Chaza:____

Isigaba11

Manje ngizokubuza imibuzo ngokuthi kukangaki ezinyangeni iziyisithupha ezedlule wena uzwa ukuhlukumezeka emzimbeni nasemphefumulweni.
67 a.Ezinyangeni eziyisithupha ezedlule uke wahlukumezeka emzimbeni nasemphefumulweni?
Yebo...1
Cha..2(yeqa uye kusigaba 12)
Akwenzeki..4(yeqa uye kusigaba 12)
Chaza:_____________________________________
67b. Ezinyangeni eziyisithupha ezedlule kukangaki uma uhlukumezekile emoyeni noma emphefumulweni ungakwazi ukwenzela ingane ukudla?Ungathini..
Njalo..1
Sonke isikhathi...2
Ngezinye izikhathi...3
Nje..4
Akaze..5
Akwenzeki...7
Chaza:____
67c. Ezinsukwini eziyisithupha ezedlule kukangaki uma kulenkinga yakho yokuhlukumezeka emoyeni noma emphefumulweni ikuvimba ukuthi wenze imisebenziyasendlini njengoku hlanza indlu?Ungathini
Njalo..1
Sonke isikhathi...2
Ngezinye izikhathi...3
Nje..4
Akaze..5
Akwenzeki...8
Chaza:______________________________________
67d. Ezinyangeni eziyisithupha ezedlule kukangaki lapho uinkinga yakho yokuhlukumezeka emoyeni nasemzimbeni yakwenza ungakwazi ukukhuluma nothisha wengane esikoleni?Ungathini..
Njalo..1
Sonke isikhathi...2
Ngezinye izikhathi...3
Nje..4
Akaze..5
Akwenzeki...7
Chaza:____
67e (Ezinyangeni eziyisithupha ezedlule kukangaki ukuhlukumezeka ngokomoya nangokomphefumulo ikuvimba) ukuthi wenze izinto nengane?Ungathi..
Njalo..1
Sonke isikhathi...2
Ngezinye izikhathi...3
Nje..4
Akaze...
Akwenzeki...7
Chaza:____

Isigaba 12

Manje ngizokubuza imibuzo mayelana nezidakamizwa notshwala ukuthi ingabe ukhona yini enihlala naye endlini osebenzisa lezizinto selokhu umtwana ahlala nawe.

68a. Abanye abantu bayathanda ukusebenzisa izidakamizwa noma utshwala.Selokhu (ingane)yahlala nawe kukangaki wena uphuza ukuze uthobe imizwa yakho?Ungathi...
Njalo..1
Sonke isikhathi..2
Ngezinye izikhathi...3
Nje..4
Akaze...5
Chaza:_______________________________________
68b. Kukangaki lapho uyaye ubenenkinga yokukhohlwa ukuya emsebenzini,ukhohlwe ukuya kumhlangano, noma ulwe ngokuthi uke waphuza?Ungathi..
Njalo..1
Sonke isikhathi..2
Ngezinye izikhathi...3
Nje..4
Akaze...5
Akwenzeki...8
Chaza:_______________________________________
68c. Kukangaki ukuphuza komuntu enihlala naye endlini kuletha izinkinga njengo kukhohlwa umsebenzi,umhlangano,alwe nabantu lowo muntu?Ungathi..
Njalo..1
Sonke isikhathi..2
Ngezinye izikhathi...3
Nje..4
Akaze...5
Akwenzeki...7
Chaza:_______________________________________
68d. Selokhu ingane yahlala nawe kukangaki lapho usebenzisa izidakamizwa hayi ozinikwe udokotela ukuze uthobe imizwa yakho/Ungathi..
Njalo..1
Sonke isikhathi..2
Ngezinye izikhathi...3
Nje..4
Akaze...5
Chaza:_______________________________________
68e. Kukangaki lapho uba senkingeni ngokungayi emsebenzini noma ulwe ngokusebenzisa izidakamizwa/Ungathi..
Njalo..1
Sonke isikhathi..2
Ngezinye izikhathi...3
Nje..4
Akaze...5
Akwenzeki...7
Chaza: _______________________________________
68f. Kukangaki umuntu enihlala naye endliniedala izinkinga ngezidakamizwa njengokungayi emsebenzini noma alwe okwalowo muntu?Ungathini..
Njalo..1
Sonke isikhathi,...2
Ngezinye izikhathi...3
Nje..4
Akaze...5
Akwenzeki...7
Chaza:_______________________________________

Isigaba 13

Manje sesizoqeda futhi ngifuna ukukubuza imibuzo ngezinsuku.
69.Okokuqala,ngicela ungiphe usuku lwakho lokuzalwa:_______________________
(inyanga / usuku / unyaka)
70.Okwesibili,iyiphi inyanga nonyaka iongane eyafika ngawo izohlala nawe?
____
(inyanga/ unyaka)
71. ikhona into ofuna ukuyinezezela?

NGIYABONGA UKUTHI UPHENDULE LEMIBUZO