



**THE IMPLEMENTATION OF THE FOSTER CHILD GRANT: A CASE  
STUDY OF THE EXPERIENCES OF CAREGIVERS AND IMPLEMENTERS  
IN THE UMGUNGUNDLOVU DISTRICT**

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and Development Studies) in the College of Humanities, University of KwaZulu-Natal, South  
Africa

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## DECLARATION

I, Nokuthula Philile Ngubane, declare that:

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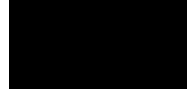
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Signature

20 June 2023

Date

## **DEDICATION**

I dedicate this thesis to all foster parents but especially to grandmothers who are assuming this responsibility. Their commitment to caring for their orphaned grandchildren is noted and their doing so is not in vain – they are contributing to the development of tomorrow's citizens.

A special dedication is to my late grandmother, Ntombizini Gina/Ngubane, who raised me when my parents were absent: *Gina Magadlela Komtelingwane Ncamangethusi!*

## **ABSTRACT**

The purpose of this study was to examine the lived experiences of foster parents. It also examined the experiences of foster care programme implementers. There has been an increase in the number of orphans and vulnerable children (OVC) who require care and protection, and while there is a wealth of literature and legislative frameworks that address their needs and care, little is known about the lived experiences of their primary caregivers. The study aimed to address this gap. Many studies on the implementation of foster care services have been conducted but the focus of these studies has been on interviewing social workers (as key participants). This study differs in that all key stakeholders were interviewed to gain a better understanding of the study phenomenon. Based on a case study approach, the findings show that foster parents, as the primary caregivers of OVC, face a variety of challenges including dealing with foster children who display behavioural issues, family and community interference with their foster care roles and responsibilities, and a lack of support from welfare agencies. The study's findings also show that a key barrier to efficient and effective foster care implementation is a lack of administrative capacity while other barriers include political interference and a lack of senior management support.

The significance of this study rests in its contribution to the body of knowledge on foster care services through the recommendations that follow: The study recommends, based on its findings, that a comprehensive needs assessment be carried out in foster families before a child is placed with them and that programmes and policies that are informed by the real-life circumstances of these families be explored. The needs assessment approach must include foster parents' needs, and it must be ensured that foster parents, who play a critical part in raising foster children, are psychologically, spiritually, financially, and physically prepared to take on the duty.

For effective implementation of the foster care programme, it is recommended that comprehensive research and expert consultation be conducted before policy development and that personnel training, the availability of necessary resources, and monitoring of policy implementation are essential in terms of the policy's success. It is also recommended that a collaborative approach between bureaucrats and key policy programme implementing partners be established. This includes developing a clear legislative framework or policy document that includes all relevant stakeholders, their roles and responsibilities, and a clear application procedure. The implementing agencies must be provided with new and enhanced existing technologies to simplify the application, verification, and selection criteria processes for all

involved in the foster programme implementation including, importantly, the recipients of the programme.

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## **LIST OF ACRONYMS**

AIDS	Acquired Immunodeficiency Syndrome
AU	African Union
BRICS	Brazil, Russia, India, China, and South Africa
CCPA	Child Care and Protection Act
CDG	Care Dependency Grant
CSG	Child Support Grant
CPOs	Child Protection Organisations
DoJ&CD	Department of Justice and Constitutional Development
DSD	Department of Social Development
DSWD	Department of Social Welfare and Development
DWCPWD	Department of Women, Children, and People with Disabilities
FCG	Foster Child Grant
ECD	Early Childhood Development
EOC	Ethics of Care
ICESC	International Covenant on Economic and Social Cultural Rights
HIV	Human Immunodeficiency Virus
HRBA	Human Rights-Based Approach
HSSREC	Humanities and Social Science Research Ethics Committee
ILO	International Labour Organization
ISSA	International Social Security Association
ISDM	Integrated Service Delivery Model
KZN	KwaZulu-Natal
MGECW	Ministry of Gender Equality and Child Welfare
MSP	Multi-Stakeholder Partnersip
NGO	Non-Governmental Organisation
NPAC	National Plan of Action for Children
OAG	Old Age Grant
OVC	Orphaned and Vulnerable Children

OHCHR	Office United Nations High Commissioner for Human Rights
SADC	Southern African Development Community
SASSA	South African Social Security Agency
SDGs	Sustainable Development Goals
SMR	Social Risk Management Framework
SPF	Social Policy Framework
UDHR	Universal Declaration of Human Rights of 1948
UKZN	University of KwaZulu-Natal
UN	United Nations
UNAIDS	United Nations AIDS
UNCRC	United Nations Convention on the Rights of Children of 1990
UNDP	United Nations Development Programme
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations International Children's Emergency Fund
USA	United States of America
USAID	United States Agency for International Development
WHO	World Health Organization



# **CHAPTER ONE**

## **INTRODUCTION AND BACKGROUND**

### **1.1 Background to the study phenomenon**

There are various reasons why children are being placed in foster care. HIV/AIDS, conflicts/wars, natural disasters, domestic abuse, and poverty are some of the reasons that lead to foster care placements of children (Yeboah, 2018; UNICEF South Africa, 2010; Williams, 2007; Richter and Rama, 2006). HIV/AIDS has been cited as the main causal factor of orphanhood and the vulnerability of children (UNAIDS, 2022:242). The current data indicate that Eastern and Southern Africa continue to be the two regions most severely affected by HIV, with approximately 55% of all people (20.6 million) and two-thirds of children living with the virus (UNAIDS, 2022:242, 259). Due to the epidemic in Africa and other parts of the world, millions of individuals have died from the virus, leaving millions of children without parents and exposed to exploitation (Yeboah, 2018:68266). In the Southern African region, South Africa has been one of the countries hardest hit by the HIV/AIDS epidemic (UNAIDS, 2022:259). However, the country has made gradual efforts to reduce the virus's spread and was one of four Southern African countries that achieved 73% viral suppression in 2020 (UNAIDS, 2022:259).

Orphanhood and vulnerability of children as a result of their parent's deaths related to the epidemic and other circumstances have exposed these children to a variety of challenges (Burkholder, 2019:3). HIV/AIDS and other related issues have led to many children receiving inadequate health care, inadequate nutrition and inadequate education thereby increasing their vulnerability to all sorts of maltreatment and poor mental health (Burkholder, 2019:3). These children's tough experiences demonstrate that orphan caregiving is a necessity.

Children's rights to parental or alternative care are enshrined in major international human rights treaties, and the best interests of the child are always prioritised when decisions about placing a child in alternative care are made. Article 3 of the United Nations (UN) Convention on the Rights of the Child stipulates all governments are obligated to ensure the safety of children, and if they are not safe with their primary caregivers, they must find a new caregiver

who can meet their needs. This can be accomplished through adoption, foster care, or Kafalah (UNCRC, 1990:6). Article 19 of the African Charter on the Rights and Welfare of the Child 1990 stipulates that no child shall be separated from his or her parents without their choice, unless and until a court determines, in accordance with relevant law, that such separation is in the child's best interests (African Charter, 1990:7). Like other countries, South Africa has utilised a rights-based approach to creating a legal framework for social security protection, beginning with the South African Constitution and concluding with the enactment of laws and regulations (ILO, 2016:2). Concerning the care and social protection of children, Section 28 (b) (c) (d) and (e) of the Constitution states:

“Every child has the right to family and/or parental care, or appropriate alternative care when away from the family environment; to basic nutrition and shelter; to access to basic health care and social services; to protection from mistreatment, neglect, abuse, or degradation; and to protection from exploitative labour practices” (Constitution of the Republic of South Africa, 1996:13,14).

Children in South Africa face numerous challenges, including orphanhood, child-headed families, abandonment, exploitation, and a lack of birth registration (Department of Social Development, 2010:7). These impediments stifle their development, leaving them vulnerable to a variety of threats (Department of Social Development, 2010:7). The purpose of foster care placement is to nurture and protect children who require care and protection (Department of Social Development, 2010:7). In accordance with international agreements, the South African Government is obligated to ensure that everyone has the right to social security.

Foster care is one of most preferred options of alternative care for orphaned and vulnerable children (OVC) in South Africa (Fortune, 2016:12). As indicated above, South Africa is one of the countries hardest hit by the HIV/AIDS epidemic, resulting in an increase in the number of orphans in need of care and protection (Breen, 2015:1). Since 2002, the number of orphans has increased dramatically with a concomitant rise in foster care applications (Breen, 2015:1). Prior to 2002, individuals who were eligible to apply for foster care and the Foster Child Grant (FCG) were required to be unrelated to the foster children (Breen, 2015:1). However, due to the rise in the number of children in need of care and protection, the Minister of Social Development in 2002 extended the FCG to extended family members who were willing to foster children related to them (Breen, 2015:1). The increased number of applications has placed a strain on social service delivery due to a lack of resources and manpower (Breen,

2015:1). In 2010, more than 500,000 children were receiving FCGs but the social services agency, the South African Social Services Agency (SASSA) was failing to meet foster care requirements, resulting in the expiration of court orders (Hall et al., 2018:140). Research in South Africa has shown that a lack of administrative capacity in the delivery of foster care services in the country has worsened the situation. Findings indicate that there is a shortage of social workers (as key implementers of foster care services) and “tools of the trade” which threaten the success of the foster care programme. Due to a lack of staff, the management of foster care services through supervision is also lacking, including the supervision of social workers. Political interference in the implementation of public policy programmes (such as the foster care programme) has also been identified as a barrier to the successful implementation of these programmes (Dhludhlu and Lombard, 2017; Ngwabi, 2015; Dlamini and Sewpaul, 2015; Cosis-Brown et al., 2014; Boning and Ferreira, 2013; Lombard and Kleijn, 2006).

Even though the foster care programme system in South Africa appears to be beset by problems, it remains the best option for OVC and children who are not living with their parents or cannot be adopted (Department of Social Development, 2019:57). HIV/AIDS has placed enormous strain on surviving family members who are responsible for the care of OVC (Kidman and Thurman, 2014:235). The care of OVC has thus been entrusted to extended family members as a social or cultural obligation. However, this has been done, without a thorough assessment of their ability to care for these children.

This background provides a starting point for investigating foster parents’ caring experiences in South Africa, the obstacles they confront as foster parents, and the challenges they face when attempting to access government social services. In addition, it provides a starting point for exploring the challenges that the implementers of the foster care programme face.

## **1.2 Problem statement**

The growing number of OVC suggests that orphan caregiving is a necessity. As indicated above, the South African Government entrusted extended families and communities at large to care for these children and, in addition, social and cultural obligations are placed on these families to provide orphan care. Furthermore, policymakers and researchers have made greater efforts to develop policies that specifically ensure that OVC affected by HIV/AIDS are assisted through social protection programmes. However, HIV/AIDS, as well as other issues such as

poverty, high unemployment rates, and globalisation, have weakened the family unit (Mafumbate, 2019:10). Foster families' abilities to care for OVC has thus not been thoroughly investigated and as a result, the examination of this issue is a worthwhile endeavour. It does need to be borne in mind that for these families to care for OVC, they must be fully capacitated through psychosocial support programmes. Thoroughly investigating foster parents' lived experiences will benefit not only them but also the care recipients (OVC) because the goal of foster care is to nurture and protect children in need of care but this can only be done if the caregivers are thoroughly assessed and accordingly capacitated.

Also, as alluded to earlier, the lack of administrative capacity to implement foster care services is not a new phenomenon in South Africa, and it appears that the problem remains unresolved (Dhludhlu and Lombard, 2017; Ngwabi, 2015; Dlamini and Sewpaul, 2015; Cosis-Brown et al., 2014; Boning and Ferreira, 2013; Lombard and Kleijn, 2006). This has had an impact on both the service users (beneficiaries of the foster care programme) and the implementers. As a result, investigating the implementation of the foster care programme from the perspectives of all key implementors is also considered a worthwhile endeavour.

### **1.3 Deficiencies in the existing literature**

There is much literature on the OVC's lived experiences and social protection (Tagurum et al., 2015; Morantz et al., 2013; Behnam, 2012; Zhou, 2012; Cluver et al., 2011; Cluver and Gardner, 2007; Davids et al., 2006; Thurman et al., 2006). However, few studies have focused on foster care parents' lived experiences and their access to social security in the form of the FCG (United Nations General Assembly, 2015; Kidman and Thurman, 2014; Heymann et al., 2007). This study differs from previous studies in that the lived experiences of foster parents are singled out as the point of interest.

As mentioned, there is a lack of administrative capacity to implement foster care services. In this regard, previous studies have focused on social workers as key implementors to gain insight into the problems of implementation (Dhludhlu and Lombard, 2017; Ngwabi, 2015; Boning and Ferreira, 2013). Proponents of successful public policy implementation argue that key stakeholders must be involved from the start and throughout the policy implementation process (Santiago et al., 2008; Umar and Kuye, 2006; Hemmati and Hohnen, 2002; Bardach, 1998; Warwick, 1982). This study aimed to approach the problem of implementation by

investigating all key stakeholders (and not only social workers) in the hope of obtaining possible solutions that will aid in the development of policy review.

### **1.4 Objectives of the study**

The purpose of foster care placement is to nurture and protect children who require care and protection (Department of Social Development, 2010:7). However, for them to receive the best possible care, their families (caregivers/foster parents) must be able to provide it, and state agencies must be able to assist and implement the services that these families require. It is in light of this that the objectives of the study were:

1. To learn about the lived experiences of foster care parents of OVC.
2. To establish foster care parents' experiences with state-provided social assistance.
3. To ascertain the FCG's impact on the lives of OVC/foster families.
4. To learn how implementors interpret the concept of OVC.
5. To identify implementation issues in the delivery of and access to foster care services.
6. To make suggestions, in light of the findings, to improve the implementation of the foster care programme.

### **1.5 Research questions**

The purpose of this study was to examine the implementation of the FCG through the lived experiences of foster parents and the experiences of programme implementers. To achieve the purpose the following research questions were posed:

1. What are the lived experiences of foster care parents?
2. What are foster care parents' experiences with state-provided social assistance?
3. What impact does the FCG have on OVC/foster families?
4. How do implementors interpret the concept of OVC?
5. What are the implementation issues in the delivery of and access to foster care services?
6. What suggestions, in light of the findings, can be made to improve the implementation of the foster care programme?

### **1.6 Theoretical and conceptual frameworks adopted for the study**

The study was founded on the Policy Implementation Theory (PIT), notions of care, and a human rights-based approach (HRBA). The PIT shed light on how implementation processes are carried out within implementing agencies. The theory assisted the researcher in analysing study findings in relation to foster care parents' experiences with state-provided social

assistance and it was also used to analyse foster care programme implementors' findings. The notions of care provided vital insight into how the concept of care is seen and what function "care" plays in the development of humans, whether the individual is the receiver or the caregiver. The notions of care were used to analyse the findings concerning foster parents' lived experiences. The HRBA underlines that every human being has rights and deserves to be treated with dignity at all times. The HRBA requires all governments to ensure that human rights are implemented properly to benefit all members of society (without any form of discrimination). The HRBA was used to analyse the foster care parents' experiences with state-provided social assistance in terms of their social security rights.

## **1.7 Methodology**

### **1.7.1 Research design**

The research design acts as the glue that holds the research together. A design is used to organise the research and to explain how the project's key components function in concert to meet the central research issues (Tronchim and Donnelly, 2001:18). There are different types of research design, namely, exploratory research, descriptive research, explanatory research, and experimental research (George and Merkus, 2022; Manjunatha, 2019; Akhtar, 2016; Cash et al., 2016; Ross and Morrison, 2013; Stebbins, 2011). The exploratory research design was used in the study. The emphasis of this design is on gaining insights and familiarity with the subject area to allow for more rigorous investigation later (Akhtar, 2016:73). This research design applies to both quantitative and qualitative data (Stebbins, 2011:5). The study employed qualitative data collection methods. Through the lived experiences of foster parents and implementors, the researcher was able to gain new or additional insights into the phenomenon of foster care.

### **1.7.2 Case study approach: uMgungundlovu District**

The exploratory research design enabled the researcher to use a case study approach. A case study approach is a form of research methodology that allows for the evaluation of a phenomenon in its context by utilising a variety of data sources (Baxter et al., 2008:544). The case study method is frequently used when the researcher wants to answer "how" and "why" questions (Yin, 2003:11).

The case study was carried out in the uMgungundlovu District, in the Province of KwaZulu-Natal (KZN), South Africa. The District is located in the Midlands and comprises seven local municipalities, namely, Impendle, Mkhambathini, Msunduzi, Richmond, Mngeni, Mpofana, and Mshwathi. Msunduzi, Mkhambathini, Mngeni, and Richmond were the four municipalities that were purposively included in the study. The capital city of KZN, Pietermaritzburg, is located in the Msunduzi Municipality. Some demographic information concerning the District is given below.

The available statistics indicate that the population of the uMgungundlovu District is approximately 1,095,865 (Department of Cooperative Governance and Traditional Affairs, 2020:7). The District has a larger younger population (young children) than the adult population, which increases the burden on the latter because children's needs must be met by adults (Department of Statistics, 2019:3). The statistics indicate that 59.2% of the population is between the ages of 0-14 years indicating a high dependency ratio, 33% of the population is between the ages of 15-64 years, and the age group 65 years and over comprises 8% of the population (Department of Statistics, 2019:3).

In terms of the FCG, KZN has the highest number of FCG beneficiaries compared to other provinces. In December 2021 beneficiaries totalled 48,680 (SASSA, 2021:20). This indicates that KZN has the highest proportion of children in need of care and protection or in alternative care which places pressure on caregivers. There is no data to compare the KZN districts in terms of the number of FCG beneficiaries. However, in December 2021, the number of children receiving the FCG in the uMgungundlovu District was 5,717 (SASSA, 2021).

In terms of education within the uMgungundlovu District, 15% of the population have no formal schooling, 28% have primary education, 27% have some secondary education, 23% have passed matric, and 8% have a tertiary education (Department of Cooperative Governance and Traditional Affairs, 2020:16).

In terms of employment, according to the most current data, the unemployment rate for the uMgungundlovu District is 30.4% (Department of Cooperative Governance and Traditional Affairs, 2020:15). However, compared to other districts with the exception of eThekweni Metro, the District has a large proportion of working-age youth (ages 24-34 years) (Department of Statistics, 2019:35).

In terms of household characteristics, available statistics indicate that 46.4% of households are headed by a woman, 76.6% of the households in the District are in formal settings, and 70.1% of people with houses own their homes (Department of Statistics, 2019:10). Between 2001 and 2016, KZN had the greatest level of multidimensional poverty in South Africa (Statistics South Africa Midyear Estimates, 2020:14). Illustrative of this is that in 2017, 36% of the population in KZN lived below the food poverty threshold, the highest percentage compared to other provinces (KwaZulu-Natal Provincial Department of Treasury, 2020:23). As of 2016, the poverty rate in the uMgungundlovu District was 63.4% (Department of Statistics South Africa, 2019:25).

The high number of children and families requiring government social support in the uMgungundlovu District underscores the need for this study which aimed to investigate the lived experiences of foster parents in this region. Conducting the study in this location aided in acquiring a better understanding of the lived experiences of foster parents and implementation issues pertaining to the foster care programme, which is evidently in high demand by people in the District.

### **1.7.3 Research methods**

Aspects briefly discussed here are sampling, data collection methods, data analysis, and ethical considerations. These aspects are discussed in more detail in Chapter five, the methodology chapter.

#### **(a) Sampling**

Sampling is the act, procedure, or method of selecting a representative sample or subset of a population to determine its characteristics (Mujere, 2016:109). There are two types of sampling, namely, probability sampling and non-probability sampling. Non-probability sampling was used in the study. Purposive sampling is one of the non-probability sampling techniques (Mujere, 2016:115) and was used in the study. It was considered appropriate as it allowed the researcher to select respondents that had the necessary knowledge and experience of being foster care parents and the necessary knowledge and experiences of being implementers of the foster care programme. The study sample comprised 85 participants made up of foster parents, social workers, presiding officers and grant administrators.



**(b) Data collection methods**

The study used two types of data collection methods, namely, in-depth interviews and focus groups. The in-depth interview is a qualitative data collection technique that involves conducting one-on-one interviews with a small number of participants to elicit their experiences or perspectives on a specific subject or topic (Boyce and Neale, 2006:3). As a qualitative data collection method, a focus group is a gathering of persons who have certain traits to share their perspectives or experiences on a certain issue or topic (Dilshad and Latif, 2013:192). Forty in-depth interviews were conducted with foster parents and five in-depth interviews were conducted with presiding officers. The in-depth interview, as its name suggests, allows respondents to in-depth answers to open-ended questions. Focus groups were conducted with the 20 social workers and the 20 grant administrators. Each focus group comprised five individuals.

**(c) Data analysis**

Data analysis is the act of reducing and making sense of enormous amounts of gathered data (Kawulich, 2004:97). During analysis, data are organised, reduced to summaries and categories, and patterns and themes in the data are then identified and linked (Kawulich, 2004:97). The thematic analysis method was used to analyse the interviews transcripts of the responses of foster care parents, presiding officers, grant administrators and social workers. The themes were developed in accordance with the study's research questions and theoretical and conceptual frameworks.

**(d) Ethical considerations**

Ethical procedures were followed by using informed consent forms, keeping the identities of participants confidential, and obtaining ethical approval to conduct the study from the University of KwaZulu-Natal's (UKZN) Humanities and Social Science Research Ethics Committee (HSSREC).

**1.8 Significance of the study**

The study adds to the body of knowledge on the implementation of foster care services in South Africa. As foster care applications continue to increase while the system appears to be under increasing pressure, it is important to learn how foster families are dealing with the delivery of foster care services. While research in the field of foster care has centred on foster care

children and foster parents, there has been little focus on foster parents' lived experiences as caregivers of OVC and recipients of the FCG. Furthermore, studies on the implementation of foster care in South Africa have usually been conducted from the perspectives of social workers as they are perceived to be the implementers of foster care services in the country. This study, however, not only included key implementers such as social workers but also presiding officers and grant administrators. Involving these implementers in the study provided the researcher with a broader and more informed perspective and thus "balance" on how foster care services are implemented in the country.

## **1.9 Study delimitations and limitations**

### **1.91 Delimitations**

The study was conducted in the uMgungundlovu District of KZN which, as pointed out, has the highest number of FCG recipients compared to other provinces in the country. To gain a better understanding of the foster care phenomenon and its related issues, the study focused on foster parents (beneficiaries of the foster care programme) and foster care programme implementors (social workers, presiding officers, and grant administrators).

### **1.92 Limitations**

Due to the researcher's financial constraints, the study was conducted in a single district with a purposively selected sample size of 85 participants. Therefore, the findings cannot be generalised to other districts and provinces due to the type and limited size of the sample. scope. Furthermore, due to a staffing shortage in the Children's Court, only five presiding officers were interviewed and this may have weakened the results. During focus group interviews, some individuals would leave in the middle of a conversation, claiming that they had prior commitments.

### **1.10 Definitions of key terms**

- Child - Unless a government declares its own definition, the universal definition of a child is any human being under the age of 18 years (UNCRC, 1989:2).
- Orphaned and vulnerable children (OVC) - The term OVC has been used throughout the literature and in policies and legislation. An orphan is a child under the age of 18 who has lost one or both parents (UNICEF and UNAIDS, 2004:6). There are different types of orphans:

*Double orphans* are children under the age of 18 years who have lost both parents (UNICEF and UNAIDS, 2004:6).

*Maternal orphans* are children under the age of 18 years who have lost their mothers (UNICEF and UNAIDS, 2004:6).

*Paternal orphans* are children under the age of 18 years who have lost their fathers (UNICEF and UNAIDS, 2004:6).

There are children referred to as “vulnerable children”. The term has different meanings depending on who defines it. It originates from various factors (such as HIV/AIDS) that affect the survival, well-being, and development of children (UNICEF and UNAIDS, 2004:6). Other more general definitions include child-headed and grandparent-headed families, children who face discrimination because of a family member’s HIV status or who are infected with the virus themselves, and orphaned children (Save the Children, 2006:6). Definitions also include children from low-income families, those in need of proper care and protection, children with disabilities, and those whose rights have not been met (Save the Children, 2006:6). South Africa’s National Child Care and Protection Policy defines vulnerable children as those who are exposed to risk factors that could harm their development, care, and protection, and/or have limited access to child-care and protection services (Department of Social Development, 2019:17). Children in extreme poverty, children with disabilities, children living with chronic illness, children heading households or youth heading households, children without birth documentation, children living in underserved areas, children orphaned and abandoned without parental care, street children or children working or begging on the streets, children used by adults to commit crime, child soldiers, and children in conflict with the law are all considered vulnerable children under this policy (Department of Social Development, 2019:17).

- Foster care - is defined as situations in which children are placed by a competent authority in the domestic environment of a family other than the children’s own family that has been selected, qualified, approved, and supervised to provide such care (UN, 2009). According to Section 180 of the Children’s Act No. 38 of 2005, foster care placement occurs when a child is placed in the care of someone who is not the child’s parent or guardian as a consequence of a Children’s Court order.
- Alternative care - is where the child’s own family is unable, even with appropriate support, to provide adequate care for the child, or abandons or relinquishes the child.

The State is responsible for protecting the rights of the child and ensuring appropriate alternative care, with or through competent local authorities and duly authorised civil society organisations (UN, 2009). It is the role of the state, through its competent authorities, to ensure the supervision of the safety, well-being and development of any child placed in alternative care and the regular review of the appropriateness of the care arrangement provided (UN, 2009).

- Foster parent (s) - “comprises an active member of an organisation operating a cluster foster care scheme who has been allocated responsibility for the foster care of a child” (Children’s Act No.38 of 2005:16).
- Social security/protection - in this study the terms social security or social protection are used interchangeably. Social security is defined as the protection offered by a government or society to its citizens in the case of job loss, sickness, retirement, occupational injury, or the death of the breadwinner (ILO, 2000:1).
- Social assistance - is described as a non-contributory and income-tested payment made by the state to eligible groups such as handicapped individuals, the elderly, and unsupported parents and children who are unable to satisfy their basic needs (White Paper for Social Welfare, 1997:50).

### **1.11 Organisation of the study**

**Chapter one** - The first chapter provides the reasons for placements, and the implementation of the foster care programme. The problem statement, as well as the study’s objectives and research questions, are presented in this chapter. This is followed by a summary of the theoretical and conceptual frameworks, the significance of the study, the study methodology, and the study’s delimitations and limitations. The chapter concludes with a definition of key terms and a description of the organisation of the study.

**Chapter two** - This chapter discusses the literature and research on the profile of OVC, types of care for OVC, and foster parents’ and foster children’s lived experiences. Also described and discussed are the types of social security programmes available to OVC and their families. Content for this chapter was compiled from a variety of sources, including books, journals, newspapers, the Internet, and master and doctoral dissertations.

**Chapter three** - The theoretical and conceptual frameworks that guided the study are presented in this chapter. The PIT, notions of care, and a HRBA are all reviewed and linked to the research questions that the study sought to answer.

**Chapter four** - This chapter discusses the legislative frameworks for social security for children as found in international and regional treaties. The South African legislative framework on the care of OVC is discussed and an overview of how foster care placements are legally practised in South Africa is provided.

**Chapter five** - This chapter describes and discusses the methodology adopted in the study. The steps taken by the researcher to collect, analyse, and interpret the data are described and discussed.

**Chapter six** - This chapter presents and discusses the findings relating to the lived experiences of foster parents in the uMgungundlovu District. The findings are presented and discussed in terms of the theoretical and conceptual frameworks, the legislative frameworks as well as the literature review.

**Chapter seven** - The chapter presents and discusses the findings concerning the foster parents' experiences with state services, particularly when applying for, receiving, and renewing foster care placement. The chapter goes on to present and discuss the findings regarding the implementation of foster care services from the perspectives of the implementers of the foster care programme.

**Chapter eight** - This, the final chapter, provided the key findings of the study and the recommendations which emerge from these. Policy recommendations are made as are suggestions for future research. The chapter ends with the contribution of the study to the field of foster care.

## CHAPTER TWO

### LITERATURE REVIEW

#### 2.1 Introduction

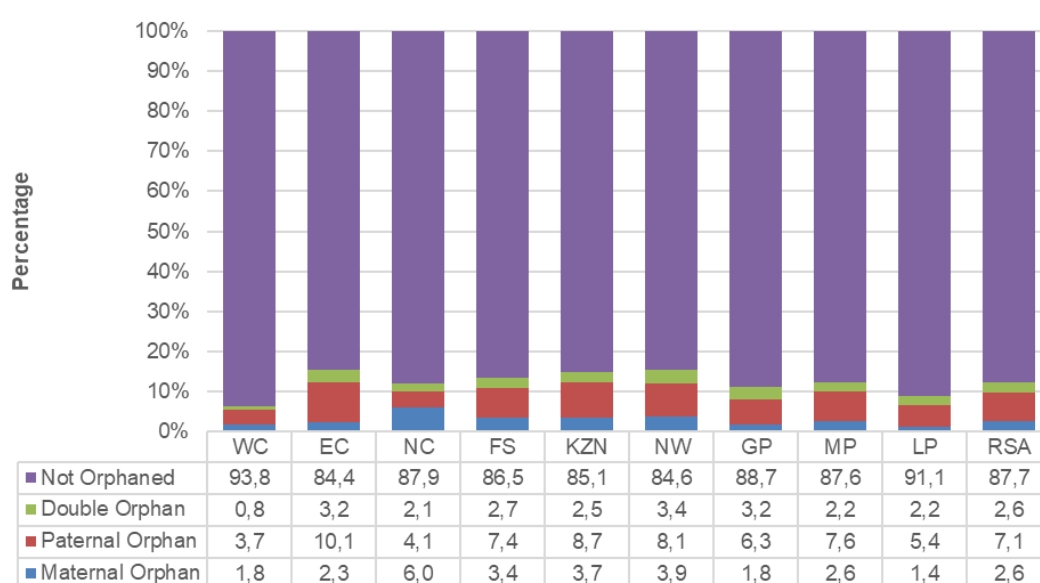
This chapter provides a review of the literature on the key factors of the study. The profile of OVC is outlined to gain a better understanding of why foster care services or social protection programmes for these children are required. The chapter also discusses the available social systems that aim to protect and nurture OVC. This is an important section because it provides and summarises the main questions of the study and identifies the gaps that the study attempted to fill. Furthermore, the chapter examines previous studies on the lived experiences of foster children and foster parents. Finally, the chapter discusses how social grants, particularly the FCG, impact the lives of foster children and foster families.

#### 2.2 Profile of Orphaned and Vulnerable Children (OVC)

##### 2.2.1 Causes of OVC

World statistics on orphans are not consistent given that there are countries with poor data collection systems. However, the available data indicates that there are 140 million orphans worldwide, and 15.1 million of them are double orphans (UNICEF, 2019).

**Figure 1:** Percentage of children orphanhood status by province, South Africa, 2020



Source: Department of Statistics South Africa (GHS 2020)

According to the statistics in Figure 1 above, approximately 12.3% of South African children were classed as orphans in 2020 (Department of Statistics, 2021:16). KZN is one of three provinces with the highest percentage of orphans, namely, 14.9%. The other two provinces are the Eastern Cape and North West with 15.6% and 15.4% respectively (Department of Statistics, 2021:16). In addition, the proportion of children who do not live with their biological parents is high in the provinces of KZN, Free State, and Eastern Cape, with proportions of 24.2%, 24.2% and 32.7% respectively (Department of Statistics, 2021:17).

Most orphaned children are the result of wars, invasions, natural disasters, illnesses (such as AIDS), and chronic poverty, among other factors (Kavak, 2014:6). These children are likely to be abandoned by their extended families and communities after one or both parents die as a result of one or more of the above factors (Kavak, 2014:2). These abandoned children become vulnerable in a variety of ways, for example, some are kidnapped and trafficked for sex labour, others are recruited as soldiers and imprisoned by military forces, and some are dispersed to work in potentially hazardous situations (Karayel and Humeyra, 2019:4).

The causes of OVC are examined in greater depth below with a focus on the contributing factors of diseases, wars, and natural disasters.

#### **(a) Diseases**

There are numerous causes for OVC and the epidemic of HIV/AIDS is listed as one of these causes. Over the past three decades, an estimated 17 million children have lost one or both parents owing to the global HIV epidemic, with 90% of these children residing in Sub-Saharan Africa (USAID, 2021). Additionally, 3.4 million youngsters under 15 have HIV (USAID, 2021). Even though Covid-19 looks to be under control due to immunisations and border control, this epidemic has wreaked misery on many families, particularly poor ones (Centers for Disease Control and Prevention, 2021:7). Although children have not been directly affected by the Covid-19 pandemic, the interruption of social service provisions has made them vulnerable in terms of education, proper care, and nutrition (Centers for Disease Control and Prevention, 2021:7).

## **(b) Wars**

Aside from diseases as a contributing factor to OVC, wars, conflicts, and terrorism have all been identified as causes of mortality and a source of risk for children (Save the Children International, 2019:9). War zones are home to around 420 million children accounting for nearly one-fifth of all children worldwide (Save the Children International, 2019:9). Since the end of the Cold War, the number of children living in conflict zones has increased by 30 million resulting in a doubling of the number of children living in conflict zones by 2016 (Save the Children International, 2019:9). Afghanistan, the Central African Republic, the Democratic Republic of Congo, Iraq, Mali, Nigeria, Somalia, South Sudan, Syria and Yemen are the top 10 most impacted countries, and these countries are regarded as the most unsafe for a child to live in by the United Nations Children's Fund (UNICEF) (Save the Children International, 2019:9). When it comes to war and violence, children are among the most vulnerable populations. Thousands of boys and girls have been killed, orphaned, forced to flee their homes, recruited into armed organisations, sexually abused, and prohibited from attending school in war-torn countries (UNICEF, 2016:3). Following an incident in June 2018, a four-year-old Yemeni child was injured and left orphaned (see Figure 2 below) (Save the Children International, 2019:12). The girl had not fully recovered psychologically and physically since the incident and is reported to have nightmares and to scream in her sleep. She had to undergo surgery to remove a piece of shrapnel from her head that has left a 15cm hole in her skull (Save the Children International, 2019:12).

**Figure 2:** Orphaned and vulnerable child in Yemen



Source: Save the Children International (2019) (Photo taken in Yemen, 2018)



### **(c) Climate change and natural disasters**

Natural disasters have both direct and indirect effects on humans (Harun et al., 2019:1405). People are harmed in a variety of ways, including financial outlays to repair the physical damage caused by the loss of facilities, interruptions to normalcy in economic terms, and disruptions to normalcy in social relations (Harun et al., 2019:1405). Natural disasters are frightening and upsetting events for children, particularly when they involve the loss of caregivers or the destruction of their homes, among other things (Harun et al., 2019:1405). Cyclone Idai made landfall in Southern Africa in March 2019, wreaking havoc in Mozambique, Zimbabwe, and Malawi (UNICEF, 2019:1). The cyclone is thought to have been the deadliest to strike Southern Africa in the last two decades (UNICEF, 2019:1). More than three million people required immediate humanitarian assistance, 225,327 people were displaced, 1.6 million children were left in need, and 774 people died as a result of the hurricane (UNICEF, 2019:1). Mozambique was the hardest hit, with 1.85 million people, including one million children, in desperate need of humanitarian assistance (UNICEF, 2019:1). As a result of the flooding, thousands of people were forced to flee their homes, leaving them without basic necessities such as water, food, access to healthcare services, and sanitation (UNICEF, 2019:1). Many children were unable to attend school because many families were housed in schools, churches, and other public facilities (UNICEF, 2019:1). Females and children were especially vulnerable being more likely to be victims of violence and abuse while housed in these facilities, and children orphaned by the storm were in desperate need of help (UNICEF, 2019:1).

### **2.2.2 Impact of orphanhood and vulnerability**

A parent's death, the loss of a primary caregiver, and other unexpected changes in a child's life have a significant impact on their economic, physical, and emotional well-being (Centers for Disease Control and Prevention, 2021:7). The following section will provide detail on the effects of orphanhood and child vulnerability, with a focus on poverty, education, health, and psychological effects.

#### **(a) Impact on poverty**

Despite unprecedented progress in poverty reduction over the last three decades, by 2020, when the world's most vulnerable children and families were confronted with the rippling socioeconomic consequences of Covid-19, this progress had been completely reversed

(UNICEF, 2020:11). Because of the pandemic, it was estimated that 1.2 billion children worldwide would be living in absolute poverty by 2020 with devastating consequences for these children's lives. The children's current poverty status jeopardises their rights to social security and a decent standard of living (UNICEF, 2020:11). Poverty harms a child's physical, cognitive, and social development (UNICEF, 2021:11). It also has ramifications for the entire spectrum of children's rights, reducing their life chances and capacity to reach their full potential. Poverty among children has a long-term impact on their ability to advance socially (UNICEF, 2020:11). Children are considered to be poor as a result of deprivations in their lives, such as nutrition, water, health, education, and shelter (UNICEF, 2020:11).

OVC are more likely to come from homes with lower incomes and higher dependency ratios than non-orphans and well-cared-for children (Morantz et al., 2013:338). Because of poverty and higher dependency ratios, OVC are more likely to be victims of child abuse than other children (Morantz et al., 2013:339). Orphaned children are also likely to be the victims of human trafficking for the purposes of domestic services, prostitution and other forms of exploitation due to their family's financial difficulties (Adesina, 2014:165). Because orphans are valued contributors to labour and resources in Africa, they are more likely to engage in risky sexual behaviour, putting their health at risk (Behnam, 2012:8). Furthermore, HIV/AIDS-infected children are extremely vulnerable as they are more likely to be abused, to live in institutions or on the streets, and to be forced to work in dangerous conditions (Behnam, 2012:9).

An estimated 10,000 children die daily in various parts of the world as a result of poverty, hunger, or other related factors (International Humanitaire Hilfsorganisation, 2021:22). The majority of these children are from Africa and South Asia and of these, the vast majority are orphans and abandoned children (International Humanitaire Hilfsorganisation, 2021:22). Many schools were forced to close as a result of Covid-19, and unequal access to education exacerbated the situation in low-income communities. The economic and healthcare shocks caused by the pandemic affected the vulnerable members of society the most (International Humanitaire Hilfsorganisation, 2021:22). Children in countries and areas such as the Democratic Republic of the Congo, Northeast Nigeria, the Sahel Region (Burkina Faso, Mali, Niger), South Sudan, and Yemen have been forced to work in homes with a single unemployed adult as a result of the crisis (International Humanitaire Hilfsorganisation, 2021:22). Returning

to school is difficult for children in these circumstances due to unregistered employment and low-wage labour (International Humanitaire Hilfsorganisation, 2021:22).

Children are and continue to be the most vulnerable demographic concerning poverty in South Africa when compared to adults (Statistics South Africa, 2018:31). According to World Bank data, more than 30% of children aged 7-17 years lived in extreme poverty in South Africa between 2006 and 2015 (Statistics South Africa, 2016:56). The proportion was more than twice as high as the 14% of the adult population and the 4.9 percentage points higher than that of the general population (Statistics South Africa, 2018:31). During the same period, the number of children living below the below poverty line decreased from 37.2% in 2006 to 32.3% in 2015 (Statistics South Africa, 2016:56). The provinces of the Eastern Cape and Limpopo had the highest proportions of impoverished children in 2015 (Statistics South Africa, 2018:32). In 2015, approximately 80% of children in the Eastern Cape, Limpopo, and KZN were living below the upper-bound poverty line (less than ZAR992 per month), and nearly half of Limpopo and Eastern Cape children were experiencing extreme poverty (living below the food poverty line) at some point (Statistics South Africa, 2018:32). Black African children were poorer than other racial groups, having the highest poverty headcount across three poverty lines, that is, 73.6% below the upper-bound poverty line (UBPL), 57.1% below the lower-bound poverty line (LBPL), and 37.6% below the food poverty line (FPL) (Statistics South Africa, 2018:31). The Coloured population had the highest poverty rates, with 47.8% living below the UBPL, 27.9% living below the LBPL, and 15.3% living below the FPL (Statistics South Africa, 2018:31). In South Africa, 62,1% of children are affected by multidimensional poverty (Statistics South Africa, 2021:30). Children who are double orphans and single orphans and whose sole living parent is their mother had higher rates of multidimensional poverty between 2015 and 2018, with rates of 77.3% and 71.2%, respectively (Statistics South Africa, 2021:30).

Despite the government's efforts to respond properly and timely to the health and socioeconomic challenges posed by the Covid-19 pandemic, South Africa's poverty crisis has been exacerbated by the pandemic (South Africa Abridged Anti-Poverty Strategy Report, 2021:2). Hunger among households has worsened, according to the NIDS-CRAM study conducted in May 2021, with 10 million adults and three million children suffering from hunger in April 2021 (South Africa abridged antipoverty strategy report, 2021:2).

## **(b) Impact on education**

Parental death can have a variety of effects on a child's development. For example, losing one's parents could lead to homelessness, dropping out of school, poor health, abuse, and starvation (Tagurum et al., 2015:19). Education is one of the most important rights that children have, and it is the responsibility of their parents or caregivers to ensure that they have access to education as a fundamental right (Mvuna, 2010:1). According to the evidence, children are more likely to drop out of school after their parents die in order to care for their younger siblings (Skinner, 2006:986). A study by Behnam (2012:8) found that AIDS orphans and children living with sick adults are more vulnerable to maltreatment and are more likely to drop out of school to care for their sick relatives.

According to studies conducted in Zimbabwe, Ethiopia, and Zambia (Tefera and Refu, 2019; Muleya, 2021; Ha et al., 2015), orphaned children are less likely to attend school than non-orphaned children. Some children drop out of school due to a lack of school materials such as school uniforms and learning materials (books). Those who do go to school or attend school irregularly, do so in dirty clothes and suffer from low self-esteem and a lack of confidence (Tefera and Refu, 2019; Muleya, 2021; Ha et al., 2015). These studies concluded that to ensure that orphans have access to education, financial support systems need to be in place, and high-achieving orphans need to be equipped with a diverse set of skills and provided with motivational ventures (Tefera and Refu, 2019; Muleya, 2021; Ha et al., 2015).

Statistical evidence indicates that South Africa has made reasonable progress toward universal access to education since the country's democratic transition in 1994 (Statistics South Africa, 2015:16). According to the most recent General Household Survey (GHS), primary school enrolment stands at 99.3% (Statistics South Africa, 2018:3). Although many children have received primary education, there are still gaps in basic education, particularly for OVC. In a study conducted in the Eastern Cape, Breckenridge et al. (2019:513) found that AIDS-orphaned children were more likely than non-orphaned children of the same age group to fall behind in their education. Most orphaned children fall behind in school because they have had to care for an ailing parent or family members, particularly those suffering from HIV/AIDS-related illnesses (Breckenridge et al., 2019:513). Similar findings have been reported in other studies (Bennell, 2021; Ntuli et al., 2020; Ogina and Ramare, 2019). It was found that OVC face challenges when attempting to access basic education, such as a lack of material resources and emotional support. Poverty, the insufficient use of government resources to support

orphaned children's education, and the HIV/AIDS epidemic continue to negatively impact the education of OVC.

The Covid-19 pandemic has also had a negative impact on OVC's education. Due to the pandemic, more than 1.5 billion pupils in 188 countries, or more than 91% of the world's school population, were forced to miss class (Human Rights Watch, 2020:2). As a result of the pandemic, huge disparities in emergency preparedness, Internet access for children, and instructional materials have been discovered in several different countries (Human Rights Watch, 2020:2). The Covid-19 problem will affect thousands of children, causing them to receive little or no schooling or to fall further behind their peers (Human Rights Watch, 2020:2). Furthermore, children who have been affected by school closures are deprived of the sense of stability and normalcy that schools provide (Human Rights Watch, 2020:2). Virtual learning was (and still to some extent is) implemented in many parts of the world to help slow the spread of the virus and other infectious diseases (Ahmad and Jamil, 2021:606). It, however, has not benefited OVC. In their study conducted in Malaysian orphanages, Ahmad and Jamil (2021:606) found that the learning of OVC had been hampered due to a lack of access to virtual learning. The study concluded that the quality of education provision for OVC in orphanages during the Covid-19 period must be considered by measuring the student factor, orphanage environment, facilities and guardians available, as well as local community participation (Ahmad and Jamil, 2021:606).

### **(c) Impact on health**

It is widely acknowledged that the death of a parent during childhood or adolescence, particularly the death of a mother, can have profound effects on a child's health and well-being (Mejia-Pailles et al., 2020:2). According to studies conducted in Malawi, Zimbabwe, and South Africa, OVC are more likely to become ill than non-OVC or children living in secure environments or with access to healthcare services (Cluver and Gardner, 2007; Kirkpatrick et al., 2012; Tagurum et al., 2015; Marais et al., 2019; Mejia-Pailles et al., 2020). These studies also found that as a result of poverty and a lack of parental care, OVC girls are more likely to engage in risky sexual behaviours to make a living. Furthermore, when compared to non-OVC, it was found that OVC are more likely to experience depression/unhappiness as a result of parent loss, parent substance abuse, household breakdown/disruptive homes, and past trauma, all of which led to academic difficulties and school dropout (Cluver and Gardner, 2007; Kirkpatrick et al., 2012; Tagurum et al., 2015; Marais et al., 2019; Mejia-Pailles et al., 2020).

Covid-19 is tearing families apart, leaving the children of deceased parents with even fewer options than they had before the pandemic began (de Matos Brasil et al., 2022:1). Recent epidemiological evidence suggests that poor reactions to the death of one or both parents or caregivers can have negative psychosocial, neurocognitive, socioeconomic, and biological effects on children (De Matos Brasil et al., 2022:1). According to a database obtained from the Covidence software (Veritas Health Innovation, Melbourne, Australia), Covid-19 has an impact on youth mental health and is particularly associated with depression and anxiety in adolescent cohorts (Nearchou et al., 2020:1). Similarly, lockdown restrictions in Ireland have had a significant negative impact on the well-being and mental health outcomes of vulnerable populations, such as children, adolescents, and people with autism spectrum disorder (O’Sullivan et al., 2021:1).

The profile of OVC provides alarming evidence that calls for state intervention in all parts of the world. Regardless of their socioeconomic background, all children have the right to parental care, to be protected from all forms of harm, and to live in an environment that allows them to reach their full potential (UNCRC, 1990:6). Therefore, measures must be put in place to protect and nurture the lives of children, including OVC. The following section discusses the various types of care available for OVC. The care options presented below include government initiatives aimed at protecting children, particularly OVC.

### **2.3 Types of care provided to OVC**

OVC are placed in alternative care for a variety of reasons. For example, in some scenarios, a child may be placed in alternative care if the biological parents or primary caregiver are unable to provide for the child’s needs (Children’s Act, 2005:134). Thus, if a child’s immediate family is unable to provide a safe and nurturing environment for that child, or if it is in the child’s best interests to be removed from his or her immediate family to avoid potential harm, the child may be placed in alternative care (UNCRC, 1990:6). Children may be placed in alternative care as a result of abuse, wars and conflicts, earthquakes and floods, food shortages caused by drought, parental illness or death, or other factors (United Nations General Assembly, 2015:10). Adoption, foster care, residential care, formal care, informal care, and temporary care are all types of alternative care for children who are in need of care and protection (UNICEF South Africa, 2010:1).

### **2.3.1 Informal care and community-based informal care**

Informal care (IC) is defined as a private arrangement in a family context in which relatives or acquaintances care for the child on an ongoing or indefinite basis (UNICEF, 2011:9). The arrangement has not been ordered by an administrative or judicial authority, nor has it been ordered by a legally recognised organisation (UNICEF, 2011:9). In the absence of familial care, the community is seeing the rise of a new type of IC, namely, community-based informal care (CBIC) which is defined by UNICEF (2011:10) as an arrangement in which a child is cared for overnight in a home setting environment on a continuing basis. The advantages of this arrangement include the child maintaining bonds with his or her parents, developing in a family environment, acquiring necessary cultural skills, and maintaining community links (UNICEF, 2011:10).

In Africa, children's living arrangements are a combination of informal and formal care systems (Kandiwa, 2010:7). Informal kinship care is common in many African countries. African children are raised among relatives because it is widely believed that children belong to the community at large, rather than just to their immediate families or biological parents (Kandiwa, 2010:7). More than 90% of orphaned children in Africa are housed in extended families, particularly with grandparents (Save the Children, 2007:2). One disadvantage of IC is that it is difficult for the state to regulate and as a result, children in this type of care are more likely to be exploited, abused or neglected, especially if they live with strangers or if poverty levels are high in that particular household (Save the Children, 2007:4). IC has been replaced by formal care in many countries and the latter is now strongly recommended for several reasons including, for example, child abuse can be controlled, and harmful behaviours can also be regulated and dealt with appropriately by the state (UNICEF, 2011:28-29).

### **2.3.2 Adoption**

Adoption is defined as the long-term placement of an orphaned or abandoned child in a family setting (UNICEF, 1998:2). A child is adopted in South Africa if he or she is placed in the permanent care of someone who is not the child's parent or guardian as a result of a court order having the effect specified in Section 240 of the Children's Bill of Rights (Children's Bill of Rights, 2003:36). Adoption, like foster care, seeks to protect the child from harm by providing a secure environment (Children's Bill of Rights, 2003:36). Adoption, as opposed to foster care, promotes permanent placement by matching children with families who will be their lifelong

safety nets (Children's Bill of Rights, 2003:36). Potential adopting parents are subjected to continuous thorough screening in the adoption process, and legal processes are engaged at every step until the court order is issued (Rochat et al., 2016:121). Adoptive parents, unlike foster parents, do not have access to funds (Rochat et al., 2016:121). Adoptive parents are fully responsible for their children and have permanent parental rights and responsibilities (UNICEF, 1998:2).

Adoption was first legalised after World War II to provide welfare services to children who had been injured or orphaned as a result of the war (UNICEF, 1998:2). Adoption was initially restricted to the USA, Canada, Australia, Germany and Italy, and it was only after the Korean War in the 1950s that it became available to countries such as Japan, China and Korea (UNICEF, 1998:2). Adoption in South Africa receives relatively little applications when compared to foster care placement (Rochat et al., 2016:122). According to research, the most significant impediment to adoption is a lack of funds (Rochat et al., 2016:122). Furthermore, there is a low adoption rate due to socio-cultural factors, for example, some people believe that it is unnecessary to adopt a kin child because the child immediately belongs to that family and that no formal paperwork is required in such a case (Rochat et al., 2016:124). Furthermore, some believe that adopting a child is extremely difficult due to ancestral world views – it is believed that if a child is adopted, particularly by parents unfamiliar with the child, the child may forget his or her roots, which may result in an unpleasant future (Rochat et al., 2016:124).

Foster care placement (as one type of care for OVC) will be discussed under the provision of social security services/programmes for OVC below.

## **2.4 Provision of social security services/programmes for OVC**

### **2.4.1 History of social security in South Africa**

Social security is defined as the social protection provided by the state or society to its citizens in the event of job loss, illness, retirement, workplace accident, or the death of the breadwinner (ILO, 2000:1). South Africa was a Dutch colony until the British took control of the Cape Colony in 1814 (Patel, 2016:32). Colonial administrations adapted the socioeconomic structure of the colonies to their own needs, with the primary goal of creating and maintaining the conditions required for economic progress (Patel, 2016:32). The foundations of racial discrimination, denigration of indigenous ways, paternalism in social services, and the warped



nature of social welfare policies favouring Whites as the welfare elite were laid during colonial times and have pervaded social welfare ideology for more than two centuries (Patel, 2016:32). Colonialism caused massive social changes in traditional civilizations but no one acknowledged this (Patel, 2016:32).

South Africa's industrialisation process began with the discovery of minerals in 1860, transforming its social and political institutions from those of a predominantly agrarian society to those of a highly developed industrial society in a relatively short period (Patel, 2016:33). Industrialisation deprived Blacks and some Whites of their livelihoods and laid the groundwork for racial capitalism and social inequality (Patel, 2016:33). Large-scale poverty, housing, and health issues arose as a result of industrialisation and urbanisation processes. During the early years, the relief needs of children, disabled people, and the poor were prioritised, and these needs were mostly met by religious organisations that provided institutional care for OVC such as the Dutch Reformed Church (Patel, 2016:33, 34). The National Party came to power in 1948 as a result of a class coalition led by Afrikaners and a strong base of support among White workers (Patel, 2016:35).

Apartheid, a system of institutionalised racial inequality, was immediately instituted by the Nationalist Government, which ruled the country for 46 years (Patel, 2016:35). Apartheid was implemented through a series of laws, the most significant of which was the Population Registration Act No. 30 of 1950, which divided the population into four racial groups, resulting in unequal access to social welfare services. Africans, Coloureds and Indians were denied citizenship and welfare benefits in a single society (Patel, 2016:35). South Africa's social welfare system was primarily established to protect the White racial group from poverty and vulnerability during the country's democratic transition (Van der Byl, 2014:6). It is important to remember that during apartheid, poverty and vulnerability among the White population group were minor, owing to their preferential access to jobs and education. Unemployment was low and special measures were implemented to reintegrate jobless workers into the labour market (Van der Byl, 2014:6).

The pre-1994 social welfare system had numerous flaws in both design and implementation. It reinforced the socioeconomic privileges of the White population and was inefficient and ineffective, with fragmented and duplicated services that failed to meet the human needs of the vulnerable and impoverished (Van der Byl, 2014:6). There were 14 distinct departments for

various racial and ethnic groups, in addition to the then-existing homelands, which were also covered by the welfare system (Van der Byl, 2014:6). There was little consistency in the operating methods and priorities of these various departments in the field of social welfare (Van der Byl, 2014:6). When it came to tangibles like budgetary allocations, welfare concerns were often overshadowed by health issues, which were grouped together under a single Department of Health and Welfare (Van Der Byl, 2014:6). Despite the fact that Africans made up 76% of the population in 1990, welfare spending was divided as follows: 23% for whites, 52% for Africans, and 24% for Coloured and Indian people (Van Der Byl, 2014:6). The differences in welfare spending are shown in Table 1 below.

**Table 1: Welfare expenditure for the different population groups**

Population groups	1950	1976	1990
Whites	61%	56%	23%
Africans	25%	28%	52%
Coloureds/ Indians	14%	16%	24%

Source: Patel (2016:36)

Given the small size of the white population and their higher standard of living in comparison to other populations, welfare spending was unusually high (Patel, 2016:36). As shown in the table, over a 14-year period, the proportion of government spending on social support for Africans nearly doubled, while white welfare spending fell by 32.5% (Patel, 2016:36). This could be explained by the country's changing economic and political environment, as well as whites' changing socioeconomic circumstances and the acceptance of privatisation as a cornerstone of state welfare policy in the 1980s (Patel, 2016:36). If equity is defined as the equitable distribution of welfare resources based on population size, Africans should have received 76% of the budget, while whites should have received 13% (Patel, 2016:36).

South Africa's post-apartheid government established social welfare programmes that benefit everyone, with a focus on historically disadvantaged populations (Brown and Neku, 2005:304). In 1994, the South African Government launched the Reconstruction and Development Programme (RDP) (Brown and Neku, 2005:304). Among the RDP's goals were redressing historical inequities through a deliberate affirmative action policy aimed at historically disadvantaged individuals such as women, children, and residents of rural communities and informal settlements; and establishing umbrella legislation at the national, provincial and local

levels of government to lay the groundwork for development (Brown and Neku, 2005:304). South Africa now offers a wide range of social assistance programmes to impoverished and disadvantaged groups such as the elderly, children, and people with disabilities. Social grants and food vouchers are used to provide social assistance in South Africa and other African countries (White Paper for Social Welfare, 1997:50). These programmes are means-tested, for example, in South Africa, many social handouts are conditional on means-testing criteria such as age limits, proof of handicap, proof of citizenship, and familial ties (Social Assistance Act, 2004:11). These rules and procedures are in place to safeguard the state's resources from fraud and abuse (Social Assistance Act, 2004:11).

#### **2.4.2 Types of social security**

Social security exists in two forms: official and informal. Because official social security organisations disproportionately exclude the impoverished majority, particularly in middle-income and poor countries, this group has been forced to develop other tactics for self-protection (Devereux and Sabates-Wheeler, 2004:14). The terms “traditional” or “indigenous” refer to informal social security organisations that encourage family, kinship, and community assistance and these groups or organisations were established to alleviate poverty by assisting impoverished people without access to official social security (Devereux and Sabates-Wheeler, 2004:14). Throughout Africa, the poor majority rely on informal social security systems for social safety (Bailey, 2004:3). Kaseke (2013:2) states that informal social security in Africa is classified into two types: traditional or family systems and self-organised systems. The family system is predicated on the premise or expectation that in the case of risk exposure, the family will sustain its members (Kaseke, 2013:2). The extended family has a responsibility to care for its members, including the elderly, sick, and disabled, and this obligation stems from the spirit of solidarity and “ubuntu” (Kaseke, 2013:2). The support system is founded on the premise that good acts will be repaid in the future, either directly or indirectly, and this form of support fosters strong family connections (Kaseke, 2013:2). Urbanisation and globalisation, on the other hand, have weakened the connections within the extended family system (Kaseke, 2003:43). Due to the weakening of strong extended family ties through urbanisation and globalisation processes, some individuals no longer feel obligated to provide support to extended family members (Kaseke, 2003:43). Additionally, the economic problems prevalent in many African countries make it impossible for some family members to help extended family members, despite their willingness to do so (Kaseke, 2003:43).

The development of weak family relationships has harmed the extended family system's efficacy as a source of social security for many impoverished households (Kaseke, 2013:2). To continue surviving, the majority of impoverished families have to find new ways to live. For example, self-organised mutual assistance organisations are founded on community or neighbourhood systems. These types of organisations are not characterised by familial connections but rather by membership (Kaseke, 2013:3). Typically, afflicted families join a group to address their social issues (Kaseke, 2013:3). The primary objective of these organisations is to address unmet needs not covered by the conventional social security system or current social protection system, and these needs may include burial societies, stokvels, and credit schemes (Kaseke, 2013:3).

Formal social security systems disproportionately benefit the wealthy; they favour those in formal work and exclude those in informal employment. Historically, caring for children, the elderly and sick, and those unable to work was viewed as a family obligation (King and Cecil, 2006:1). Social assistance (non-contributory) and social insurance (contributory contracts) are the two primary forms of formal social security (Inter-Departmental Task Team, 2012:10). For the purpose of this study social assistance is discussed as a type of social security offered to OVC. Social assistance is defined as a non-contributory and income-tested payment provided by the state to groups such as disabled persons, the elderly, and unsupported parents and children who are unable to meet their basic requirements (White Paper for Social Welfare, 1997:50).

#### **2.4.3 Challenges to the implementation of social security programmes**

There is evidence in an increasing number of developing countries that social security supports economic growth and poverty reduction (Barrientos and Hulme, 2009:439). However, there are design flaws with the social security programmes, and developing countries face significant challenges in covering a large number of poor people (Barrientos and Hulme, 2009:440). The assumption behind the establishment of official social security systems in developing countries was that the programmes already in place would grow and become capable of covering all citizens as time progressed (Olivier et al., 2008:1). The reasoning for this assumption was that social security coverage would be increased as a result of economic growth (Olivier et al., 2008:3). While many challenges that prevent the proper implementation of social security programmes exist in developing countries, the following are the most significant.

### **(a) Finance**

Social security financing demands that the state has fiscal and political stability, and in many low-income countries financial constraints are the primary impediments to providing or extending social security (Barrientos and Hulme, 2009:449). Kaseke (1997:41) believes that the poorest people receive insufficient social security coverage as a result of inadequate funding and support for social security programmes. Poor individuals in developing countries are often not covered by statutory social security, and these individuals continue to rely on informal social security (Olivier et al., 2008:3). HIV/AIDS has contributed to the low coverage of social security in Africa and other regions (ILO, 2001:7). Many social programmes have been impacted by the epidemic in a variety of ways, and many programmes have been cut or reduced to cover HIV/AIDS programmes. This has had a negative impact on a country's economy because HIV/AIDS is a costly disease (ILO, 2001:7). In the countries most adversely affected by the epidemic, infected and affected populations have limited access to healthcare facilities and there is inadequate coverage of social assistance programmes (ILO, 2001:5). When breadwinners die or become unable to work, their dependents are not compensated for their loss of income (ILO, 2001:5).

### **(b) Poor policy design and implementation**

Low social security coverage may be determined by policy design and implementation (Bastagli, 2013:9). Coverage of the population is based on policy eligibility restrictions, which makes it difficult to provide coverage to additional deserving populations (Bastagli, 2013:9).

### **(c) Coverage gap**

Global social security is regarded as a fundamental human right, according to the International Social Security Association (ISSA) (ISSA, 2016:5). Additionally, the Association asserts that social security resolves inequities, encourages economic progress, and fosters social peace (ISSA, 2016:5). However, it is suggested that this only occurs when coverage is extensive and inclusive (ISSA, 2016:5). Developed countries have well-developed statutory social security systems and coverage is extensive (ILO, 2001:10). Barrientos and Hulme (2009:440) point out that low coverage is related to a high proportion of individuals who seek social assistance. According to the authors, many families have been lifted out of poverty in developing countries because of the rapid implementation of social assistance programmes through cash transfers (Barrientos and Hulme, 2009:440). However, a significant challenge is that official social security is disproportionately concentrated in metropolitan areas, denying rural poor people

access to such programmes (Olivier et al., 2008:3). The majority of the population in rural regions is illiterate and lacks access to information, which makes it more difficult for them to get official social security benefits (Olivier et al., 2008:3).

When it comes to social security provision, historically marginalised populations should be attended to first to redress injustices and inequalities. The International Labour Organization (ILO) has identified four key strategies for universalising social security: expanding statutory social insurance, boosting microinsurance, establishing universal schemes, and giving means-tested benefits (ILO, 2001:10). To achieve universal coverage, the ILO highlighted the importance of technical collaboration across sectors (Bailey, 2004:8). These technical collaboration efforts involve developing new ways that will enable individuals who are employed in the informal economy to be brought into the scope of social security protection programmes (Bailey, 2004:8). Furthermore, countries must guarantee that administrative funding is available for the implementation of social security programmes and that all stakeholders are included during the programme's implementation (Bailey, 2004:8).

The following section examines foster care placement as a social security programme for OVC. Its history and the factors that contribute to the placement of children in foster care are discussed.

#### **2.4.4 Foster care placement as a type of social protection for OVC**

##### **(a) History of foster care**

Foster care is a type of alternative care in which children are placed in a home setting environment other than their own family by an authorised agency or personnel (Keshavarzian, 2015:8). Child welfare authorities must carefully select, qualify, approve, and supervise the family or institution providing such care (Keshavarzian, 2015:8).

##### **i. England and the United States of America (USA)**

Throughout history, society has taken care of the poor and their children. The current foster care system arose in response to the challenges of urban poverty in the late nineteenth century, and its roots can be traced back to the USA's broader social welfare history, which has alternated between efforts to punish and redeem the poor (Simms, 1991:298). As noted in Chapter one, the history of children in need of care, specifically foster care, can be traced back

to ancient writings such as the Bible's Old Testament. In general, significant advances in social policy have occurred when large segments of society have been harmed by poverty through no fault of their own, such as during wars, natural disasters, or economic crises. Charity has been a cornerstone of society's foundation since the dawn of civilization and the Old Testament depicts a social welfare system that governed the collection and distribution of taxes in order to help the poor (Simms, 1991:298).

During the Middle Ages, the Catholic Church was Europe's primary provider of social security, carrying on Old Testament charity practices and establishing hospitals and monasteries to care for the hungry, homeless, orphaned and sick (Simms, 1991:298). By the late 1590s, England had recovered from a series of disastrous harvests and famines that had increased hunger, poverty, food riots, vagabondage, and other social problems throughout the decade's middle years (McDonald, 1995:121). The crisis of the middle years, however, put to the test the social traditions, legislation, and indigenous customs on which England relied to maintain order and justice (McDonald, 1995:121). To address the crisis Parliament in 1597/98 passed the "Poor Laws", three pieces of legislation addressing aid, labour, and vagabondage and they remained in effect until the early nineteenth century (McDonald, 1995:121). During the reign of Elizabeth I, the practice of employing impoverished, illegitimate, or orphaned children as apprentices became firmly established (Simms, 1991:299). This method was favoured because it was thought to better educate children for a productive future, provide a source of affordable labour, and relieve society of the financial burden of directly supporting them (Simms, 1991:299). Children were forced to work until they reached the age of majority (21 years for boys, 18 years for girls) or married (Simms, 1991:299).

In the USA, following the Revolutionary War, widespread illegitimacy and an influx of new immigrants resulted in a large number of dependent women and children (Simms, 1991:299). The major East Coast port cities were in a state of emergency, and newcomers were subject to residency requirements limiting their eligibility for public assistance. Public assistance to the poor, particularly in the form of in-home care, became a significant financial burden (Simms, 1991:299). Furthermore, it was widely assumed that direct assistance exacerbated poverty by encouraging laziness and unemployment (Simms, 1991:299).

John Van Ness Yates, New York's Secretary of State, was charged in 1824 with conducting a study of public relief programmes with the goal of reducing their expenses. In response to a

questionnaire distributed to public relief authorities, Yates concluded that all forms of so-called “external” help were inefficient and wasteful (Simms, 1991:299). He claimed that as a result, the able-bodied poor had difficulty finding work, that home assistance encouraged laziness, that the auction system was harsh, and that the indenture system failed to provide adequate vocational training for children (Simms, 1991:299). Yates believed that institutional care could improve children’s “health and morals”, as they would “get an education that would prepare them for future usefulness”, in addition to being a far less expensive and easier-to-administer option (Simms, 1991:299). As a result of this investigation, the New York State Assembly passed the County Poorhouse Act the same year (Simms, 1991:299).

The Reverend Charles Loring Brace established the New York Children’s Aid Society in 1853, reintroducing the concept of placing disadvantaged children with families better equipped to care for them (Simms, 1991:300). Brace observed a large number of children in need of care, estimated to be between 150,000 and 400,000, roaming the streets of New York. These children were frequently immigrants without access to food, shelter, or safety, sleeping on the streets (Seita, 2018:3). Brace founded the foster care movement in 1854 to find homes for homeless children who were wandering the streets. The programme, known as the “Orphan Train Movement” transported children by rail from New York to various non-relative homes across the country (Seita, 2018:3). Between 1854 and 1929, the Children’s Aid Society, founded by Brace, relocated nearly 150,000 orphans from East Coast towns to the rural Midwest. Parents relinquished custody of their children to the Society. Groups of children, some as young as three or four years old but usually in their preteen or early teenage years, were transported by train to locations where Society agents advertised for homes (Simms, 1991:300). When the train arrived in a town, children waited in a line at the station or in a courtroom for a selection procedure (Simms, 1991:300). Those who were not chosen reboarded the train and proceeded to the next stop. Excursions may have lasted several weeks, depending on how long it took to find a placement for each child (Simms, 1991:300).

## **ii. South Africa**

The Children’s Act of South Africa established the foster care system in 1960 (Skelton, 2011:3). The foster care system at the time followed a “classical” paradigm in which children in need of care were placed with unrelated foster parents through Children’s Court proceedings (Skelton, 2011:3). The government subsidised placement by offering a monthly cash transfer allowance (Skelton, 2011:3). There were no criteria used to determine grant eligibility (Skelton,



2011:3). Foster care arrangements have been viewed as a temporary solution for children in need of care and protection throughout South Africa's history (Mantsho, 2015:15). However, social services began taking a more progressive approach to children's rights including foster care. Foster care, which is intended to be a temporary intervention for the care and protection of children within the context of a developmental approach to welfare services, begins with accountability (Fortune, 2016:12). The accountability of welfare agencies begins with ensuring that the best interests of the child are always prioritised in all placement decisions (Fortune, 2016:12). Foster care placement is still the preferred alternative care option in South Africa for children who are not living with their biological parents or who are unable to be adopted (Department of Social Development, 2019:57).

#### **(b) Factors that contribute to the placement of children in foster care**

Chronic poverty, natural disasters, community violence, HIV/AIDS, discrimination, a lack of investment in and access to social protection, child protection, education, and basic services all place multiple strains on families worldwide, particularly poor and marginalised families, when it comes to childcare and protection (De Vise-Lewis, 2012:5).

##### **i. Child abuse, neglect and abandonment, parent substance abuse and homelessness**

In 2018, over 680,000 children were placed in foster care in the USA, with the most common causes being neglect (62%), parent substance abuse (36%), parent incapacity to parent (14%), and physical abuse (14%). (Department of Health and Human Services, 2019:48). In the Philippines economic difficulties as well as family issues such as divorce, neglect and abuse, abandonment, and parent death are all reasons for admission of children into foster care (Yacat, 2011:20). Similarly, mistreatment, defined as neglect, discrimination, and physical and emotional abuse, was identified as a reason for children to flee their parents and live on the streets or take refuge in alternative care (Network and Better Care, 2017:29). A South Sudanese study found that domestic violence, such as physical hostility between parents and physical punishment of children, is directly related to children working and sleeping on the streets (Network and Better Care, 2017:29). A study of residential care in Sierra Leone found that 5% of all children in residential care were there as a result of domestic abuse, abandonment, or neglect (Network and Better Care, 2017:29). In South Africa, a case study conducted among foreign residents in the Western Cape Province found that the most common reason for a child's placement in care was the parent or caregiver's inability to financially support the child

(33%), followed by abandonment (22%), and neglect (11%) (Sloth-Nielsen and Ackermann, 2015).

## **ii. Poverty**

As alluded to in the Western Cape study above, poverty is a common reason for placing children in foster care. Parents and other caregivers who are unable to provide for their children may feel compelled to choose alternative care to address an urgent situation (Bunkers et al., 2017:6). Poverty has always had an impact on children's and families' well-being. Despite being one of the wealthiest countries in the world, the United States of America (USA) has a high rate of poverty, particularly among children (Barbell and Freundlich, 2001:8). Poverty severely limits a family's ability to provide the basic necessities for their children, such as food, shelter, clothing, health care, transportation to school, and required services (Barbell and Freundlich, 2001:8). The evidence suggests that residential care has a "pull factor" in terms of meeting children's basic needs such as food, education, and other services in a wide range of regions where material poverty is prevalent (Bunkers et al., 2017:6). Poverty and poor health are also linked – impoverished children have poorer health than their better-off peers, and poor children are less likely than non-poor children to receive adequate health care (Barbell and Freundlich, 2001:8).

## **iii. HIV/AIDS**

As the spread of HIV/AIDS and transmission patterns shifted from homosexual to heterosexual populations and from men to women, the impact of the epidemic on children became increasingly evident (Barbell and Freundlich, 2001:12). The primary causes of children being placed in foster care in Sub-Saharan Africa are HIV/AIDS, violent warfare, and natural disasters (Phillips-Veeze, 2011:102). African families face enormous challenges in caring for their children due to the devastating effects of poverty, HIV/AIDS, armed conflict, family disintegration, and concurrent strains on traditional community norms and customs (De Vise-Lewis, 2012:5). In 2018, approximately 7.7 million South Africans had HIV, making the country home to the world's largest population infected with the virus (UNAIDS, 2019:62). More than a third of new HIV infections in Sub-Saharan Africa are traced back to this country and in 2018, AIDS-related illnesses claimed the lives of over 71,000 South Africans (UNAIDS, 2019:62).

AIDS-related illnesses include infectious and parasitic illnesses such as TB which was the leading cause of death among South African adults between 2016 and 2018, accounting for 18.5% of all deaths (Statistics South Africa, 2019:19). HIV/AIDS has placed a tremendous strain on extended family members who are providing informal care for orphans who have lost their parents to related illness (Kidman and Thurman, 2014:235). Many South African children lose parental care as a result of AIDS and poverty's systemic effects, necessitating social assistance and this is particularly the case in rural areas with limited resources (Rochat et al., 2016:121). Fostering has grown in popularity over the last decade, which is a good sign (Rochat et al., 2016:121). According to the South African Social Security Agency (SASSA) data, approximately 309,453 South African children will be placed in foster care and receive FCGs by the end of March 2021 (SASSA, 2021:9). The number of people receiving social grants increased by 0.36 percent in March 2021, thanks to the restoration of FCGs for children continuing their education or training (SASSA, 2021:5). KZN had the most FCG beneficiaries at the end of March 2021, with 56,088 (SASSA, 2021:9). However, this does not imply that people or parents in the province are only dying from AIDS-related illnesses although the highest rate of orphanhood may be attributed to parents dying from these illnesses. According to Human Sciences Research Council (HSRC), research conducted in 2017 found that KZN continues to have the highest HIV prevalence rates in the country, with a quarter of the population living with the virus and a prevalence rate of 18.1% (Simbayi et al., 2018:27).

The following section discusses foster care practices in various developed and developing countries with similar practices to South Africa. The implementation of foster care in South Africa will be examined in Chapter four, which concerns the legislative framework for the care of OVC.

#### **2.4.5 Contemporary foster care practice in other countries**

##### **(a) Foster care in the USA**

Each state in the USA has its own child welfare system. These systems look into reports of child abuse, decide if children should be removed from their homes, and set up alternative care as well as physical and mental health help for children who have been abused to help them recover (Society for Research in Child Development, 2020:4). Under their *parens patriae* jurisdiction, states can remove children from their families if they are in imminent danger, thus allowing governments to intervene on behalf of children who cannot act for themselves (Society for Research in Child Development, 2020:4).

There are two primary entry points for children into the foster care system. One of the most prevalent methods is anonymous reporting of potential abuse to a state or county hotline. This hotline can be utilised by citizens (such as doctors, police officers, and teachers or other interested parties) who are required to report potential abuse (Society for Research in Child Development, 2020:4). When a child protection professional determines that a child is in imminent or obvious danger, he or she may use the emergency protective services authority to remove the child from the hazardous circumstances (Child and Family Services Policy Manual, 2016:1). A child who has been physically mistreated and requires medical attention; a child who looks to need protection; and a child who has been left unattended when the child is not physically, psychologically, socially, or emotionally mature are all situations in which emergency removal may be required (Child and Family Services Policy Manual, 2016:1). When a child is taken from his or her family because of an emergency, the child protection professional must fill out an affidavit and send it to the county attorney as soon as possible, or within 48 hours, excluding weekends and holidays (Child and Family Services Policy Manual, 2016:3). The professional should write the affidavit using the child's initials, stating that the child is or appears to be mistreated, neglected, or abandoned (Child and Family Services Policy Manual, 2016:3). Within two working days of the emergency removal, an affidavit must be delivered to the parents (Child and Family Services Policy Manual, 2016:3). A signed placement agreement by the parent authorising the Department of Welfare Services to place the child in foster care is required (Child and Family Services Policy Manual, 2016:3). When a parent voluntarily enters into a foster care placement agreement, the child protection professional must ensure that the agreement is completed in front of a judge after discussion between him or her and the parent (Child and Family Services Policy Manual, 2016:4).

Parental voluntary relinquishment is the second, and less prevalent method by which children join the foster care system (Society for Research in Child Development, 2020:5). When parents no longer feel capable of caring for their children, they can turn their babies over to emergency professionals at designated facilities (such as fire stations and hospitals) under state "safe haven" legislation, which allows parents in all states to do so (Society for Research in Child Development, 2020:5). Parents may also turn over children who are unable to care for themselves, such as those with significant physical disabilities or behavioural issues (Society for Research in Child Development, 2020:5). Foster children have the right to a permanency plan, which attempts to place them in a permanent family through reunion with their biological

parents, adoption, guardianship, or permanent custody by a family member or friend (Society for Research in Child Development, 2020:5).

### **(b) Foster care in Australia**

The Children and Young Persons (Care and Protection) Act No. 157 of 1998 is Australian legislation that directs state agencies in deciding whether children require care and protection. Section 34, Subsection (1) specifies that the Director-General may order alternative care for a child if there are reasonable grounds to believe that the child needs protection (Children and Young Persons (Care and Protection) Act, 1998:24). According to Subsection (2), the Director-General may create a report that includes the provision or arrangement of support services for the child and his or her family (family preservation services) or the co-creation of a care plan with the parents in circumstances where the Children's Court is not involved (Children and Young Persons (Care and Protection) Act, 1998:24).

In circumstances where the child must be removed from his or her immediate family, Section 36 of the Act requires the Director-General to consider the following principles:

“the immediate safety, welfare, and well-being of the child or young person, as well as other children or young people in the child or young person's customary residential setting, must take precedence” (Children and Young Persons (Care and Protection) Act, 1998:25).

Furthermore, whatever action taken has to be suitable for the child or young person's age, any disabilities the child, young person, or his or her family members have, and the family's situation, language, religion, and cultural background (Children and Young Persons (Care and Protection) Act, 1998:25). Moreover, under the Act, a child or young person can only be removed from his or her usual caregiver if it is necessary to protect the child or young person from serious harm.

Section 151 of the Act stipulates that if the Director-General believes a child or young person needs care and protection, a temporary care arrangement can be made (Children and Young Persons (Care and Protection) Act, 1998:87). Subsection (2) of Section 151 of the Act states that

“the Director-General may not make a temporary care arrangement for a child unless the child's parent consents to the arrangement or the child's parents cannot reasonably

be located before the time that the Director-General considers the arrangement should be made” (Children and Young Persons (Care and Protection) Act, 1998:87).

Additionally, if the Director-General arranges temporary care for a child without the parent’s permission, he or she must take all reasonable steps to find the parent and inform them about the arrangement (Children and Young Persons (Care and Protection) Act, 1998:87). Temporary care can last up to three months. If the Director-General believes that the child or young person still needs care and protection after three months, he or she may renew the agreement for a further three months (Children and Young Persons (Care and Protection), 1998:88).

Nordic countries have well-developed social protection systems that cover almost all members of society; children's care is given special attention in these countries. Sweden is a Nordic country, and the following section discusses childcare and protection in that country.

### **(c) Foster care in Sweden**

In Sweden, every child has the right to develop in a healthy and safe environment, and parents and guardians are responsible for ensuring that this right is achieved (Socialstyrelsen National Board of Health and Welfare 2002:1). However, if a child appears to be in danger, Swedish law requires that child protection services be provided, even if it is against the parent’s wishes (Socialstyrelsen National Board, 2002:1). The Care of Young Persons Act of 1990 is a Swedish law that guarantees the rights of children (Socialstyrelsen National Board, 2002:1). This Act complements the Swedish Social Services Act of 1980 which was amended in 2002. The Swedish Social Services Act of 2002 directs social organisations to provide a safe and healthy environment for children and adolescents to grow up in (Social Services Act, 2002:7). The Swedish Social Services are responsible for providing the necessary support and protection to children and adolescents in challenging circumstances (Social Services Act, 2002:7). To fulfil this commitment, the Social Services must be notified when a child or adolescent wants assistance (Social Services Act, 2002:7). According to the Act, anyone who believes that a child needs the protection that the Social Services can provide shall notify them (Social Services Act, 2002:7). In terms of the Act certain authorities such as schools and healthcare services and their staff have an obligation, while carrying out their duties, to quickly report to the Social Services if they have cause to suspect that a child or adolescent needs protection (Social Services Act, 2002:8).

After a case is reported, the inquiry must begin promptly and be finished within four months (Social Services Act, 2002:8). However, if there are exceptional circumstances, Social Services may opt to extend this deadline, for example, they may be waiting for the results of a police inquiry or a statement from a doctor or psychologist (Social Services Act, 2002:8). If after the investigation the removal of a child is not necessary, the child and his or her family may be offered several support initiatives (Social Services Act, 2002:9). When a parent cannot or would not care for a child at home or the child seems to be in danger, the child may be sent to a family care home or institution (Social Services Act, 2002:9). Before making this decision, Social Services determines whether a relative can care for the child (Social Services Act, 2002:9). If a child is put in an alternate home, Social Services is responsible for safeguarding the child's well-being. For example, Social Services must assist the child and his or her family in providing continuous support (Social Services Act, 2002:9). Even if the child is living in a different home, social services must guarantee that the child maintains contact with his or her family and that the bond between them continues (Social Services Act, 2002:9). If the child is relocated, his or her parents or guardians are accountable for contributing to the moving expenses (Social Services Act, 2002:9). The law does not specify a term limit for care but if a child has been with a foster family for more than three years, the foster parents should be considered for custody (Andersson, 2002:5).

The ultimate goal of foster care in Asian countries, as in the countries above, is to care for and protect children who have been abused in any way (Save the Children, 2011:12). One such Asian country is the Philippines and the foster care system in that country is described below.

#### **(d) Foster care in the Philippines**

The Republic Act 7610 also known as the Child Abuse Act, is legislation in the Philippines that protects children from all kinds of abuse, neglect, cruelty, exploitation, discrimination, and other things that are harmful to their development (Save the Children, 2011:12). The Act also punishes people who hurt children in these ways and sets up a programme to prevent and stop child abuse and help children who are being abused (Save the Children, 2011:12). The Philippine Government knows that foster care is better than residential care for most abused, neglected, or abandoned children, including those with special needs (Department of Social Welfare and Development, 2014:1). Chapter VI of the Presidential Decree No. 603, also known as the Child and Youth Welfare Decree, guarantees foster care, which is defined as planned

temporary substitute parental care given by a foster parent to a neglected child (DSWD, 2014:1).

However, due to changing circumstances of Filipino children and their families, the foster care provisions of the Child and Youth Welfare Decree needed to be enhanced. As a result, the Republic Act No. 10165 also known as the Foster Care Act of 2012, was passed with the goal of making foster care for children better organised (DSWD, 2014:1). The Foster Care Act of 2012 was important because more and more children needed care from families other than their own, including children whose biological parents could not provide good care for them for a variety of reasons including marital problems, abandonment, extreme poverty, or both parents' being ill (DSWD 2014:1). Because of this, alternative family care, especially foster care, has become important for short-term care of a child (DSWD, 2014:1). The DSWD and certified child placement agencies both provide foster care. As a result of the Republic Act, funds are given to help qualified foster children live with foster parents (DSWD, 2014:1). According to the DSWD "prospective foster parents must be of legal age and at least 16 years older than the child, unless they are a family" (DSWD, 2014:9). They must be willing to offer the child a safe and stable environment, and they must be mentally and emotionally mature (DSWD, 2014:9). Foster parents must complete an application form, which is then sent to the relevant DSWD field office as part of a coordinated and enhanced communication plan (DSWD, 2014:9). Birth certificates, marriage certificates, divorce annulments, declarations of nullity of legal separation documents, medical certificates, and income tax records must be included with the application form (DSWD, 2014:9). A DSWD or agency social worker will look into the applicant's background and circumstances to see if they meet the basic requirements for foster care and are suitable to be foster parents (DSWD, 2014:9). After doing the home study, the social worker must submit the foster family's dossier to the relevant field office within one month (DSWD, 2014:9). The foster care committee must receive a copy of the approved home study report and any other supporting documentation for use in the matching and placement approval process (DSWD, 2014:9).

Children's care and protection have a long history in many African societies. Even before the establishment of foster care, children were incorporated into extended families for various reasons. In Africa, children are frequently raised by relatives for educational or behavioural reasons, because work opportunities require parents to leave the home, or because parents are absent or deceased (Ministry of Gender Equality and Child Welfare, 2009:12). The following



section provided an overview of foster care implementation in some African countries. As noted above, the South African situation is discussed in Chapter four.

#### **(e) Foster care in Namibia**

When the Child Care and Protection Act (CCPA) was implemented in Namibia, foster care was regulated under Chapter 12 of the 2010 CCPA draft (Ministry of Gender Equality and Child Welfare, 2011:8). The Ministry of Gender Equality and Child Welfare (MGEWCW) is in charge of all children classified as needing alternative care (MGEWCW, 2011:8). Kinship care is the name for the care given by family members or other people who know the child and this type of care is regulated by a different section of the Act (MGEWCW, 2011:8). The court record clerk can keep a record of kinship care, or the Children's Court can order it after a hearing regarding the child's circumstances and the need for kinship care. This may necessitate the involvement of a social worker in the form of an assessment of the kinship caregiver(s) or an investigation into whether the placement is truly in the best interests of the child (MGEWCW, 2011:8).

Before children are placed with any of these foster parents, designated social workers recruit, test, train, and approve them (MGEWCW, 2011:8). The MGEWCW provides

“a registry of prospective foster parents who have been approved by designated Foster Care Service Providers (FCSPs) from which designated social workers can draw when looking for a family for a child who cannot live with his or her extended family” (MGEWCW, 2011:8).

This database is called the National Family Placement Registry and each placement is based on an assessment of the child's special needs, the development of an individual care plan for the child, and a placement plan that outlines the duties and responsibilities of everyone involved in the child's care (MGEWCW, 2011:23). Foster parents must be Namibian citizens or Namibian residents over the age of 21 and all major care activities, including personal care, meals, homework, and recreation, are the responsibility of the foster parent (MGEWCW, 2011:24). FCSPs provide continuing support and monitoring to all foster parents, both individually and as a group of foster parents. Foster parents are overseen by the FCSP's assigned social worker (MGEWCW, 2011:24). The FCSP ensures that each child in its care has a complete and up-to-date case record that shows the type and quality of care given and gives more information about the child's life (MGEWCW, 2011:31). The case record is available to the child and anyone involved in his or her care (MGEWCW, 2011:31). Unless a court order says otherwise, foster

children keep in touch with their birth parents and/or relatives, and each child's care plan states if and how this contact will be kept (MGECW, 2011:36).

In Namibia, foster care grants are not based on financial need as is the case in many other countries. The grant, known as the Foster Parent Grant is available to anyone selected by the court as caretaker and caregiver of children who are not their own. The high number of deceased parents translates into a large number of children in need of foster care funds, resulting in an increase in application volume. Before a grant is approved, it is rigorously evaluated (MGECW, 2009:14). While the grants play an important role in meeting living expenses, they are insufficient in meeting the fundamental needs of children and covering school fees and uniforms. Thus, the majority of foster parents apply for grants to acquire free medical care and contact non-governmental organisations (NGOs) for uniforms and school supplies (MGECW, 2009:15). Children are helped to successfully transition from foster care back to their family and community of origin (family reunification or foster children ageing out of care) (MGECW, 2011:39). Children and adolescents are constantly prepared for independent life and are able to cope with and adapt to the issues of the outside world (MGECW, 2011:40).

#### **(g) Foster care in Ghana**

The main purpose of foster care in Ghana, as in Namibia and other foster-care countries, is to allow children to grow in a safe environment that promotes and nurtures children with care, empathy, and respect, promoting their spiritual, emotional, physical, sexual, and intellectual development (Department of Social Welfare of the Ministry of Gender, Children and Social Protection and UNICEF Ghana, 2020:5). Foster parents in Ghana nurture children with care, empathy, and respect, promoting their spiritual, emotional, physical, sexual, and intellectual development (Department of Social Welfare, 2020:5). Foster parents attend training, have a legal license, and can care for children who are not related to them (Department of Social Welfare, 2020:6). The training is ongoing and refresher courses help the foster parents become better parents (Department of Social Welfare, 2020:6). Each child is assigned a qualified foster parent who is in charge of all primary care activities such as personal care, food, homework, recreation, and emotional connection and support (Department of Social Welfare, 2020:5). Conditions for placements include that the total number of children in the host family cannot be more than the maximum number in the placement agreement, and the total number of children in the foster family, including biological and adopted children, cannot be more than

seven (Department of Social Welfare, 2020:5). In an emergency, the foster family may be able to take in more children if there is room (Department of Social Welfare, 2020:5).

Officers from the Department of Social Welfare are required to make a Care Plan for placement management and review it within four weeks from when the child is placed (Department of Social Welfare, 2020:5). A Care Plan template is used to assist in compiling the plan. The child, the foster parents, and the child's biological family are involved, as needed (Department of Social Welfare, 2020:14). The Care Plan must be reviewed and amended every three months, with participation from the child, foster parents, and biological family members as needed and any modifications or updates must be recorded in the child's file (Department of Social Welfare, 2020:14). Although the Department does not provide cash help to foster parents, it may provide in-kind aid (Department of Social Welfare, 2018:47). The Foster Care Fund was established to assist foster parents with some of the additional costs associated with caring for children, particularly those with special needs (Department of Social Welfare, 2018:47).

#### **(h) Foster care in Botswana**

Subsection (1) of Botswana's Children's Act No. 8 of 2009 states that a child is in foster care if he or she has been placed by a Children's Court in the care of a person who is not the child's parent, other relative, or guardian (Children's Act, 2009:26). Under the Act, a person who has been convicted of an offense or is reasonably suspected of having committed such an offense is not allowed to foster a child (Children's Act, 2009:26). Before placing a child in foster care, a Children's Court must review a social worker's report on the child's overall behaviour, family setting, cultural, religious, and linguistic background, school records, and medical history (Children's Act, 2009:26). The Act prohibits placing more than three children in foster care with a single individual, unless the children are siblings or related, or the court deems it is in the best interests of all the children (Children's Act, 2009:26). A Children's Court can order that a child be placed in foster care for as long as the court deems it is in the child's best interests (Children's Act, 2009:26). A social worker must visit and report on a child in foster care at the times that the Children's Court specifies in the placement order (Children's Act, 2009:26). Moreover, the Act stipulates that the court can review the time of the child's placement in foster care if it is in the child's best interests and if the child or another interested party, like a social worker, asks for it (Children's Act, 2009:27). If a Children's Court that has placed a child in foster care decides that reunification with the child's biological parents is possible and in the child's best interests, the court must make an order that a social worker help with the

process (Children's Act, 2009:26). If the child has been abandoned or is an orphan, the foster parent may be granted parental duties and rights in addition to those needed by law (Children's Act, 2009:27). The Act states that if a child is placed in foster care, the child's parent, other relative, or guardian may only have access to or contact with the child if the Children's Court determines that it is in the child's best interests (Children's Act, 2009:27). A Children's Court must consider all relevant circumstances, including any recommendations made by a social worker, when terminating a child's foster care, as well as the likelihood of establishing permanence in the child's life through return to the child's biological parent (Children's Act, 2009:28).

All forms of alternative care presented above have the same overall goal of protecting children from all forms of abuse. Lack of parental care due to parent loss, parent substance abuse, family disruptions, and poverty are some of the factors that result in children being placed in alternative care. The evidence presented above shows that countries are attempting to protect children through their placement in foster care. Much can happen during foster care placement, and foster children are especially vulnerable to stressors because of past traumas.

The following section discusses the challenges in the implementation of foster care. To begin with, two main challenges experienced in other parts of the world are presented and this is followed by those experienced in South Africa.

## **2.4.6 Challenges in the implementation of foster care**

### **(a) Challenges in other parts of the world**

#### **i. Lack of funding and resources**

Fostering sits at the crossroads of an often-discussed divide between the private and public spheres, and is one of the few instances in which the government becomes directly involved in family life (Baginsky et al., 2017:3). The majority of looked-after children in England (74% in 2016) are placed in foster care and those in such care numbered, in 2016, 51,850 (Baginsky et al., 2017:3). As a result of the high numbers there have been several concerns raised about evaluation elements, special guardian eligibility, and associated guidelines (Baginsky et al., 2017:4). Currently, child welfare agencies in England are attempting to improve child outcomes while still facing severe budgetary constraints. Local governments have maintained expenditure in this sector despite budget cuts in the years following the 2008 financial crisis, despite evidence that this is becoming unsustainable (Baginsky et al., 2017:5).

A study conducted in the USA found that a lack of resources and family support prevents family reunification services after foster care (Mitchell, 2019:72). In this study, the participants were asked what kind of service they would like to see improved to improve foster care reunification, resource availability, and other aspects of the foster care system (Mitchell, 2019:72). One of the participants was quoted saying the following:

“I feel that most failures in reunification are attributed to a lack of understanding of resources to help them with mental health issues for both themselves and the children, and a lack of involvement on where CPS [Child Protective Services] is concerned” (Mitchell, 2019:72).

According to a study conducted in Ghana, an insufficient budget for the foster care programme implementation impedes the programme’s success, and is a critical factor in managing the programme, both on the demand and supply sides (Mawutor, 2015:65). Because of budgetary constraints, programme implementers were unable to carry out their mandates properly (Mawutor, 2015:65). Thus, even though the government supported the process of implementing the foster care programme, money from it and other local sources was insufficient, resulting in financial constraints in terms of administration and foster parent assistance (Mawutor, 2015:65).

## **ii. Shortage of skilled staff for programme execution**

When it comes to the implementation of social security programmes, a lack of personnel is always mentioned. In a survey of 68 resource workers from 14 organisations in a large Canadian metropolitan region it was found that the realities they faced included a lack of homes for all children in need of care and an increase in the number of problematic children in care (Brown et al., 2017:70). Resource workers identified several challenges associated with meeting the demands of their jobs, and while there were high expectations for timeliness and quality as well as for the stability of placements, there was a lack of support due to a lack of funds, insufficient personnel to handle the large caseloads, and insufficient resources available for children and their families (Brown et al., 2017:70). Furthermore, while it is critical to strike a balance between paperwork and face-to-face engagement, it was found that the time constraints associated with meeting paperwork deadlines can have a negative impact on interpersonal connections and communication. Additionally, workers had to travel extensively

due to their geographical region being too large to cover in a single day, resulting in less time spent with their own families (Brown et al., 2017:70).

A survey conducted in Botswana found similar results. It was found that the severe workload of social workers, who have limited time to follow up on cases and systematically perform family reconstruction, is one of the factors that hinder children to be reunited with their families or community of origin (Diraditsile and Mmeanyana, 2019:96). During the survey, several social workers expressed displeasure with the apparent unexpected actions carried out by colleagues, which resulted in the improper transfer of casework (Diraditsile and Mmeanyana, 2019:96). Furthermore, two social workers stated that a lack of specialisation in many social work disciplines resulted in the selection of individuals who lacked a passion for child welfare work, resulting in a reluctance to pursue cases or engage in permanency planning for children in care (Diraditsile and Mmeanyana, 2019:96). One of the social workers was quoted as follows:

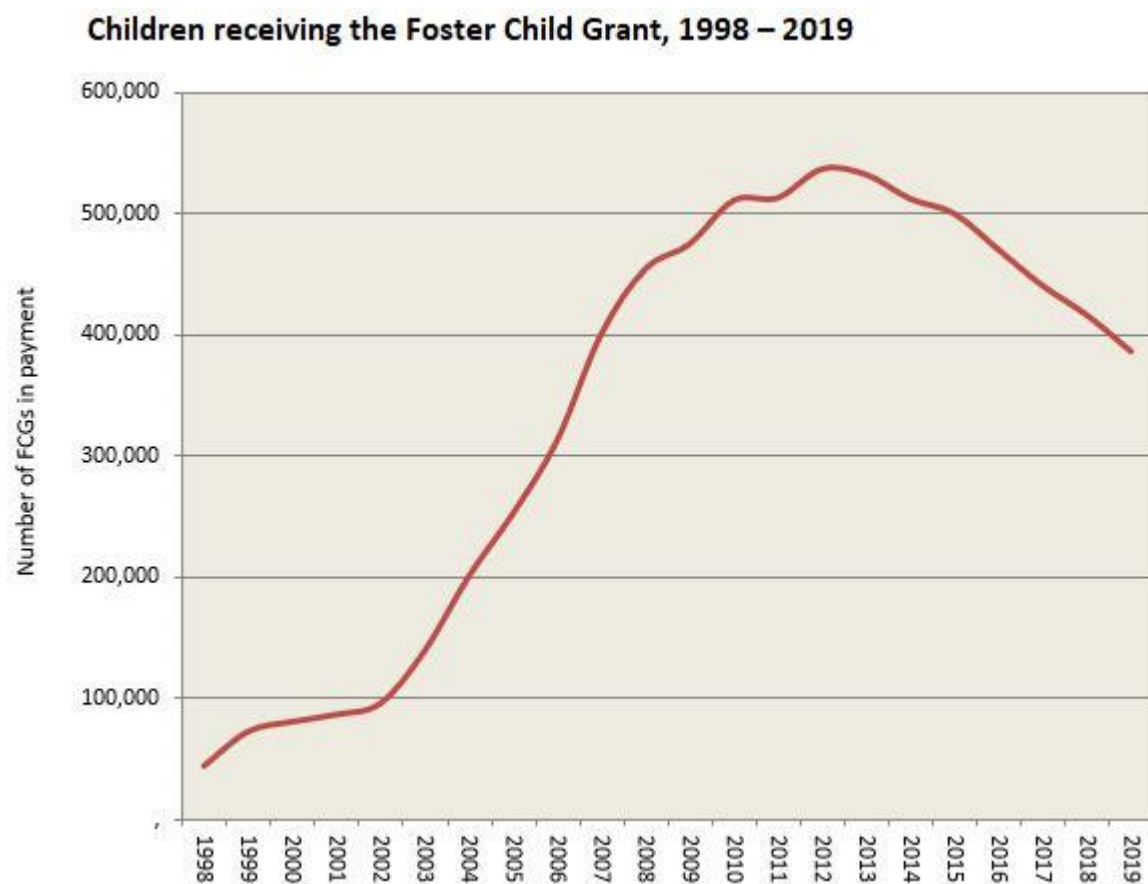
“Every social work graduate can work as a child welfare officer because currently there is no specialization in the workplace. I feel that there is a need for specialization on the grounds that not all social workers want to work with children but when we are placed for work, we do generic social work roles and that is overwhelming for most social workers as there is too much to do” (Diraditsile and Mmeanyana, 2019:97).

Additionally, while reunification services are vital and are included in the foster care relaxation plan if these services are not provided, the foster care system may be put under undue stress (Diraditsile and Mmeanyana, 2019:97).

#### **(b) Challenges in the implementation of foster care in South Africa**

The FCG is South Africa's earliest child grant, for decades, it assisted the limited number of children placed in foster care by the courts, and for many years, that number remained below 40 000 (Hall and Proudlock, 2011:2). Below is a graph (Figure 3) showing the rapid increase in the number of foster care beneficiaries from the late 1990s to the late 2000s, along with a possible explanation for this growth.

**Figure 3:** Children receiving the Foster Child Grant, 1998-2019



Source: Children's Institute (2019)

The rapid growth of FCG since 2003 coincided with an increase in HIV-related orphaning and a policy shift by the Department of Social Development, which, beginning in 2003, encouraged family members (especially grandmothers) caring for orphaned children to apply. Over the next five years, the number of FCGs increased by more than 50,000 per year as orphans entered the foster care system (Hall, 2019). The provinces with the greatest increases in orphaned children were the Eastern Cape, KwaZulu-Natal, Limpopo, and Mpumalanga (Hall, 2019). By 2010, there were more than 500,000 FCGs in payment, and the foster care system was struggling to keep up with the numbers due to the mandated initial investigations and reports by social workers, court-ordered placements, and additional two-yearly social worker reviews and court-ordered extensions (Hall, 2019). SASSA is not permitted to pay the FCG without a legitimate court order or extension order, and more than 110,000 FCGs expired between April 2009 and March 2011 due to backlogs in court order extensions (Hall, 2019). Since 2012 the number of FCGs has declined, and there has been a substantial increase in the number of grants that terminate at the end of each year (Hall, 2019), see the graph below. In March 2019, 386,000 FCGs were paid to caregivers of children in foster care, substantially down from 2012 when

537,000 grants were in payment (Hall, 2019). The systemic issues that caused grants to expire necessitated legislative action, capacity building, and legislative revisions to define who is eligible for a FCG (Hall et al., 2018:141). To avoid heavy caseloads and grant it was argued that the state should offer a substantial Child Support Grant (CSG) to relatives caring for orphaned children (Hall et al., 2018:141). While this may result in disparities in grant values for children living at similar poverty levels, it will alleviate the burden on social services caused by large foster care caseloads (Hall et al., 2018:141).

#### **i. Shortage of social service practitioners and skills development**

Despite the social work profession being recognised as critical in the delivery of social services and that it is considered a scarce profession in South Africa, there is a shortage of social workers in the country (Lombard and Kleijn, 2006:222). As a result, each social worker has a heavy workload (Ngwabi, 2015:36). Labour shortages jeopardise the success of social welfare legislation (Böning and Ferreira, 2013:521) and court orders expire as a result of social workers' inability to effectively manage their caseloads and review current orders with all the necessary paperwork (Sibanda and Lombard, 2015:336). Sibanda and Lombard (2015) conducted a study in the Johannesburg Child Welfare Department the goal of which was to determine the challenges that social workers in child protective services face (Sibanda and Lombard, 2015:336). According to the research participants, there was a shortage of staff members in the Children's Court, which resulted in social workers waiting in court for long periods to be assisted by the presiding officer, who meets with a large number of social workers. This takes time away from the social workers who could be attending to other cases in their respective offices (Sibanda and Lombard, 2015:342). Furthermore, if the presiding officer assigned to the case is absent from the office, the case must be adjourned because each presiding officer has a daily caseload to attend to (Sibanda and Lombard, 2015:342). One of the participants stated:

“There is a few numbers of presiding officers to an extent that social workers end up waiting in a queue for two or three hours before they are attended to and I feel that if children are a priority, the Children's Court is a priority, we need to address things swiftly, we need the correct number of presiding officers who can attend to social workers or at least a schedule that makes it easier and convenient for social workers to attend court because it is an inconvenience for social workers to spend the whole day in court” (Sibanda and Lombard, 2015:345).



Another finding of the study was that no training was provided to social workers regarding the application of the new Children's Act (Sibanda and Lombard, 2015:345). In this regard, a participant stated:

“Some social workers are not well trained on the Children's Act, because some are still familiar with the old Act and are not yet familiar with the new Act and it is very difficult for them to implement it. The Act was introduced too quickly. I for one never received any training on how to implement the Children's Act. I would have thought that if something as huge as the new legal system is introduced, people should be adequately trained to know the new system in and out. I for one have been kind of like operating in the dark, it has been on a trial-and-error basis and I have made a lot of mistakes” (Sibanda and Lombard, 2015:345).

## **ii. Lack of supervision and managing foster care**

Foster care is important because a significant proportion of children in public care are placed with foster carers, and ensuring the quantity, quality, and stability of those children's foster care placements is a critical responsibility of social services (Cosis-Brown et al., 2014:7). Foster care placements, according to Böning and Ferreira (2013:520), are a time-consuming and costly process for social workers and Children's Court staff to complete. A social worker and a foster family must work together to create a care plan that complies with foster care laws and regulations (Böning and Ferreira, 2013:520). Furthermore, court orders must be renewed every two years; however, due to the large number of cases that social workers must handle, they are sometimes unable to do so, resulting in invalid court orders (Böning and Ferreira, 2013:520). Aside from that, social workers must provide regular counselling to foster children because some of these children have experienced or are experiencing trauma, some are infected with or affected by HIV, and others come from low-income families (Böning and Ferreira, 2013:521). Because their services include not only statutory labour, in some cases extensive psychological intervention demands are placed on social workers (Böning and Ferreira, 2013:521).

Poor supervision affects service delivery. According to the findings of a study conducted by Dhludhlu and Lombard (2017), social work supervisors are unable to provide adequate supervision to social workers because they are overworked themselves (Dhludhlu and Lombard, 2017:175). The social worker participants in the study revealed that they were not supported by management and that they were unable to use their own discretion or knowledge

gained from their academic studies when attending cases because management typically followed a top-down approach (Dhludhlu and Lombard, 2017:175).

### **iii. Political interference**

One of the barriers to successfully implementing foster care services is politics. During election campaigns, many South Africans are promised social grants and free services by political parties. Many people thus believe that they are automatically entitled to any government service, regardless of whether they qualify or not and when this does not occur, consternation results (Dhludhlu and Lombard, 2017:169). Dlamini and Sewpaul's (2015) research in Durban, showed that political influence in the social work profession jeopardised the quality of work done by social workers because they are frequently having to work under the direction of political leaders who are seeking to achieve their goals (Dlamini and Sewpaul, 2015:473). According to the study's participants, while they entered the profession with the noble goal of making a difference, political and government interference hampered their efforts. Furthermore, because they work in the public sector, they are frequently drawn into political conflicts (Dlamini and Sewpaul, 2015:473). When it comes to election campaigns, they are frequently required to put everything on hold and obey politicians' orders (Dlamini and Sewpaul, 2015:473). The social workers cannot resist but rather have to show loyalty and it is evident that these issues have an impact on the quality, quantity, and range of social work services available (Dlamini and Sewpaul, 2015:473).

### **iv. Lack of funding for non-profit organisations**

In South Africa the financing of social service programmes, particularly those run by non-governmental organisations, is a critical issue (Böning and Ferreira, 2013:521) as government agencies are unable to provide social services without the assistance of non-profit organisations (Proudlock et al., 2008:21). According to popular belief, non-governmental social workers earn less than those in the public sector (Böning and Ferreira, 2013:521) and instead of providing foster care services, the non-profit sector must devote significant professional time to fundraising (Böning and Ferreira, 2013:521). Nonetheless, child protection organisations (CPOs) play an important role in arranging and implementing foster care services in South Africa (Proudlock et al., 2008:21) and the system risks collapsing if CPOs do not assist in the delivery of these services. While these organisations facilitate a state function, they do not receive adequate financial support (Proudlock et al., 2008:21). The lack of CPO support has a

negative impact on the quality and structure of social services for children and the community (Proudlock et al., 2008:21).

The above section discussed the challenges faced by the implementors of foster care. The following section addresses the challenges faced by prospective and current foster parents.

#### **2.4.7 Challenges confronting prospective and current foster parents**

##### **(a) Lack of application documents**

A lot of documentation is required when applying for foster care placement or the FCG. Failure to submit all required documents may result in an unsuccessful application. In their study, Kuo and Operario (2010:346) found that a challenge for OVC caregivers was the administrative barriers to accessing state support services such as child support and FCGs. In light of the documentation issue pointed to above, the respondents in the study revealed that they could not proceed with their applications because they did not have all the relevant supporting documents (Kuo and Operario 2010:346). The caregivers mentioned that it was difficult for them to get documents such as birth certificates and death certificates of the parents from the relatives. Information concerning the father in particular was always a problem and this delayed the application process (Kuo and Operario, 2010:346). While the FCG has been of tremendous assistance, it has also caused a lot of difficulties for the foster parents of OVC who are eligible for it (Warwick, 2013:30). Foster parents experience several difficulties during the application process, including a lengthy waiting period and a lack of documentation requirements. Grant applications must contain supporting evidence such as birth certificates for children, official bar-coded identity books for adults, and/or court orders of foster guardianship (Taylor, Kidman and Thurman, 2011:4). In some instances, obtaining these documents may be contingent upon the presentation of additional documents, such as a parent's death certificate or a court order releasing a child from custody (Taylor et al., 2011:4). Research in South Africa indicates that the lack of supporting documents is a significant impediment to obtaining social grants (Taylor et al., 2011:4). Many applicants are denied grants despite their eligibility due to a lack of relevant documents such as birth and death certificates, which impede the application process for social grants (Taukeni and Matshidiso, 2013:76).

A study conducted by Kiggundu and Oldewage-Theron (2009:391) in Gauteng Province's Alexandra Township, found that many caregivers who had applied for the FCG had their application denied because they lacked birth documents for the children. The study further

revealed that the application process for the FCG was a lengthy one, and the caregivers feared that by the time the grant was approved, the children would have reached the age of 18 years and would no longer qualify for the grant (Kiggundu and Oldewage-Theron, 2009:391). Similarly, a study by Taylor, Kidman and Thurman (2011:5) conducted in seven districts of KZN found that while most caregivers and children possessed identification documents, 43% of maternal orphans and 19% of paternal orphans did not have parents' death certificates. This leaves many children who have lost parents without social assistance at a very critical point in their lives (Taukeni and Matshidiso, 2013:76).

According to research in South Africa and as alluded to above, some prospective foster parents are unable to produce death certificates for the father as his identity and whereabouts are usually unknown. This is particularly if the child is in the care of the maternal extended family or an unrelated family. The absence of the father causes the application process to be delayed because social workers must search for the father (Emovon, 2019:133). A study conducted in the Msukaligwa sub-district in the Mpumalanga Province by Khaba (2018) reported that the majority of foster parents in the study did not know the father's identity or whereabouts. According to the foster parents, fathers were never present in their children's lives during the mother's pregnancy, the birth or even after the mother had died (Khaba, 2018:67). According to the study, some foster parents applied for foster care because children's biological fathers were not involved in their lives (Khaba, 2018:68). As noted, the absence of the father prolonged the application process because social workers had to prove beyond a reasonable doubt that the father was not present in the child's life (Khaba, 2018:68). In addition, study participants identified several consequences for children that they attributed to the father's absence, including a lack of educational advancement, risky sexual behaviour, and uncontrollable behaviour (Khaba, 2018:69).

South Africa has an unusually high rate of absent fathers, and about half of the country's children live without daily contact with their fathers (Eddy et al., 2013:3). This poses social and developmental difficulties (Eddy et al., 2013:3). International data indicate that South Africa is unique in that biological parents are frequently unavailable to meet their children's daily needs (Hall and Sambu 2019:217). Parental absence is caused by a multitude of factors, including historical population control, poverty, labour movement, and low marriage and cohabitation rates (Hall and Sambu 2019:217). Eddy et al. (2013) described comparable findings in a study conducted in Johannesburg. The purpose of the study was to contribute to

a better understanding of the problem of absent fathers in South Africa and, more specifically, the reasons for their disengagement as well as the associated social dynamics (Eddy et al., 2013:12). It was found that various factors, including ideological factors such as materialist constructions of fatherhood and masculinity, socioeconomic factors such as father poverty and unemployment, cultural factors such as the cost of traditional practices such as “ilobolo” and “damages”, and various types of relationship issues, all contribute to the widespread absence of fathers in South Africa (Eddy et al., 2013:3). The absence of a father figure or father may have a detrimental effect on a child’s life. Tau (2020) conducted a study at the UKZN’s Pietermaritzburg campus involving 11 students aged 19 to 25 years who had been raised by single caregivers. The study intended to ascertain how these young adults evaluated the influence of fatherlessness on their childhood (Tau, 2020:14). Findings indicated that absent fathers could be experienced either positively or negatively (Tau, 2020:5). On the positive side, it was demonstrated that the absence of a father encouraged children’s independence and family cohesion through the involvement of extended family members in the children’s upbringing (Tau, 2020:5). However, it has significant psychological consequences for the child’s sense of values, disrupts the family unit, and contributes to the child’s notions of abandonment (Tau, 2020:5).

#### **(b) Lack of support from social service agencies**

Even after receiving the FCG, foster parents continue to face difficulties in obtaining agency or social worker support in raising their foster children. Mosimege (2018), in a Pretoria-based study, found that help from social workers has a favourable impact on the lives of foster children. According to study participants (who were foster parents), attending social worker meetings regularly assisted them in raising their foster children because of the beneficial information they received (Mosimege, 2018:158). However, according to research done in a Midwestern state in the USA between March 2014 and January 2015, children’s risk to others, limited support from welfare agencies, and stress were all strongly associated with more challenging parenting experiences (Leathers et al., 2019:147). The study concluded that foster parents’ parenting experiences, children’s risk of harming others, social support, and stress should all be considered when supporting placements of children at risk (Leathers et al., 2019:147). Similarly, studies conducted in the Netherlands and Flanders by Vanderfaeillie et al (2018:337) found that placements fail primarily due to behavioural problems of the foster child, a lack of support from welfare agencies that results in parenting problems for the foster parents, and conflicts and a lack of communication between birth and foster parents. The study

concluded that when evaluating the appropriateness of a family foster care placement, it is important to consider factors such as psychosocial support for the foster parents, foster children with behavioural problems, older foster children, foster children who have been denied treatment, and foster children who have been placed in care because of sexual abuse (Vanderfaellie et al., 2018:337). Furthermore, in a study conducted in Cross River State and Abuja in Nigeria by Gana et al. (2016:24), foster parents stated that caring for OVC comes with a lot of challenges, including lack of access to education, nutrition, inadequate clothing and shelter, and a lack of psychosocial support. Family support for these foster parents by the government welfare agencies was either limited or non-existent. Where there was support, it came from non-governmental and faith-based organisations. However, according to the authors, the support offered did not address the fundamental reason for foster parents' concerns, namely, the lack of skills and income generation needed to provide long-term care (Gana et al., 2016:24). The study concluded that empowering foster parents is a long-term solution to the problem of vulnerable people in the community (Gana et al., 2016:24).

According to the findings of a study conducted by Emovon (2019) in the Gauteng Province, all participants reported receiving little or no support from social workers or agencies concerning the care of the children in their placement. The lack of support from social workers was noted to have surfaced and expressed in a variety of ways, all of which contributed to increased and elevated stress for the foster parents involved (Emovon, 2019:251). Furthermore, according to Ntshongwana and Tanga's (2018) research in the Zwelitsha area of the Eastern Cape Province, most foster parents believe that they do not have a strong relationship with social workers, and that their relationship centres around the foster child (Ntshongwana and Tanga, 2018:18). According to the participants, social workers never questioned them about their foster parenting experiences or the difficulties they confront when fostering children with a variety of behavioral issues (Ntshongwana and Tanga, 2018:18). All participants stated that when social workers come to their home, they bring up the subject of the foster child, which upsets the delicate relationship between the social workers and foster parents, because the latter are always neglected by the former (Ntshongwana and Tanga, 2018:18). In the opinion of the foster parents, social workers never visited their homes to analyse their experiences or those of the foster family as a collective (Ntshongwana and Tanga, 2018:18).

## **2.5 Profile of foster children**

### **2.5.1 Health status**

According to studies conducted in the USA, Australia, and Canada, foster children are more likely to have poor health outcomes, particularly poor sexual health, than children who are not in foster care (Smales et al., 2021; Salerno et al., 2020 and Williams-Mbengue, 2016). According to these studies, young girls in foster care are more likely to engage in risky sexual behaviours than girls who are not. Foster children lack access to basic healthcare services, and are more likely to experience mental health issues during their foster care placement and even after they age out of foster care (Smales et al., 2021; Salerno et al., 2020; Williams-Mbengue, 2016). According to the studies, empowering young people through positive, responsive, and trusting interactions is important in improving access to youth-friendly healthcare services and supporting adolescent reproductive health (Smales et al., 2021; Salerno et al., 2020 and Williams-Mbengue, 2016).

Foster children in South Africa are also afflicted with mental illnesses. According to studies, child stress is increased due to foster care ambiguity and a lack of proper explanation for the child's foster care placement, stigmatisation surrounding foster care placement, mistreatment, and poor communication with the family of origin (Mampane and Ross, 2017; Mitchell and Kuczynski, 2010). These studies concluded that social workers have a significant role to play in supporting, through constant supervision, foster children and their families and that supervision must be broader and holistic thus ensuring the general well-being of the children.

### **2.5.2 Education status**

Educational attainment is an important predictor of a child's happiness and future prospects (Mwoma and Pillay, 2016:82). It can also forecast a country's economic viability and growth potential (Mwoma and Pillay, 2016:82). While educational attainment is the ideal for all children, research shows that foster children are more likely to have poor educational outcomes and that pre-care experiences such as child abuse, child neglect, and other past traumas have a negative impact on these children's general education (Lane, 2017; Mwoma and Pillay, 2016; O'Higgins, Sebba and Luke, 2015; Wildeman and Waldfogel, 2014). According to studies in the USA and Sweden, these children are unlikely to complete high school due to a lack of support (particularly financial support) (Child Welfare Information Gateway and Children's Bureau, 2021; Berlin et al., 2019; Lane, 2017; Kena et al., 2015). In addition, foster children

are more likely to have low employment outcomes due to poor educational outcomes (Lane, 2017; Mwoma and Pillay, 2016; O'Higgins, Sebba and Luke, 2015; Wildeman and Waldfogel). Similarly, foster children in Uganda and South Africa are less likely to attend school and complete their high school education due to financial constraints and other related issues. They also produce poor educational results due to learning difficulties linked to past traumas (Olanrewaju et al., 2015; O'Higgins, Sebba and Luke).

Regardless of their socioeconomic status, all children have the right to a high-quality education that will provide them with the knowledge, skills, and competencies they need to increase their personal income and contribute to economic output (Mwoma and Pillay, 2016:84). Aiding adolescent females to stay in school increases their chances of doing so and, as a result, lowers the risk of HIV transmission through early marriage (Mwoma and Pillay, 2016:84). This strategy further reduces the likelihood of girls dropping out of school. According to research, staying in school strengthens girls' bonds with their schools and makes them feel accepted and cared for by their teachers which, in turn, encourages them to strive harder to improve their future prospects (Mwoma and Pillay, 2016:84). Schools can provide children with a safe, structured environment, emotional support and supervision from adults, as well as the opportunity to learn how to connect with other children and form social networks (Mwoma and Pillay, 2016:84).

### **2.5.3 Lived experiences of foster children**

#### **(a) Positive lived experiences**

Findings from research on foster care children's experiences in Australia and Ireland reveal a mixed bag of positive and negative outcomes (Gilligan, 2019:223). Some foster children have reported positive outcomes from foster care placements. For example, foster children in Ireland revealed that their foster parents were very caring, treating them as their own, and encouraging them to complete their education so that they can be better people in the future. One of the foster children was quoted as saying:

“The foster family told me like you know if you want to get something you can; you know if you focus and put your mind to it you can do whatever you want ... That's what my [foster] mother says to me: You're the one child who has made me really proud, like going to college and whatnot, which is encouraging” (Gilligan, 2019:223).



A study conducted in Kenya found similar results, with 88% of foster care teenagers reporting that they were welcomed by their foster families and treated as members of the family (Waweru et al., 2020:40). Some participants in the Kenyan study revealed that their foster parents were very caring and attended to all of their basic needs, with one participant saying, “They bought me clothes, gave me everything I didn’t have and told me to feel at home, I was relieved that I wasn’t left behind at school” (Waweru et al., 2020:40).

#### **(b) Negative lived experiences**

As pointed out above, negative experiences have also been reported in Australia and Ireland (Gilligan, 2019:223). Fear of the stigma surrounding foster care placement was one of the negative issues mentioned concerning the foster care experience. It was found that younger foster children are concerned about their friends’ reactions to their placement and it is worth noting that the focus here is on in-care status rather than being in foster care in general (Gilligan, 2019:223). One participant was quoted as saying, “You must keep your placement in care a secret from your friends, or they will slag [mock, taunt] you about it” (Gilligan, 2019:223). Apart from the stigma associated with foster care placement, child abuse occurs in countries such as Kenya and South Africa. In the former country, it was found that four percent of Kenyan foster care teenagers reported that their placement was poor in that they were forced to work long hours (child labour) (Waweru et al., 2020:40). According to one of the respondents, “The home is good, but a lot of work - cleaning clothes, cleaning compound.” A second respondent regarded the home environment as poor and was quoted as saying: “The environment was bad ... I didn’t feel loved at all, children disliked me, so I was sent to school alone” (Waweru et al., 2020:40).

According to research, child abuse is one of the factors that contribute to the breakdown of foster care in South Africa. Foster children who participated in the study at the Desmond Tutu Child and Youth Care Centre in Gauteng reported that they were removed from their foster parents due to extreme child labour, and physical and emotional abuse by their foster parents (Mnisi and Botha, 2016:237). One of the participants stated:

“I used to have fun with my grandmother, we’d go shopping, but then she’d hit me, make me clean, and she’d yell at me like we’d wash curtains and her sister would watch TV and do nothing, and the house was very big, so I’d polish it, you know, make it shine, and then she’d want food. She’d get a weapon to hit with for a minor blunder. I

used to get grades. I became enraged and began to despise her, and I realised it was time for me to leave” (Mnisi and Botha, 2016:237).

One of the foster parents who participated in the study noted that there had been a complaint of sexual abuse by a foster family member, which was viewed as a contributing cause to the fostered adolescent’s inappropriate sexual behaviour, as well as the foster care breakup (Mnisi and Botha, 2016:238). A second foster parent was recorded as saying: “He then raped the child while I was away shopping, he was discovered by my son, and according to the [foster] child, he forced her; however, she was not screaming and showed no sign that she was being forced” (Mnisi and Botha, 2016:238). In a study conducted in the Eastern Cape Province, one of the foster children participants stated: “My aunt's boyfriend, whom I regard as my foster father, usually comes to my room and touches me at night, but when I report this to my foster mother, she does not believe me and tells me not to tell anyone about the matter” (Kheswa, 2017:126). The respondent continued: “Since I reported to my aunt that her boyfriend is making sexual advances on me, she has stopped buying things for me and giving me money; my boyfriends are the ones who buy me clothes and make sure I have lunch at school” (Kheswa, 2017:127). Thus, if it was not for their boyfriend/sexual partner helping her financially, the respondent would have dropped out of school due to mistreatment by her foster parents.

It appears that foster children, like OVC, experience a variety of stressors in their journey through foster care placements. Given the profile of foster children’s well-being and their lived experiences, the question arises as to whether alternative care, specifically foster family care, is the best option for these children and whether there is a lack of support and supervision for foster families.

In the absence of biological parents, foster parents play an important role in caring for foster children. Their primary responsibilities are to protect, nurture, and attend to their children’s basic needs. The following section discusses the profile and lived experiences of foster parents with content reflecting the study’s main research questions.

## **2.6 Profile and lived experiences of foster parents**

### **2.6.1 Motivation for fostering**

Before delving into the profiles and lived experiences of foster parents, it is important to first comprehend their motivations for caring. Understanding their motivations to undertake foster care is critical for the child's benefit (best interests of the child) and policy development. Foster care experiences have been described as essentially fulfilling, and gaining personal happiness is derived from providing children with a stable, safe, and supportive home setting that allows them to grow and mature (Ntshongwana and Tanga, 2018:15). Foster parents feel valued by contributing to and making a positive difference in the lives of needy children (Ntshongwana and Tanga, 2018:15). Foster parents benefit from the bonds that form between them and their foster children (Ntshongwana and Tanga, 2018:15). Some foster parents, particularly those without children of their own, have self-centred intrinsic motives such as the desire to have more children or, if they have children of their own, to provide a sibling for their child, and companionship (Frimpong-Manso et al., 2020:2). Research in the USA, Europe, and Australia demonstrates that those who engage in fostering frequently do it for child-centered motives rooted in altruism (Frimpong-Manso et al., 2020:2). A study conducted in Turkey amongst foster parents reported that they viewed fostering as a fulfilling responsibility and that they were able to make a positive impact on the lives of foster children (Vural et al., 2014:571). In the study, the respondents were asked: "What does the foster family notion mean to you?" More than three-quarters (76.6%) of the foster parent respondents identified the foster family concept as "social responsibility", "protection", and "charity" (Vural et al., 2014:572).

Studies in Zimbabwe and South Africa reveal similar findings. In these countries, foster parents took the foster care journey out of generosity and the love they have for children (Muchinako et al., 2018; Ntshongwana and Tanga, 2018). Notably, their reasons to care were also culturally rooted – in terms of their culture, they were socially obligated to care for orphaned children. One of the participants said the following: "I think it's natural for us human beings to care for other vulnerable in society. I feel it's my responsibility and I am culturally obligated to do so because orphaned children need care like other children" (Muchinako et al., 2018; Ntshongwana and Tanga, 2018). In a similar vein, research conducted in the Gauteng, Eastern Cape, Limpopo and KZN provinces emphasised how socio-cultural ideas shape how families view their responsibilities to kin and non-family children. In the absence of parental care,

extended kin families are considered the most acceptable source of care, support, and security, independent of government regulation (Rochat et al., 2016:124).

As previously stated, adoption as opposed to foster care is a long-term/lifetime commitment, and the application process is lengthy. Research indicates that most people who want to be parents tend to opt for foster care because the process of application is easier and quicker (Frimpong-Manso et al., 2020:3). Furthermore, in Japan, for example, strict regulations protecting parents' custody rights mean that there are few children eligible for adoption (Frimpong-Manso et al., 2020:3). However, it does appear that cultural values make the adoption or not choice a moot one. In the four-province study referred to above, one of the participants who was a kin-foster parent from KZN said: "Adoption, hmmm, I don't know, I don't really see the point [as] in our culture these children are our responsibility, and we know that a piece of paper would not change that so what is the point?" (Rochat et al., 2016:124). Because this type of kinship care is culturally accepted, legal processes are not required to enforce it. A kin-foster parent from the Limpopo Province stated: "No, the child is already mine, I've never thought of changing it or taking further legal steps" (Rochat et al., 2016:124).

In Zimbabwe, infertility is also one of the factors that prompt people to consider fostering a child (Muchinako et al., 2018:41). Thus, according to a foster parent:

"Having a child is one of the things which defines a woman in our African culture, without a child you are not respected, you still remain a 'girl' not a woman that is why I ended up taking up foster care after six years without a child" (Muchinako et al., 2018:41).

Aside from a love for children and a cultural obligation to care for children, some foster parents are motivated by religious beliefs. Research conducted in Gauteng Province revealed that a majority of foster parents stated that they were driven to serve mankind by a divine summons and a sense of divine purpose (Emovon et al., 2019:20). Thus, according to one of the foster parent participants:

"It is a calling. God sent me to care for these children. I didn't just wake up and started to do this. God sent me these little ones over 30 years ago. He sent me little ones who have got nowhere to go and who nobody wanted. So, I took them in and then it just grew from there" (Emovon et al., 2019:20).

Similarly, a second foster parent stated that she felt compelled by God to take on the responsibility of caring for children in the face of poverty, HIV/AIDS, child abuse, neglect, and abandonment that plague South African society (Emovon et al., 2019:20). She said:

“I was motivated and called by the Lord to look after these children and serve them and the society in this capacity. This is a divine service to the sick, poor, abandoned and abused in society and only God can also give you the heart for it. You cannot do this without God because He is the one who looks after us all and provides the means for us to take care of these children” (Emovon et al., 2019:20).

While research from Australia and Canada suggests that financial motivation and potential financial barriers do not play a significant role in people’s motivation to become foster parents, findings from small qualitative studies in low-resourced African and Asian countries show that finance is an important motivator for would-be foster parents (Frimpong-Manso et al., 2020:3). These findings are supported by some studies conducted in South Africa. In a study conducted in the Zwelitsha Township of King William’s Town in the Eastern Cape Province), kin-foster parents applied for foster care because they needed financial assistance from the government to continue caring for their OVC (Ntshongwana and Tanga, 2018:14). For purposes of justification, it was stated in chapter one of this thesis that one of the objectives of the study is to fill a gap in the existing literature. However, Ntshongwana and Tanga's study is similar to this one because it also investigated the lived experiences of foster parents. The difference between the two studies is that theirs was conducted in a single location, whereas this one was collected in four municipalities. Their sample size differs from this study in that they used 20 participants (focus groups, 10 participants per group), whereas this study used 40 participants in in-depth interviews to maximise validity and reduce bias. The foster families participating in Ntshongwana and Tanga’s study saw the FCG as an incentive to help and make a difference, to contribute to the well-being of younger generations, and to maintain strong family relationships (Ntshongwana and Tanga, 2018:17). The majority of foster parents were grateful to the government for providing the grant since it was a significant aid in them being able to meet their foster children’s needs. It was utilised to cover practically all of their home expenses (Ntshongwana and Tanga, 2018:17). In this regard, one of the foster parents stated:

“Life would be very difficult if there was no foster care grant, we as foster parents would be unable to meet all the needs of our children because some of us are not working. I don’t use this grant for only the needs of my foster children but for the needs of the entire household” (Ntshongwana and Tanga, 2018:17).

Similarly, a study conducted in KZN revealed that the main reason for choosing to foster over adoption was that the financial demands made on foster families in caring for children would not be able to be met without a subsidy in the form of the FCG. With adoption, there was no such subsidy (Rochat et al., 2016:122). A study participant who was a Commissioner of Child Welfare in the province underscored this latter point: “Finance is a major problem, no matter what you say about adoption if people don’t have the money, they just can’t do it” (Rochat et al., 2016:122).

Emotional investment in the child leads to a desire to meet the child’s needs, which in turn leads to financial concerns and demands. Foster parents provide unconditional love and nurture that cannot be replaced by money and are not a direct effect of money. The study by Rochat et al. (2016:122) found that subsidies were seen as a way to meet basic necessities, making it possible to care for the child but they were not recognised as payment for day-care, which was seen as more valuable. One of the KZN foster parents stated:

“I can easily afford the love a child needs; it costs nothing and it is worth everything to the child. I can promise to be there and make sure that I am, much more than a volunteer in a dormitory with 20 kids. I can’t afford the schooling, the food and all the things they need. I am willing to work but I can’t find work, that’s why I need a grant, not because I want money for myself, I need to take care of this child, I love this child so how can you expect me to not want to give this child everything (Rochat et al., 2016:123).

## **2.6.2 Profile of foster parents**

### **(a) Age and gender**

HIV/AIDS has resulted in a large number of OVC who are typically cared for by older caregivers (grandparents) and other family members who have their own issues (Thurman et al., 2012:811). In South Africa, Campbell (2003:45) observed that the HIV/AIDS epidemic frequently targets people’s economies and child-care lives, leaving impoverished elderly with no source of income other than their pension money having to care for orphaned grandchildren (Campbell, 2003:45). According to research conducted in Kenya and South Africa, the majority of OVC caregivers are elderly women (Bachman et al., 2008 and Mwinzi et al., 2020). OVC caregivers are typically women and their role is culturally rooted (Kipp et al., 2006:694). Women are regarded as primary caregivers in most African societies, imposing massive responsibilities on them in societies where they are already overburdened with responsibilities

for the general health of their families (Kipp et al., 2006:694). Older women need to support themselves but they end up caring for their orphaned grandchildren, which has a negative impact on their health and ability to cope (Kiggundu and Oldewage-Theron, 2009:384). Women are more likely than men to become caregivers for sick family members and OVC because gender roles typically determine household members' responsibilities in Sub-Saharan Africa (Kiggundu and Oldewage-Theron, 2009:385). Since the HIV/AIDS epidemic disproportionately affects young men and women, older women are more likely to be asked to care for sick family members and orphans (Ogunmefun and Schatz, 2009:96). OVC caregivers tend to be found in rural areas and disadvantaged female-headed households. Despite poverty and the lack of essential resources, women are more likely to care for OVC children because they are seen as "doting and loving" (Hearle and Ruwanpura, 2009:426). Research conducted in the Amajuba District in KZN found that the primary caregivers of AIDS orphans were women, with the father or male figure being absent from the role of a primary caregiver (Govender et al., 2012). In contrast to their male counterparts, women pensioners use their pension money to support family members, including orphaned grandchildren (Ogunmefun and Schatz, 2009:96).

#### **(b) Health**

Caring for OVC can put a strain on one's overall health. Stressors associated with caregiving and chronic illness are prevalent in HIV-affected communities in Southern Africa (Casele et al., 2015:17). The growing number of OVC in need of care in HIV-endemic communities is arguably the most significant social impact of the "long wave event" (Casele et al., 2015:17). In many of the HIV/AIDS afflicted Southern African countries, the majority of the affected children are cared for by extended family (Casele et al., 2015:17). Given the increased burden of care for children in the context of HIV, the multiple societal obstacles, and the stress associated with caregiving, caregivers of children in poor HIV-endemic areas are a potentially high-risk population for developing mental health issues (Casele et al., 2015:17). According to South African research, foster parents are not only dealing with their own health issues but at the same time are also attending to the psychosocial needs of their foster children as well as other family issues (Mosimege, 2017; Warwick, 2013). Several foster parents have reported health issues which added to the stress they were already under (Warwick, 2013:60). According to one foster parent:

“I’m like a doctor in my own house, I have to deal with my husband’s epilepsy, I have to take my high blood pressure medication, and I have arthritis. I’m my husband’s doctor, my doctor, and my children’s doctor” (Warwick, 2013:60).

Some foster parents mentioned chronic illness, with one parent stating: “Sometimes I have to sleep because of arthritis” (Mosimege, 2017:141). Another foster parent who had worked at various homes over a long period, had knee-related problems pointed to her knees not wanting to work anymore (Mosimege, 2017:141). Furthermore, research in South Africa indicates that the rebellious behaviour of some foster children contributes to the stressors of foster parents (Ntshongwana and Tanga, 2018:15). Foster children’s disruptive behaviours, such as substance abuse, inappropriate sexual behaviour, and poor academic performance, contribute to foster parents’ poor mental health outcomes (Ntshongwana and Tanga, 2018:15). Caring for children who have a history of severe trauma, as well as behavioural and emotional issues, is taxing on the foster carers who are assigned to them (Hannah and Woolgar, 2018:5). According to research, foster parents are struggling with their foster children’s behaviours due to a lack of skills and a lack of therapeutic support from child welfare agencies (Murray, Tarren-Sweeney and France, 2011:156).

Foster parents are put under a lot of pressure to provide care and a loving home to children who have been reared in tough situations and have behavioural issues (Khoo and Skoog, 2014:255). A lack of awareness about the child’s needs, a lack of comprehension of the placement process, a tense relationship with the social worker, and a lack of tailored service with the proper support at the right time are all factors that contribute to foster care failure (Khoo and Skoog, 2014:255). Foster parents need rigorous assistance and training to maximise foster care’s therapeutic potential, especially if the goal is to keep children with attachment and trauma-related issues in long-term placements (Murray, Tarren-Sweeney and France, 2011:156).

### **(c) Education**

OVC caregivers, as previously stated, are likely to be elderly women who are not in good health. In addition, they are also almost certain to have a lack of formal education. According to studies in Brazil and South Africa, foster parents are more likely to be female and uneducated, and the older the foster parent, the more likely that the latter is the case (Boon et al., 2009; Moreira et al., 2018). According to the Brazilian study, 84.5% of foster parents in the country aged 60 and over were uneducated (Moreira et al., 2018). Similar findings in South



Africa show that foster parents over the age of 55 only attended the first grade or received no formal education at all (Boon et al., 2009).

Lower education levels among women have a long history. According to the reviewed literature, women in history textbooks are largely portrayed in stereotypically traditional feminine roles in a domestic environment, with only a few being depicted in more traditionally masculine roles outside the home (Chiponda and Wassermann, 2011:15). The existence of these gender roles and social stereotypes between women and men may have contributed to lower levels of education amongst women. Gender inequality begins with the socialisation of girls to believe that they should devote themselves primarily to their husbands and children, rather than to the labour market (Hill and King, 1995:33). Historically, girls were expected to remain at home and perform domestic duties, while their male counterparts were sent to school because it was believed that they would become the future leaders (Sharif, 2015:29). For instance, in some parts of Asia, tradition dictates that sons are responsible for their parents (Hill and King, 1995:33). Thus, parents limit their daughters' education while allowing their sons to develop the knowledge and skills necessary to increase their future incomes (Hill and King, 1995:33).

#### **(d) Economic status**

As discussed above, caring for children, particularly foster care children, is not only physically and emotionally taxing, but also financially. According to research, foster children are typically from low-income households, so they rely solely on their foster parents for financial support (Pac et al., 2017:8). Research conducted in the USA and South Africa indicates that foster parents are more likely to be older female heads of households who do not have formal employment (Schatz, 2007; Pac et al., 2017). In the USA study, foster children who were cared for by grandmothers (foster parents) were more likely to experience poverty because their foster parents were not working-class due to their age (Pac et al., 2017:8). In South Africa, grandmothers who care for OVC use their pension grant to support these children while also attending to other household expenses, including their own (Schatz, 2007; Ogunmefun and Schatz, 2009 and Govender et al., 2012).

Social protection programmes in South Africa such as the FCG and the CSG have been lauded for reducing poverty among foster children and foster families (Penyane, 2015:37). However, research does indicate that the extended family and community members' capacity to care for

OVC is severely limited due to financial constraints (Penyane, 2015:37). Evidence suggests that these families rely on social grants for survival and that the FCG programme is insufficient in meeting all the basic needs of foster children because the grant has to cover a large proportion of family members' needs as well (Penyane, 2015:40). Foster parents in South Africa have reported that the grant is insufficient to meet critical basic needs such as material needs, educational needs, and emotional needs. The main reason for this is the lack of additional funds and the high cost of living (Kheswa, 2017; Penyane, 2015; Warwick, 2013). A foster parent in the study by Warwick (2013:56) encapsulated the difficulties experienced:

“The most difficult part is when you don't have enough money, because especially if you've got a sick child at home, you have to make sure there's some veggies, there's food ... you see, especially because I don't want her to be hurt. Because I'm always afraid that if she gets hurt, she'll get sick again” (Warwick, 2013:56).

In a similar vein, a second foster parent said: “I buy something nice for her because you know she has to eat ... she has to eat to get healthy. So sometimes the money runs out. There are times when there isn't enough to eat” (Warwick, 2013:56).

### **2.6.3 Lived experiences of foster parents**

Like other caregivers, foster parents play a significant role in caring for children who are unable to live with their biological parents and they represent a key determinant in child outcomes (Blythe et al., 2014:21). Although caregivers have other family responsibilities, the orphan caregiving responsibility is born of necessity as many parents passed on unexpectedly and this imposes a huge responsibility on the caregivers (Kidman and Thurman, 2014:235). Over 90% of orphans are cared for by family members but little is known about whether the carers can meet orphans' essential caregiving needs while working to economically survive (Heymann et al., 2007:337). As the number of children in need of foster care grows, it is critical to investigate foster parents' experiences to provide the necessary assistance, increase foster parent recruitment rates, and enhance foster parent retention (Ntshongwana and Tanga, 2018:15). Foster parents, because they are at the frontline of service delivery, are responsible for handling foster children's needs and challenging behaviours. As a consequence, their perspectives are critical in determining areas for improvement in the foster care system (Ntshongwana and Tanga, 2018:15).

### **(a) Negative experiences**

The experiences of foster parents range from negative to positive. In a study conducted in Ghana, it was found that negative cultural attitudes, financial difficulties, and the dread of losing foster children are all variables linked to negative fostering experiences (Frimpong-Manso et al., 2020:9). In the study, some respondents stated that the public's negative perception of fostering was a significant obstacle they encountered. They pointed out that when people knew one was fostering a child, it was often thought that it was being done because one was barren or infertile (Frimpong-Manso et al., 2020:9). A participant stated:

“People ask why I burden myself with caring for other people's children. They think that I cannot have a child of my own and that is why I am doing it. But I am not fostering because I cannot have children but instead to care for children” (Frimpong-Manso et al., 2020:9).

Participants also stated that many people viewed fostering non-related children as a money-making scheme (Frimpong-Manso et al., 2020:9). In this regard one of the foster parent participants remarked:

“People do not appreciate foster care. They think that if you are fostering someone's child then you are doing it for money. It is about time that people know that some of us become foster parents because we want to help children” (Frimpong-Manso et al., 2020:9).

A South African doctoral study found that some foster parents reported rejection from family members because they were caring for unrelated foster children, particularly those with behavioural issues. It was also believed that other family members were neglected by foster parents because they shifted their focus to their foster children (Emovan, 2019:220). Emovan's study revealed that the rejection and hostility from family members stemmed from a sense of neglect and abandonment on the part of the foster parents, who were accused of diverting their attention, care, and support away from family members and toward strangers (Emovan, 2019:220). This is reflected in the response of one of the participants:

“Yoh, my family, they have rejected me because I am taking care of other people's children. Some, however, are now coming to relate with me now. They are angry with me because of financial issues because they feel that I am no longer caring for them but now concentrating on the foster children. Before the children came, I used to help them with their children's needs and even take them to spend a holiday with me. But now

things are a bit different because my responsibilities have increased with these additional children, but my family will not understand (Emovan, 2019:220).

Furthermore, Emovan's study revealed that external interference, suspicion, and scrutiny while providing care to unrelated foster children were common. Some participants described their lives as foster parents being characterised by on-going scrutiny on the part of social workers, the community, and the biological parents/family of the children in their care (Emovan, 2019:222). It was found that people in the community were not convinced of the foster parents' altruistic motives and sincere intentions in electing to care for non-family-related foster children. Foster parents affected in this regard verbalised that this was a painful and insulting experience that challenged their integrity and goodwill and further made them resolve to do their best for the children to prove the accusers wrong. One of the participants stated:

“People suspect us that we are caring for these children just because we want to make money out of it because they cannot see why we will want to help other people's children in these difficult times. They know that it is difficult to take a person from another family and care for the person so when they see us, they think it is business” (Emovan, 2019:222).

Similarly, a study conducted at the Desmond Tutu Child and Youth Care Centre found that contact with biological parents or relatives contributed to the breakdown of foster care. Foster parents in the study reported that some relatives negatively influenced foster children to come and stay with them but some foster children saw this as a positive influence rather than a negative one (Mnisi and Botha, 2016:237).

### **(b) Positive experiences**

As indicated under motivation for fostering, fostering OVC can be viewed as a rewarding endeavour. In research done in California, foster parents reported that fostering was one of the most rewarding and significant experiences of their lives (Diaz, 2017:64). The parents stated that the most meaningful aspect of their experience is providing love and stability to a child in need. Seeing severely traumatised children begin to love and trust because they had a safe and stable home had a profound effect on the foster parents and the change in the child was visible and dramatic (Diaz, 2017:65). In a study conducted in the state of Oklahoma among 316 current and future foster parents, it was found that they had positive experiences of fostering, including positive interactions with welfare agency staff who were supportive during times of

hardship (Friemel, 2020:12). According to one of the participant's: "I had one caseworker who was incredible" (Friemel, 2020:12). A Pretoria-based study found strong bonds between foster parents and their foster children that enabled them to have a quality relationship. Some foster parents in the study indicated that their foster children in general did not cause them stress and were not troublesome. Indeed, the children were regarded as good listeners and would carry out the tasks as requested. One of the foster parents stated: "They are not stressing me. He says granny take this and add for food. I get satisfied because he does work, I want. Even now he is painting, I said paint before the rain comes" (Mosimege, 2017:184). A study conducted in the Zwelitsha Township in the Eastern Cape revealed that foster parents and their foster children have positive relationships. The majority of foster parents reported great ties with their foster children and noted that these relationships benefit the entire family. One foster parent stated: "I feel so blessed to have these children, we are always happy, and they never gave me any problems. They are respectful to me and to this family" (Ntshongwana and Tanga, 2018:18).

#### **2.6.4 Psychosocial support for foster parents**

Despite the positive experiences of some foster parents as outlined above, evidence indicates that foster parents suffer from a variety of stressors, including emotional stress and psychological stress; their overall health is poor; and they experience financial difficulties. However, in most cases, they receive little psychosocial support from the government (Miller et al., 2019:206). Psychosocial support appears to be critical in not just enhancing the lives of foster children and foster families, but also in minimising foster care breakdown (Miller et al., 2019:206). It is argued that psychosocial support should be considered an important resource that caregivers can use to respond to the challenges they face (Kuo et al., 2012:632) and that working on evidence-based strategies that can assist to strengthen the current support for caregivers should be a priority for policymakers (Kuo et al., 2012:632). Furthermore, evidence also suggests that caregivers who have received psychosocial support are likely to take good care of the children and good care has been associated with positive outcomes in child development (Kuo et al., 2012:632). Psychosocial support has been associated with more positive outcomes in child development and caregivers who get such support are likely to have better quality parenting. This suggests that psychosocial support may play a pivotal role in the lives of caregivers of OVC (Kuo et al., 2012:632). Studies in South Africa reveal that the provision of psychosocial support to foster families or caregivers of OVC is associated with the reduction of stress among these caregivers (Marcellus, 2010; Casale et al., 2015).

The lack of psychosocial support for foster families creates a wide range of issues. According to studies conducted in Zimbabwe and Botswana, OVC caregivers in these countries reported mental illness at a higher rate than non-OVC caregivers due to financial constraints and the burden of care (Heymann et al., 2007; Hlatywayo et al., 2015). Findings in a second Zimbabwe study report that prospective foster parents were not willing to foster children due to the accompanying stress. The results of the study, which involved 371 caregivers, indicated that financial difficulties and physical and emotional stress are the primary barriers to fostering OVC (Howard et al., 2006:2). The study concluded that financial assistance, free education, developing strategies to identify and support children in need of care, and evaluating and supporting families' capacity to care for OVC should be prioritised in order to promote such care (Howard et al., 2006:2). According to the World Health Organization, in most cases, orphan care is provided in the absence of psychosocial or state support (Howard et al., 2006:2). Psychosocial support is regarded as essential for effective foster care placements, as well as the retention of foster parents' health and well-being (Blythe et al., 2014:28). Foster parents, however, are the part of the child welfare system that receives the least support (Marcellus, 2010:9).

For the above reasons, the provision of social protection programmes to provide psychosocial support to foster families is critical. This protection is intended to guarantee that families have access to healthcare and social services, as well as financial stability (ILO, 2000:1). Social security is critical at all levels of society – it stimulates economic growth in a variety of ways, including the accumulation and preservation of human capital, the correction of market failures, and the reduction of inequality (ILO and WHO, 2009:11). Social security not only protects individuals during times of crisis, but also encourages future prosperity via investment (ILO and WHO, 2009:11). There is solid evidence worldwide that investments in social protection can benefit children, for example, by supporting safe birth, improving health seeking behaviour and child health, monitoring child growth and reducing stunting rates, increasing school enrolment, and reducing child labour (Save the Children International, 2015:4).

The following section discusses the impact of social security in the form of social grants/cash transfers in South Africa and other parts of the world.

## **2.7 Impact of social grants**

Social protection contributes to the strengthening of the social compact between the state and its citizens, as well as to the strengthening of social cohesion while a growing body of evidence demonstrates that social cash transfers are essential in both alleviating poverty and fostering economic growth (Schubert and Beales, 2006:28). Cash transfers, in addition to alleviating poverty, have the potential to develop human capital by assisting families in maintaining their health and educating their children. Aside from that, transfers are used for investment and consumption, which help to develop local economies and benefit entire communities (Schubert and Beales, 2006:28). Children in Sub-Saharan Africa have significant care and well-being difficulties. Many children lack parental care or are at risk of losing it and suffer low levels of well-being. Poverty is a significant risk factor for parental care loss and ill health, frequently interacting with other risk factors such as family conflict, violence, and HIV/AIDS. Social protection can aid in the care and well-being of children by providing financial transfers and ancillary components such as sensitisation and referrals to social services (Roelen et al., 2017:309). Income distribution via a social transfer immediately addresses one of the most significant risk factors undermining care, namely, poverty. Social transfers have a well-established direct influence on the material components of children's well-being, including improved nutrition, health, and educational outcomes (Roelen et al., 2017:309). The findings of a cross-country qualitative study conducted in Ghana, Rwanda, and South Africa indicate that social protection has the potential to help prevent parental care loss, provide critical financial support to kinship or foster carers, and improve the well-being and care quality for all children through direct intervention (Roelen et al., 2017:309). The study aimed to determine the effect of social protection on parental care loss, support for foster or kinship care, and care quality and well-being in Sub-Saharan Africa (Roelen et al., 2017:309). Key informant interviews with programme staff were conducted, as well as case studies of beneficiary households, which included interviews with a caregiver and a child, and adults and children from beneficiary and non-beneficiary households participated in group interviews (Roelen et al., 2017:312). In South Africa, the FCG was designed to meet the needs of OVC particularly in the context of the HIV/AIDS epidemic in the country. The Department of Social Development (DSD) determined that providing social security grants would be beneficial in terms of alleviating suffering and meeting the needs of children (Van der Walt, 2018:621).

### **2.7.1 Impact on household expenditure**

OVC are more likely to live in homes with lower incomes and greater dependence ratios (Morantz et al., 2013:338). Therefore, social grants play an important role in improving the socioeconomic circumstances of these families. The findings of a South African study revealed that foster parents perceive the FCGs as psychosocial support from the government, which motivates them to continue caring for the children (Roelen et al., 2017:314). A male foster parent participant from Pietermaritzburg underscored the motivational nature of the grant:

“It [the FCG] motivates us because a child is an orphan, there is the court and the social worker, and the school. All these people look at you, it motivates us to behave in the right way because we are not looking after the children alone” (Roelen et al., 2017:314).

Similarly, child poverty is alleviated through cash transfers. According to the 2009/10 Namibia Household Income and Expenditure Survey, 34% of children in that country lived in poverty, and without social grants, the child poverty rate would have been 40.8% (UNICEF, 2018:12). The monthly funding and coverage have risen since then and while 14.9% of all children received a child grant in 2012/13, that percentage had doubled to 30.7% by October 2017 and the increase was considered to have resulted in a decline in child poverty rates over that period (UNICEF, 2018:12).

A second and more recent South African study conducted in Northwest Province by Tladi and Setlalentoa (2020) also underscored the importance of the FCG. The majority of participating foster parents stated that they used the money in such a way that their foster children appeared to have living biological parents as well. They noted that they were able to purchase more expensive things for their foster children to ensure that they do not feel unloved as orphans (Tladi and Setlalentoa, 2020:15051). They also stated that they used grant funds for food and education and the former was clearly one of the primary items purchased with the grant (Tladi and Setlalentoa, 2020:15051). A foster parent stated:

“Yes, the grant is important in the lives of foster children because we can buy what the child needs. I use it for groceries, clothing, electricity and cosmetics for her. When spending the grant, I consider her needs first, I know that it is meant for her. I also know that I should focus on her needs than her own wants that may not be as important” (Tladi and Setlalentoa, 2020:15051).



A similar study conducted in the Eastern Cape by Ntshongana and Tanga (2018) revealed that the majority of foster parents expressed gratitude to the government for establishing the FCG which assists them significantly in meeting the basic needs of their foster children, and they use the grant to cover almost all of their household expenses (Ntshongana and Tanga, 2018:17).

A foster parent pointed out:

“Life would be very difficult if there was no foster care grant, we as foster parents would be unable to meet all the needs of our children because some of us are not working. I don’t use this grant for only the needs of my foster children but for the needs of the entire household” (Ntshongwana and Tanga, 2018:17).

Similar findings were reported in a study conducted with foster parents in selected areas of the Amathole District Municipality and also in the Eastern Cape (Hendricks, 2021). The purpose of the study was to ascertain foster parents’ perceptions of the CSG’s sufficiency in meeting the basic needs of recipients (Hendricks, 2021:108). All 25 participating foster parents agreed that food is the most basic need of the foster children, and as a result, a significant amount of money is spent on purchasing food for them (Hendricks, 2021:109). One of the foster parents said: “I spend more money on groceries especially during school holidays because children are around all day during that period” (Hendricks, 2021:109). A second foster parent remarked: “I spend one thousand rands on food and there are other things like rent that I have to pay” (Hendricks, 2021:109).

### **2.7.2 Impact on education and health of OVC**

Social grants have been shown to have positive outcomes in terms of increasing school enrolments and improving the quality of health of foster children. This is supported by studies in numerous African countries such as, for example, Kenya Malawi, Uganda, Zambia, Tanzania, Zimbabwe, Burkina Faso, Congo, Ghana, Lesotho, Mozambique, Niger and Nigeria. These studies found that cash transfer programmes focused on OVC had a favourable impact in terms of the enrolment rates of the children, particularly in high schools (Owusu-Addo et al., 2018:683). More specifically, the Tanzanian study found that receiving OVC cash transfers dramatically increased children’s school enrolment by between 8 and 10% and primary completion rates by between 14 and 16% (Evan et al., 2020:1). According to a study done by the Centre for Social Development in Africa, the FCG and CSG beneficiaries in South Africa are more likely than non-beneficiaries to enrol in school at a younger age (Patel et al., 2018:20). Furthermore, the study found that receiving the CSG is positively associated with children’s

standardised height-for-age and weight-for-age measurements, which means that the grant recipients had a considerably higher height-for-age (HAZ) score than non-CSG recipients on average (Patel et al., 2018:21). Hendricks's (2021:110) study noted above also found that foster parents believed that education is crucial for all children since it will prepare them for a fulfilling life in the future. One of the foster parents in the study stated: "I pay for the child's transport to school, buy school uniform each year and buy stationery" (Hendricks, 2021:110).

## **2.8 Conclusion**

The profile of OVC has been discussed in this chapter. The review in this section demonstrates that there are several causes that contribute to orphanhood and vulnerability of children, including HIV/AIDS and other related diseases, wars/violence, and poverty. According to the review, their orphanhood and vulnerability affect all aspects of their lives. According to empirical evidence, OVC are more likely to live in great poverty and be victims of abuse (such as physical abuse, sexual, human trafficking). The socioeconomic circumstances of OVC have an impact on their schooling (they are more likely to drop out), as well as their overall health (they are likely to have limited access to basic health services). These systems are designed to care for and protect OVC so that they can reach their full potential. This chapter also discussed the various types of care for OVC that are part of social protection programmes aimed at protecting and nurturing the lives of OVC. Foster care as a form of alternative care was thoroughly examined. The review of the relevant literature reveals that there are problems with the implementation of foster care. These problems stem from poor design and planning (for example lack of coverage of key beneficiaries and poor budget allocation), a lack of required resources (including skilled personnel), and political interference instead of support. All of these issues have a negative impact on the programme's beneficiaries and violate their right to social security. Despite implementation issues, social protection programmes (for example, the FCG) have been praised for alleviating poverty in poorer foster families and enabling these families to meet their foster children's basic needs (including sending children to school, attending to their medical needs, and nutrition). As a result, supporting such programmes is critical for human development and economic growth. The state has a role to play in this regard by allocating the budgets and resources needed for the implementation of the programmes.

## **CHAPTER THREE**

### **THEORETICAL AND CONCEPTUAL FRAMEWORKS**

#### **3.1 Introduction**

This chapter provides the theoretical and conceptual frameworks for this research on the implementation of the FCG in the uMgungundlovu District. The definitions of public policy and public policy programmes, and the methods through which public policies and programmes are established, are discussed. The PIT as a framework to understand the delivery of the FCG is also discussed. The PIT serves as the foundation for the policy models and processes employed in the delivery of the grant. The theory takes into account several factors, including political, social, and economic that may influence the effectiveness of policy implementation. The PIT was used to analyse the following research questions: What are foster care parents' experiences with state-provided social assistance? What impact does the FCG have on OVC/foster families? How do implementors interpret the concept of OVC? What are the implementation issues in the delivery of and access to foster care services? What suggestions, in light of the findings, can be made to improve the implementation of the foster care programme?

The notions of care and theoretical concepts pertaining to foster care are also discussed. The discussion on notions of care provides an overview of the processes involved in providing and receiving care. It provides arguments on how caregiving can be both beneficial and stressful at the same time. The conceptual framework focuses on foster parents' experiences as caregivers for OVC as well as how caregiving is perceived in societies in general. The conceptual framework on the notions of care enabled the researcher to address the following research question: What are the lived experiences of foster care parents?

A HRBA was employed in the study. The approach emphasises that all individuals are equal and should be treated with dignity. By advocating for the rights that protect people from potentially harmful situations, the approach helps ensure that all forms of abuse and discrimination are prohibited, prevented, and ultimately eliminated. It places a strong emphasis on prioritising the rights of marginalised groups by removing obstacles that prevent them from exercising their fundamental rights as members of society. By following a HRBA, countries

can ensure that everyone, particularly vulnerable groups such as children, the elderly, people living with disabilities, and the impoverished have a right to social security. Cash transfers can be used to provide social protection for these vulnerable groups, as well as ensure that basic services such as adequate food, water, shelter, sanitation, health and education are accessible. The approach was used in the study to answer the following research questions: What are foster care parents' experiences with state-provided social assistance? What impact does the FCG have on OVC/foster families?

To begin with, public policy and public policy processes are discussed. The section is a critical one for the study since it provides an overview of how policies are developed before implementation.

## **3.2 Public policy and public policy processes**

### **3.2.1 Public policy**

Dye (2013:3) defines public policy as the actions and inactions of the government. Public policy is described as the deployment of resources in order to address societal concerns through projects and programmes (Anyebe, 2018:8). The goal of public policy is to manage and organise societies, as well as to redistribute resources among the people that live in those societies (Dye, 2013:3). Politico-administrative processes, such as articulating and matching government objectives with available resources, are examples of public policy activities (Howlett and Cashore, 2020:1). Thus, public policies are government initiatives that combine government objectives and allocate resources even if they are insufficiently characterised, justified, and communicated (Howlett and Cashore, 2020:1). Likewise, policy formulation is a determined course of action that is designed in response to a perceived problem (Cochran and Malone, 2010:3). In order to produce public policy, it must first go through a specific policy process and, after that, it must be adopted and implemented by legislation, rules, government action, and budgetary priorities, all of which must be enforced by a public agency (Cochran and Malone, 2010:3).

Both policies and programmes have the potential to be useful tools in the continuous struggle for social justice and equitable distribution of resources (Starsky, 2015). Prior to action, a policy is developed. It begins as a notion that shapes the rules that define a strategy and a course of action (Lassance, 2020:10-11). While policies cannot exist without programmes and vice

versa, understanding how many programmes collaborate to tackle the same fundamental problem is critical for developing integrated policies. Policies are only useful if the programmes are connected (Lassance, 2020:11). Policies are long-term solutions that must be repeated. This is because they stem from a larger issue that takes time to resolve, and so must be maintained (Lassance, 2020:11). Programmes provide the micro-environment in which solutions grow; they provide the opportunity to explore the possibility of focusing more precisely on the public aim, to estimate resources, to identify indicators, and to set goals that are related (Lassance, 2020:11). The programmes make the core challenge of a policy doable. They are the battlegrounds for subsets of a bigger topic that are connected (Lassance, 2020:11).

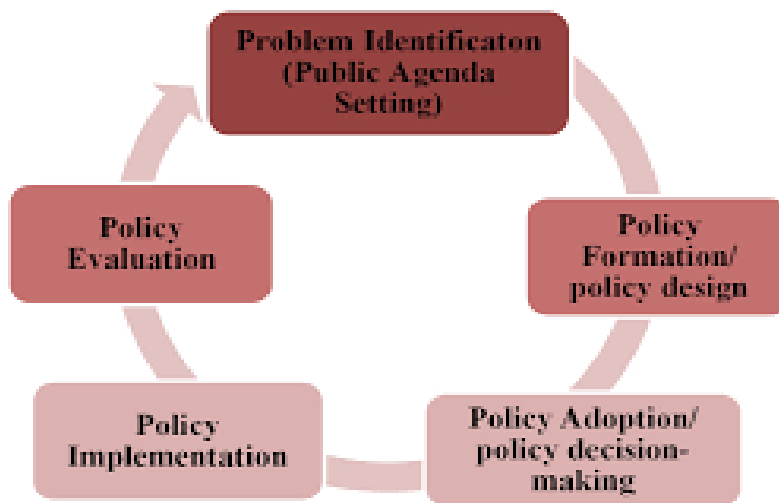
Programmes are interventions that provide temporary benefits in the aftermath of adversity, for example, the FCG is viewed in this study as a programme or government initiative aimed at assisting foster parents in caring for OVC. On the other hand, policies are covenants, as defined by legislation and regulation, that we choose to live by as a society. They lay the groundwork for society's norms and ethics (Starsky, 2015). Finally, while initiatives cannot address systemic injustices faced by any minority (Starsky, 2015), policies influence how communities and their members behave and interact, and encourage individuals to take methodical steps toward improving their own well-being.

The next section explores how public policies are produced and who is involved. The section is an important one because it provides an overview of policy development and serves as a foundation for determining how implementation will proceed.

### **3.2.2 Public policy processes**

Stakeholders or policymakers are responsible for identifying a societal issue that has to be placed on the policy agenda to be addressed (Knill and Tosun, 2008:9). A model of the policy cycle is presented in Figure 4 below, and the various steps in the cycle are then explained in detail.

**Figure 4: Policy cycle**



Source: Cloete et al (2006)

#### **(a) Agenda setting**

Setting the policy agenda is the first and most important step in developing public policy for two reasons. The first reason is that who influences policymaking processes is determined by who sets the policy agenda (Cloete and Wissink, 2000:97). Secondly, it determines how policy agendas are influenced by implementing partners or stakeholders (Cloete and Wissink, 2000:97). Agenda setting is the process of putting together a list of things or items that government officials and other people outside of the government have to deal with at any given time (Jann and Wegrich, 2017:45). There are different types of agendas, namely “systematic” and “institutional” agendas. In comparison to the institutional agenda, the systematic agenda is broader, more abstract, general, and expansive in scope; its priorities may differ from or overlap with those of the institutional agenda. The priorities of these agendas may be used to support a general hypothesis that a greater disparity between them results in greater intensity and frequency of conflict within the political system (Cobb and Elder, 1983:14). The institutional agenda is more precise and realistic than the systematic agenda in terms of “action” (Knill and Tosun, 2008:9).

Hogwood and Gunn (1984) outlined how and why some issues get put on the policy agenda for discussion while others do not or are put away for later discussion (Hogwood and Gunn, 1984:67). If one or more of the following conditions exist, an issue is more likely to be placed on the agenda. First, once an issue is in crisis mode and can no longer be ignored or is seen as a threat to a future crisis, it’s more likely to be put on the agenda (Hogwood and Gunn,

1984:68). Second, the issue has become specific (Hogwood and Gunn, 1984:68). Third, the issue has an emotional component or a human-interest angle that draws media attention (typical examples in the South African context is the issue of gender-based violence against women and children or the use of drugs among youth) (Hogwood and Gunn, 1984:68). Fourth, the issue appears to have a broad impact (a typical example could be the lack of condom use among teenagers, which could lead to high rates of teenage pregnancy) (Hogwood and Gunn, 1984:68). Fifth, the issue raises concerns about societal power and legitimacy (Hogwood and Gunn, 1984:68). Sixth, the topic is trendy in some way that is difficult to explain but easy to recognise (Hogwood and Gunn, 1984:68). However, Hogwood and Gunn (1984) argue that these predisposing factors do not guarantee politicisation and access to the public agenda (Hogwood and Gunn, 1984:68). They further argue that studying the activities and influence of various agenda setters, such as organised interests, protest groups, party leaders, influential senior officials, and the gatekeepers of the mass media (newspapers and television producers), is necessary to fully understand why issues achieve or do not achieve political salience (Hogwood and Gunn, 1984:68).

#### **i. Role players in agenda setting**

**Elected political officials:** It is usually thought that the president and the executive branch start policy proposals, and Congress members act as the “arbiters” of policy options (Dye, 1992:340). In a democratic country, political officials are given a mandate by voters to shape and implement public policies (Cloete and Wissink, 2000:102). During election campaigns, political leaders frequently use public speeches and media debates to raise issues that require the attention of the government (Cloete and Wissink, 2000:102). As a result, they use public issues to persuade voters that if they vote for them, they will resolve these issues. This mobilises mass support for issues, and once this mass support for issues exists, politicians find it difficult to ignore them (Cloete and Wissink, 2000:102).

**Appointed officials:** Public managers are both receivers and producers of policy problems and have the authority to decide what is on the agenda (Cloete and Wissink, 2000:102). The criteria they use to assess the status of policy problems include the policy problem’s urgency, nature, level of agenda, budgetary conditions, and strategic priorities (Cloete and Wissink, 2000:102). The level of urgency determines whether an issue is important enough to be placed on the agenda (Cloete and Wissink, 2000:102). Because not all problems raised should be in the public domain, by definition the nature of a problem allows officials to determine whether the problem

is a public or private matter (Cloete and Wissink, 2000:102). In terms of agenda level, once a problem has been identified as a public problem, officials use a strategic or operational agenda level to determine which level of government it belongs to (Cloete and Wissink, 2000:102). Budgetary conditions simply mean that officials will be hesitant to put new issues on the agenda if funds are not allocated for them (Cloete and Wissink, 2000:102). Finally, officials are more likely to process issues that are directly or indirectly related to the government's strategic priority areas (Cloete and Wissink, 2000:103).

**Courts of law:** The contribution of legal professionals to policymaking extends beyond the narrow interpretation of policy mandates (Cloete and Wissink, 2000:103). Their evaluation of public policies enables them to identify policy flaws (Cloete and Wissink, 2000:103). In their decisions, judicial officials direct the attention of both the legislature and the executive to issues on the public agenda (Cloete and Wissink, 2000:103). As a result, courts of law play a critical role in the agenda-setting process (Cloete and Wissink, 2000:103).

**Interest groups:** Interest groups may develop their own policy proposals, possibly in collaboration with members of Congress or their staff who share a common interest (Dye, 1992:3341). Interest groups are formed by people who want to be on the policy agenda (Cloete and Wissink, 2000:103). Members of interest groups frequently provide essential technical expertise to policy formulation, as well as political intelligence regarding their group's stance on issues (Dye, 1992:3341). Additionally, interest groups testify at legislative hearings and provide technical studies and analyses that are used by members of Congress (Dye, 1992:3341). Interest groups will exist for as long as the government does not put them on its agenda or does not give them much attention (Cloete and Wissink, 2000:103).

**Media:** The media has the single most powerful influence in shaping public opinion and, as a result, the policy agenda (Cloete and Wissink, 2000:103). Television is truly the first medium of mass communication, meaning it touches practically everyone, even children (Dye, 1992:337). The media can help people learn about and become more interested in policy issues (Cloete and Wissink, 2000:104).



## **(b) Policy formulation**

Policy formulation is the process through which identified issues and recommendations are transformed into government programmes and the policy's objectives are detailed, including alternate action plans (Jann and Wegrich, 2017:48). This step in the policy cycle specifies policy objectives in detail and identifies the most critical policy tools and their settings (Knill and Tosun, 2008:13).

### **i. Role players in policy formulation**

Government agencies, presidential organisations, legislative committees and interest groups all play a part at this stage.

**Government agencies:** Officials, both career and appointed, in administrative departments and agencies create policy proposals (Anderson, 2011:109). These are civil employees at the highest level in the Federal government who are frequently major players in the ministerial policy process (Hill, 2009:185). They serve as the minister's deputies in managing the department and act at the intersection of politics and administration (Hill, 2009:185). It is recognised that to accomplish their duty of assisting in the transformation of the government's political intent into administrative action, they must be in permanent basic agreement with the government's views and aims (Hill, 2009:185). Government agency officials become aware of new policy issues and formulate proposals to address them (Anderson, 2011:109). Due to their knowledge, specialisation, and ongoing involvement in certain policy areas, they are in a strong technical position to participate in policymaking (Anderson, 2011:109). Government proposals are intended to change or reinforce current legislation, usually to the advantage of the proposing organisation (Anderson, 2011:109). During government proposal administration, it is possible that gaps, weaknesses, or omissions are recognised (Anderson, 2011:109).

**Presidential organisations:** These are transitory bodies, frequently referred to as "adhocracies", that the president may establish to investigate specific topic areas and propose policy ideas (Anderson, 2011:110). They consist of presidential commissions, task forces, interagency groups, and additional arrangements (Anderson, 2011:110). Advisory commissions and presidential organisations are used in a variety of ways, including developing policy proposals, gaining support for those proposals through the approval of their usually

prominent members, and creating the image of government interest in a particular issue (Anderson, 2011:110).

**Legislators:** During legislative hearings and investigations, legislators receive proposals for action on problems and devise proposed courses of action based on contacts with administrative officials and interest group representatives, as well as their own interests and activities (Anderson, 2011:111). Lawmakers have done much of the policymaking in various sectors, such as environmental protection, agriculture, welfare reform, and energy conservation (Anderson, 2011:111). Legislators are concerned about the specifics of proposed legislation, such as the choice of words or phrases, the inclusion of provisions, and whether, if adopted, it will accomplish the goals of its supporters (Anderson, 2011:111). The majority of legislative negotiations are conducted by House and Senate personnel (Anderson, 2011:111). Additionally, each member of Congress has a legislative council office (Anderson, 2011:112). These units collectively employ several hundred lawyer-technicians to conduct technical work in developing legislation, including fitting it within the existing body of law (Anderson, 2011:112).

**Interest groups:** These organisations play an important role in policymaking, frequently presenting specific policy legislative ideas to the legislature (Anderson, 2011:112). These groups may play an important role in drafting legislation at the state level, particularly on complicated and technical topics, because state politicians often lack the time and staff to deal with such concerns (Anderson, 2011:112).

### **(c) Policy adoption**

Policy adoption entails an official person or body acting to adopt, modify, or reject a preferred policy alternative (Anderson, 2011:125). It is influenced by a variety of factors, including societal values, political party affiliation, public opinion, and constituency interests (Knill and Tosun, 2008:16).

#### **i. Processes and role players in policy adoption**

**Bargaining:** Bargaining is a process in which two or more people in positions of power or authority adjust their at least partially contradictory goals to develop a course of action that is acceptable but not necessarily ideal for all participants (Anderson, 2011:145). It entails negotiating, giving and taking, and compromising to reach a mutually acceptable position

(Anderson, 2011:145). Two factors seem especially important in making bargaining the dominant mode of decision-making in society (Anderson, 2011:145). One is social pluralism, or the presence of a multitude of partially autonomous groups such as labour unions, business organisations, professional associations and civil rights groups (Anderson, 2011:145). The second factor is the application of constitutional practices such as federalism, separation of powers, bicameral legislatures, and legislative committees, which divide and distribute political power among numerous public officials and decision points (Anderson, 2011:145). Major national policy decisions frequently necessitate approval by all branches of government, as well as acceptance by state or local governments and affected private groups (Anderson, 2011:146). This is true of many current federal policies relating to public education and pollution control (Anderson, 2011:146). Negotiation can be either explicit or implicit. When the bargainers (group leaders, party officials, committee chairs, department heads, executives) state their agreements (bargains) explicitly, the likelihood of misunderstanding is reduced (Anderson, 2011:146).

**Command:** Bargaining involves peer interaction, whereas command involves hierarchical relationships between superiors and subordinates (Anderson, 2011:148). Command is the ability of those in positions of authority to make decisions that are binding on those under their jurisdiction (Anderson, 2011:148). When the Office of Management and Budget approves, rejects, or modifies agency requests for appropriations and legislative proposals before sending them to Congress, it is engaging in command behaviour (Anderson, 2011:148). Decision-making processes in dictatorial rather than democratic societies are characterised by command (Anderson, 2011:148). Many developing countries in Africa and Southeast Asia use command as their primary decision-making style (Anderson, 2011:148).

**Majority building in Congress:** The passage of major legislation by Congress necessitates the formation of a numerical majority or, more likely, a bargaining majority (Anderson, 2011:149). The decentralisation of political power is an important feature of Congress that influences policy formation (Anderson, 2011:149). The committee system is one example of power decentralisation. Committees in the House and Senate generally serve as gatekeepers, controlling the flow of legislation to the floors (Anderson, 2011:150). The committee system also increases the number of entry points for interest groups, administrative officials, and others who want to participate in the legislative process (Anderson, 2011:150). Because of the decentralisation of power in Congress, as well as the complexities of its legislative procedures,

enacting important legislation usually necessitates the cobbling together of a series of majorities (Anderson, 2011:150). A bill must go through several decision stages before it becomes law (Anderson, 2011:150).

**Presidential decision-making:** Aside from his role in the legislative process, the president can be viewed as a policymaker in his own right (Anderson, 2011:152). Much foreign policy is the result of presidential actions and decisions, which are either based on the president's constitutional authority or broad congressional delegations of power (Anderson, 2011:152). In domestic matters, Congress frequently grants the president or agencies under his direction and control discretionary authority (Anderson, 2011:152). Several factors influence and constrain presidential decision-making (Anderson, 2011:153). One is permissibility, which is related to legality (Anderson, 2011:153). The president is expected to follow the constitution, statutes, and court decisions (Anderson, 2011:153). Acceptability is another aspect of permissibility (Anderson, 2011:153). Foreign policy decisions frequently rely on acceptance by other countries for their effectiveness, as do domestic policy decisions (Anderson, 2011:153).

#### **(d) Policy implementation**

Policy implementation is the process through which legislation and initiatives based on policy are implemented (Knill and Tosun, 2008:17). Government decisions and policy approval do not guarantee that policy implementers on the ground will stick to the stated goals and objectives of the policy (Jann and Wegrich, 2017:51). The success of policy implementation is based on the implementers' capacity to carry out government decisions effectively (Knill and Tosun, 2008:17). This is a critical stage for political and administrative bodies since frontline activities are rarely guided by policy objectives or regulations and, as a result, policy intentions may be altered, misconstrued, or implemented late (Jann and Wegrich, 2017:51). This study focused on the implementation of the FCG and this stage of the policymaking process is discussed in greater depth in subsequent sections of the chapter.

#### **(e) Evaluation**

The objective of policymaking is to resolve or alleviate societal problems (Jann and Wegrich, 2017:53). At the evaluation stage, the expected consequences of the policy become the primary focus of attention (Jann and Wegrich, 2017:53). At this stage, possible enquiries include whether the decision-making process's output achieved the desired outcomes (Knill and Tosun, 2008:19; 20). This stage is discussed under policy implementation processes.

The primary objective of this study was to investigate the implementation of FCG in the uMgungundlovu District. The primary participants were lower-level implementers (social workers, presiding officers, and grant administrators) and foster parents as recipients of the services provided by the FCG implementers. The following section defines the Policy Implementation Theory (PIT). The theory underpinned the study and enabled the analysis of the data acquired from fieldwork.

### **3.3 Policy Implementation Theory (PIT)**

#### **3.3.1 Introduction**

The term “implementation” refers to all activities, including legislative passage; it encompasses all political-administrative procedures that follow parliamentary decision-making (Varone and Hill, 2011:136). Van Meter and Van Horn (1975:447) define policy implementation as the stage during which public and private individuals (or groups) take actions aimed at achieving the objectives outlined in preceding policy choices. This encompasses both one-time efforts to operationalise policy decisions and ongoing efforts to implement the large and small changes demanded by policy decisions (Van Meter and Van Horn, 1975:448). The implementation phase does not begin until preceding policy decisions have set (or designated) goals and objectives; it occurs only after legislation has been passed and funding is committed (Van Meter and Van Horn, 1975:448).

Newly elected political leaders during a democratic transition are heavily influenced by outsiders and politically motivated individuals (Brinkerhoff and Crosby, 2002:18). Political pressures may result in policy reform that addresses both what should be done and how it should be done. When these changes occur, they affect all levels of stakeholder interaction, resulting in winners and losers (Brinkerhoff and Crosby, 2002:19). Additionally, new laws or legislative changes may have an effect on and modify pre-existing policy networks (Varone and Hill, 2011:139).

#### **3.3.2 Approaches to policy implementation**

There are two approaches to policy implementation (and change) that are frequently mentioned in the literature, namely, top-down and bottom-up (Cerna, 2013:18). The two approaches are

completely contradictory in many ways, including the roles played by actors and how they interact, as well as the types of policies that might be implemented (Cerna, 2013:18).

#### **(a) Top-down approach**

The top-down strategy is a directive (or expert) approach to policy implementation in which implementation is led from the top of the organisation and aided by external consultants (Rosinski et al., 2014:27). According to Najam (1995:12)

“a top-down approach begins with the central decision-maker and the authoritative policy statement and proceeds downwards through the hierarchical administrative structure to examine the extent to which the policy's legally-mandated objectives were achieved and procedures followed.”

Top-down theorists regard policymakers as critical participants in the process, and hence emphasise factors that may be controlled at the policymaking stage (Matland, 1995:146). Three critiques have been levied at top-downers: first, top-down models begin with the legal text, which ignores the significance of earlier policymaking efforts (Matland, 1995:148). Second, top-down implementers have been accused of considering implementation as essentially administrative, ignoring or attempting to eliminate political components (Matland, 1995:148). Third, top-down models have been criticised for focusing solely on legislation makers as significant actors (Matland, 1995:149).

#### **(b) Bottom-up approach**

In the bottom-up approach, employees are involved in the implementation of policy (Rosinski et al., 2014:27). Bottom-up theorists place a premium on target groups and service providers, arguing that policy decisions are taken at the grassroots (Cerna, 2013:18). Proponents of the bottom-up approach argue that target groups and service providers are essential partners in the policy implementation process (Mugambwa et al., 2018:215). When higher-level authorities give orders and instructions, subordinates do not always follow them and policy implementation should be focused on those who are responsible for carrying out the policy, not those who make and communicate it (Najam, 1995:13). One advantage of the bottom-up approach is that it focuses on the people who start and run government programmes, which means that the context in which the programmes are run is important (Cerna, 2013:18). Bottom-up approaches have been critiqued for two reasons: first, it is argued that in a liberal country, policy regulation should be done by people who have the power because they are

accountable to the people through their elected representatives (Matland, 1995:149). However, this does not confer authority on local service providers (Cerna, 2013:18). Second, the approach tends to overestimate the level of local autonomy (Matland, 1995:149).

Although the debate over top-down versus bottom-up approaches to implementation is far from over, it appears that a consensus is emerging around the proposition that it is not a matter of choosing between “top” and “bottom”, as if these were jointly preferential options (Cloete and Wissink, 2000:170). Both perspectives can give useful information about the implementation process (Cloete and Wissink, 2000:170). Each perspective may be more pertinent to specific sorts of cases than others, and in some instances, both perspectives may be more pertinent but at distinct stages of the complicated and dynamic process (Cloete and Wissink, 2000:170). Finally, new models of implementation are required that include the strengths of both approaches (Cloete and Wissink, 2000:170).

### **3.3.3 Role players in policy implementation: Street-level bureaucrats**

Street-level bureaucrats (SLBs) are public service employees that contact directly with citizens and exercise considerable discretion in the performance of their duties (Lipsky, 1980:3). Police officers and other law enforcement officials, social workers, teachers, health professionals, judges, public lawyers and other court workers, and many other public employees are examples of SLBs (Lipsky, 1980:3). SLBs follow government rules and have the skills and knowledge to take part in and help shape policy (John 2012, 37). They play an important part in public administration. Even though they are typically viewed as low-level employees, the acts of the majority of public service employees usually form the services provided by the government (Lipsky, 1980:3). SLBs are considered policymakers since they have broad authority in making choices about persons with whom they are in contact (Lipsky, 1980:13). Lipsky (1980:27) contends that SLBs are frequently blamed for their inability to offer responsive and adequate service. However, they are more likely to work or make decisions under time and information constraints (Lipsky, 1980:29). Furthermore, SLBs typically have a relatively heavy caseload in comparison to their responsibilities (Lipsky, 1980:29). The precise figures are irrelevant and what matters is that they are frequently unable to fulfil their mandated obligations due to their caseloads (Lipsky, 1980:29). Lipsky (1980:30) contends that heavy caseloads reduce decision-making time and points out that SLBs must make swift decisions due to the social reality that they are dealing with, for example, clients who may view delays as incompetence or a lack of authority, resulting in future unpleasant client interactions. However, some SLBs may lack the

necessary personal abilities to carry out their duties, or they may be undertrained or inexperienced (Lipsky, 1980:31).

### **3.3.4 Factors that condition successful policy implementation**

#### **(a) Content**

The policy content's goal is to define the policy goals, explain how these goals directly link to resolving the issue (causal theory), and how it intends to resolve the perceived problem (methods) (Cloete, De Coning, and Wissink 2018:206). For a public policy to be successful, certain factors must be taken into account. One of the conditions for successful implementation as outlined by Sabatier and Mazmanian (1979), is that policy objectives must be clear. The policy programme should be based on sound theory that connects changes in group behaviour to the achievement of desired end-state goals. The bulk of policy decisions is based on an underlying causal theory that may be divided into two components, the first of which is concerned with reaching the desired end-state(s) and the second with behavioural changes in the target population (Sabatier and Mazmanian, 1979:487). The processes for obtaining target group compliance, both the technical and compliance components, must be genuine for the policy objectives to be met (Sabatier and Mazmanian, 1979:487). The policy objectives must be definite and well-defined, both vertically (inside the specific statute) and horizontally (within the programme's general implementing agency) (Sabatier and Mazmanian, 1979:488). Sabatier and Mazmanian (1979:488) argue that the well-defined statutory objectives also serve as clear commands to implementing agencies and as a resource for supporters of the agencies who operate both inside and outside the implementing agencies. Clear objectives can also be a resource for actors outside of the implementing agencies who see discrepancies between agency outputs and those goals, especially if the legislation also grants them formal access to the implementation process, such as through citizen suit provisions (Sabatier and Mazmanian, 1979:488).

#### **(b) Context**

Policymakers, implementers, and researchers have been told to pay attention to social, economic, political, legal and institutional settings (O'Toole, 1986:202). Not doing so, risks losing the accumulation of learning and failing to account for contextual impacts on implementation effectiveness (Brynard, 2005:659). There is much emphasis on the institutional context which is shaped by the bigger picture of the implementation system's social, economic, political, and legal contexts (Brynard, 2005:659). This is not meant to downplay the importance



of the larger context (Brynard, 2005:659). Focus instead should be on how this changes the implementation process, especially the way this affects how implementation must go through the different institutions that make it possible for it to happen (Brynard, 2005:659).

### **(c) Commitment**

Apart from the client's best interests, nothing appears to be more critical to the successful implementation of policy programmes than the implementers' dedication (Warwick, 1982:135). To ensure that policies are implemented successfully, policymakers must have a deep knowledge of the ability and commitment of the implementing agencies (Birkland, 2011:265). A cost-benefit analysis may be able to give the policy high marks and it may also have a bureaucratic structure that would be a good fit for Max Weber (Warwick, 1982:135). However, if those charged with carrying it out are reluctant or unable to do so, little will occur (Warwick, 1982:135). Commitment requires that people responsible for the policy have a strong willingness to carry out the policymakers' goals (Birkland, 2011:265). This means that lower-level implementers, particularly those at the street level, share the policymakers' attitudes and objectives (Birkland, 2011:265).

### **(d) Clients/Coalitions**

One of the early and most significant results of policy implementation research was that the local effect of federal policy is critically dependent, in some ways, on the creation of local coalitions of policy-affected individuals (Elmore, 1979:610). Clients are critical for the success of the majority of social service programmes (Warwick, 1982:189). Programmes are more likely to be implemented when clients have a positive attitude toward the implementers; when there is little or no risk of negative effects or complications for the people who use the service and for people who are near them; and when the service itself is clear to the people who use it (Warwick, 1982:189). It is critical for the government to be a part of a coalition of interest groups, opinion leaders, and other outside people who support a particular way of doing things (Brynard, 2005:661). This is shown by the fact that different outside groups can have a significant impact on how things get done, and this makes the implementation processes move in the same direction (Brynard, 2005:661). The first thing to do before the implementation stage is to make a list of all the people and groups in the implementation theatre, and this includes determining which people and groups could be important (Brynard, 2005:661).

### **(e) Capacity**

Policy implementation necessitates planning and management to ensure that the job is completed effectively (Barret and Fudge, 1981:13). Implementing policy is thus fundamentally dependent on knowing what is needed to be accomplished (Barret and Fudge, 1981:13). To achieve the end result envisaged necessitates being able to obtain the resources needed and being able to organise and control them. Furthermore, if others are doing the work they need to be advised what is needed and their work needs to be controlled (Barret and Fudge, 1981:13). Cloete (1999) defines capacity to deliver public services as the structural, functional, and cultural ability to carry out the government's policy objectives (Cloete, 1999:11). The capacity to offer services in the manner intended by the government with the goal of improving citizens' quality of life efficiently and sustainably (Cloete, 1999:11) is an overriding consideration. People, finance, material, technology, logistics and so on are all examples of concrete or tangible resources that can be used to establish the capacity to do what is needed (Cloete, 1999:11). Similarly, according to Brinkerhoff and Crosby (2014:27), capacity entails amassing sufficient resources and this often entails reducing those allocated to past policies. The authors claim that a government's failure to reallocate resources to new priorities typically results in programme or project closures once donor funds are exhausted (Brinkerhoff and Crosby, 2014:27). Furthermore, resource accumulation entails collecting initial funds and winning space for the programme in the government's budget allocation process (Brinkerhoff and Crosby, 2014:27). Sabatier and Mazmanian (1979:490) suggest that for a project to be a success, the funds available to the implementing agencies should be enough to hire employees and do the research needed for rule writing, permit or service delivery programme management, and compliance monitoring with target group requirements.

Cloete (1999:11) asserts that capacity also encompasses the intangible resources of leadership, drive, commitment, willingness, courage and resolve, and perseverance necessary for rhetoric to become action. Brinkerhoff and Crosby (2014:27) suggest that a lack of capacity is not limited to insufficient or unreliable financial resources as many developing countries also have a shortage of trained human resources. These countries do not have the people who could easily learn new skills and the pool of people who could easily do so has been drained by things like war, repression, diseases, and emigration (Brinkerhoff and Crosby, 2014:27). Cloete (1999) believes that capacity encompasses more than the availability of financial resources for service implementation; implementing agencies must also be sustainable to continue service delivery. Here, sustainability does not just mean that the organisation has enough money or other

resources to provide the services needed, it also means that the organisation can provide these services and adapt to changing circumstances for a long time, maintaining or even improving the services in question (Cloete, 1999:12). As a result and despite setbacks, sustainability includes the concepts of flexibility and resilience (Cloete, 1999:12).

#### **(f) Communication**

One of the primary reasons policies fail is that policymakers neglect to recognise how difficult it is to coordinate the tasks and agencies required to make programmes work (Barret and Fudge, 1981:15). Because of the complexities of policy implementation, clear communication among implementing agencies and society at large is required. Communication is not only one of the variables for implementation, it is also considered an essential component of all implementation variables (Brynard, 2005:662). Brinkerhoff and Crosby (2014:143) suggest that early communication and stakeholder engagement are critical for two reasons: first, a policy cannot be developed without key stakeholders; second, it is also vital to make important decisions about alliances and support at this point in the process of making a strategy. Similarly, Cloete et al. (2018:212) argue that improving public communication can contribute to greater transparency and good governance by enhancing stakeholder participation which, in turn, can help an organisation's credibility. Stakeholders are more likely to act in line with the decision that was made if they were involved in the process of making the decision (Cloete et al., 2018:212). Stakeholders and clients who are meant to benefit from the policy tend to be against it when there is insufficient communication about what the policy is supposed to do (Cloete et al., 2018:21).

#### **(g) Coordination**

Warwick (1982:126) contends that while many of the world's ills are ascribed to a lack of government coordination, there has never been a serious attempt to study the phrase. Coordination involves getting government agencies and their respective parts to perform in a desirable manner at the appropriate time, even though accomplishing this goal is impossible (Warwick, 1982:126). Similarly, coordination is a process that brings various agencies together to make their actions better (for the sake of fairness and efficiency) (Panday, 2007:241). Without coordination, the risk of confusion and inefficiency increases (Panday, 2007:241). Effective policy implementation is more about how people work together than how they are ranked, thus effective collaboration among implementing agencies is crucial during the

implementation process (Mnculwane, 2009:51). A healthy working relationship has a long-lasting effect on the overall implementation of policies (Panday, 2007:241).

Inadequate intra-organisational coordination refers to a dysfunctional working environment within the city corporation that impairs the process of policy implementation (Panday, 2007:241). Lack of coordination happens when there are insufficient rules, standard operating procedures, and communication between groups in an organisation, for example, who will do what, when and how? It also happens when there are not enough people doing the same thing at the same time (Panday, 2007:241). Coordination within an organisation is impossible if regulations are not fixed in stone (Panday, 2007:241). A lack of coordination is often thought to be a sign of the absence of or poor communication. The assumption is that if intentions are made clear and the right organisational channels are set up for the transmission of policy to those who are responsible for its implementation, then the policy will be put into practice (Barret and Fudge, 1981:15, 16).

#### **(h) Multi-stakeholder partnerships**

Multi-stakeholder partnerships (MSPs) are processes that aim to bring together all major stakeholders in a new form of communication, decision-making, and (potentially) decision-making regarding a specific issue (Hemmati and Hohnen, 2002:63). Today's societies are complex, and the policy frameworks in place frequently appear to fall short of providing satisfactory solutions to an increasing number of problems (Leed, 2006:3). However, this does not necessarily imply that the frameworks themselves will be changed, as existing frameworks are the result of historical development and reflect a balance of different interest groups within society; they are thus difficult to change (Leed, 2006:3). While having to live with certain policy settings, partnerships can be of great assistance in improving policy performance and area-based partnerships, in particular, provide a mechanism for local organisations to collaborate and adapt their policies to better reflect the needs of people and the economy at the local level (Leed, 2006:3). Similarly, MSPs have been lauded because public policy problems that are complex in nature and extremely difficult to explain and solve can be tackled using this method (Momen, 2020:2). MSPs provide resources for separatist movements while also opening the door to accommodation through shared rule (Hooghe et al., 2001:193). The MSP leads to greater subnational variation in social policy while also allowing central and regional governments to coordinate policy (Hooghe et al., 2001:193). Moreover, a MSP in public policy processes emphasises a participatory approach to governance that fosters discussion between

public and private entities (Momen, 2020:2). These methods enhance the quality of decision-making in the public policymaking process and investigate the possible courses of action required for its successful execution (Momen, 2020:2). The benefits of partnerships for various stakeholders include the use of diverse skills to address a particular challenge (Matibane, 2010:29).

For partnerships to be effective, there must be guiding principles, just as there must be specific principles for any platform where critical issues are addressed (Matibane, 2010:30). These principles must facilitate the resolution of issues and the attainment of objectives (Matibane, 2010:30). According to Hemmati and Hohnen (2002:63), the significance of achieving trust, equity, accountability, transparency, and participation in order to develop partnerships and strengthen stakeholder networks must be recognised. These are issues that affect local government service delivery, transparency, mutual accountability, and equality and are crucial for the delivery of services and development (Matibane, 2010:30). It is common knowledge that a lack of transparency leads to corruption and that corruption leads to a dearth of service delivery and development (Matibane, 2010:30). Through partnerships, local government serves as a hub where all other role players congregate, and it can also serve as a facilitator or coordinator (Matibane, 2010:33). Local government invites other actors to form partnerships to address what has traditionally been viewed as the government's responsibility (as the steward of the people) (Matibane, 2010:33). Therefore, the local government assists the community in achieving its goals (Matibane, 2010:33).

#### **(i) Monitoring and evaluation**

As a condition for a meaningful evaluation and as a key part of a successful implementation, the activities and outputs of the policy should be outlined and, where possible, the results should be known (Hogwood and Gunn, 1984:220). This is more than just a matter of prior specification, it is also a matter of continuous monitoring (Hogwood and Gunn, 1984:220). The benefits and effects of many policy changes do not show up right away, so it is important to keep track of how things are going and process indicators are a good way of doing this (Brinkerhoff and Crosby, 2014:30). Some of these process indicators are about monitoring the set of tasks that need to be done, and others are about the sequence of tasks that need to be done. Tracking these indicators will help implementers learn and correct their mistakes, which can help avoid bad policy effects (Brinkerhoff and Crosby, 2014:30). Hogwood and Gunn (1984) argue that the first step in effective monitoring is to determine what the programme

should look like as one cannot measure deviations from standards that have not been set up (Hogwood and Gunn, 1984:220). This means connecting the goals of the programme to the goals of the policy (Hogwood and Gunn, 1984:220). Monitoring is also important for accountability, to ensure that policy managers and lower-level implementers are doing what they are supposed to do (Brinkerhoff and Crosby, 2014:30).

Policy evaluation is the process of determining the overall efficacy of a programme in accomplishing its goals or the relative effectiveness of two or more programmes in accomplishing similar goals (Dye, 1981:367). Its purpose is to generate data that can be utilised to improve the process of implementation (Browne and Wildavsky, 1983:181). An evaluation helps future implementation processes, as well as the people who make them learn from their mistakes (Browne and Wildavsky, 1983:182). There are several issues to consider when policy is evaluated, such as how it affects the target group or situation, how it affects other groups and situations that are not the target (spillover effects), how it affects future and immediate conditions, and how much it costs (Dye, 1981:371). Policy evaluation also includes “programme evaluation” which means that most government agencies try to determine how well their own programmes work (Dye, 1981:371). It is common for evaluative reviews to come in one or more of the following ways:

**i. Hearings and discussions:** These are the most prevalent type of programme evaluation. Government administrators are invited by chief executives or legislators to testify (officially or informally) on the accomplishments of their programmes (Dye, 1981:372). Programme administrators frequently provide written annual reports (Dye, 1981:372). Different methods can be used for hearings and some of these methods are outlined below:

*Site visits:* At times, teams of senior administrators, professional consultants, or legislators decide to visit agencies or perform field inspections (Dye, 1981:372). These teams can obtain a sense of how programmes are run, if they follow certain rules, if they have good staff, and sometimes if the “clients” (target groups) are happy with the services (Dye, 1981:372).

*Programme measures:* Generally, data developed by government agencies encompass policy output measures, such as the number of beneficiaries of various social programmes (Dye, 1981:372). However, these programme measures rarely reveal the impact of the programme on society (Dye, 1981:372).

**ii. Comparison with professional standards:** In some areas of government work, professional groups have set standards of excellence (Dye, 1981:372). Typically, standards are expressed as a desired level of output (Dye, 1981:372). For example, the number of students per teacher or the number of cases handled by each welfare worker (Dye, 1981:372). The outputs of the government can be compared to “ideal” outcomes (Dye, 1981:372).

**iii. Evaluation of citizen complaints:** Another common way to evaluate a programme is to examine what people say about it (Dye, 1981:373). However, not all citizens willingly submit complaints or comments about government programmes (Dye, 1981:373). Critics of government programmes are not chosen by the general public (and are thus not their representatives) or the people who are the target groups of the programmes (Dye, 1981:373). Administrators sometimes compile questionnaires to give to people who are in their programme so that they can find out what their problems are and if they are satisfied or not (Dye, 1981:373). However, these questionnaires only test public opinion about the programme, not its actual impact on the lives of participants (Dye, 1981:373).

To ascertain the true impact of government programmes on society, more complex and expensive programme evaluation approaches are required (Dye, 1981:373). Systematic programme evaluation entails comparisons which are used to ascertain the extent to which changes in society may be attributed to the programme rather than to unrelated causes (Dye, 1981:373). In an ideal world, this would entail comparing what “really occurred” to “what would have occurred” had the programme not been enacted (Dye, 1981:373). The difficult but critical problem is determining what would have happened in the absence of a programme and comparing the two societal conditions. The difference must be caused by the programme itself, and not by other changes that were taking place in society at the same time as the programme (Dye, 1981:373).

**iv. Before versus after comparisons:** There are many ways to research programmes but the most common is the “before and after” study which compares results in a jurisdiction before and after the programme is put in place (Dye, 1981:373). Typically, only specific target groups are investigated. These before and after comparisons are intended to demonstrate programme impacts but it is difficult to know whether the changes observed, if any, were caused by the programme or by other changes occurring in society at the same time (Dye, 1981:373).

**v. Projected trend line versus post-programme comparisons:** A better way to determine what would have happened if the programme had not been there, is to look at how things have been going in the past (before the programme) (Dye, 1981:373). This can then be compared to what happened after the programme was put into place (Dye, 1981:373).

**vi. Comparisons between jurisdictions with and without programmes:** Another popular method of evaluating programmes is to compare persons who have participated in them against those who have not, or to compare towns, states, or countries that have programmes with those that do not (Dye, 1981:373).

### **3.3.5 Challenges to policy implementation**

#### **(a) Lack of stakeholder involvement**

Proposed policy initiatives may fail at various phases of the policy process, resulting in a variety of implementation failures (Santiago et al., 2008:313). Extensive lobbying by external stakeholders and demonstrations or strikes by internal stakeholders may occur throughout the policy formation or adoption process, and government officials and the general public routinely express their opinions by putting issues on the policy agenda or voting on them (Santiago et al., 2008:313). Policy initiatives may fail to produce the anticipated results due to stakeholder noncompliance or partial implementation (Santiago et al., 2008:313). Similarly, democratic public participation, in which individuals and policymakers participate in constant contact, leads to successful policy implementation (Umar and Kuye, 2006:815). Governments, on the other hand, frequently exercise control over public civil organisations through a range of legal and illegal constraints and limit them viable spaces for effective activity (Umar and Kuye, 2006:815). Furthermore, Bardach (1998:8) argues that agencies must interact to achieve certain public policy goals. He defines interaction as any collaborative activity conducted by two or more agencies to create public value through cooperation rather than competition (Bardach, 1998:8). According to Bardach (1998:8), collaboration can take many forms, ranging from the operation of hundreds of joint field enforcement teams across a large geographical area over an extended period, to periodic meetings at the middle management level to clean up an existing division of labour between agencies (Bardach, 1998:8).

#### **(b) Lack of planning**

Faulty policy design can be caused by many things, including a poor understanding of the problem, not enough knowledge of how the policy will be implemented, unclear or even



contradictory goals, bad evidence, and no political support (Hudson et al., 2019). Successful policies are the result of careful planning (Bonga, 2014:4). Bonga (2014:4) believes that planning is necessary to accomplish a set of macroeconomic objectives, including rapid economic growth and development. During the drafting process, it is critical to develop a comprehensive implementation plan that addresses governance, stakeholder engagement, risks, monitoring, review and evaluation, resource management, and management strategy (Hudson et al., 2019).

### **(c) Political interference**

The debate on how politics affects the policy process is still of interest (Howlett and Ramesh, 1998:446). For some people, politics is any part of the policymaking process that is not completely rational or technical, and so can be interpreted in different ways (Howlett and Ramesh, 1998:446). Self-interested parties may disagree about specific policy ideas but disagreement can also arise because of the different worldviews of the parties (Howlett and Ramesh, 1998:446). The term “political groups” is used when organised and self-proclaimed political groups working together during the policymaking process are referred to (Howlett and Ramesh, 1998:446). Politics in developing democratic countries is crucial for the provision of social services, roads, schools, and hospitals (Mfuru et al., 2018:21). However, political influence in administration continues to be a severe problem for both administrative practitioners and elected officials (Seloba, 2006:1). One of the primary issues confronting African developing democracies is political intervention in public administration (Mfuru et al., 2018:21).

### **(d) Corruption**

Corruption is when someone misuses someone else’s authority for their own benefit (Transparency International, 2009). Public employees can be corrupt in several ways, such as by asking for money or favours in exchange for their services, politicians giving public jobs or contracts to friends and family members, and public officials bribing or extorting other people (Transparency International, 2009). The corrupt tendencies of public officials and politicians, as well as private businesses and individuals, have had a big impact on the success of legislation. Corruption has spread to every part of our society (Ahmed and Dantata, 2016:63) and when one considers the economic effects of corruption, one instantly considers the negative impact of high levels of corruption (Rose-Ackerman, 2000:45). Corruption on a large scale is associated with dictators and their collaborators and can involve the misappropriation of

significant sums of public funds. The consequences are mismanagement, waste, unfairness, and societal degeneration that are disastrous for an economy (Rose-Ackerman, 2000:45). Corruption has a negative impact on service delivery and at the macro-level of government in particular, creates a financial burden on services that should be provided for free (Department for International Development, 2015:37). Building codes, environmental controls, traffic rules, and prudential banking regulations are examples of laws and regulations in almost every culture that serve social purposes and safeguard the public interest (Rose-Ackerman, 2000:50). Violation of these laws, in order to achieve an economic advantage by corrupt tactics, can result in substantial social harm (Rose-Ackerman, 2000:50). Corruption creates uncertainty for firms, leading them to decrease investments, which has a detrimental influence on growth (Department for International Development, 2015:37).

#### **(e) Poor technologies**

Technology includes not just physical equipment such as infrastructure and installations but also the knowledge, procedures, and skills connected with its installation and utilisation (Tonda and Susan, 2015:2). These elements are part of a wider technological “regime” or infrastructure that helps one technology construct on or connect to another (Tonda and Susan, 2015:2). Over the last few decades, the advancement of digital technology has resulted in substantial changes to the economy, society, and the way we go about our daily lives (Lloyd, 2020:9). The procedure by which governments establish policy, however, has essentially remained unaltered (Lloyd, 2020:9). Policy recommendations at the ministerial or manifesto level are still mostly generated internally, with little public engagement and only a superficial study of the policy’s impact after adoption (Lloyd, 2020:9). This model is antiquated in the digital age as it fails to address numerous long-standing barriers to effective policymaking and is unsuited to the more complex challenges confronting government today. Policymaking can become more effective and appropriate for a digital world by utilising new tools and technologies more effectively (Lloyd, 2020:9). A lack of innovative technologies, managerial talents, and administrative capacity leads to poor policy implementation in many agencies (Ahmed and Dantata, 2016: 63).

Social security is one of the important instruments for social justice, the section below discusses the design and implementation of social security systems.

### **3.3.6 Design and implementation of social security systems**

#### **(a) Social protection policy frameworks**

Poverty and vulnerability are strongly intertwined with politics and ideology which are formed by the beliefs and actions of political and civil society leaders (European Commission, 2015:25). Three policy frameworks have evolved into the present primary approaches to social protection: the Social Risk Management Framework (SRM), the Transformative Social Protection Framework, and the Life Cycle Approach (European Commission, 2015:25). These are the frameworks that have shaped and continue to shape the global evolution of social protection systems (European Commission, 2015:25).

##### **i. Social Risk management Framework (SRM)**

The World Bank's evaluation of traditional social protection approaches resulted in the development of a new conceptual framework called the SRM (Holzmann et al., 2003:5). Two things are at the heart of the SRM: the first is that the poor are more likely to face a wide range of risks. These risks include natural disasters, war, and inflation, as well as health (like sickness) and political risk (like discrimination) (Holzmann et al., 2003:5). The second is the principle that states that the poor have the fewest tools to deal with these risks such as government-provided income support and market-based tools like insurance (Holzmann et al., 2003:5). One of the best ways to reduce poverty, stabilise income and consumption, and build wealth is to give people tools to deal with risks (European Commission, 2015:25). The SRM framework states that three main risk management strategies should be used in a national social protection system, namely, prevention, mitigation, and coping (European Commission, 2015:25).

*Prevention strategies* are preventative measures taken before the occurrence of a risk event. Reduced unfavourable risk increases expected income and reduces income variation, both of which boost welfare (Holzmann et al., 2003:6). Social protection is not the only way to reduce and mitigate risks. There are many other ways to do this, such as smart macroeconomic stability, environmental rules, and educational programmes (Holzmann et al., 2003:6). Preventive social protection initiatives are frequently integrated into labour market risk mitigation policies, most notably the risk of unemployment, underemployment, or low pay as a result of insufficient skills or dysfunctional labour markets (Holzmann et al., 2003:6).

*Mitigation strategies* seek to reduce income variance in the event of a shock (European Commission, 2015:25). Through the pooling of resources across assets, individuals, and over time, risk mitigation strategies (such as insurance or pensions) aid individuals in reducing the impact of future risk events on their lives (Holzmann et al., 2003:6).

*Coping strategies* are things that people do after a risk happens to lessen the risk's effects. The most common ways people deal with this situation are to cut back on their savings, borrow money, and rely on government or private aid (Holzmann et al., 2003:6). In some cases, the government can help people deal with issues such as not having enough money to deal with, for example, frequent or catastrophic risks (Holzmann et al., 2003:6). Even a minor drop in income would impoverish these individuals and render them virtually incapable of recovery (Holzmann et al., 2003:6). These strategies also aim to reduce distress through social handouts such as food vouchers and cash transfers, for example, social grants (CSG, FCG and Old Age Pension Grant).

## **ii. Transformative Social Protection Framework**

According to Devereux and Sabates-Wheeler (2004:9), the main goal of social protection is to reduce the risk of the poor. There are numerous types of social protection programmes which can be broadly categorised as protective, preventative, promotional, and transformative (Devereux and Sabates-Wheeler, 2004:9). The Transformative Social Protection Framework reframes vulnerability by addressing the increasing sociopolitical factors that lead to and perpetuate poverty and risk vulnerability (European Commission, 2015:25). As a way to deal with issues of social justice and exclusion, transformative approaches, such as working together to protect workers' rights, are used (Devereux and Sabates-Wheeler, 2004:9). Public awareness campaigns such as the "HIV/AIDS Anti-Stigma Campaign" can also be called "transformative interventions" in that they help people change their attitudes and behaviour and improve social equity. People with disabilities and victims of domestic violence are examples of socially vulnerable groups that need transformative interventions (Devereux and Sabates-Wheeler, 2004:9).

## **iii. Life Cycle Approach**

Each individual, irrespective of geographical location and social or political system, is exposed to a broad and diversified range of circumstances throughout their lives, for example, risk exposure. While risk exposure is unquestionably a normal part of the human experience, it

should be avoided (ILO, 2003:2). The vulnerability of all communities to negative shocks produced by natural disasters, public health emergencies, social unrest, economic hardship, political instability, and environmental degradation is well documented, and these threats can originate from a variety of sources (ILO, 2003:2).

The Life Cycle Approach is based on the idea that people face different risks and vulnerabilities at different points in their lives, and that social protection can be tailored to address these risks at each stage of life (European Commission, 2015:25). The ILO points out that both men and women face a variety of risks in their lives; each stage of life has its own risks that change depending on the situation (ILO, 2003:32). Furthermore, there is no age which is risk-free and where social protection is not needed. The ILO (2003:32) goes on to state that “Social protection should not be considered as being one independent set of policies for boys and girls, another independent set for the young, another independent set for the those in working age and yet another for the elderly. People will go through all these phases [and] all [the] policies will affect the same people at different stages of their lives.” Individuals can thus be protected from unfavourable life-cycle changes through the use of social protection instruments that can be applied as soon as the changes arise (European Commission, 2015:27). Existing livelihoods can be improved in such a way that current stages of the life cycle are less vulnerable to exploitation, and social protection can help to mitigate these risks (European Commission, 2015:27). Many people stay in the same life cycle because they have stable incomes and healthy lifestyles, avoid risks, have effective access to basic goods and services, effective representation, and many other factors (ILO, 2003:34). Apart from the idea of “vulnerability” which may be used to refer to individuals, households, or larger social groupings such as a community, the Life Cycle Approach aims to connect the provision of social assistance to those in need (European Commission, 2015:28). In the approach process, the idea of “social protection floors” is used. This means that everyone should have access to some level of protection against various life cycle risks and that there should be a process of increasing and improving that level of protection, called the “social security staircase” (European Commission, 2015:28).

### **(b) Financing social protection**

According to United Nations Economic and Social Commission for Asia and the Pacific (ESCAP), the state is responsible for funding social security and a strong political consensus

emphasising social protection as a crucial investment in human capital is necessary to assure long-term finance and national ownership (ESCAP, 2018:2). Increasing government revenues is one of the possible ways to finance social security programmes. An effective progressive tax approach, as well as successful wealth and income tax collection, enables governments to invest in social infrastructure, such as social protection, while also contributing to the reduction of existing inequalities in the economy (ESCAP, 2018:6). The notion of solidarity underpins progressive pro-poor taxation systems. These systems place a greater emphasis on taxing individual income, wealth, and capital gains rather than relying on broad consumer assistance such as VAT, which is often regressive and anti-poor in nature (ESCAP, 2018:6). Increasing tax revenue is a difficult task in many countries since a significant section of the workforce is employed in the informal economy (ESCAP, 2018:6). Aside from the imposition of income taxes, it is vital that people shift to more formal jobs and that policies are developed to increase the tax base. To raise tax revenue, governments can explore imposing new taxes on businesses, inheritance, property, and other forms of wealth (ESCAP, 2018:6).

Another way of financing social security systems is through the reallocation of existing public expenditure. Expenditure is reallocated from lower to higher priority areas and from less productive to more effective and productive programmes (European Commission, 2015:35). Besides reallocating public expenditures, it is also necessary to eliminate inefficiencies in spending and fight corruption (ESCAP, 2018:6). A further means of supporting social security is through managing debt through borrowing and donor funding. Debt management, whether by borrowing or rearranging current debt, is essential. It comprises an aggressive search for low-cost domestic and international borrowing options, including concessional borrowing, following a detailed assessment of the financial sustainability of the government (ILO, 2018:1).

It may be conceivable and justifiable for governments experiencing serious debt difficulties to restructure their existing debt if the potential cost of deepening deprivation of vulnerable people is significant (ILO, 2018:1). A total of more than 60 countries, including advanced and emerging market economies and developing countries, have successfully renegotiated their loans, with some allocating the savings from debt servicing to social programmes (ILO, 2018:1). In most instances, donor-funded social transfer systems are transitory social safety measures in the aftermath of an emergency and generally have not been included in any budget and have not been considered public funds (European Union, 2015:36). A unique set of concerns arises when funds are borrowed or received from a donor (European Union, 2015:37).

There can be a compelling argument for funding social protection on the basis of borrowing or giving status; however, for low-income countries, the long-term economic consequences can be overwhelming, and the political consequences of establishing benefits on the basis of short-term finance are another reason to proceed with caution in this area (European Union, 2015:37).

Lastly, another way of financing is through expanding the number of people covered by social insurance and by raising contributions (ILO, 2018:1). Contributions to social security by both employees and employers are critical in ensuring the long-term viability of social protection (ILO, 2018:1). The successful expansion of social security coverage in many emerging market economies can be achieved by adapting contributory mechanisms to make it easier to cover workers in non-standard and informal employment, increasing contributory revenues, and progressing toward the formalisation of those who work in the informal economy (ILO, 2018:1).

### **(c) Provision of social protection instruments**

Systematising social protection requires integrating social protection mechanisms into a wider policy framework (European Union, 2015:44). A social protection system can comprise a wide variety of tools, but the most common include cash transfers, insurance systems, social services, and social health protection (European Union, 2015:44). For the purposes of this study, cash transfers and social services will be reviewed.

#### **i. Cash transfers**

Cash transfers are immediate, recurring, and predictable payments made electronically using secure mechanisms such as direct deposits into bank accounts, mobile phone accounts, or smart cards (Carter et al., 2019:14). Cash transfers seek to achieve a dual purpose of immediate alleviation and reduction of poverty while also contributing to impoverished households' resilience by enabling them to save, invest, and handle risks and shocks more effectively (Carter et al., 2019:14). Unconditional and conditional cash transfers are two types of cash transfers. Conditional cash transfers are made only if the recipient meets certain conditions, such as going to a health clinic or making sure their children go to school, while unconditional cash transfers are made without regard to whether the recipient meets certain conditions (Carter et al., 2019:14). Family allowances or child grants are examples of conditional cash transfers (in South Africa the CSG and the FSG are provided to families of OVC). These child grants are provided to individuals and households with children to alleviate poverty and vulnerability

and to promote children's access to basic services (European Union, 2015:44). They are essential in ensuring that children's cognitive development is encouraged and allowing them to accumulate more human capital and become more productive workers later in life, resulting in a positive economic impact at the national level (European Union, 2015:44).

## **ii. Social services**

For every member of a community to be safe, healthy, and successful and to enjoy all the benefits of a society, a healthy economy and first-rate public services are needed (Dhavaleshwar, 2016:61). By promoting awareness and helping the community through the establishment of employment opportunities, social services play a key role in assisting individuals in improving their quality of life (Dhavaleshwar, 2016:61). The provision of essential services is a significant component of poverty reduction efforts in developing countries (Berry et al., 2004:7). People who are poor need to have access to water, education, health care and safety and expanding inclusive service delivery is important to ensuring such access and meeting the Millennium Development Goals (MDGs) (Berry et al., 2004:7). Human development, particularly for the most disadvantaged, is dependent on the provision of social services to all (European Union, 2015:49). This is because providing social services helps to build human capital, broaden economic possibilities, and promote health and well-being (European Union, 2015:49). Additionally, the provision of social services complements the provision of other forms of social protection as part of a comprehensive, integrated system (European Union, 2015:49). For example, making childcare facilities available can be an effective tool in encouraging women to enter the work force, which is often a critical source of money for their and their family's survival (European Union, 2015:49).

### **3.3.7 Delivery of public services in South Africa: Batho Pele Principles**

As previously stated, the provision of social protection services is important in that it promotes human and social development, particularly among vulnerable groups who are in desperate need of such services. Monitoring and ensuring that public services are delivered in the best possible way, taking into account the rights of their beneficiaries, are always of the utmost importance. Providing high-quality public services not only helps the government's image but also makes life easier for those who use them and increases their trust in the services (and the government). It is against this background that the South African Government promulgated a White Paper in 1997 that outlined how public services should be delivered in the country.



“Batho Pele” was launched in September 1997 and comprised eight national principles that are discussed below. The overarching goal of these principles is to improve the delivery of public services to South African citizens. The underlying premise of the principles is that access to adequate public services is a right of all citizens, particularly those who have been previously disadvantaged (White Paper on Transforming Public Service Delivery, 1997:3). Batho Pele, which means “people first”, centres on the ideology that beneficiaries of services are “customers”. This implies that beneficiaries of public services must be treated with respect at all times by listening to their views and taking these views into account when deciding what services should be provided, ensuring that the promised level and quality of service is always of the highest standard, and responding swiftly and sympathetically when standards are not met (White Paper, 1997:5). Presenting these principles for the study is important because it provides a framework for how social services, such as the implementation of foster care services, should be run, as well as what beneficiaries should expect from the implementers as they represent the Government of South Africa.

**Principle 1: Consultation** - “Citizens should be consulted about the level and quality of the public services they receive and, wherever possible, should be given a choice about the services that are offered” (White Paper, 1997:6). Public participation is important for the successful implementation of public policies in the sense that if citizens are involved in decisions that affect their lives, they are more likely to value and honour services presented to them. This also allows them to become aware of potential services that may be available to them. According to Warwick (1982:189), clients are critical to the success of the majority of social service programmes. When clients have a positive attitude toward the implementers, programmes are more likely to be successfully implemented (Warwick, 1982:189). Clients’ positive attitudes can only be achieved through consultation. All national departments are required to consult with citizens not only about current services but also about the provision of new basic services to those who do not have them (White Paper, 1997:7). Consultation is important because it allows citizens to influence how public services should be run by providing objective evidence that will determine service delivery priorities (White Paper, 1997:7). There are various methods for consulting service users, which is why Brynard (2005) emphasises the importance of government joining a coalition of interest groups, opinion leaders, and other outside people (Brynard, 2005:661). Consultation can be done through national surveys, interviews and meetings with individuals, user consultation groups, consumer representative bodies, and NGOs and community-based organisations (CBOs). The method chosen must cover the entire

range of existing and potential customers, and consultation should include the perspectives of those who have previously been excluded from public services (White Paper, 1997:7). Following the completion of the consultation process, the findings must be reported to ministers or members of the executive committees, and made available to the public (the service users) as well as all employees within the various services so that they are aware of how their services are perceived (White Paper, 1997:8). The findings must then be considered when deciding what services should be provided and at what level (White Paper, 1997:8).

**Principle 2: Service standards** - “Citizens should be told what level and quality of public services they will receive so that they are aware of what to expect” (White Paper, 1997:6). It is crucial to outline how particular services will be provided, as this reduces confusion and disorder between implementers and service users while maximising the implementers’ professionalism and saving the users’ time. According to this principle, national and provincial departments must publish service standards, including the launch of new services (White Paper, 1997:8). Service standards must be applicable and meaningful to each user which implies that the implementers must address the parts of the service that are most important to users, as revealed by the consultation process. In addition, the wording of the standards must be relevant and simple to understand (White Paper, 1997:8). Once authorised, the service standards must be publicised and displayed at the point of delivery and disseminated as widely as possible to all potential users so that they know what level of service they are entitled to expect and can lodge a complaint if the service level is below expectations (White Paper, 1997:8). Annual reviews of performance against standards must be conducted, and as standards are met, they should be progressively raised year after year (White Paper, 1997:8). Once established and published, standards cannot be lowered, and if a goal is not fulfilled, the reasons must be disclosed publicly and a new target date must be established for its achievement (White Paper, 1997:8).

**Principle 3: Access** - “All citizens should have equal access to the services to which they are entitled” (White Paper, 1997:6). Access to excellent services for all is a fundamental human right, and individuals cannot be denied access to public services based on their social, geographical, cultural, or physical characteristics. All national and provincial ministries are obligated to establish and set targets for progressively expanding access to their services for people who have not previously received them, to address existing inequities in service distribution (White Paper, 1997:6). National and provincial departments must devise strategies

to eliminate the disadvantages of distance, such as deploying mobile units and relocating facilities and resources closer to those with the greatest need to ensure that access to services is available to all, including those in remote areas (White Paper, 1997:6).

**Principle 4: Courtesy** - “Citizens should be treated with courtesy and consideration” (White Paper, 1997:6). Dealing with people from various backgrounds needs compassion and a commitment to service. Generally, public servants work with vulnerable populations who are coping with various life-related concerns. Consequently, as a service provider, recognising their problems and being able to treat them with respect and decency may inspire them to strive harder in life. According to this principle, national and provincial departments are required to set the requirements for customer service. These should be incorporated into their respective departmental codes of conduct (White Paper, 1997:10). These codes should include service users being treated with respect at all times and service users knowing the name and surname of the employee with whom they are dealing. The codes should also indicate the maximum length of time within which responses to enquiries must be given, how complaints should be handled, how people with special needs, such as the elderly, are dealt with and how the interactions are to be gender and language sensitive (White Paper, 1997:10). Furthermore, the performance of personnel who interact with consumers must be regularly monitored and performance that falls below the established criteria must not be accepted (White Paper, 1997:6).

**Principle 5: Information** - “Citizens should be given full, accurate information about the public services they are entitled to receive” (White Paper, 1997:6). Access to information about available public services is not a privilege but a fundamental human right and governments must ensure that everyone, regardless of background, has access to this information. Access to information is a crucial aspect of policy formulation and execution. Without providing citizens or service users with pertinent information about existing public policy programmes, policy failure is possible. Therefore, disseminating information and engaging often with the public are essential for effective public policy. National and provincial departments must give complete, accurate, and up-to-date information regarding the services they offer and the eligibility requirements for receiving them (White Paper, 1997:10). This must be done aggressively to guarantee that everyone who needs information receives it, especially those who were previously barred from receiving public services (White Paper, 1997:10). Information must be made available in several formats and languages to fulfil the diverse needs

of various clients and names and phone numbers for seeking additional information and counsel must be made available (White Paper, 1997:10).

**Principle 6: Openness and transparency** - “Citizens should be told how national and provincial departments are run, how much they cost and who is in charge” (White Paper, 1997:6). Transparency is one of the hallmarks of the good administration of public programmes and knowing how public funds are managed and spent can help reduce corruption in the public administration. Transparency and openness are defining characteristics of a democratic government and important for the public service transformation process (White Paper, 1997:11). The significance of the delivery of public services, rests on the need to develop confidence and trust between the public sector and the people it serves (White Paper, 1997:11). The public should be better informed on how national and provincial departments are managed, how effectively they work, how many resources they consume, and who is in charge (White Paper, 1997:11). This will be achieved by the publication of an “Annual Report to Citizens” written in clear language, by each national and provincial department (White Paper, 1997:11).

**Principle 7: Redress** - “If the promised standard of service is not delivered, citizens should be offered an apology, a full explanation and a speedy and effective remedy; and when complaints are made, citizens should receive a sympathetic, positive response” (White Paper, 1997:6). Implementing public policy programmes is frequently complex, especially when multiple agencies are involved. Due to the complexity of the situation, errors are inevitable, and constant monitoring is essential to rectify them. The process of establishing standards must be accompanied by the competence and motivation to act when things go wrong (White Paper, 1997:12). This principle entails being able to rapidly and precisely determine when services are falling below the promised standard and implementing corrective measures (White Paper, 1997:12). This must be accomplished at both the individual and organisational levels in accordance with the complete service delivery plan (White Paper, 1997:12). It needs to be recognised that every unhappiness, whether communicated verbally or in writing, is a sign that the citizen does not believe that the stated level of services is being met and that methods for quantifying all manifestations of dissatisfaction need to be devised (White Paper, 1997:12). Staff should be encouraged to view complaints as an opportunity to enhance service and to report them so that service deficiencies can be detected and addressed (White Paper, 1997:12).

**Principle 8: Value for money** - “Public services should be provided economically and efficiently in order to give ... [citizens] the best possible value for money” (White Paper, 1997:6). Proper policy implementation planning is one of the most critical components of policy success. Proper planning will indicate that the agency is prepared to put its policies into action and this involves allocating the appropriate budget and resources and ensuring that these are managed to ensure efficient service delivery. If the funds for the execution of a policy are not correctly handled, there is a chance that services will not be adequately provided. Therefore, the rate of service improvement will be substantially impacted by the rate at which national departments generate efficiency savings that may be reinvested in improved services (White Paper, 1997:14). Frequently, public-desired enhancements do not necessitate more resources and can occasionally even reduce expenditures (White Paper, 1997:14). This principle aims to simplify procedures and remove waste and inefficiency as a whole (White Paper, 1997:14). As part of their service delivery improvement plans, all national and provincial departments are required to identify areas where efficiency savings will be sought and the service delivery enhancements that will follow from attaining the savings (White Paper, 1997:14).

The provision or delivery of public services necessitates effective planning and administration. In this regard, it is essential to ensure that the necessary resources and skilled workers are accessible for implementation. Proponents of the Batho Pele principles embrace this viewpoint. Batho Pele’s success depends on public employees’ commitment, enthusiasm, and expertise in tackling inefficient, outdated, and bureaucratic methods, simplifying complex procedures, and identifying new and better ways of delivering services (White Paper, 1997:14). Devoted public workers, particularly those who serve the public directly, are discouraged by procedures and processes that frequently act as a barrier to good service rather than a facilitator of it (White Paper, 1997:14). Therefore, national and provincial departments must develop an environment conducive to the delivery of services to boost their staff’s ability to provide quality services (White Paper, 1997:14). This necessitates, for instance, that personnel interacting directly with the public receive the essential support, training and equipment to perform their duties successfully and efficiently.

Without care and assistance, the lives of people could be chaotic. Therefore, it is necessary to encourage the continual provision of care, especially to the most vulnerable, and to recognise those who offer care in order for them to achieve a work-life balance. The next section discusses care concepts and care practices.

### **3.4 Notions of care**

#### **3.4.1 Introduction**

The concept of “care” is ubiquitous in lay and social discourse (Thomas, 1993:649). There has not been much discussion in sociology and social policy about how difficult it is to think of care as both “caring for someone” and “caring about someone” (having caring feelings about someone) (Thomas, 1993:649). To begin with, there is a disagreement between the two definitions of the phrase “to care”. According to different authors “caring about someone” can be either a feeling state (emotion, love) or a physical state (work, chores) (Thomas, 1993:652). Many people think of care as a kind of action state but it can also be thought of as a kind of feeling state (Thomas, 1993:652). Care is a way to help others so that they can meet their biological needs (Engster, 2005:53). These biological needs include providing food, clean water, a clean environment, shelter, clothing, protection from potential injury, and basic medical treatment (Engster, 2005:53). Because there are numerous definitions of care and because many commentators have “observed” care, it is considered that care consists of a dual set of meanings (Tronto, 2001:61). When using the term “dual meaning”, a clear distinction can be made between a mental disposition of concern and the actual actions that are taken because of these concerns (Tronto, 2001:61). The acts that constitute caring are vital for human survival (Tronto, 2001:61). Fisher and Tronto (1990:40) define care as a species activity that includes all we do to maintain, sustain, and restore our “world” so that we can live as comfortably as possible in it. We wish to weave our bodies, ourselves, and our surroundings into a complex, life-sustaining web that is both beautiful and sustainable. People’s well-being, according to care, can only be achieved through social cohesion and network creation (Tronto, 2001:61). The philosophical phrase “species activity” applied in this definition distinguishes people from animals, arguing that how individuals care for one another is what differentiates humans from animals (Tronto, 2001:61). Caring for others requires a more consistent and full-time commitment than other jobs (Fisher and Tronto, 1990:43). Caring for a child may require spending a significant amount of time with them, listening to their concerns, and attending to their emotional needs (Fisher and Tronto, 1990:40). Care does not have to be limited to human interactions; it can also refer to the ability to care for objects or the environment. At the same time, it is not always a two-way process, since it may occur within a network of social ties and thus vary according to culture, and while caring can be viewed as a discrete action, it can also be viewed as a process (Gilligan, 2013:69). Some forms of protection can be considered as part

of caring. However, a more specific definition of caring includes using the problems and activities of others as a foundation for one's own actions (Gilligan, 2013:69). Finally, caring has two intertwined dimensions: it is a practice that necessitates a disposition but it is also a disposition that necessitates a practice (Gilligan, 2013:69).

Tronto (1993), in her approach, divides the care process into four analytically distinct but interconnected stages and these are described below.

**Recognition of a need (caring about):** Caring presupposes, first and foremost, the acknowledgement of the existence of a need as well as the recognition of the importance of meeting that need. Paying attention to or being worried about anything is characterised differently depending on who one is and where one comes from (Gilligan, 2013:69).

**Taking responsibility (taking care of):** The next phase in the care process is accepting responsibility for meeting the identified need and determining how to respond to it. Apart from acknowledging another person's need, accepting responsibility for it requires recognising the possibility of meeting it (Gilligan, 2013:69).

**Providing care work (care-giving):** Caring encompasses directly meeting care requirements and requires physical labour, which nearly always requires the caregiver to come into contact with the object of care (Gilligan, 2013:70). Making a monetary donation does not constitute care work in this sense, because money does not resolve human needs, even if it may be a resource used to meet those needs (Gilligan, 2013:70). To execute the caring profession effectively, the caregiver needs to possess a variety of abilities (Gilligan, 2013:70).

**Receiving care work (care-receiving):** The fourth phase acknowledges that the purpose of care is connected in some manner to the level of attention provided (Gilligan, 2013:70). The inclusion of this capacity for reaction as one of the parts of the caring process is the only method to determine whether or not the needs have been met in the most appropriate manner (Gilligan, 2013:70). Caregivers may misinterpret the requirements of the person they are caring for, or they may address the needs in a way that is insufficient or goes against the preferences of the person they are caring for (Gilligan, 2013:70).

### 3.4.2 Ethics of care

In the last several decades, the ethics of care (EOC) has arisen as a viable alternative to the primary moral systems extant throughout the preceding two centuries (Held, 2006:3). It has created a large quantity of literature and affected various moral studies in a range of sectors. The EOC is changing how moral problems are commonly regarded and also changing what many believe should be the suggested solutions to moral dilemmas (Held, 2006:3). With a growing interest in normative perspectives ranging from the contours of egalitarian families and workplaces and the moral responsibilities of parents and citizens to the ethical evaluations of governmental and foreign policies, the EOC offers hope for rethinking how we should guide our lives in more fruitful ways (Held, 2006:3). It has the potential, grounded on a truly universal experience of care, that every human being was cared for as a child, and without this care, they would not be alive now (Held, 2006:3). The EOC helps one understand the values inherent in care and how its principles reject violence and dominance (Held, 2006:3). It

According to Adhariani et al. (2017:13), the EOC emphasises responsibility, relationships, and connection between a person and others, whereas the ethics of justice emphasises rules and respect for the rights of others – rights that are rooted in objectivity, separation, and individuation of self from others (Adhariani et al., 2017:13). Concern, care, continued attachment, responsibility, sacrifice, and the avoidance of damaging another person are among EOC resolutions (Adhariani et al., 2017:13). Table 2 below outlines the autonomy and independent principles of the EOC and the ethics of rights.

**Table 2: EOC versus ethics of rights**

EOC	Ethics of rights
Individuals as interdependent	Individuals as separate
Relationships of attention and response	Relationships as hierarchical or contractual
Care as strength	Independence as strength
Importance of interdependence and interpersonal connection	Importance of autonomy and self-sufficiency
Needs of others important	Rights of others important

Source: Reiter(1997:303)

According to the EOC school of thinking, principled reasoning is inefficient as a solitary method of problem-solving, and while relationships require some degree of balancing, conflict is not an unavoidable part of human interaction (Reiter, 1997:303-304). The key ideals of care



ethics include acknowledgement and good relationship management both of which are vital (Reiter, 1997:304). The EOC allows one to see the world through a range of concepts and metaphors, to see situations in a different light, and to look for potential solutions to problems in a variety of circumstances (Reiter, 1997:304).

### **3.4.3 Care in practice: Theories and motivations pertaining to childcare**

Care is a type of labour but it is also much more. In its current form, caring work is profoundly relational and it cannot be replaced by machines in the same way that so much other labour can (Held, 2006:36). Care is a practice that involves both the task of providing care and the criteria used to evaluate care practices (Held, 2006:36). Care must be concerned not only with the success of its efforts to address needs but also with the motivations behind those efforts; it seeks relationships with caring individuals (Held, 2006:36).

#### **(a) Cultural perspectives on child-care**

##### **i. Gender and child-care**

Women often provide care to both able-bodied adults and children in either the public or private realms, as well as in a variety of institutional settings, on a paid or unpaid basis (Thomas, 1993:654). Many women informal workers are also responsible for domestic activities such as cooking and cleaning, as well as caring for children, the sick, and the elderly as a result of their socially assigned responsibilities (Moussié, 2016:1). Women, across 66 nations (accounting for two-thirds of the world's population), spend on average more than three times the amount of time doing unpaid care and domestic labour in their homes than men (Moussié, 2016:1). Caregiving is frequently considered a natural obligation of women and, in most circumstances, women across all cultures are associated with unpaid care work and it is viewed as their responsibility to provide care (Budlender, 2010:1). Caregiving by women is thus intricately linked to a cultural and gendered paradigm of care that sees women and children as caregivers (Abebe, 2010:2). Women in many countries are more likely than men to care for vulnerable individuals such as children, the elderly, and those who are sick or disabled, owing to the idea that women are "kind and loving individuals", despite their personal challenges, which include poverty and material hardship (Upton, 2003:318). Traditionally, women's caregiving has been regarded as a private concern, and caring has been linked to domestic responsibilities. As a result, women's caring is vastly undervalued in our societies (Tronto, 2001:62).

## **ii. Extended families and child-care**

Within the framework of its own culture, each traditional group has its own set of methods for raising young children (Oduolowu and Olowe, 2012:3). The traditional culture of Africa has a variety of tactics for raising children in order to assure their overall growth and development, and one of these parenting approaches is the extended family (Oduolowu and Olowe, 2012:3). It is crucial to note that the extended family is highly common in African culture (Amos, 2013). Blood links in Africa are frequently more extensive than those seen in nuclear families in the West. In African societies, family members include aunts and uncles, grandparents, and other relatives who gather together to form a cohesive unit that functions as a single entity (Makiwane and Kaunda, 2018:2). The distinctive aspect of this parenting approach in traditional African culture is that childcare is not simply the responsibility of biological parents, rather, it is shared by the entire extended family (Amos, 2013). An African proverb about parenting confirms this, stating that “a single hand cannot nurse a child” (Amos, 2013). This means that while the mother is ultimately accountable for the child’s care, the burden is shared between her and the extended family. As a result of this arrangement, many African children were (and are) able to be cared for and attend life skills activities such as school. Without this arrangement, illiteracy and aimless wandering would have been (and be) the outcome for many children (Amos, 2013).

Grandparenting is prevalent in many African cultures because grandparents are known for their enormous experience and expertise in childrearing, as well as their ability to keep families together (Michel et al., 2020:4). Younger generations rely on their grandparents as a source of information and wisdom for their own lives and for solving general life issues (Michel et al., 2020:4). As grandparents provide care for grandchildren, ranging from babysitting to legal custody, their importance in the upbringing of grandchildren is expanding (Michel et al., 2020:4). Thus grandparents often play a distinct and direct role in the care and nurture of children in traditional societies (Michel et al., 2020:4). Many children in African cultures end up living with their grandparents for these reasons, even when their parents are still alive. This is especially true if both parents are employed, as grandparents are considered preferable to paid babysitters.

Because the extended family acts as a shield or substitute parent for the child, even if both parents die, the child will always have “parents” (Amos, 2013). Strong familial and tribal relationships shaped African history, implying that adults showed a high level of concern and

care for children as well as members of their families and communities (Mafumbate, 2019:10). In Black South Africa, for example, extended family members, who are not biological parents, are in charge of children's upbringing (Makiwane and Kaunda, 2018:2). According to the DSD surveys, the majority (as much as 80%) of foster parents who have taken in orphaned children are extended family members who receive government assistance (Makiwane and Kaunda, 2018:2). However, the majority of extended families in several parts of the world are unable to provide proper care for many of these orphans due to extreme poverty and a lack of resources (Mafumbate, 2019:10). HIV/AIDS has caused havoc within the family unit, which was already under stress prior to the epidemic as a result of other adverse factors such as westernisation and urbanisation (Mafumbate, 2019:10). The decline of the extended family concept as a result of the aforementioned concerns has had a negative influence on a community's provision of orphan care services (Mafumbate, 2019:10).

## **(b) Childcare-related motivations**

Cultural practices are one of the motivations for childcare, as has been addressed above, and this is especially true when it comes to providing care to OVC. Continuing the discussion above, the majority of African societies believe that they have a cultural obligation to care for OVC who are left without parental care due to the death of their biological parents. Two motivations for childcare are discussed below.

### **i. Altruism**

The motivational condition of altruism according to Batson (1991:108), is one in which the ultimate purpose is to improve the welfare of another. An important human characteristic is a willingness to assist others who are in need. This is done regularly, sometimes at one's own expense and without the expectation of any personal gain (Gautam et al., 2019:2). Altruism, according to Gautam et al., (2019) is typically innate but it has been influenced through time by an individual's moral ideals which are, in turn, a product of the upbringing the individual has received (Gautam et al., 2019:3). Children's upbringing also has an impact on their willingness to cooperate since their sense of belonging is affected by how they interpret and perceive their environment. Someone who has witnessed others being helpful or who has been raised in such a manner is more likely to have the same feelings of compassion than someone who has not had such experiences (Gautam et al., 2019:3). Altruism is a selfless act that benefits

the recipient but has no advantage for the provider who may incur expenditures and it is commonly recognised as the primary motivator for foster care (Kurian et al., 2018:138). According to an Indian study, foster parents' terrible childhood experiences may have encouraged a substantial number of them to foster care (Kurian et al., 2018:138).

Extrinsic and intrinsic elements have been identified as motivators for childcare (Freitas, 2019:35). According to studies, the most common motivations include self-centred motives, religious motives, a want to care for and love children, and a desire to serve children (Freitas, 2019:35). Caregivers of AIDS orphans in South Africa believed that their love and devotion for the child played an important role in their decision to adopt (Nieuwoudt, 2014:39). Their motivation derives from the notion that children, regardless of whether they are affected by or afflicted with HIV/AIDS, deserve to know they are loved (Nieuwoudt, 2014:40).

## **ii. Religious beliefs**

Religious beliefs and teachings have a significant impact on many people's lives, and they have been identified as a factor in the decision to foster care (Kurian et al., 2018:139). Fostering a child may be viewed by these parents as a fulfilment of what they studied, were taught by sages, or learnt in the scriptures, and transmitted as an expression of gratitude for the benefits/blessings they received from God (Kurian et al., 2018:139). According to studies conducted in Ghana, caregivers see the children in their care as God's children first and foremost and are motivated primarily by their religious beliefs to continue doing God's work (Darkwah et al., 2016:161).

Caregiving is a vital component of our lives, since without it the lives of the majority of vulnerable populations, including children, the elderly, the sick, and people with disabilities, would be in jeopardy. Many benefits accrue to both the caregiver and the care-receiver. However, in their roles as caregivers, caregivers confront multiple challenges. These challenges are discussed below.

### **3.4.4 Caregiving challenges**

Caregiving impacts the quality of life of millions of people and necessitates the attention of every community (Talley and Crews, 2007:224). However, the gerontology literature has devoted much attention to the social, psychological, physical, and financial costs that caregiving imposes on caregivers (Clair et al., 1995:195). These costs are articulated using

concepts such as stress, strain, burden, depression, and overall declines in well-being (Clair et al., 1995:195). Caring for others elicits a wide range of emotions including love, loss, anger, affection, sadness, frustration, and guilt (Department of Social and Health, 2008:1). Caregivers often have more stress, anxiety, and depression than people who do not care for others (Department of Social and Health, 2008:1). It is not unusual for people who take care of family members to feel lonely and alone as caring for a loved one takes a great deal of physical, mental, spiritual, and emotional energy (Department of Social and Health, 2008:1). Similarly, and according to research, caregiving has been linked to an increased risk of depression in caregivers and is associated with feeling stressed, strained, exhausted or fatigued, as well as other health problems (Neal and Wagner, 2002:9). Additionally, the demands of caregiving may lead some caregivers to limit their social contacts with friends, neighbours and others, resulting in a loss of social support (Neal and Wagner, 2002:9).

While caring for elderly people and children can be rewarding, it can also have (as outlined above) negative consequences including caregiver burden (Strommen et al., 2020:347). Caregiving for older adults and children happens in all settings where care is given and often involves interacting with many different providers. These transitions and role changes, along with the care recipient's health and ability to function, affect the caregiver's social, physical, and emotional health over time (National Academies of Sciences, 2016). A caregiving episode can be classified according to its duration and intensity (the number of hours spent daily, weekly or monthly in providing needed care) (National Academies of Sciences, 2016).

Individuals do not provide care in isolation from their other roles and responsibilities. Their personal lives as a spouse or partner, parent, employee, business owner or community member interfere with caregiving in various ways and at different times (National Academies of Sciences, 2016). Historically, the vast majority of caregivers were women who did not work outside the home while today, women comprise up to half of the workforce but continue to bear the brunt of caring responsibilities (Talley and Crews, 2007:224). Many working women care for their children and parents simultaneously, putting pressure on the home care system women sustain (Talley and Crews, 2007:224). Also, evidence indicates that the majority of child caregivers are elderly (grandparents and particularly older women) who are typically physically and emotionally unable to provide care but due to cultural norms in some societies, they do provide care. As noted earlier, grandparents, particularly grandmothers, have traditionally assisted mothers in rearing dependent children (Baker et al., 2008:2). Grandparent

caregivers are generally the final line of defence before children are placed in the foster care system in the industrialised world, acting as natural buffers between parental failure to provide care and government assistance (Baker et al., 2008:3). As a result, grandparents' childcare work saves huge sums of public money that would have been spent on supporting OVC. Despite this, grandparents are not completely supported by governments, adding additional strain to their caregiving roles (Baker et al., 2008:3).

Caregiving demands and the costs of long-term services and lack of support can frustrate and weaken other aspects of a caregiver's life. When family members disagree about the type of care required and how it should be provided, trajectories become complicated (National Academies of Sciences, 2016). According to Williams et al. (2014:21), caregiver stress and burden are about more than just caregivers who are unable to cope. It is also about social inequalities that fuel the rise of chronic needs and fragmented non-systems of care that are ill-equipped to respond to these needs (Williams et al., 2014:21). Evidence suggests that family caregivers do not receive adequate support to provide effective care (Strommen et al., 2020:353). They face significant challenges due to a lack of financial assistance, access to information, and training on care provision (Strommen et al., 2020:353).

Given the above, it is evident that caregivers require psychosocial support to lessen their burden. Psychosocial support has been reported to have positive effects on both the caregiver and the care-receiver. Evidence suggests that caregivers who receive psychosocial support and have a big network are less stressed and have a lower caregiver burden. The following section discusses the significance of psychosocial support and paid care work.

### **3.4.5 Providing psychosocial support to caregivers and the importance of paid care work**

#### **(a) Importance of psychosocial support**

Caregivers play a crucial role in caring for the most vulnerable populations. Yet their personal needs are frequently neglected, despite the fact that society generally expects them to provide high-quality care to recipients. Psychosocial support is an important aspect of the caregiving process in that it reduces caregivers' stress and meets some of their personal needs. A growing body of evidence suggests that poor caring outcomes derive from a failure to invest in caregivers' personal needs (Hughes, 2015:166). It is now known that intensive long-term caregiving without support negatively affects a caregiver's health, financial situation, and social integration (Yeandle et al., 2017:11). Clair et al. (1995:200) assert that the psychosocial

resources perspective shows that there are two mediating factors in the distress process: social supports and psychological resources. Such resources are critical for preserving mental health, especially in the presence of acute and chronic stressors (Clair et al., 1995:200). Psychological resources, especially personality traits, influence an individual's reaction to stressors by affecting the event's meaning and perceived and actual coping ability (Clair et al., 1995:200). Empirical evidence suggests that psychosocial support can act as a buffer or mediator of life stress (Turner, 1981:357). Evidence also suggests that psychosocial support has significant effects, is most important in stressful situations, and varies across social class groupings (Turner, 1981:366). Similarly, psychosocial support, both at an individual and a community level, has been linked to emotional health and may help people deal with negative things that happen in their lives (Chase-Lansdale et al., 1995:539).

### **(b) Importance of paid work**

In the global economy, caring for the young, old, and infirm is an essential but grossly undervalued component of the entire caring process (O'Neill, 2017:1). While both men and women rely on high-quality care to participate in economic, political, and social life, women and girls provide the majority of unpaid care, giving them less time for education, employment, civic involvement, and leisure activities than they would otherwise have (O'Neill, 2017:1). One of the most significant jobs for individuals engaged in care according to Tronto (2001:62), is to shift the total public value connected with care. The world will be arranged very differently when public values and priorities reflect the role that care truly plays in people's lives.

The dimension of care refers to the actual location of caring behaviours. Some researchers, who emphasise the relevance of the family context of care, stress that the "home" is the primary, or even the only, relevant institutional environment (Thomas, 1993:652). Overwhelmingly, care is provided by family caregivers and friends and their caring work exceeds the anticipated economic value of the care they provide (OECD, 2011:121). Care work is connected with a significant decline in employment and work hours for caregivers who provide high-intensity care, such as those caring for a terminally ill family member, particularly in the early phases of their careers (OECD, 2011:122). As a result, finding methods to sustain and preserve the supply of family care appears to be a win-win situation for both families and the state (OECD, 2011:122).

Implementing effective regulations that assist caregivers and compensate them for the services they offer helps reduce burnout and stress while also recognising the additional costs associated

with caring (OECD, 2011:121). A caregiver allowance acknowledges that providing care incurs costs for caregivers (OECD, 2011:132). Caregivers may find it easier to balance their duties if they receive some money to compensate for reduced working hours or additional expenses acquired as a result of caring (OECD, 2011:132). Furthermore, offering financial incentives for their work sends a clear message that caregivers play a vital social role that should be recognised (OECD, 2011:132).

According to Glenn (2000:84), it is vital to build a culture that values caring and loving relationships “because caring and caring connections are essential”. Glenn (2000:84) points out that what makes a good society is that people who can care for themselves should know that if they become dependent, they will be taken care of and that people who care for people should be supported in their efforts to do so. Glenn (2000:84) suggests that society is now in a circle where caregiving is undervalued, unnoticeable, poorly paid, and punished because it is given to people who do not have a lot of money, power, or prestige. Caregivers are disproportionately drawn from disadvantaged groups (women, persons of colour, and immigrants); hence, their activity is further devalued (Glenn, 2000:84). Appreciating and recognising caring, however, would make those who do it more important and it will be seen as more rewarding. Doing so would also make it more likely that other groups would see caring in the same way (Glenn, 2000:84). To make things more pleasant and kind, people who live in a society that embraces caring for and loving each other will be more equal and fairer to one another (Glenn, 2000:84).

Women’s economic potential will be unlocked only if the way care work is valued and allocated inside households and workplaces is changed, as well as how care work is shared between men and women (O’Neill, 2017:1). As alluded to earlier and according to the United Nations Development Programme estimates from 2015, women undertake three times as many unpaid care chores as males (O’Neill, 2017:1). Families with little financial means are disproportionately affected by this unequal distribution, as they have fewer resources to pay for care services and fewer possibilities to access programmes and infrastructure that can reduce the burden of care (O’Neill, 2017:1). If men and women are to divide paid and unpaid work more fairly, they need decent employment that reflects the importance of caring (O’Neill, 2017:3). This includes not only equitable compensation but also flexible work hours, parental leave benefits, and other social protections (O’Neill, 2017:3). Childcare must be recognised as an important professional service in and of itself (O’Neill, 2017:3). Domestic workers,



particularly caregivers, demand fair salaries, social benefits, and protection from exploitation (O'Neill, 2017:3).

Vulnerable groups such as women, children, the elderly, and persons with disabilities require special attention from the government, which is why human rights exist to safeguard these groups in terms of socioeconomic well-being. The HRBA serves as a vehicle for the realisation of these rights. The HRBA was used in the study to underpin the research questions related to foster parents' rights and the rights of their foster children (children's rights). The section below discusses how the HRBA can be used to help vulnerable groups enhance their lives.

### **3.5 Human Rights-Based Approach (HRBA)**

A HRBA is centred on the purposeful and systematic strengthening of human rights throughout the conception and implementation of projects and programmes (UNICEF, 2015:8). It is a conceptual framework for human development that is normatively grounded in international human rights norms and operationally focused on promoting and preserving human rights (UNICEF, 2015:8). The HRBA conceptual framework is founded on the Universal Declaration of Human Rights of 1948 and other international human rights documents. The HRBA serves two purposes: first, to enable individuals (rights holders) to assert and exercise their rights and second, to build the ability of people who have a specific duty or obligation to respect, protect, and fulfill the rights of people who are poor, weak, marginalised, or vulnerable and to ensure that they continue to do so (UNICEF, 2015:8). It is acknowledged that the powerful routinely undermine the voices, ideas, beliefs, and experiences of the marginalised and that not everyone has the same opportunity to engage (UNICEF, 2015:17). In most countries, children are not considered as important as they should be because they rely on adults for their survival, are weaker, and are easier to be manipulated or misled by adults who have power to make the big decisions (UNICEF, 2015:17). Children with low social standing are more prone to sexual abuse, violence, and exploitation (for example, child labour), all of which negatively affect their education, health, and development (UNICEF, 2015:17).

States are constitutionally responsible for providing vital social services such as health and education to their inhabitants, enabling parents to fulfil their child-rearing responsibilities (UNICEF, 2015:17). UNICEF defines child poverty as a lack of access to certain economic and social rights. These rights include freedom from material and social suffering, early

mortality, starvation, malnutrition, and lack of access to safe drinking water, sanitation, education, health care, and information, among others.

### **3.5.1 HRBA principles**

The HRBA is based on five fundamental human rights principles. These principles are participation and inclusion, accountability, non-discrimination and equality, universality and indivisibility, and the rule of law (Van Weerelt, 2001:7).

#### **(a) Participation and inclusion**

One of the most important principles of the international human rights framework is that everyone has the right to participate in and contribute to civil, economic and social development as well as to enjoy civil, cultural, and political development for all human rights and fundamental freedoms to be fully realised (Van Weerelt, 2001:7). The ideals of participation and inclusion imply that all individuals have the right to engage in society to the fullest extent possible (Van Weerelt, 2001:7).

#### **(b) Accountability**

States have a primary duty to ensure that human rights norms and values are respected at all levels of governance and policymaking (Van Weerelt, 2001:8). Accountability is crucial for a development-friendly workplace (Van Weerelt, 2001:8). It is the most obvious benefit of human rights-based development programming above traditional development programming (Van Weerelt, 2001:8).

#### **(c) Equality and non-discrimination**

The idea of equality is one of the most fundamental principles in the field of human rights (Van Weerelt, 2001:7). Human rights are for everyone, including those who live in poverty and social isolation, as well as those who are visible and eloquent in their demands (Van Weerelt, 2001:7). The principle of non-discrimination in the enjoyment of human rights is protected by international law. Any factor, including race, colour, gender, sexual orientation, language, religion, political or other opinions, national or social origin, property, birth, or any other status, cannot be used as a basis for discrimination (Van Weerelt, 2001:7).

#### **(d) Universality and indivisibility**

By virtue of being human, every woman, man, and child is entitled to human rights (Van Weerelt, 2001:6). Human rights are universal, unlike other rights such as citizenship or contractual rights (Van Weerelt, 2001:6). The universality principle stipulates that no particular group, such as distant populations or inmates, be excluded from development assistance programmes (Van Weerelt, 2001:6). Human rights are inalienable and the enjoyment of one right is closely related to the enjoyment of other rights (Van Weerelt, 2001:6). For instance, achieving optimal health requires ensuring access to information, education, and a fair standard of living, and the equal recognition of civil, cultural, economic, political, and social rights is necessary (Van Weerelt, 2001:6).

#### **(e) Rule of law**

The concept of social protection has gained traction since 2000, coinciding with the execution of the MDGs agenda (United Nations Research Institute for Social Development, 2016:1). Although the MDGs themselves did not place enough emphasis on social protection, the concept has taken hold (United Nations Research Institute, 2016:1). Despite this increased commitment to social protection and to human rights mainstreaming more broadly, the standards and concepts underlying a HRBA to social protection remain little understood (United Nations Research Institute, 2016:1). The HRBA is a conceptual framework applicable to all aspects of development that are normatively grounded in international human rights standards and operationally oriented on the promotion and protection of human rights (United Nations Research Institute, 2016:1). It is used to examine obligations, disparities, and vulnerabilities, as well as to combat discriminatory behaviours and unequal power distributions that obstruct and undermine human rights (United Nations Research Institute, 2016:1).

Poverty is widely acknowledged as a complicated issue including more than just a lack of money (Sepulveda-Carmona et al., 2012:17). The HRBA emphasises the interconnectedness of poverty's deprivations and the stigma, prejudice, instability, and social isolation that accompany it (OHCHR, 2006:4). Lack of proper food, clothing, and housing, as well as social marginalisation and exclusion, contribute to poverty's deprivation and indignity. Human rights dedication will be a force against all sorts of deprivation (OHCHR, 2006:4). The core tenet of a HRBA to poverty reduction is that poverty-reduction policies and institutions should be grounded in the norms and values enshrined in international human rights law. Whether explicit or implicit, policies and institutions are shaped by norms and values (OHCHR, 2006:4). Human

rights can help develop, implement, evaluate, and monitor poverty reduction programmes (Sepulveda-Carmona et al., 2012:17). Rather than focusing on charity or necessities, human rights strive to empower the disadvantaged, resulting in state obligations (Sepulveda-Carmona et al., 2012:17). Individuals have the right to make legitimate human rights' claims but states and other actors are responsible for their actions or omissions (Sepulveda-Carmona et al., 2012:17). Inclusion of poor people in public policies aimed at eradicating poverty can empower and improve their visibility, not as passive beneficiaries, but as rights holders capable of exercising their entitlements by holding those responsible for such policies accountable (Sepulveda-Carmona et al., 2012:18).

Children, like all other human beings, have human rights as defined in the HRBA. States are legally required to implement social protection systems under human rights law and this obligation is inextricably linked to the entitlement to social security (Sepulveda-Carmona et al., 2012:18). Article 9 of the International Covenant on Economic, Social and Cultural Rights (ICESCR) expresses that the state parties to the Covenant recognise the right of everyone to social security, which includes social insurance (UN, 1967:5). Article 10 of the Covenant states that state parties to should recognise that special measures of protection and assistance should be provided on behalf of all children and young people, without regard to their parentage or other circumstances, and that protecting children and young people from economic and social exploitation should be a priority (UN, 1967:5). Everyone requires protection from risks and the insecurity that can come as a result of them (ILO, 2010:13). There is a myriad of negative effects that result from failing to meet this individual and family demand for protection. Research increasingly indicates that insufficient protection leads to increased poverty, higher levels of exclusion from health and education, limited access to productive activities, an increase in child labour, an increase in HIV/AIDS prevalence, and other negative consequences (ILO, 2010:13). Protective measures are extremely dependent on a range of factors that exist at the individual and family levels, as well as at the national level (ILO, 2010:13).

The right to social security includes the right to be free of arbitrary and capricious treatment, as well as the right to equal enjoyment of adequate protection from social risks and contingencies (UN, 2008:5). As stated in the ICESCR General Comment 19, the social security system should encompass the following issues of child welfare:

*Family and child support:* Benefits to families are critical for ensuring the protection of children and adult dependents under the Covenant's articles 9 and 10 (UN, 2008:6). When awarding benefits, the state party should evaluate the child's resources and circumstances, as well as those responsible for the child's or adult dependent's maintenance, as well as any other factors relevant to an application for benefits submitted by or on behalf of the child or adult dependent (UN, 2008:6).

*Family and child benefits:* Monetary benefits and social assistance should be provided to families without regard for forbidden grounds of discrimination (UN, 2008:6). Typically, these benefits would cover food, clothes, housing, water and sanitation, and other rights as appropriate (UN, 2008:6). Moreover, state parties must also ensure that survivors and orphans get benefits in the event of the death of a breadwinner who was covered by social security or had pension rights (UN, 2008:7). To avoid exclusion from social security schemes based on prohibited grounds of discrimination, survivors and orphans should be assisted in obtaining benefits from such programmes (UN, 2008:7). This is especially important in situations where endemic diseases, such as HIV/AIDS, tuberculosis, and malaria, leave large numbers of children and older people without family and community support (UN, 2008:7).

All individuals, particularly those from the most impoverished and marginalised groups, should be protected by the social security system without prejudice, and benefits eligibility requirements must be reasonable, proportionate, and clear (UN, 2008:7). Beneficiaries of the social security system must be able to participate in its administration. Individuals and organisations should have the right to seek, receive, and share information about all social security benefits (UN, 2008:8). The system should be based on national law and ensure that individuals and organisations have access to all social security benefits (UN, 2008:8). Benefits should be paid promptly, and recipients should have physical access to social security agencies in order to obtain benefits and information and, if applicable, make contributions (UN, 2008:8).

### **3.6 Conclusion**

This chapter discussed the theoretical and conceptual frameworks upon which the study was based and the research questions were analysed. It examined the PIT, concepts of care, and the HRBA. The PIT shed light on how implementation processes are carried out inside implementing agencies and elucidates why public policies succeed or fail to achieve desired

goals. The aspects that contribute to successful implementation procedures and how implementing agencies might collaborate to achieve good policies that benefit the general public were discussed. The theory demonstrates how ineffective collaboration, planning, monitoring and evaluation, and technologies as well as corruption can all contribute to the failure of policy. Moreover, the theory emphasises the significance of developing citizen-specific social protection structures. It also addresses how public services should be delivered in South Africa to maximise service delivery efficiency in the country.

The discussion of care provided valuable insight into how the concept of care is viewed. The section discussed the critical role of care in the development of individuals regardless of whether the individual is the receiver or the caregiver. It also emphasised the importance of caregiving and why the government should consider it a critical component of society and that those who give it deserve special acknowledgement.

The HRBA emphasises that every individual has rights and should be treated with dignity at all times. It underscores the role of governments in ensuring that human rights are appropriately implemented to benefit all members of society (without any form of discrimination). The approach serves as the foundation for policy development.

## **CHAPTER FOUR**

### **POLICY AND LEGISLATIVE FRAMEWORK: THE SOCIAL PROTECTION SYSTEMS FOR CHILDREN**

#### **4.1 Introduction**

This chapter discusses the provisions for social protection and the rights of children as mandated by various instruments at international, regional and local levels. The international conventions and treaties discussed are: the Universal Declaration of Human Rights (UDHR) of 1948, the International Covenant on Economic and Social Cultural Rights (ICESCR), the United Nations Convention on the Rights of Children (UNCRC) of 1990, and the United Nations Global Indicator Framework for Sustainable Development Goals (SDGs) 2015/2016. The African regional instruments on social protection and children's rights reviewed are: the Livingstone Call for Action on Social Protection 2006, the Social Policy Framework for Africa 2006, and the African Charter on the Rights and Welfare of the Child 1990. International treaties and frameworks inform these regional frameworks. South Africa's frameworks for state social protection of children are informed by international and regional frameworks. The specific South African frameworks are: the Bill of Rights in the Constitution of South Africa (specifically those related to children's rights), the White Paper for Social Welfare 1997, the Children's Act No 38 of 2005, the White Paper on Families 2012, the National Plan of Action for Children in South Africa 2012-2017, the National Child Care and Protection Policy 2019, the Social Assistance Act No. 13 of 2004, and the South African Social Security Agency (SASSA) Act No. 9 of 2004. The chapter ends with a discussion of the legal practice of foster care in South Africa.

The purpose of this study was to investigate the lived experiences of foster parents and implementers when implementing social protection programmes. Discussing these international and national treaties and legislation is pertinent because they are essential in establishing the rights of children, safeguarding children and their families, and reducing their poverty. The legislative frameworks are relevant to the research questions of the study because they outline the state's mandates and roles in the implementation of social protection programmes to ensure that the OVC and their foster parents receive the services as stipulated.

## **4.2 International frameworks on social protection**

International law recognises the right to social security through mechanisms or frameworks that are generally agreed upon and negotiated (ILO, 2017:2). These frameworks state that everyone has the right to social security as a basic human right (ILO, 2017:2). Thus, the right to social security is written into and made clear in several United Nations (UN) human rights documents (ILO, 2017:2). There is strong evidence globally that investments in social protection can help children. For example, they can help ensure a safe birth, improve health-seeking behaviour and child health, track child growth and reduce stunting rates, get more children into school, and stop children from working (Save the Children International, 2015:4).

### **4.2.1 Universal Declaration of Human Rights (UDHR) of 1948**

Article 21(2) of the 1948 UDHR states that everyone has the right to equal access to public service in their own country while Article 22 asserts that everyone has a basic right to social security (UN Assembly, 1948:6). The latter article also states that every citizen has the right to the economic and social rights necessary for his dignity and the free development of his personality (UN Assembly, 1948:6). Article 25 of the UDHR lays out the basic services each person is entitled to. Subsection (1) states that everyone has the right to food, clothing, shelter, medical treatment, and social services (UN Assembly, 1948:6). Subsection (2) discusses social protection for women and children. According to this subsection, children have the right to special care and assistance during their upbringing and all children, regardless of whether they were born in or outside of wedlock, are afforded the same level of protection (UN Assembly, 1948:6).

As stated previously, OVC are likely to live in poverty and have limited access to fundamental services. Therefore, the right to social protection is of the utmost importance to them, as it will enable them to gain access to essential services and help them realise their full potential. As part of government initiatives and social protection measures for children, programmes such as foster care placements are implemented to ensure that OVC grow up in an environment conducive to their development, health, education, and general well-being. The following section discusses children's rights as outlined by the UNCRC. Children's rights are crucial because they instruct states on how to care for and protect children, especially OVC.



#### **4.2.2 United Nations Convention on the Rights of Children (UNCRC) of 1990**

##### **(a) Right to education**

Access to basic education is crucial for OVC, just as it is for all other children because that is how they can develop. However, it is unlikely that many OVC will attend school due to numerous social constraints. For this reason, any social protection frameworks that promote their right to education are critical. Article 28 of the UNCRC mandates that, as part of social protection measures for OVC and other children in general, governments must ensure that all children have free access to basic education and that all educational facilities are easily accessible (UNCRC, 1990:8).

##### **(b) Right to health**

As with education, the health of OVC is important because they are the group of children with limited access to health-related essential services and who are more likely to engage in risky behaviours that may negatively impact their lives. Consequently, the right to health care is essential for all children. Under Article 24 of the UNCRC, children have a right to the best possible health, and access to treatment and rehabilitation services and the state parties must ensure that no child is ever denied access to these healthcare services (UNCRC, 1990:7). In addition, the Convention mandates that governments must ensure the implementation of this right to reduce child mortality, guarantee that all children have access to health care, and prevent disease and malnutrition through the provision of wholesome food and clean water (UNCRC, 1990:7). However, without good parental care, children may be vulnerable, which can harm their overall well-being.

##### **(c) Right to parental care**

Children are the most vulnerable population relative to adults. To survive, they depend on their caregivers or parents for care, protection, and guidance. OVC are more susceptible to vulnerability, for instance, the loss of a parent at a young age can result in homelessness, school dropout, and increased illness. For these reasons, the right to parental care for such children is crucial. Article 3 of the UNCRC stipulates that when decisions are made regarding a child's welfare, the child's best interests must always take precedence (UNCRC, 1990:2). Moreover, children have the right to alternative care if their families are unable or unwilling to care for them due to a specific circumstance or if removal from their homes is in their best interests (UNCRC, 1990:6). All governments are obligated to ensure the safety of children, and if they are not safe with their primary caregivers, they must find a new caregiver who can meet their

needs. This can be accomplished through adoption, foster care, or Kafalah of Islamic law (UNCRC, 1990:6).

#### **(d) Right to social security**

As stated previously, social protection is essential for all children; however, it is especially crucial for OVC due to their susceptibility to various social ills that may necessitate state intervention. Article 27 of the UNCRC stipulates that every child has the right to a decent standard of living, including their physical, mental, spiritual, and moral well-being (UNCRC, 1990:8). Parents are accountable for ensuring that their children's basic needs are met within their financial means and that they are raised in a safe environment (UNCRC, 1990:8). Article 27 also states that parents and caregivers are responsible for their children's well-being and that their responsibilities should be reflected in the rights of children (UNCRC, 1990:8). In addition, the state should provide material assistance to primary caregivers and parents who cannot meet their children's basic needs, such as food, housing, and clothing (UNCRC, 1990:8).

The United Nations SDGs are derived from social protection frameworks, and their overall goal is to develop and promote sustainable human and social development. Children are included in the 2030 SDGs' plan, and children's social protection is incorporated into nearly all the SDGs. The SDGs aim to eradicate poverty, protect the environment, and ensure that all people live in peace and prosperity in the present and the future (UNDP, 2015). Children and their parents or caregivers are included. The following section discusses the SDGs related to children. The section is relevant for the study because sustainable social protection frameworks for OVC are important for them as well as for policy development and policy improvement.

### **4.2.3 United Nations: Global Indicator Framework for the SDGs 2015/2016**

#### **Goal 1: End poverty in all its forms everywhere**

Child poverty is one of the factors that prevent children from reaching their full potential. It has a negative impact on their lives making them vulnerable to age-inappropriate activities like child labour and risky behaviours like prostitution. As is well known, OVC are more vulnerable to such experiences or activities. For these and other reasons, eradicating poverty for all is crucial. The first of the SDGs is to reduce poverty in half by 2030 for all women, men, and children of all ages (UN, 2016:19). This can only be accomplished by implementing social

security measures that combat inequalities and developing social protection frameworks that alleviate poverty.

**Goal 4: Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all**

Education is one of the most significant aspects of a person's life, and it can have lasting repercussions. In this regard, it is crucial that everyone, regardless of socioeconomic status, has access to a decent education. In terms of this goal, by 2030, all girls and boys will have completed free, fair, and high-quality primary and secondary education, learning relevant and useful information (UN, 2016:19).

**Goal 11: Make cities and human settlements inclusive, safe, resilient and sustainable**

One of the most important aspects of life is providing a safe and stable environment for the development of children. A conducive environment enables children to succeed in life and provides them with the chance to pursue endeavours that will have a positive impact on their lives. However, OVC are frequently deprived of such opportunities. In terms of SDG 11, everyone must have access to adequate, safe, and affordable housing and basic services by 2030, and slums must be repaired (UN, 2016:26).

**Goal 16: Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels**

Abuse and conflicts in war zones negatively affect the development of children. Stopping child abuse, violence, and other associated concerns are some of the crucial aspects requiring urgent attention by policymakers if the safety of children, especially the most vulnerable such as OVC, is truly cared about. SDG 16 seeks to prevent child abuse, exploitation, trafficking, violence, and torture (UN, 2016:30).

As with any other region, Africa is bound by international treaties that cater for the care and protection of children, especially OVC. The following section addresses the African social protection frameworks for children's rights and care.

### **4.3 African frameworks for social protection**

#### **4.3.1 African Charter on the Rights and Welfare of the Child 1990**

The African Charter on the Rights and Welfare of the Child is one of the most important pieces of law that protect children in African countries from all forms of abuse, thereby allowing them to reach their full potential. OVC are automatically included in this framework because such frameworks are designed to ensure that all children, regardless of socioeconomic class or background, experience a happy life. The African Charter outlines several fundamental rights, including the right to education, the right to health care, the right to protection from abuse, and the right to parental care.

##### **(a) Right to education**

According to Article 11 of the African Charter, every child has the right to free and required basic education and that state parties must take all necessary steps to ensure this right is fully realised (African Charter on the Rights and Welfare of the Child, 1990:5).

##### **(b) Right to health care**

Article 14 of the Charter establishes a child's right to optimal physical, mental, and spiritual health (African Charter, 1990:5). Government signatories to the Charter pledge to fully implement this right, particularly by lowering infant and child mortality, ensuring that all children receive appropriate medical assistance and health care, and concentrating on the development of primary health care (African Charter, 1990:5).

##### **(c) Protection against abuse and right to parental care**

Regarding torture, cruel or humiliating treatment (including sexual assault), Article 16 of the Convention mandates that states parties protect children from all types of torture (African Charter, 1990:6). Article 19 of the Charter stipulates that no child shall be separated from his or her parents without their choice, unless and until a court determines, in accordance with relevant law, that such separation is in the child's best interests (African Charter, 1990:7).

The goal of this study was to investigate foster parents' lived experiences and the social protection mechanisms that are accessible to them. The following section outlines the outcomes of the Livingstone Call for Action on Social Protection Conference which was held in Zambia in 2006. The outcomes of the Conference are pertinent to this study because the emphasis was

on building social protection frameworks aimed at improving the lives of vulnerable populations such as children and their families.

#### **4.3.2 Livingstone Call for Action on Social Protection, Zambia 2006**

The Livingstone Call for Action on Social Protection was founded on the above conference's acceptance of social protection as a fundamental human right as articulated in the 1948 UNDHR as well as the conference delegates' general agreement (African Union, 2006:5). The conference, held in March 2006, was attended by over 100 ministers and senior officials from 13 African countries (including Ethiopia, Kenya, Lesotho, Madagascar, Malawi, Mozambique, Namibia, Rwanda, and South Africa), as well as representatives from the European Union and the United Nations (African Union, 2006:7). The goal of the conference was to give policymakers an international platform to talk about direct action concerning social protection in order develop policies dealing with social and economic inequality and economic growth (African Union, 2006:6). The conference attendees agreed that social protection improves the social contract between the government and its citizens and promotes community stability (African Union, 2006:5). Furthermore, it was recognised that there is substantial evidence that social cash transfers have a significant role in both poverty reduction and economic growth (African Union, 2006:5). In addition to alleviating suffering, it was acknowledged that cash transfers can help families maintain their health and educate their children (African Union, 2006:5). Thus, in order for the African continent to have a complete set of social protection systems, delegates urged that African and other countries cooperate more in sharing and discussing experiences of and actions on social safety nets and income support (African Union, 2006:5). Furthermore, the delegates proposed that cash transfer programmes be used more frequently by African governments as a policy option (African Union, 2006:5). Cash transfer programmes include social pensions and regular financial transfers to needy children and households, the elderly, and those with disabilities (African Union, 2006:5). Delegates also pushed for more investment in institutional and human resource capabilities, accountability structures, and continuous long-term support for social protection from national budgets and development partners (African Union, 2006:5).

Africa is a “home” for OVC for a variety of reasons, one of which is that the continent was and still is heavily afflicted by the HIV/AIDS epidemic, leaving millions of children and youth exposed to poverty and other challenges. The Social Policy Framework (SPF) for Africa 2006 was created to address some of the issues that children and youth face through social protection

measures. The following section describes the social protection measures mentioned in the SPF.

### **4.3.3 Social Policy Framework (SPF) for Africa 2006**

The African Union hopes to establish by 2025 an integrated, prosperous, and peaceful continent that is led and administered by its own citizens (African Union, 2008:6). The SPF is designed to help African Union member countries establish public social policies that promote individual independence and sustainability (African Union, 2008:10). It acknowledges that while children and youth comprise Africa's largest and fastest-growing population component, they also encounter several obstacles (African Union, 2008:28). In many African nations, HIV/AIDS and armed conflict have endangered lives and resulted in many OVC (African Union, 2008:28). In addition, children on the continent face numerous social problems, including drug abuse, violence, exploitation, human trafficking, child labour, street begging, and sexual abuse (African Union, 2008:28). The SPF suggests that

“In order to address the social problems faced by African children, African states should implement the key recommendations of the African Charter on the Rights and Welfare of the Child, the Call for Accelerated Action on the Implementation of the Plan of Action Towards an Africa Fit for Children, and the Algiers Common Position and Plan of Action on Strategies to Support Orphans, Vulnerable Children, and Children Infected with HIV/AIDS” (African Union, 2008:29).

According to the SPF, African countries should provide social protection to vulnerable children and adolescents, including those with disabilities, to ensure food security, clothing, shelter, and the meeting of other basic needs (African Union, 2008:30). The SPF advises that African countries take specific steps to encourage education after primary school and to provide appropriate, high-quality education that prepares young people for employment and life (African Union, 2008:30). Moreover, it recommends that African states provide protection to conflict-affected, orphaned, vulnerable, and street children (African Union, 2008:30).

### **4.3.4 Agenda 2063 Framework**

The Agenda 2063 Framework was endorsed by the 24th session of the AU Assembly of Heads of State and Government in Addis Ababa, Ethiopia, in January 2015 after extensive consultations with all formations of African society, including the Regional Economic Communities and other continental bodies (African Union Commission, 2015:5). The 2063

Agenda Framework is founded on the AU's vision of "an integrated, prosperous and peaceful Africa, driven by its own citizens and representing a dynamic force in the international arena" (African Union Commission, 2015:5).

Some of the AU's priorities include the following: by 2063, the African continent will be free of child labour and child trafficking; Africa will have healthy and nourished children; and Africa will make education free, mandatory, and child-friendly for everybody (African Union Commission, 2015:87). Other priorities include an Africa free of child violence, children free of the effects of armed wars, and a more inclusive Africa with universal birth registration for all children (African Union Commission, 2015:88). The 2063 Agenda Framework advises that in order to fulfil these priorities, Africa urgently increases investment in its young people, particularly children, because investing in the young generation yields the highest rate of return (African Union Commission, 2015:88). This can be accomplished through youth empowerment and children's rights (African Union Commission, 2015:106).

South Africa, like all other countries in Africa and the rest of the world, is bound by international treaties emphasising the rights, care, and protection of children and other vulnerable populations. South Africa has one of the most comprehensive social protection systems in Africa, with statutory and effective coverage rates that are higher than the regional average and comparable to or higher than those of the other BRICS nations (Brazil, Russia, India, China and South Africa) (ILO, 2016:1). The fact that the country's national social safety programme consists of both contributory and non-contributory monetary and in-kind legal guarantees illustrates the system's comprehensiveness (ILO, 2016:2). The purpose of this study was to examine the lived experiences of foster parents, including the social security systems available to them and their families, as well as the experiences of implementers when implementing foster care services in South Africa. The South African legislative frameworks discussed below are relevant to the study questions because they concern the legislation available to children in the country, particularly that concerning the care and protection of OVC, as well as the available social assistance programmes.

## **4.4 Social protection frameworks in South Africa**

### **4.4.1 The Constitution of the Republic of South Africa 1996: Bill of Rights**

Before discussing children's social security rights, it is essential to outline the roles and responsibilities of public servants as outlined in the Constitution. The significance of these roles and responsibilities lies in the fact that they outline how public administration and public programmes should be conducted in South Africa and demonstrate the government's commitment to transparency, impartiality, and professionalism at all times.

Section 195 subsection (1) of the South African Constitution stipulates that democratic values and principles enshrined in the Constitution must regulate public administration (Constitution, 1996:116). Section 195 establishes that the following principles may govern public administration:

(a) "a high standard of professional ethics must be promoted and maintained; (b) efficient, economic and effective use of resources must be promoted; (c) public administration must be development-oriented; (d) services must be provided impartially, fairly, equitably and without bias; (e) people's needs must be responded to, and the public must be encouraged to participate in policy-making; (f) public administration must be accountable; (g) transparency must be fostered by providing the public with timely, accessible and accurate information; (h) good human-resource management and career-development practices, to maximise human potential, must be cultivated; (i) public administration must be broadly representative of the South African people, with employment and personnel management practices based on ability, objectivity, fairness, and the need to redress the imbalances of the past to achieve broad representation" (Constitution, 1996:116).

Section 196 of the Constitution outlines the Public Service Commission's responsibilities. In accordance with subsection (2) of this section, the Commission must be independent and impartial, and must exercise its powers and carry out its duties without fear, favour, or bias. In order to maintain an effective and efficient public administration and a high level of professional ethics in the public service, the Commission must be governed by national legislation (Constitution, 1996:117).

The powers and functions of the Commission are (a) to promote the values and principles set out in section 195, throughout the public service; (b) to investigate,



monitor and evaluate the organisation and administration, and the personnel practices, of the public service; (c) to propose measures to ensure effective and efficient performance within the public service; (d) to give directions aimed at ensuring that personnel procedures relating to recruitment, transfers, promotions and dismissals comply with the values and principles set out in section 195 are complied with; (ii) to investigate grievances of employees in the public service concerning official acts or omissions, and recommend appropriate remedies; (iii) to monitor and investigate adherence to applicable procedures in the public service (Constitution, 1996:117).

The subsections (1)(2)(3)(4) of Section 197 of the Constitution outline that there is a public service for the Republic within the public administration, which must function and be structured in accordance with national legislation and which must faithfully execute the lawful policies of the current government; the terms and conditions of employment in the public service must be regulated by national legislation; employees are entitled to a pension in accordance with national legislation; no public servant may be favoured or discriminated against because of his or her support for a particular political party or cause; provincial governments are responsible for the recruitment, appointment, promotion, transfer, and dismissal of members of the public service in their administrations, within a framework of uniform norms and standards governing the public service (Constitution, 1996:117).

South Africa has used a rights-based approach to create a legal framework for social security protection, starting with the Constitution and ending with laws and rules for putting them into effect (ILO, 2016:2). The Bill of Rights protects all citizens' rights while upholding democratic values such as human dignity, equality, and liberty (Constitution, 1996:6). The state is responsible for preserving, defending, promoting, and implementing the Bill of Rights (Constitution, 1996:6). Section 27 of the Constitution "ensures that everyone has access to health care, including reproductive health care, adequate food and water, and social security, including appropriate social assistance if they are unable to support themselves and their dependents" (Constitution, 1996:13). Section 28 (b) (c) (d) and (e) states that

"every child has the right to family and/or parental care, or appropriate alternative care when away from the family environment; to basic nutrition and shelter; to access to basic health care and social services; to protection from mistreatment, neglect, abuse, or degradation; and to protection from exploitative labour practices" (Constitution, 1996:13-14).

The 1997 White Paper for Social Welfare provides a framework for the delivery of social security services, including selection criteria for people who qualify, and vulnerable children are included in this framework. The next section examines the social security provisions contained in the 1997 White Paper for Social Welfare.

#### **4.4.2 White Paper for Social Welfare 1997**

Social security comprises a wide range of public and private programmes that provide cash or in-kind benefits, or both, in two situations: first, if a person's ability to work is permanently lost, interrupted, or never developed, or if they can only work at an unacceptable cost to society, and they cannot make enough money to stay out of poverty; and second, to ensure that children are taken care of (White Paper for Social Welfare, 1997:49). South Africa's social security system is made up of four parts: private savings, social insurance, social assistance, and relief. The four pillars of South African social security are: preventing poverty, reducing poverty, compensating the poor, and redistributing wealth (White Paper, 1997:50). Social grants and social relief provide individuals with non-contributory, needs-based financial assistance in times of personal or societal need (White Paper, 1997:50). It is acknowledged that there has been a significant racial disparity in child and family care benefits and poor women of colour (black women) and children have been severely disadvantaged. It is advised that future requests for social assistance come mostly from these populations (White Paper, 1997:51).

The Children's Act No.38 of 2005 is the second piece of legislation, after the Constitution and the Bill of Rights, that ensures the care and protection of children in South Africa (Department of Social Development, 2013:8). The Act provides a guide for all professionals in the country who work with children, including foster children (Department of Social Development, 2013:8). The following section outlines how the Children's Act requires children to be cared for and safeguarded from maltreatment.

#### **4.4.3 Children's Act No 38 of 2005**

The Children's Act was enacted to give effect to some children's rights stipulated in the Constitution, as well as to define principles relating to the care and protection of children (Children's Act, 2005:1). The goal of the Act is to define parental rights and responsibilities, make rules about children's courts, and ensure that children are cared for (Children's Act, 2005:1). More specifically,

“to make provision for children in alternative care; to make provision for foster care; to make provision for child and youth care centres and drop-in centres; to make new provision for the adoption of children; to make provision for inter-country adoption; to prohibit child abduction and to implement the Hague Convention on International Child Abduction” (Children’s Act, 2005:1).

The Act does not say much about direct state social assistance (cash transfers) for children but it does state that if the child is placed in temporary or long-term safe care for protection reasons, parents and guardians are obligated by the court to pay some money toward the child’s maintenance. According to Section 161 (a) (b),

“a children’s court may make an order instructing a respondent to pay a sum of money or a recurring sum of money as a contribution towards the maintenance or treatment of, or the costs resulting from, a child’s other special needs (placed in alternative care or temporarily removed from the child’s family by order of the court for treatment, rehabilitation, counselling, or another reason)” (Children’s Act, 2005:94).

The family is one of the most essential social structures for the development of children, as it is where children are nourished and moulded into better members of society. For several reasons, family-strengthening strategies are crucial. The following section examines South Africa’s 2012 White Paper on Families.

#### **4.4.4 White Paper on Families in South Africa, 2012**

The White Paper on Families in South Africa seeks to incorporate family problems into broad government policy proposals to increase family well-being and overall socioeconomic development (Department of Social Development, 2013:8). In responding to family crises or family issues and societal problems different approaches are utilised in the White Paper and the Life Cycle is one such approach. The Life Cycle Approach acknowledges that family life is dynamic and is influenced by psychosexual stages as well as rites of passage such as marriage, divorce, child-rearing, and retirement (Department of Social Development, 2013:36). People change their roles and relationships as well as the division of labour and their level of satisfaction at each stage of development (Department of Social Development, 2013:36). The Life Cycle Approach allows for a full analysis of life events, family crises, processes, and problems connected to age, gender, and each family member’s duties and responsibilities (Department of Social Development, 2013:36). The Approach also advises important actors in

providing services and resources appropriate for certain developmental stages and ages of family members (Department of Social Development, 2013:36).

The White Paper on Families in South Africa also strongly recommends the Social Development Approach for addressing family issues. This Approach recognises the family as the essential unit of society and its importance in children's survival, protection, and development (Department of Social Development, 2013:36). Therefore, the justification for the Approach is that families should be supported, and their competencies should be enhanced to meet the needs of members, particularly vulnerable members such as children (Department of Social Development, 2013:36). In addition, one of the tenets of the White Paper is to strengthen the family through the provision of income and fundamental social security. Through various social protection policies and programmes (for instance, social grants such as the CSG, FCG, and Old Age Pension Grant), it is possible to improve the standard of living for all families, especially the most vulnerable (such as children, women and the elderly) (Department of Social Development, 2013:41).

The most vulnerable members of society are children who are susceptible to all types of abuse and exploitation. Therefore, it is crucial to build legal frameworks that protect children from such social ills. The next section examines the National Plan of Action for Children (NPAC) 2012-2017 in South Africa, which outlines the safety measures that should be adopted to protect children.

#### **4.4.5 National Plan of Action for Children (NPAC) 2012-2017**

The NPAC is a detailed plan that incorporates all government commitments to realising children's rights. The Plan is overseen by the Department of Women, Children, and People with Disabilities (DWCPWD) (DWCPWD, 2012:5). The NPAC is viewed as an opportunity to enhance children's lives and situations (DWCPWD, 2012:13). The NPAC also makes a significant effort to monitor the implementation of the UNCRC (DWCPWD, 2012:13).

The mission of the NPAC is to develop and maintain a secure, supporting, protective, and caring environment for all children in their families, communities, schools, and institutions as part of child protection efforts (DWCPWD, 2012:63). One of the NPAC's objectives is to keep children safe from all sorts of abuse, criminality, and violence in their homes, schools, and communities, as well as in institutions that house children (DWCPWD, 2012:63). Furthermore,

the NPAC strives to ensure that all children live in households that provide basic services, have access to safe drinking water and sanitation and are not subjected to violence or other forms of exploitation (DWCPWD, 2012:23,85). The NPAC's goal is to guarantee that all qualifying children have access to social security benefits such as the CSG, FCG and Care Dependency Grant and to inform caregivers and children of the purpose of child assistance and how to use it most effectively (DWCPWD, 2012:85).

Similar to the NPAC is the 2019 National Child Care and Protection Policy which focuses on the care and protection of children and instructs all government organisations to ensure that this occurs. The section that follows reviews the Policy.

#### **4.4.6 National Childcare and Protection Policy, 2019**

Due to present shortcomings and problems, the South African Government designed and enacted this Policy to strengthen the national childcare and protection system (Department of Social Development, 2019:32). The Policy sets a national structure for the delivery of a range of childcare and protection programmes and services necessary to advance the UNDP and SDGs and meet international, regional, and national child-rights obligations (Department of Social Development, 2019:8). The Policy aims to protect the well-being of all South African children, particularly the most vulnerable (Department of Social Development, 2019:33). It establishes conceptual, legal, and institutional frameworks for all responsible role-players to collaborate in safeguarding children from violence, abuse, neglect, and exploitation so that they can live, grow, and attain their full potential (Department of Social Development, 2019:33).

The Policy also aims to improve the national care and protection system for developing children by identifying groups of children who are especially at risk, ensuring that their needs are put first and they get a full package of care and support (Department of Social Development, 2019:33). A further aim of the Policy is to compel government departments to provide a variety of public promotional, preventative, and responsive protective services. Key programmes should include “prevention and early intervention programmes targeting vulnerable groups” such as the various social assistance grants, free primary and secondary education in the poorest quintiles, a system of school fee exemptions for low-income children, and a school nutrition programme in low-income schools (Department of Social Development, 2019:40). Furthermore, the Policy emphasises that the government must ensure the implementation of a strong legislative framework addressing “responsive protective services”

for children. The framework requires adults to report suspected instances of child abuse, neglect, or exploitation; and provides for child protection laws, children's courts, and systems for the evaluation and court-ordered placement of children in need of care and protection, including foster care (Department of Social Development, 2019:41).

Social security programmes are among the most essential social development projects. These services give destitute families and children a chance to survive as without them, children, particularly foster care children, could be in a catastrophic situation. The following section discusses the Social Assistance Act No. 13 of 2004, with an emphasis on how social assistance programmes in South Africa should be administered.

#### **4.4.7 Social Assistance Act No. 13 of 2004**

The purpose of the Social Assistance Act No. 13 of 2004 is to provide for the provision of social assistance to persons, to develop a social aid inspectorate, and to provide a mechanism for such assistance (Social Assistance Act, 2004:2). Individuals who qualify for social assistance under the Act are entitled to assistance (Social Assistance Act, 2004:5). A person in need of temporary assistance may also be eligible for social relief of distress if he or she lacks sufficient means, is a South African citizen, permanent resident, or refugee, and fits one of the following criteria: the person is awaiting payment of an approved social grant and has been medically certified incapable to conduct any remunerative work for less than six months (Social Assistance Act, 2004:22-23). The Minister of Finance must approve the grants for children, namely, the FCG, CSG and the Care Dependency Grant (CDG) (Social Assistance Act, 2004:5).

The SASSA is one of the key offices in South Africa's delivery of social assistance programmes. The regulation of this office is crucial not only for recipients of social assistance programmes but also for the administration of public funds. The subsequent section outlines Act No. 9 of 2004 which established the SASSA.

#### **4.4.8 South African Social Security Agency Act No. 9 of 2004**

Section 27 of the Constitution stipulates that everyone has the right to social security, including those who cannot support themselves and their dependents. The SASSA office operates in accordance with this provision. The legislative mandate of the SASSA office is to ensure that social assistance services are provided to vulnerable groups such as children, the elderly, and

individuals with disabilities (SASSA, 2021:7). In order to be eligible for social assistance services, a person has to undergo (and pass) a means test (SASSA, 2021:8). The purpose of the SASSA Act is

“to establish the South African Social Security Agency as an agent for the administration and payment of social assistance; to provide for the Agency’s prospective administration and payment of social security, as well as the provision of related services” (SASSA Act, 2004:2).

The Agency’s goals are to ensure that social assistance is managed, administered, and paid for efficiently and effectively; to act as an agent for future social security management and payment; and to provide services connected to such payments, management, administration, and payment (SASSA Act, 2004:6). The Agency administers social assistance according to Chapter 3 of the Act and performs any additional duties assigned by the Act (SASSA Act, 2004:6). The Agency must implement a compliance and fraud framework to protect social security and establish a national database of all applicants and recipients of social assistance in order to collect, maintain, and manage all information required for payment of social security and central reconciliation and management of transfer funds (SASSA Act, 2004:6).

As stated previously, the care and protection of children should be a societal priority. In instances where children’s rights have been violated and their environment poses a threat to their life and general well-being, legal safety measures must be implemented. Placement in a foster home is one of these safety measures. South African foster care practice is discussed in the following sections.

#### **4.5 Foster care programme in South Africa**

Children in South Africa confront a variety of obstacles that can have a detrimental impact on their life and prevent them from reaching their full potential. Section 150 of the Children’s Act, sub-section (1) states that a child is in need of care and protection if:

“the child (a) has been abandoned or orphaned and is without any visible means of support; (b) displays behaviour which cannot be controlled by the parent or care-giver; (c) lives or works on the streets or begs for a living; (d) is addicted to a dependence-producing substance and is without any support to obtain treatment for such dependency; (e) has been exploited or lives in circumstances that expose the child to

exploitation; (f) lives in or is exposed to circumstances which may seriously harm that child's physical, mental or social well-being; (g) may be at risk if returned to the custody of the parent, guardian or caregiver of the child as there is reason to believe that he or she will live in or be exposed to circumstances which may seriously harm the physical, mental or social well-being of the child; (h) is in a state of physical or mental neglect; or (i) is being maltreated, abused, deliberately neglected or degraded by a parent, a care-giver, a person who has parental responsibilities and rights or a family member of the child or by a person under whose control the child is" (Children's Act, 2005:86).

Children who experience these challenges become more vulnerable and they are unlikely to reach their full potential (Department of Social Development, 2010:7). As a result, the foster care programme was created to care for and protect these children (Department of Social Development, 2010:07). The rationale behind foster care placements is that children who are orphaned or vulnerable due to a variety of circumstances are allowed to grow and develop in a safe and supportive environment, (Children's Act, 2005:101). Another purpose of foster care placement is to

“promote the goals of permanency planning, first towards family reunification, or by connecting children to other safe and nurturing family relationships intended to last a lifetime; and respect the individual and family by demonstrating a respect for cultural, ethnic and community diversity” (Children's Act 2005:101).

#### **4.5.1 Implementers and their roles in the foster care programme's implementation process**

Although there are numerous stakeholders involved in the implementation of foster care services, social workers from the DSD and CPOs, presiding officers from the DoJ&CD, and grant administrators from the SASSA are the most significant.

##### **(a) Social workers**

The DSD is the programme administrator for foster care. Social workers from the DSD and CPOs (funded and monitored by the DSD) interact directly with prospective foster parents and children in need of care and protection. Their responsibilities include screening and choosing suitable foster parents and training them (Department of Social Development, 2010:21). The



Children's Act provides the primary guidelines for social workers in the implementation of foster care services.

#### **(b) Presiding officers**

Because foster care placement is a legal process, other legal professionals must be involved in the implementation process. The DoJ&CD's (Children's Court section) presiding officers are involved in the legal process of foster care placement. The Children's Act also guides all the legal steps they take. Section 156 of the Act states that the Children's Court has the authority to make any order if it is in the best interests of the child after the child has been determined to be in need of care and protection (Children's Act, 2005:90). If a child requires care and protection (the child lacks a parent or caregiver or if the parent or caregiver is unfit to care for the child), the presiding officer may place the child in alternative care, such as foster care, (Children's Act, 2005:90). Clerks of the Children's Court ensure that the court order contains accurate information about the child, foster parents, and the order's expiration date, and interpreters (who will interpret court proceedings in the language that the child, prospective foster parents, biological parents of the child, or other relevant parties involved, understand) and that the attorneys who represent the child or biological parents accompany them during the court proceedings (Department of Social Development, 2010:40).

#### **(c) SASSA grant administrators**

The FCG application is the final step in either the foster care application process or after the child has been placed in foster care. As stated in the literature review, foster children or OVC are typically from low-income families and in need of financial support. Grant administrators are the primary players in this process and their role is to administer social grants, including the FCG, in accordance with the Social Assistance Act No. 13 of 2004 (Department of Social Development, 2010:41).

#### **(d) Other role players**

**Department of Health** - It provides medical services to both OVC and the general community (Department of Social Development, 2010:41).

**Department of Education** - It provides OVC with basic schooling. Teachers have frequent interaction with children on a daily basis, thus they are in an ideal position to report child abuse indicators or behaviours. For example, they collaborate closely with social workers when they suspect child abuse at home (Department of Social Development, 2010:41).

**Department of Home Affairs** – It is responsible for the issuing of birth certificates for OVCs.  
**South African Police Services** - They ensure the safety of OVC and the community as a whole  
(Department of Social Development, 2010:41).

The following section describes the various stages or phases of the foster care implementation process.

#### **4.5.2 Phases in the foster care implementation process**

##### **(a) Preparatory phase**

Access to information on accessible public policy programmes is critical for programme implementation success. All citizens should be given complete and accurate information on the public services to which they are entitled (White Paper, 1997:6). Access to information on accessible public services is not a privilege but a fundamental human right and governments must ensure that this information is available to everyone, regardless of background. Access to information is critical in policy design and implementation. Policy failure is conceivable if citizens or service users are not provided with relevant information about existing public policy programmes. As a result, distributing information and engaging with the public regularly are critical for the effectiveness of public policy. The primary goal of the preparatory phase is to provide an opportunity for developing a strong foundation for foster care administration through community engagement (Department of Social Development, 2010:21). The placement of a foster child with a capable, prepared, and dedicated foster family is one of the aspects that contribute to efficient foster care administration (Department of Social Development, 2010:21).

##### **i. Outreach and community campaigns**

Child protection awareness is essential in all communities and many feel that prevention is preferable to cure. As a result, reaching out to and teaching communities about child protection and child protection services are critical and done long before the child needs care and protection and even before a prospective foster parent is asked to participate (Department of Social Development, 2010:21). Creating community awareness has numerous advantages. For example, it educates the general public and prospective foster parents on the need for foster care (Department of Social Development, 2010:21). It also educates the public about the need for foster families and the roles that the community can play in supporting and assisting

organisations and government agencies in meeting this need (the value of client coalitions) (Department of Social Development, 2010:21).

This initial phase also involves expanding the number of qualifying families, keeping existing foster families, and growing the number of volunteers to assist foster families and children (Department of Social Development, 2010:22). This is discussed below.

## **ii. Recruiting prospective foster parents**

Recruiting encompasses all outreach, educational, and supportive actions used by an organisation to entice and assist people in becoming foster parents (Department of Social Development, 2010:22). At this point, social workers play a critical role. Social workers may connect with prospective foster parents through community awareness campaigns and during these interactions, prospective applicants learn about the application process (Department of Social Development, 2010:23). The following are the criteria prospective foster parents need to meet: they must be at least 18 years old and must undergo screening. Section 182 of the Children's Act states that a prospective foster parent must be "fit and proper to be entrusted with the child's foster care and willing and capable of undertaking, exercising, and maintaining the responsibilities of such care" (Children's Act, 2005:50). The screening process involves verifying the potential foster parent's criminal history against the provisions of Part B of the Child Protection Register and the Sexual Offences Register (Department of Social Development, 2010:23). According to Section 120 of Part B of the Child Protection Register,

"a person is unsuitable to work with children if they have committed a murder; rape; culpable homicide involving gross negligence; indecent assault; incest; kidnapping; any statutory sexual offence; any offence relating to the manufacture, distribution, or possession of child pornography; any offence relating to child trafficking; or abduction" (Children's Act, 2005:50).

A social worker must interview prospective foster parents, their family members who will reside with the child, and people from the community. The social worker must also investigate the foster parent's medical and psychological records and motivation to foster a child (Department of Social Development, 2010:24). The potential family must enjoy caring for children, be culturally and religiously sensitive, and have empathy for both the child and the birth family (Department of Social Development, 2010:24). When faced with difficulties, the foster family needs to demonstrate inventiveness (Department of Social Development,

2010:24). A potential foster family must participate in a preliminary orientation session before making an informed decision about fostering (Department of Social Development, 2010:24). The session should include: information on what foster care is; the legal professional process of foster care; the responsibilities and rights of both foster parents and children, as well as the role and function of all departments involved in the foster care process; knowledge of why children are placed in foster care (such as types of abuse, behavioural issues, loss, and grief) and the impact of this on a child; and information on relevant agencies where a foster child can be placed (Department of Social Development, 2010:24).

A foster parent has the right to ongoing training and support from a social worker under Regulation 66 Subsection (6) of the Children's Act in order to deal effectively with a foster child and the child's biological parents (Children's Act, 2005:29). The goal of training is to provide future foster parents with the essential skills and information to fulfill the role of foster parent (Department of Social Development, 2010:24). To ensure the involvement of social service professionals and volunteers in the community, the authorised social worker must oversee the training programme (Department of Social Development, 2010:24). Basic counselling skills, parenting skills, childcare, budget and succession planning, linking foster parents with day-care centers to assist with respite care for foster children, and linking foster families with other programmes that will empower them to obtain basic skills such as skills development programmes, sustainable livelihood programmes, and expanded public works programmes should all be included in the training modules (Department of Social Development, 2010:26).

#### **(b) Reporting phase**

The Children's Act encourages children to be kept with their immediate families, extended families, or any person known to the child to give the child a sense of belonging and learn about their cultural backgrounds. As a result, compelling reasons must be presented for the child's removal from the immediate family and placement in foster care. As previously stated, children are placed in foster care for a variety of reasons, and if OVC are discovered, everyone has an obligation to report them to relevant authorities such as social workers, police officers, doctors, nurses, teachers, families, and the community at large (Department of Social Development, 2010:27). Social workers from the DSD and CPOs play a critical role in this regard as, according to the Act, if the child appears to be in one of the aforementioned situations, the case

must be referred to a designated social worker who will investigate the child's circumstances (Children's Act No.38 of 2005:85).

After receiving a case indicating that a child may require care and protection, a social worker must take the necessary steps to assist the child in question. The following section discusses the role of the social worker in determining whether or not a child requires care and protection.

### **(c) Statutory intervention phase**

#### **i. Investigation and assessment**

Evaluating if the child needs care or protection is the first step a social worker takes after receiving a report (Department of Social Development, 2010:30). The social worker obtains information on the child in order to make an informed decision about the child's situation (Department of Social Development, 2010:30). The child's physical and mental health, obvious evidence of abuse or mistreatment, and the family's finances and circumstances that contributed to the child's need for alternative care are taken into consideration in the evaluation (Department of Social Development, 2010:31). Section 150 Subsection (3) of the Children's Act stipulates that a designated social worker must conduct a thorough investigation of the child's circumstances and if the social worker determines that the child is not in need of care and protection, the social worker may continue to provide counselling, mediation, prevention and early intervention services, family reconstruction, behavior modification, rehabilitation, or referral to specialised services if there is a need (Children's Act, 2005:85). The child's psychosocial needs must be thoroughly assessed and if removal from the immediate family is recommended, persuasive reasons must be provided (Department of Social Development, 2010:35). The recommendation must include the child's original parents or immediate relatives, as well as the explanation for the child's need for alternative care (Department of Social Development, 2010:35). The evaluative inquiry should support the child's viewpoints, and the social worker should be sympathetic and non-judgmental toward the child's cultural background, linguistic, religious, spiritual, traditional, and sexual orientation (Department of Social Development, 2010:36). The social worker's evaluation should take into account the child's strengths and developmental requirements, which include educational needs, emotional needs, physical and developmental needs, cultural perspectives and considerations, and socioeconomic needs (Department of Social Development, 2010:36).

Individual development plans (IDPs) and care plans (CPs) can be used to analyse a child's strengths and developmental needs (Department of Social Development, 2010:36). The IDP emphasises a child's inherent qualities, which include a sense of belonging, mastery, independence, and kindness (Department of Social Development, 2010:36). The CP should be created using the information obtained via the IDP and should include strategies to help the child in meeting his or her developmental requirements and should be reviewed at least every six months (Department of Social Development, 2010:36). In compiling the IDP and CP, the social worker must engage the child and those who are involved in the child's case, such as birth parents, extended relatives, and potential foster parents (Department of Social Development, 2010:36). If the biological parents' whereabouts are unknown, a sworn statement outlining this must be provided by the prospective foster parent (Department of Social Development, 2010:37). The social worker must also get permission from the Children's Court to advertise the child in a newspaper. If the social worker determines that the child is not a South African, the potential foster parents or the biological parents must produce the birth certificate of the child from the country of origin (Department of Social Development, 2010:37). According to Section 48 (2) of the Children's Act, if the child lacks a birth certificate and the biological parents' whereabouts are unknown, the court must assess the child's age with the help of a medical practitioner (Children's Act, 2005:40). The court's decision granting the age estimate must be presented to the Department of Home Affairs when applying for a birth certificate (Children's Act, 2005:40).

Once the investigation has been concluded and the assessment is that the child requires care and protection, an appropriate placement must be established. The following section discusses the procedures for placing the child in alternative care.

#### **(d) Placement phase**

After the social worker has determined that the child requires care and protection and a suitable placement has been identified, a legal process must commence. If the child needs care, a court case must be filed within 90 days following the initial report (Department of Social Development, 2010:31). At this stage a social worker must legally bring the case to the Children's Court to determine if the child requires care (Department of Social Development, 2010:32). If a child is deemed to need care, the presiding officer of the Children's Court may make the statutory intervention (Department of Social Development, 2010:32). The

Children's Court has the power to change the custody of the child (Department of Social Development,2010:32).

If a child is deemed to be in need of emergency care (for example, continuing to live with the immediate family or caregiver puts the child in danger) he or she is placed in temporary safe care. While the child is in temporary safe care, the social worker can conduct additional investigations into the child's circumstances. A person who testifies under oath that a child is in danger must be investigated by a social worker under Section 151 of the Children's Act (2005:122). If the child is found to be in need of protection, the presiding officer may issue a court order placing the child in temporary safe care until additional investigations have been conducted and future care is organised (Children's Act, 2005:122). A child may be placed in temporary safe care for up to 21 days, although this term may be extended to 90 days if the child remains safe and vital (Department of Social Development, 2008:69). The provincial social services head must approve temporary safe care (Department of Social Development, 2008:69). Once approved in writing by the provincial DSD head, one copy must be provided to the court and another to a suitable person at the temporary safe care (place of safety) (Department of Social Development, 2008:69). The expense of hiring a temporary safe caregiver must be paid once the court process places the child in temporary safe care (Department of Social Development, 2010:34). This fee can be obtained by providing the clerk of the Children's Court with certain documents (Department of Social Development, 2010:34). For both children in temporary safe care and those who already live with their prospective foster parents prior to the application process, the investigation cannot last more than 90 days.

Once the investigations are completed and while the child is still in temporary safe care the final step, foster care placement must begin. Section 155 of the Children's Act states that a social worker must prepare a report using Form 40, along with all supporting documentation, and that report, as well as the child concerned, must be presented to the Children's Court (Children's Act, 2005:68). The social worker is responsible for notifying all relevant parties of the date set by the court for the application hearing (Department of Social Development, 2010:37). During the day of the Children's Court inquiry, the designated social worker submits the report's findings and recommendations. Should the presiding officer accept the social worker's recommendations, a court order is then made placing the child in foster care (Department of Social Development, 2010:37). According to Section 156 of the Children's Act (2005:90), the Children's Court has the authority to make any order if it is in the best interests

of the child after the child has been determined to be in need of care and protection. Section 156 Subsection (e) of the Act states that if the child lacks a parent or caregiver or if the parent or caregiver is unfit to care for the child (that is, the child requires care and protection), he or she may be placed in alternative care, such as foster care, (Children's Act, 2005:90). The court clerk's role, as previously outlined, is to ensure that the court order contains accurate information about the child, foster parents, and the court order's expiration date (Department of Social Development, 2010:40). In cases where the child was removed due to abuse or neglect, a social worker must teach parenting skills to the immediate family in order to prepare for reunification (Department of Social Development, 2010:36). The child has the right to interact with his or her birth family if placed with an unrelated foster family and the foster parents' location must allow for this (Department of Social Development, 2010:36). However, interaction with birth parents or family of origin is permitted when it is safe and in the child's best interest (Department of Social Development, 2010:36).

After the child is finally placed in foster care, the next step is to apply for the FCG and social workers and grant administrators from the SASSA play important roles in this stage. The following section outlines the FCG implementation.

#### **4.5.3 Foster Child Grant (FCG) implementation**

As noted, foster children or OVC are frequently from low-income families. The FCG is a government-funded programme that helps foster parents meet the basic needs of their foster children (Department of Social Development, 2010:40). The grant will not meet all of the child's needs and should be viewed as supplemental to the foster family's income (Department of Social Development, 2010:40). Also as noted, the SASSA is in charge of the FCG payments. The SASSA administers social grants in accordance with the Social Assistance Act No. 13 of 2004 (Department of Social Development, 2010:41).

##### **(a) Application requirements**

FCG applications must be submitted soon after the child custody hearing (Department of Social Development, 2010:41). The foster parent with a court order establishing foster parent status is the only person eligible for a FCG (Department of Social Development, 2008:19). The applicant (foster parent) must be a South African permanent resident or citizen and must be at least 18 years old (Department of Social Development, 2008:19). Before the application can be lodged, it is critical that the designated social worker ensures that the prospective foster



parent is informed about the process of applying for the FCG, including knowing what documents are required for the application (Department of Social Development, 2010:41). The court order, ID of the foster parent, proof of spousal relationship status, and the birth certificate of the foster child (or, in the absence of a birth certificate, an affidavit from the foster parent or a social worker's report describing the child's circumstances) are the required documents (SASSA, 2020:3). The foster parent must provide original documents as well as certified copies (Department of Social Development, 2010:41). The purpose of submitting these documents is to verify information about the foster parent and foster child (Department of Social Development, 2010:41).

The court order grants foster parents the right to apply for and receive social grants, as well as exemption from paying school fees, healthcare services, and any other privileges granted to foster children (Department of Social Development, 2010:41). Foster parents must be assisted by the SASSA grant administrator in completing the SASSA application documentation (Department of Social Development, 2010:42). The foster parent must sign the application, and a second grant administrator must verify it (Department of Social Development, 2011:42). Regulation 12 (1) of the Social Assistance Act requires agencies to notify applicants in writing of approvals and dates (Social Assistance Act Regulation No 13 of 2004:11). The grant is only available in cash at certain pay locations and banks, including post offices (SASSA, 2020:3). The statutory order may be extended until the child reaches the age of 21 years depending on the circumstances. Furthermore, a foster parent may be ineligible for an FCG if he or she has more than six children who are not biological siblings or blood relatives (Department of Social Development, 2008:19).

#### **(b) Recent developments in the OVC social security system**

There are new developments regarding OVC social grants. On June 1, 2022, the CSG Top Up was introduced by the DSD. The Department has added R240 to the existing R480 CSG (totaling R720) to assist child-headed households and extended families caring for orphaned children (Department of Social Development, 2022:2). The following are the criteria for the CSG Top Up: a child-headed household between the ages of 16 and 18 years old can apply for and receive the grant on behalf of children under his or her care (Department of Social Development, 2022:2). A caregiver who is related to the child can apply for the CSG Top Up using a means test that takes into account his or her spouse's income (Department of Social Development, 2022:2). Furthermore, relatives must provide proof that they are related to the

child as well as death certificates for the child's parents (Department of Social Development, 2022:2). In cases where the whereabouts of one or both parents are unknown, an affidavit attesting to their lack of knowledge as to whether the child's parent is dead or alive is required (Department of Social Development, 2022:2). Although the future of the FCG is unknown, the CSG Top Up does not appear to be a replacement for the FCG. According to some discussions, the grant may assist prospective foster parents while they are still waiting for the FCG to be finalised, or in cases where the FCG has lapsed, foster parents may apply for the CSG Top Up while they are still waiting for renewal.

The success of policy implementation is dependent on the monitoring and evaluation of that specific policy programme. This is an important stage in policy implementation because the policy's aim and objectives are constantly checked to ensure that the policy's desired outcomes are met. The following section discusses the importance of monitoring and managing foster care placements.

#### **4.5.4 Monitoring and managing foster care placements**

Social workers (as key role players) are responsible for monitoring foster care placements by ensuring that the child's safety and overall wellness are maintained, as well as the general well-being of the foster family (Department of Social Development, 2010:45). The role of the social worker is to ensure foster families and foster children live in harmony and to give ongoing support (Department of Social Development, 2010:45). Moreover, the purpose of this stage is to encourage foster families and foster children to become self-sufficient and this is guided by a developmental approach (Department of Social Development, 2010:45). Foster parents and foster children must attend training classes to meet the CP's requirements (Department of Social Development, 2010:45). The social worker will communicate with other parties involved in the child's care (biological parents/relatives, foster parents, Children's Court) the reasons for the child's placement in alternative care (Department of Social Development, 2010:43). An experienced social worker can help a foster child, foster family, and biological parents and during supervision, reunion plans are communicated to foster parents, birth families, and other appropriate parties (Department of Social Development, 2010:43). The assigned social worker, the foster child and foster family, the natural parents or family of origin, the community, the SASSA, the DoJ&CD, and the Department of Education are all major stakeholders during the period of placement (Department of Social Development, 2010:43).

Foster families are supervised by a designated social worker and, as outlined earlier, assisted in applying for the FCG by other specialists (Department of Social Development, 2010:44). Assisting with the CP requires coordinating foster families, children, and biological parents (Department of Social Development, 2010:44). Planning should include therapeutic interventions, early childhood development, family preservation, capacity building, and life skills (Department of Social Development, 2010:44). The CP must be assessed and revised every six months (Department of Social Development, 2010:44). To prevent statutory orders from lapsing, social workers must ensure that they are valid at all times. This also allows for the continuation of the FCG as the grant is not payable to foster parents if there are no valid court orders in the SASSA office. In terms of Section 159 of the Children's Act, a court order must be renewed every two years or sooner (Children's Act, 2005:93). Orders can be extended for several reasons including if the child is abandoned and the parents' whereabouts are unknown or if the parents have died (Department of Social Development, 2010:45). If there is a need for extension after two years, the court order may be extended by the Children's Court after receiving the extension recommendations report from a social worker (Children's Act, 2005:93). In considering the extension recommendations the court must take cognisance of the views of the child, the parent, any other person who has parental responsibilities and rights in respect of the child, and any alternative care-giver of the child (Children's Act, 2005:93).

In order to protect the children in foster care from human trafficking and other inappropriate occurrences, Section 169 of the Children's Act prohibits children in alternative care leaving South Africa without the written approval of the provincial head of the DSD first being obtained (Children's Act, 2005:96). In granting approval the provincial head may determine terms and conditions to protect the best interests of the child (Children's Act, 2005:96). Section 173 of the Children's Act (2005:99) allows the provincial head of the DSD to remove the child already in alternative care at any time and place the child in other alternative care if it is deemed to be in the best interests of the child (Children's Act, 2005:99). Section 178 of Children's Act states that foster parents must immediately report any serious injuries of the child who is under their care to the provincial head of the DSD (Children's Act, 2005:100). The social worker must then conduct an investigation that led to the serious injury (or abuse) of the child (Children's Act, 2005:100). Moreover, if the child in alternative care dies, the foster parent must immediately report the death to the parent or guardian of the child if he or she can be traced, a police official, the provincial head of the DSD, and the social worker dealing with the matter (Children's Act, 2005:100).

Section 176 of the Children's Act (2005:100) allows the child to remain in alternative care beyond the age of 18 years. The provincial head of the DSD has the authority to allow a person who is over the age of 18 to continue to live in alternative care until the end of the year in which that person reaches the age of 21 years (Children's Act, 2005:100). This can only happen upon application, the recommendations of the social worker, the current alternative care-giver being willing and able to care for that person, and the continued stay in that care being necessary to enable that person to complete his or her education or training (Children's Act, 2005:100).

Foster care entails a great deal of responsibility, particularly on the part of foster parents or foster families, who are responsible for nurturing and caring for foster children. While foster parents may use their parenting skills, some of their roles are outlined in the Regulations of the Children's Act. The following section covers foster parents' rights and responsibilities as outlined in the Regulations of the Children's Act.

#### **4.5.5 Rights and responsibilities of foster parents**

##### **(a) Rights**

A foster parent has the authority to make all the day-to-day decisions regarding the care, upbringing, and development of the foster child in his or her care, as outlined in Section 66 of the Regulations of the Children's Act (Children's Act, General Regulations, 2010:29). A foster parent has the right to appropriate privacy of home life and cannot be subjected to threats, harassment, or undue intrusions by the foster child's birth parents or other family members (Children's Act, General Regulations, 2010:29). In addition, a foster parent has the right to be informed by the designated social worker or the designated CPO of any fact or occurrence that may have a significant impact on the foster placement of the child in his or her care (Children's Act, General Regulations, 2010:29). A foster parent is entitled to continual training and support from a social worker in order to effectively interact with a foster child and the child's biological parents (Children's Act, General Regulations, 2010:29). Finally, a foster parent has the right to be informed of the foster child's educational background, assessments, and accomplishments in order to meet the child's optimal educational needs (Children's Act, General Regulations, 2010:29).

## **(b) Responsibilities**

Section 65 of the Regulations of the Children's Act states that a foster parent is responsible for providing for the day-to-day needs of a foster child placed in his or her care, and this includes ensuring that any social assistance or financial contribution from the child's biological parent or parents is used for the child's upbringing and in the child's best interests (Children's Act, General Regulations, 2010:29). If contact between the foster child and biological family members and other persons with an interest in the child's well-being and development is in the best interests of the child the foster parent must ensure that such contact is not obstructed. This includes contact as provided for in any foster care plan or court order assigning parental responsibilities and rights referred to in Section 188(1) (d) and (e) of the Children's Act (Children's Act, General Regulations, 2010:29). Furthermore, if the child is of school-going age, the foster parent must ensure that he or she attends school on a regular basis (Children's Act, General Regulations, 2010:29). The foster parent must cooperate with a designated child protection organisation or a designated social worker in any review of the possibility of extending the foster care order (Children's Act, General Regulations, 2010:29). The foster parent must also allow a designated child protection agency or designated social worker access to his or her home and the child concerned for the purposes of monitoring the foster care placement, providing reunification services, reviewing the foster care order, or any other matter related to the foster care placement (Children's Act, General Regulations, 2010:29). Furthermore, the foster parent is required to guide the child's behavior in a humane manner and refrain from using physical violence or punishment, as well as humiliating or degrading forms of discipline, and ensure that the child is treated in a manner that is substantially similar to other children living in the same household, unless the child's or any other child's special needs require otherwise (Children's Act, General Regulations, 2010:29). Finally, any change of address of the foster parent must be reported to the designated social worker or designated CPO (Children's Act, General Regulations, 2010:29).

One of the most important goals of foster care placement is to keep children in foster care connected to their families of origin in order to give them a sense of belonging and children must be reunited with their families when reunification is possible. The following section discusses the significance of reuniting children with their families and communities.

#### **4.5.6 Reunification**

Section 175 of the Children's Act allows the provincial head of the DSD to discharge a child from alternative care at any time if it is in the child's best interests (Children's Act, 2005:99). The discharge can take place only after the social worker has submitted a report to the provincial head outlining the reasons for the discharge. One of the reasons for a child's discharge from alternative care is when the child is reunited with the family of origin (Children's Act, 2005:99). Reunification gives the child a sense of belonging while also strengthening family and community ties. Reuniting the child with his or her birth parents or relatives, as well as the larger community, is an important goal of foster parenting (Department of Social Development, 2010:48). This stage prepares families to care for and protect their children and social workers are critical players at this point (Department of Social Development, 2010:48). When foster children return home, they must have access to supportive networks that assist them in remaining reunited with their families (Department of Social Development, 2010:48). The social worker's role is to coordinate services to locate biological relatives and, if possible, assist with reunification (Department of Social Development, 2010:48). To heal, families and children require access to community-based services, support groups, and information and resources (Department of Social Development, 2010:48). Families with children with special needs should be connected to local support services (Department of Social Development, 2010:48).

Foster children who are ageing out of foster care may face serious life problems because if they are not successfully independent during their foster care years, they are likely to be trapped in poverty due to institutional support ending when they reach the age of 18 or 21 years. The following section discusses the significance of preparing foster children for self-sufficiency.

#### **4.5.7 Independent living**

Foster children's institutional support structure comes to an end when they reach the age of 18 years but for some ends when they reach 21 years (in the case when they are still schooling after 18 years), and they may face challenges such as homelessness, unemployment, and exposure to potentially risky activities such as prostitution (Department of Social Development, 2010:49). They are unlikely to complete tertiary education or any type of skill development that will improve their lives and allow them to make a living. They are most likely trapped in a cycle of poverty. Thus, it is critical to provide foster children with skills that will

help them in the future. To ensure a smooth transition from foster care to adulthood, the CP should specify developmental skills (Department of Social Development, 2010:49).

Group work is one of the most effective ways of conducting developmental programmes for foster children, and these should begin as early as 15 years of age (Department of Social Development, 2010:49). Programmes to aid foster children must be designed and linked to various government and non-profit groups (Department of Social Development, 2010:49). Programmes for foster children should include counselling, mentorship, social life skills training, vocational training, job opportunities, access to bursaries, and internship possibilities (Department of Social Development, 2010:49). National departments and provincial departments, social workers, foster parents, children, and volunteers are all involved at this stage (Department of Social Development, 2010:49). The government programmes for foster children should be incorporated into a policy framework by those departments (Department of Social Development, 2010:49). Social workers should conduct these activities, and foster parents should urge their children to participate (Department of Social Development, 2010:49). The community must be informed about such activities and must support them (Department of Social Development, 2010:49).

#### **4.6 Conclusion**

This chapter covered the international, regional, and national frameworks for the social protection of OVC. The frameworks serve as a guide for implementing social protection programmes. The UDHR (1948), the UNCRC, the African Charter on the Rights and Welfare of the Child, and the SDGs all emphasise that children have rights to parental care (including the right to a safe environment and conducive homes), education, health, and social security. These frameworks require all states to ensure the realisation of these rights through the implementation of social protection programmes. The South African Government adheres to these international treaties and the Constitution of 1996 serves as the guiding document for all South African legislative frameworks. The Constitution specifically states that children have the right to parental care (including alternative care if the immediate family fails), the right to social security, the right to a safe environment, and the right to medical care and that they must be protected from all forms of abuse. The South African Government has developed legislative frameworks and policies to ensure that these rights are realised. The White Paper for Social Welfare 1997, the Children's Act No. 38 of 2005, the National Plan of Action for Children,

and the National Child-Care and Protection Policy 2019, are all legislative frameworks that protect and nurture South African children through programme implementation. One of these programmes is the foster care programme, the overall goal of which is to provide OVC in need of care and protection with the best suitable alternative care that will allow them to grow and develop to their full potential.



## CHAPTER FIVE

### RESEARCH METHODOLOGY

#### 5.1 Introduction

This chapter presents the research methodology employed in the study. This study utilised a qualitative research method. The qualitative method, in the form of a case study approach, assisted in comprehending the experiences of participants and how they made sense of these experiences. Adopting a case study approach was advantageous as it contextualised the lived experiences of foster parents and social service providers in the uMgungundlovu District. Primary data were gathered by using in-depth interviews and focus groups. Secondary data were obtained from a review of the literature and presented in the preceding chapters. Purposive sampling was used in the study and this enabled the researcher to select participants who were relevant to the study's topic and research questions. Content analysis using a thematic approach was used to categorise the respondents' responses into main and -sub-themes. The themes and sub-themes were derived from the respondents' responses using the literature and the legislative, theoretical and conceptual frameworks underpinning the study.

#### 5.2 Research design

The research design acts as the "glue" that holds the research together. A design is used to organise the research and to explain how the project's key components function in concert to meet the central research issues (Tronchim and Donnelly, 2001:18). These components include sample or group sizes, measurements, treatments or programmes, and assignment mechanisms (Tronchim and Donnelly, 2001:18). The research design is a comprehensive approach outlining the methods employed to conduct the inquiry (Leedy and Ormrod 2005:198). It validates and motivates the researcher's choices and explains how the researcher ensured and evaluated the quality of the research (Leedy and Ormrod 2005:198). The research design should illustrate how the strategy adopted addressed the study's aims and objectives (Leedy and Ormrod 2005:198). The most common research designs used in social research are as follows:

**(a) Exploratory or formulative research:** The goal of this research strategy is to gain new insights into a phenomenon (Akhtar, 2016:73). . This research design is typically used when there is little or no research to which information can be referred (Akhtar, 2016:73). The

emphasis of this research design is on gaining insights and familiarity with the subject area in order to allow for more rigorous investigation at a later stage (Akhtar, 2016:73). This research design is applicable to both quantitative and qualitative data (Stebbins, 2011:5). Although qualitative data predominate in most exploratory studies, they are supplemented where possible and desirable with descriptive statistics such as indexes, percentages, and frequency distributions (Stebbins, 2011:5). Exploratory research has the special advantage of refuting the claim that qualitative research consists mostly of non-generalisable case studies (Stebbins, 2011:13). In terms of their methodological and theoretical base, a series of qualitative case studies slowly increases the relevance and validity of the accumulated findings from each component field inquiry (Stebbins, 2011:13). Another advantage is that exploratory research capitalises on the accumulated knowledge of the individuals involved as those who combine their exploratory studies do not need to begin each new study from the beginning, as would be required of someone unfamiliar with the research field (Stebbins, 2011:13).

**(b) Descriptive or statistical research:** A descriptive research method describes the characteristics of the population or phenomenon being studied. It emphasises the “what” rather than the “why” of the research topic (Manjunatha, 2019:863). In other words, descriptive research focuses on describing the nature of a particular phenomenon rather than “why” that phenomenon occurs (Manjunatha, 2019:863). This research design is frequently used in quantitative research studies. One advantage of this research design is that it is quick and inexpensive to conduct, and the sample size is generally large, covering large populations (Manjunatha, 2019:866).

**(c) Explanatory research:** Explanatory research is a research method that investigates why something happens when there is limited information available (George and Merkus, 2022). It can help the researcher gain a better understanding of a subject, determine how or why a particular phenomenon occurs, and forecast future events (George and Merkus, 2022). Explanatory research can alternatively be described as a “cause and effect” model, researching previously unexplored patterns and trends in current data (George and Merkus, 2022). Consequently, it is sometimes considered a type of causal research (George and Merkus, 2022). Explanatory research is used to determine how or why a phenomenon occurs and is frequently one of the first stages in the research process, serving as a springboard for future research (George and Merkus, 2022). One advantage of this research design is that it adds meaning to previous research, fills gaps in existing analyses, and provides information on the causes of

phenomena (George and Merkus, 2022). While this research design can help a researcher solidify theories and hypotheses, it rarely yields conclusive results (George and Merkus, 2022).

**(d) Experimental or analytical research:** Experimental methods build on (often purpose-built) technologies and technical insights, while also contributing to technological innovation and technical understanding (Cash et al., 2016:6). Thus, there are several parallels between the realisation of experimental processes and the technological development processes that are frequently the focus of this research design (Cash et al., 2016:6). This is especially true in the social and human sciences, such as economics, sociology, medicine, and psychology, where experimental activities play an important role in the larger scientific endeavour (Cash et al., 2016:6). For example, a researcher's interest in the effects of environmental change, referred to as "treatments", necessitates designs that used standardised procedures to keep all conditions constant except the independent (experimental) variable (Ross and Morrison, 2013:1021). This standardisation ensures a high level of internal validity (experimental control) when comparing the experimental and control groups on the dependent or "outcome" variable (Ross and Morrison, 2013:1021).

The exploratory research design was used in this study. Through the lived experiences of foster parents and social service providers, the researcher was able to gain new or additional insights into the phenomenon of foster care. This research design enabled the researcher to use a case study approach, certain data collection methods (in-depth interviews and focus groups) and purposive sampling which allowed the purposeful selection of participants who were relevant to the phenomenon being studied.

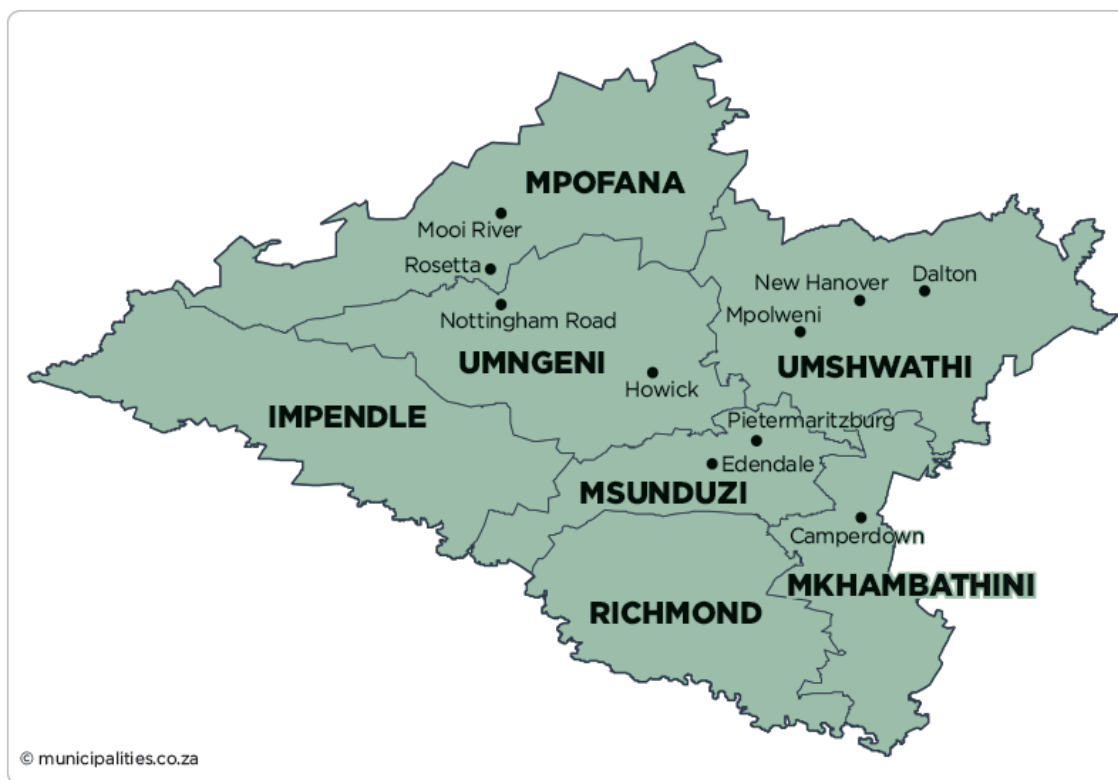
### **5.3 Case study: uMgungundlovu District demographics**

In line with the qualitative and exploratory nature of the study, a case study approach was followed. A case study approach allows for the evaluation of a phenomenon in its context by utilising a variety of data sources (Baxter et al., 2008:544). It is frequently used when the researcher wants to answer "how" and "why" questions (Yin, 2003:11). The case study approach (or method) excludes altering the conduct of research participants (Baxter et al., 2008:544). The researcher cannot manipulate the behaviour of those involved in the study; rather, he or she examines contextual conditions in the belief that they are pertinent to the phenomenon being studied (Baxter et al., 2008:545). In qualitative research, different types of

case study methods are employed, including individual or group interviews, participatory research, document analysis, and ethnographic study (Teegavarapu et al., 2008:3). As noted, both individual and group (focus group) interviews were utilised in the study as data collection methods. These are discussed in detail under 5.4.3 “Data collection methods” below.

The research was carried out in the uMgungundlovu District Municipality which is located in the Midlands of South Africa’s KZN Province. Figure 5 below depicts the Municipality and the seven local municipalities that comprise it.

**Figure 5:** uMgungundlovu District Municipality (DC22) Map



Source: *Municipalities of South Africa* (2022)

Impendle, Mkhambathini, Msunduzi, Richmond, Mngeni, Mpofana, and Mshwathi are the seven local municipalities comprising the uMgungundlovu District. To provide context for the study, the demographics of the uMgungundlovu District are discussed below.

### 5.3.1 Population and health

#### (a) Population

According to the most recent population statistics (2016), the uMgungundlovu District Municipality has a population of approximately 1,095,865 people and a land area of 9,603m<sup>2</sup> (Department of Cooperative Governance and Traditional Affairs, 2020:7). Table 3 shows the population of each local municipality as at 2016.

**Table 3: Population of uMgungundlovu district per local municipality**

<b>Municipality</b>	<b>2016</b>
Impendle	29,526
Mkhambathini	57,075
Mpofana	37,391
Msunduzi	679,039
Richmond	65,540
Mngeni	109,867
Mshwathi	111,645
<b>TOTAL</b>	<b>1,095,865</b>

Source: Department of Cooperative Governance and Traditional Affairs (2020:7)

Msunduzi, Mkhambathini, Mngeni, and Richmond were the four municipalities that were purposively included in the study. The uMsunduzi Municipality has the highest population density, followed by uMngeni, Richmond, and Mkhambathini. In terms of gender, approximately 52% of the population is female and 48% male (Department of Statistics South Africa, 2019:3). In terms of age, 59.2% of the population is between 0-14 years old indicating a high dependency ratio, 33% between 15-64 years, and 8% 65 years and older (Department of Statistics South Africa, 2019:3). The District thus has a higher proportion of children than adults which may increase the burden on the adult population because children's needs must be met by adults (Department of Statistics South Africa, 2019:3).

#### (b) Health

According to population and health demographic data, HIV prevalence varies by geographic location, with KZN having a substantially greater prevalence than Gauteng (Epicenter Health Research 2021:17). In 2018, the province of KZN remained the most impacted by HIV, with a prevalence of 27% among residents aged 15–49 (Epicenter Health Research 2021:17). The DREAMS study done in the Mgungundlovu District and the eThekweni Metro from 2017-2020

reveal that uMgungundlovu with an HIV prevalence of 20% in 2019 and eThekweni with an HIV prevalence of 16.7% in the same year are among the districts in South Africa with the highest HIV prevalence (Epicenter Health Research 2021:22). Since the eThekweni Metro is the economic centre of KZN and Pietermaritzburg is the largest city in the uMgungundlovu District and the capital of KZN, it is possible that most people from rural areas will move to these cities for employment opportunities, which will increase the population growth and affect the health status of the overall population (Epicenter Health Research 2021:22). The main causes of bad health in the modern metropolis are overcrowding and poverty in slums and squatter communities. Poor urban health practices increase illness vulnerability, particularly among women and children (Salas, 1970:15). The above numbers suggest that Mgungundlovu District is an epicentre of poor health in KZN.

### 5.3.2 Household profiles

The KZN Province had approximately 2,8 million households in 2016 and of these 300,953 were located in the uMgungundlovu District (Department of Statistics South Africa, 2019:10). Of the latter households, 46.4% were headed by a woman, 76.6% were in formal settings, while 70.1% of the households owned their homes (Department of Statistics South Africa, 2019:10).

The District's provision of essential services (as of 2011 and 2016) is detailed in Table 4 below.

**Table 4: Provision of essential services in uMgungundlovu District**

<b>2011</b>	<b>2016</b>
Flush toilet connected to sewerage	Flush toilet connected to sewerage
<b>42.3%</b>	<b>40.5%</b>
Electricity for lighting	Electricity for lighting
<b>86.5%</b>	<b>92.4%</b>
Piped water inside dwelling	Piped water inside dwelling
<b>43.0%</b>	<b>37.7%</b>
Weekly refuse removal	Weekly refuse removal
<b>44.6%</b>	<b>41.4%</b>

Source: Department of Statistics South Africa (2019:16)

It is evident that the uMgungundlovu District is struggling to provide essential services, and the number of people with access to essential services is decreasing. This represents a threat to

the general health of the population and also raises questions regarding the effectiveness of service delivery and local management of public services.

### 5.3.3 Education and employment

In terms of education, approximately 15% percent of the District population have no form of schooling, 28% have primary education, 27% have some secondary education, 23% have completed matric, and 8% have a tertiary education (Department of Cooperative Governance and Traditional Affairs, 2020:16). Thus, according to these statistics, the District has a low number of trained or educated individuals who are competitive in job markets. Low levels of education prevent individuals from obtaining better jobs and wages (Department of Cooperative Governance and Traditional Affairs, 2020:16). The unemployment rate for the District is 30.4% (Department of Cooperative Governance and Traditional Affairs, 2020:15). However, the uMgungundlovu District has a large proportion of working-age youth (ages 24-34) (Department of Statistics South Africa, 2019:35).

### 5.3.4 Poverty

Between 2001 and 2016, KZN had the greatest level of multidimensional poverty in South Africa (Statistics South Africa Midyear Estimates, 2020:14). In addition, in 2017, 36% of the population in the Province lived below the food poverty threshold – the highest percentage compared to other provinces (KwaZulu-Natal Provincial Department of Treasury, 2020:23). As of 2016, the poverty rate in the uMgungundlovu District was 63.4% (Department of Statistics South Africa, 2019:25). Table 5 below shows the number of people living in poverty by municipality.

**Table 5: uMgungundlovu District poverty headcount per municipality 2016**

<b>Municipality</b>	<b>2016 poverty headcount %</b>
Impendle	13.3
Mkhambathini	10.7
Mpofana	7.6
Msunduzi	3.8
Richmond	12
Mngeni	5.2
Mshwathi	10.8

Source: Department of Statistics South Africa (2019:25)

Richmond has the highest poverty rate among the municipalities chosen for the study, while Msunduzi has the lowest.

## **5.4 Research methodology**

### **5.4.1 Qualitative method**

As previously stated, an exploratory research design can be used in qualitative research, and this study used qualitative data collection methods. Qualitative research is a method for exploring how individuals make sense of their own real-world experiences using their own ideas and words, and this knowledge is typically conveyed through daily language and concepts (Cropley, 2015:39). Thus, qualitative research differs from quantitative research, which is concerned with how researchers experience the world, generally through the use of abstract scientific concepts and terminology (Cropley, 2015:5). Because the objective of this method is to maximise the external validity of findings, quantitative methods place a premium on internal validity (Cropley, 2015:39). Qualitative research is non-experimental, and the studies conducted using this method are descriptive in nature and are conducted in situations that reflect the subjects' daily lives (Cropley, 2015:39). Qualitative research, like other approaches of inquiry, has limitations. Qualitative research is primarily concerned with meanings and experiences and frequently ignores contextual sensitivity (Rahman, 2020:104). Additionally, it places a premium on the participants' experiences over other contextual aspects (Rahman, 2020:104). Furthermore, politicians may place a low value on the outcomes of this type of research (Rahman, 2020:105). A potential limitation is that qualitative research utilises small sample sizes, which often results in an overabundance of extrapolations of the findings to the full population under study (Rahman, 2020:105).

The following sections discuss other important aspects of the research methodology.

### **5.4.2 Sampling**

Sampling is the act, procedure, or method of selecting a representative sample or subset of a population in order to determine its characteristics (Mujere, 2016:109). A sample is a selection of people or things from a larger population for the purpose of measurement (Mujere, 2016:109). In this study, foster parents (as key participants and OVC carers), social workers, presiding officers, and grant administrators (as foster care programme implementers) were purposefully selected to share their perspectives on the foster care phenomenon.



### (a) Overview of key participants

Foster parents were significant participants in the study because they care for OVC and are the users of the foster care programme. Thus, presenting the overall status of these key participants is critical. However, at the data collection stage, there was no information on the number of foster parents in the District available. What was available was the number of children receiving grants in KZN and the Mgungundlovu District. Table 6 below reflects the social grants made by type and province as of December 2021. According to current statistics, KZN is one of the three provinces with the largest number of orphans. According to the 2020 General Household Survey (GHS), of orphaned children in South Africa, the Eastern Cape has 15.6%, the Northwest has 15.4%, and KZN has 14.9% (Department of Statistics South Africa, 2021:16). Thus, according to these figures, KZN has one of the highest percentages of children that may require care and protection and this is reflected in the number of FCGs made (see Table 6 below).

**Table 6: Social grants per grant type and per region as of December 2021**

Province	FCG	CDG	CSG
Eastern Cape	23 157	23 157	1 968 732
Free State	17 584	8 894	713 804
Gauteng	33 998	21 291	2 006 813
KZN	48 680	38 938	2 963 453
Limpopo	30 017	16 822	1 977 341
Mpumalanga	17 268	11 566	1 179 869
Northern Cape	8 359	5 795	329 492
North-West	20 379	9 721	906 778
Western Cape	29 636	16 447	1,050,129
<b>TOTAL</b>	<b>264 017</b>	<b>152 631</b>	<b>13 096 411</b>

Source: SASSA 2021 Annual Report (SASSA, 2021:20)

As alluded to above, in comparison to other provinces, KZN has the highest number of FCG recipients, which indicates that it has the highest number of children in need of care and protection or in alternative care which, in turn, places on carers in the Province. KZN also has the highest number of recipients of the other two child grants, namely, the CDG and the CSG, suggesting that KZN is a “haven” for OVC. According to the available data, the number of children receiving the FCG in the uMgungundlovu District in 2021 was 5,717, the CSG 8,949

and the number of children receiving the CDG was 3,765 (SASSA, 2022). Thus the total number of OVC known to the welfare authorities and receiving some form of grant in 2021 was 18,431.

Although the number of HIV/AIDS-related deaths has declined over the years, the HIV/AIDS-related statistics in KZN as discussed above may be the reason why the province has the most FCG beneficiaries. Given the high number of children and families requiring government social support, this study aimed to investigate the lived experiences of foster parents and foster care programme implementers in the uMgungundlovu District. Conducting the study in this location will aid in acquiring a better understanding of the lived experiences of foster parents and the implementation issues pertaining to the foster care programme which, in light of the figures above, is in high demand by service users in the region. It is evident that the Mgungundlovu District has a young population, implying that there are a large number of children in need of care.

Amajuba, Harry Gwala, iLembe, King Cetshwayo, Ugu, uMkhanyakude, uMzinyathi, uThukela, Zululand and uMgungundlovu districts comprise the 10 district municipalities in KZN. For the reasons outlined above, the uMgungundlovu District was chosen for the study and, as noted, the local municipalities of Msunduzi, Mngeni, Richmond, and Mkhambathini were selected for the purposes of the study. Some areas in these municipalities are more rural (particularly Mkhambathini and Richmond), while others are more urban (particularly Msunduzi and Mngeni). Thus, conducting the study in these municipalities with both urban and rural populations would assist in providing a better understanding of the study phenomenon.

The uMgungundlovu District was represented by 40 foster parents in the study's sample (10 respondents from each local municipality); 20 social workers (five per local municipality) were drawn from the KZN DSD and the child protection organisation (CPO) Child and Family Welfare Society of Pietermaritzburg; five presiding officers from the Children's Court of the DoJ&CD (two from Msunduzi and one each from the remaining three municipalities); and 20 grant administrators from the SASSA (five per municipality). The sample thus totalled 85 participants.

## **(b) Types of sampling**

There are two types of sampling, namely, probability and non-probability sampling. In probability sampling, each element of the population from which the sample is drawn, has an equal chance of being chosen (Showkat and Parveen, 2017:3). Non-probability sampling selects samples using non-randomised procedures (Showkat and Parveen, 2017:8). Instead of relying on randomness, the system heavily favours the judgement of the researcher (Showkat and Parveen, 2017:8). Non-probability sampling is common in qualitative research, whereas probability sampling is common in quantitative research (Mujere, 2016:115). Non-probability sampling has the advantage of making participant selection much easier, faster, and less expensive than probability sampling (Mujere, 2016:115). Because the study focused on respondents' experiences and was qualitative, non-probability sampling was used. Non-probability sampling techniques include quota sampling, judgement sampling, convenience sampling, purposive sampling, self-selection sampling, and snowball sampling (Mujere, 2016:115). Purposive sampling involves the researcher identifying what needs to be known and then seeking out people who have the necessary knowledge or experience and are willing to provide the information (Etikan et al., 2016:3). Purposive sampling was used in this study and was considered appropriate because it allowed the researcher to select respondents that had the necessary knowledge and experience of being foster care parents and knowledge and experience of being implementers of the foster care programme. Thus, foster parents and social services professionals and staff (implementers) were chosen because they are the most appropriate people to provide information on their experiences of the foster care phenomenon.

### **5.4.3 Data collection methods**

The data collection process entails the systematic gathering and measurement of data on relevant variables to address specific research questions, test hypotheses, and evaluate outcomes (Kabir, 2016:202). Interviews and focus groups are examples of data collection methods in qualitative research (Gill et al., 2008:291). Structured, semi-structured, and unstructured interviews are the three forms of research interviews (Gill et al., 2008:291). Structured interviews are, in essence, verbally given surveys in which a list of predetermined questions is asked with little to no flexibility and no opportunity for follow-up questions to responses that require further clarification (Gill et al., 2008:291). Unstructured interviews, however, are conducted with minimal to no organisation and do not reflect any predetermined notions or concepts. Such an interview may begin with a simple introductory question, such as "Can you tell me about your dentist-visiting experience?" and will develop solely based on the

initial response (Gill et al., 2008:291). Unstructured interviews are typically very time-consuming (sometimes lasting several hours) and can be challenging to organise and engage in, as the absence of planned interview questions provides little guidance on what to discuss (which many participants find confusing and unhelpful) (Gill et al., 2008:291). While semi-structured interviews consist of essential questions that help outline the areas to be examined, they also permit the interviewer or interviewee to diverge to investigate an idea or response in greater depth (Gill et al., 2008:291). The adaptability of this type of interview, especially when compared to structured interviews, also enables the discovery or development of material that is essential to participants but may not have been considered relevant by the researcher (Gill et al., 2008:291).

#### **(a) In-depth interviews**

The study used semi-structured questioning through in-depth interviews (see Appendix 5). The in-depth interview is a qualitative data collection technique that involves conducting one-on-one interviews with a small number of participants to elicit their experiences or perspectives on a specific subject or topic (Boyce and Neale, 2006:3). In-depth interviews are associated with qualitative studies and allow respondents to provide open-ended responses for more in-depth information, as well as encourage reciprocal contact. In-depth interviewing has limitations, one of which is that it is a time-consuming method that requires the researcher (and the interviewee) to devote significant time to the interview (Showkat and Parveen, 2017:9). It is also prone to bias (Showkat and Parveen, 2017:9). To address these limitations, the researcher did spend some time in the interview sessions explaining the intention of the research and preparing respondents to give relevant answers to the questions asked. Probing responses and clarifying questions were also used to avoid redundancy and bias. In-depth interviews were conducted with 40 foster parents and the five presiding officers. Interviews with the foster parents were primarily conducted during grant collection days (at pay points such as post offices, store retailers, and the SASSA offices). This was a simple way to recruit participants because the likelihood of finding foster parents in these locations was extremely high, and they were chosen based on their willingness to participate in the study. Following the identification of participants from the crowd, the researcher asked each participant who was interested in participating to step aside and a suitable location where there was no noise and the participant could freely speak was found. Some of the foster parents were interviewed in the comfort of their own homes, which provided a good interviewing environment and allowed

the respondents to freely express themselves. The presiding officers were interviewed in their offices after the researcher had made an appointment to do so.

### **(b) Focus groups**

The focus group, as a qualitative data collection technique, is a gathering of persons who have certain traits in which they share their perspectives or experiences on a certain issue or topic (Dilshad and Latif, 2013:192). The focus group technique is advantageous when the researcher wants to collect high-quality data in a social situation to gain insight from the participants regarding a certain issue or topic (Dilshad and Latif, 2013:193). Focus groups were conducted with 40 participants, namely, the social workers and grant administrators. Each focus group consisted of five individuals and thus eight focus groups were conducted in total. Three focus groups were held with social workers from the DSD in Richmond, Mkhambathini, and Mngeni, and one with social workers from the CPO, the Child and Family Welfare Society. Four focus groups were held with grant administrators from the four local municipalities. During the focus groups, the researcher used an interview guide that included open-ended questions to encourage participants to speak freely and truthfully. One of the limitations of focus groups is that they require more time and resources than other methods and it can also be difficult to gather the necessary number of participants (Dilshad and Latif, 2013:193). One of the challenges during data collection was gathering grant administrators and social workers all at once and some would leave in the middle of an interview session due to prior commitments. The researcher was required to schedule an appointment based on the participants' preferred time which was usually lunchtime.

All interviews (both in-depth and focus groups) were recorded, the duration of both in-depth interviews and focus groups ranged from 45 minutes to an hour, and the interviews were transcribed verbatim, where necessary, translated from Isizulu into English. The in-depth interviews and focus groups were held in isiZulu and English. The IsiZulu language was chosen since it is widely spoken in the KZN Province and the majority of foster parents are Zulu speakers. State officials communicated in English, however, some felt more comfortable responding in isiZulu, and their responses were translated back into English. Thematic analysis was then applied to the data collected and this is discussed below.

#### **5.4.4 Data analysis**

Data analysis is the act of reducing and making sense of, at times, enormous amounts of gathered data (Kawulich, 2004:97). During analysis, data are organised, summarised, and categorised, and patterns and themes in the data are identified and linked (Kawulich, 2004:97). Below are the steps of data analysis as outlined by O'Connor and Gibson (2003).

##### **(a) Steps in data analysis**

**Step 1 - Organising the data** – A useful way to organise the data collected is to use the interview guide and the questions asked therein to serve as a basis for the responses as contained in the transcripts of the interviews (O'Connor and Gibson, 2003:65). Essentially, data should be organised in such a way that allows the researcher to go through each topic and pick out concepts and themes and this leads to the second step below.

**Step 2 - Finding and organising ideas and concepts** - When reviewing the various responses to a specific question, the researcher may notice that certain words or ideas repeatedly appear and one should take note of these (O'Connor and Gibson, 2003:68). Occasionally, one can learn about a person's perceptions, attitudes, and emotions on a topic just by observing the language they employ to express themselves (O'Connor and Gibson, 2003:68). One also needs to keep an eye out for the unexpected, as this is where fresh information is discovered or things one did not expect are identified. (O'Connor and Gibson, 2003:69). After identifying and recording frequent words and phrases and ideas and concepts derived from how the interviewees expressed themselves and told their stories, codes or categories need to be created (O'Connor and Gibson, 2003:71).

**Step 3 - Building over-arching themes in the data** - Each response category is related to one or more themes that provide a deeper understanding of the data, and various categories can be collapsed into a single overarching topic (O'Connor and Gibson, 2003:71).

Both steps 2 and 3 are explained in more detail under (b) Thematic analysis below.

**Step 4 - Ensuring reliability and validity in the data analysis and the findings** - As themes and patterns emerge from the data, it is crucial to comb through the data, searching for instances of patterns that are unfavourable (O'Connor and Gibson, 2003:73). It is frequently too easy to ignore these since they do not fit the patterns and themes of the data but it is equally crucial

that they are carefully analysed and possible interpretations are considered (O'Connor and Gibson, 2003:73). Findings are more reliable when they can be independently corroborated by multiple sources and when corroborated by multiple instruments monitoring the same variable, their reliability increases (O'Connor and Gibson, 2003:73). Validity must be ensured not just in the research process and results but also in the data analysis procedure. Comparing how the researcher has categorised and coded the results into themes with how a colleague would have done so is one technique to accomplish this (O'Connor and Gibson, 2003:75).

**Step 5 - Finding possible and plausible explanations of the findings** – This step begins with creating a summary of the findings and themes. The literature is then examined to compare the findings and this may also assist in determining possible explanations for them. (O'Connor and Gibson, 2003:76). Furthermore, the personal notes/observations/journal that may have been used to collect additional data throughout the research process could also assist in tying themes together to gain a better understanding of the results discovered and why they were discovered (O'Connor and Gibson, 2003:76). Moreover, key informants and community partners may assist if there is uncertainty as to why particular findings were obtained and O'Connor and Gibson (2003:76) suggest consulting someone trustworthy and who is knowledgeable about the topic and its context – there may be an obvious explanation that only an “insider” would know.

#### **(b) Thematic analysis**

The data collected from the interviews was then categorised into themes.

Thematic analysis is a technique for identifying, categorising, and offering insight into important patterns (themes) within a data set in a systematic manner (Braun and Clarke, 2012:57). Thematic analysis enables a researcher to comprehend and make sense of common or shared ideas and experiences (Braun and Clarke, 2012:57). Themes were then classified according to the information received from the participants; themes were further classified according to their similarities. For example, there were main headings and sub-headings, which were related to the main heading. The themes were also developed in accordance with the study's research questions and theoretical and conceptual frameworks. The themes that emerged are listed below and discussed in chapters six and seven.

**i. Themes to be discussed in Chapter six:**

Main theme: Foster parents' characteristics; Sub-theme: Profile of foster parents in the study sample of uMgungundlovu District (Msunduzi, Mngeni, Mkhambathini and Richmond municipalities).

Main theme: Notions of care and the lived experiences of foster parents; Sub-themes: Reasons for foster care placements, Foster parent-child relations, Motivation for fostering.

Main theme: Foster parents' perspectives of care; Sub-theme: Responsibilities of foster parents.

Main theme: Foster parents' caring challenges; Sub-themes: Dealing with children who display behavioural problems, Dealing with children who have chronic illnesses, Dealing with family and community members who interfere with their foster care roles.

Main theme: Foster parents' coping strategies; Sub-themes: Types of coping strategies used.

Main theme: Experiences of psychosocial support received by foster parents; Sub-themes: State agencies do not provide additional support, State agencies provide foster parents with psychosocial support, Foster parents' recommendations on the types of psychosocial support required.

**ii. Themes to be discussed in Chapter seven:**

Main theme: Foster care beneficiaries' experiences of the foster care programme; Sub-themes: Communication, Reason for applying for the FCG, Foster parents' experiences of foster care application, Grant collection, Monitoring and management of foster care placements: Renewal experiences, Use of the FCG, Impact of the FCG.

Main theme: Implementers' perspectives on the foster care system Sub-themes: Content and context, Social workers' perspectives on the impact of the FCG.

Main theme: Foster care programme implementation and administration: Challenges faced by implementers in delivering foster care services; Sub-themes: Capacity, Coordination, Political interference.

Main theme: Recommendations by implementers on the implementation of the foster care programme; Sub-themes: Hire more social workers, Provide essential resources for implementation, Improve technology, Specialisation, Collaborative stakeholders and frequent communication.



### **5.4.5 Validity and reliability**

Validity in research is concerned with the accuracy and truthfulness of scientific findings as well as the investigator's ability to collect and record information accurately. Reliability is concerned with the consistency, stability, and repeatability of the informant's accounts, that is, the capacity of a research method to produce the same results during repeated testing periods (Brink, 1993:35). The researcher is frequently the data-gathering instrument in a qualitative study; thus, unchecked questions of researcher bias and competency may have a significant impact on the trustworthiness of data (Brink, 1993:35). The presence of the researcher may have an impact on the validity of the data provided by participants and they may exhibit unusual behaviour, seek to present themselves in the best possible light, or withhold or distort certain information (Brink, 1993:35). There are various methods for ensuring the validity of qualitative studies, including triangulation, descriptive validity, interpretative validity and theoretical validity (Daytner, 2006; Maxwell, 1992).

#### **(a) Triangulation**

Triangulation is the use of various data sources, investigators, theories, and methodologies to validate a warranted interpretation or conclusion. The notion is that when numerous examples of support are provided, the reliability of a conclusion is increased (Daytner, 2006:4). As alluded to in the previous sentence, there are several approaches employed within triangulation to strengthen the credibility of qualitative research, including source, investigator, theory, and methodological triangulation (Daytner, 2006:4). Source triangulation entails the use of many data sources and researchers who utilise it employ a variety of participants, programmes, or venues in their efforts to comprehend a phenomenon (Daytner, 2006:4). Investigator triangulation entails the use of several researchers to collect and analyse data (Daytner, 2006:4). For comprehending qualitative data, theory triangulation employs various ideas and perspectives (Daytner, 2006:4). Finally, methodological triangulation includes both within-method and between-method types. The former entails employing various forms of data gathering, such as observation, interviews, and document analysis, whereas between-method triangulation entails using various research designs (Daytner, 2006:4).

#### **(b) Descriptive validity**

Most qualitative researchers' first focus is on the veracity of their narrative (Maxwell, 1992:285). To achieve descriptive validity, the researcher must ensure that information is not inflated or manipulated and that what the researcher reports must be based on situations seen

or heard (Maxwell, 1992:285). Tape recording and videotaping are approaches commonly employed to ensure that what is seen and heard is based on real events and discussions and is accurately reported (Maxwell, 1992:285).

### **(c) Interpretative validity**

Although descriptive validity is important for ensuring data accuracy, qualitative researchers are interested in more than just providing a valid description of physical objects or events; they are also interested in what these objects, events, or behaviours mean to the people involved in and with them (Maxwell, 1992:288). Interpretive validity refers to the sensitivity and mental processes of the researcher to collect and understand the meaning of the objects, events, and actions of the persons engaged and participating in the phenomenon being examined (Hayishi et al., 2019:100). This validity comprises the participants' conscious processes, hidden intents, beliefs, conceptions, and values (Hayishi et al., 2019:100). Additionally, interpretative validity is the presentation of information or "participants' perspectives" in a more restricted sense (Maxwell, 1992:288).

### **(d) Theoretical validity**

The difference between theoretical validity and the previously discussed categories of validity (descriptive and interpretative) is that theoretical validity openly addresses the theoretical conceptions that the researcher brings to or develops during the course of the study (Maxwell, 1992:288). The validity of an account as a theory of some phenomenon is referred to as theoretical validity (Maxwell, 1992:291). Thus, theoretical understanding relates to the function of an account as an explanation, as well as a description and interpretation of the phenomenon (Maxwell, 1992:291). In contrast, validity generalisations are usually achieved by the development of theories that may span broader and more diverse circumstances. The ability to look critically at one's own results and the study itself as a means of learning and improving one's understanding is referred to as valuation validity (Hayishi et al., 2019:100).

To ensure the validity and reliability of data obtained from both the in-depth interviews and focus groups, credibility tactics were applied in the study. Thus, to ensure validity the researcher informed the participants that their participation was voluntary and that they may withdraw at any time. The participants were also informed that the data collection was for academic purposes and that while the study's findings may be published, their identities would always be protected. In addition, the researcher informed participants that she had obtained

ethical approval from all relevant authorities. Thus, for example, at each interview session, the researcher produced a gatekeeper letter and an ethical clearance letter as approval from senior authorities to conduct the study, as well as a student card to identify herself as a university student. To ensure reliability, the same questions were asked and procedures followed for each participant, and bias was minimised by asking follow-up questions, probing, and paraphrasing to ensure that participants truly meant what they said.

Moreover, to better understand the phenomena of foster care and the foster care programme, the source triangulation method was used in the study. Thus, a variety of participants comprising foster parents (as service users) and programme implementers (social workers, presiding officers, and grant administrators) were interviewed. This method allowed the researcher to minimise bias (and increase validity) because the information was gathered from different key sources. Furthermore, descriptive validity was employed to ensure the accuracy of the information presented by using tape recordings (with participant consent) during the interview sessions and transcribing the data for subsequent analysis. Interpretative validity was also employed in that participants' perspectives or statements were transcribed into short fragments with comparable meanings and assigned themes based on the content. Lastly, data were analysed using theoretical and conceptual frameworks as a means of learning and increasing one's understanding and comprehension of these perspectives or statements.

## **5.5 Ethical considerations**

Protecting human subjects through the application of appropriate ethical principles is critical in research (Arifin, 2018:30). Informed consent, participant anonymity and confidentiality, and conflict of interest are all ethical considerations in qualitative research (Fleming and Zegwaard, 2018:210). This study considered (and applied) the ethical issues of informed consent, anonymity and confidentiality, and ethical clearance and these are discussed below.

### **5.5.1 Informed consent**

In qualitative research, informed consent entails providing participants with detailed information about what their participating in a research project entails and allowing them to decide whether or not to participate (Wiles, 2012:25). During this process or stage, research participants should be informed of the following: what the research is about; why it is being conducted; who is funding it; what will happen to the results and how they will be disseminated;

what their participation in the project will entail; the potential risks and benefits of their involvement; and how issues of anonymity and confidentiality will be managed (Wiles, 2012:25). In addition, potential research participants should be informed that should they decide to participate they can withdraw from the study at any point if they subsequently change their minds (Wiles, 2012:25). Thus, in this study and at the start of each interview, the researcher ensured that participants were informed about the purpose of the study and why they were chosen to participate, that their participation was entirely voluntary and that they could leave at any time during the interview. Voluntary participation means that the people answering questions chose to be involved in the information-gathering process on their own, and they should not be forced to participate in any way and, importantly, that they can stop the questions or change their mind about participating at any time (Marshall et al., 2014:3). Participants were informed that their participation would be kept completely confidential by the researcher and the researcher ensured that this was maintained at all times (confidentiality is elaborated on below). The interviews were recorded and permission to do so was obtained from the participants. Finally, each of the participants in the study signed a consent form provided by the researcher.

### **5.5.2 Confidentiality**

When conducting qualitative research, one of the first stages is to evaluate concerns of anonymity, confidentiality, and informed consent (Sanjari et al., 2014:3). Participants' identities must be kept confidential or anonymous, and doing so goes beyond protecting their names to include the avoidance of using self-identifying statements and information (Fleming and Zegwaard, 2018:211). Anonymity and confidentiality are critical steps in protecting participants from harm (Fleming and Zegwaard, 2018:211). Participant anonymity means that the researcher is unaware of the participant's identity while participant confidentiality means that the researcher is aware of the participant's identity but the data has been "de-identified" and kept private (Fleming and Zegwaard, 2018:211). The study's participants were assured that their identities would be protected at all times and that their real names would not be utilised during the data coding procedure. Instead, coding such as FP1 Msunduzi (meaning foster parent 1 from Msunduzi), SW1 Msunduzi and PO1 Msunduzi (meaning social worker and presiding officer from Msunduzi respectively) was used to identify participants. Participants were advised that the audio recordings from the interviews would be stored in a lockable steel cabinet at the UKZN's School of Social Sciences to ensure that no one would have access to the information for at least five years.

### **5.5.3 Ethical clearance from UKZN's Ethics Office**

Human rights violations in the name of scientific research have been among history's darkest events (Orb et al., 2001:93). As a result, protecting human subjects or participants in any research is critical (Orb et al., 2001:93). Ethics is concerned with doing good and avoiding harm and the latter can be avoided or reduced by employing appropriate ethical principles (Orb et al., 2001:93). An ethics application form to conduct the research was submitted to the UKZN's Humanities and Social Science Research Ethics Committee (HSSREC). The HSSREC's function is to protect the dignity, rights, safety, and well-being of all human participants in non-biomedical, human-participant research. This is accomplished through independent, prospective, and ongoing reviews of all social science and humanities research projects conducted by university staff, registered students, and affiliates to ensure that they meet ethical requirements as contained in the National Health Act (Act 61 of 2004).

The researcher completed the above-mentioned ethics application form (which summarises the study's proposal and ethical issues) and, together with the research proposal, consent forms, the interview guides, an intellectual property (IP) form, a supervision contract, proposal reviewers' reports, and gatekeepers' letters from the DSD, the SASSA, the DoJ&CD, and the Child and Family Welfare Society of Pietermaritzburg to the HSSREC. An ethical clearance certificate to conduct the study was subsequently granted and the fieldwork commenced. Documents related to the ethical approval application are contained in Appendices 1 to 4.

### **5.6 Conclusion**

The chapter discussed the research methodology employed in the study conducted in the uMgungundlovu District among foster parents and foster care programme implementers. Statistics related to the District's population, education, health, employment, the provision of necessary services, and poverty were presented. Based on these demographics, it was determined that the uMgungundlovu District has a predominantly young population (particularly young children), a middle-level of education with few people holding university degrees, an epicenter of HIV, a low employment rate, and a poor delivery of basic services. A qualitative research design employing the case study method was adopted. In accordance with qualitative research, in-depth interviews and focus groups were utilised to collect data from foster parents and foster care programme implementers. The participants were selected using

purposive sampling. The data were analysed using content and thematic analysis and in terms of the latter, the data were arranged according to overarching themes and sub-themes. To ensure the validity and reliability of the data, validity and reliability procedures were implemented. Finally, the ethical concerns relating to the study including confidentiality and informed consent were described and discussed. All pertinent documentation, including gatekeeper letters from departments that participated in the study, were submitted to the HSSREC and ethical approval to conduct the study was subsequently granted by the Committee.

## **CHAPTER SIX**

### **LIVED EXPERIENCES OF FOSTER PARENTS**

#### **6.1 Introduction**

Chapter six presents and discusses the research findings regarding the lived experiences of foster parents of OVC in the uMgungundlovu District. Forty individual in-depth interviews were conducted with foster parents from four local municipalities, namely, Msunduzi, Mngeni, Mkhambathini and Richmond. Secondary data were gathered from journal articles, books, government documents, annual reports, national legislation, and international conventions and treaties. To develop a profile of OVC caregivers and provide an overview of their socioeconomic status, information was collected on respondents' age, level of education, health status, marital status, the primary source of income, and household size.

More specifically, the chapter describes and discusses the findings relating to the daily caregiving experiences of foster parents, their roles and responsibilities, the challenges they face on a daily basis, their coping strategies to overcome these challenges, and how they take care of their personal needs. The conceptual framework comprising the notions of care is used to analyse caregiver experiences of foster care placements. The key research question for this chapter was "What are the lived experiences of foster care parents?" And the questions resulting from the key question are as follows:

- What are the foster parents' reasons for fostering?
- What does it mean to be a foster parent?
- What challenges do foster parents face?
- How do foster parents meet their own needs?
- Apart from the FCG, what additional psychosocial support services do foster parents have access to?

As discussed in the preceding chapter, using thematic analysis the responses of the participants to the above questions were grouped into themes, that is, main themes with sub-themes and these are outlined below.

Main theme: Foster parents' Characteristics; Sub-themes: Profile of foster parents in the study sample of Mgungundlovu District (Msunduzi, Mngeni, Mkhambathini and Richmond municipalities). Main theme: Notions of care and the lived experiences of foster parents; Sub-themes: Reasons for foster care placements and foster parent-child relations; Motivation for fostering. Main theme: Foster parents' perspective of care: Responsibilities of foster parents. Main theme: Foster parents' caring challenges; Sub-themes: Dealing with children who display behavioural problems; dealing with children who have chronic illnesses; dealing with family and community members who interfere with their foster care roles. Main theme: Foster parents' coping strategies; Sub-themes: Types of coping strategies they use. Main theme: Experiences of psychosocial support received by foster parents; Sub-themes: State agencies do not provide additional support; state agencies provide foster parents with psychosocial support; foster parents' recommendations on the types of psychosocial support they require.

The demographic characteristics of the foster parents, by municipality, are reflected in tables 7 to 10 below.

## 6.2 Foster parents' characteristics

**Table 7: Foster parents' characteristics – Msunduzi Municipality**

Foster parent	Age	Gender	Health status	Marital status	Level of education	Source of income	No of family members
1	51	F	On medication	Never married	Grade 5	FCG; CSG and salary wage as a cleaner	9
2	46	F	On medication	Married	Grade 10	FCG and CSG	6
3	55	F	Enjoys good health	Widower	Grade 5	FCG and savings	7
4	27	F	Enjoys good health	Never married	ECD certificate	FCG; CSG and Old Age Grant (OAG)	4
5	65	F	On medication	Widower	Not educated	FCG and OAG	6
6	50	F	Enjoys good health	Married	Grade 6	FCG and husband's salary	8
7	56	F	On medication	Married	Grade 6	FCG, OAG and salary wage as a cleaner	7
8	54	F	Enjoys good health	In separation	Grade 10	FCG and CSG	5
9	59	F	On medication	Never married	Grade 10	FCG and CSG	8
10	63	F	On medication	Married	Grade 2	FCG and OAG	5



**Table 8: Foster parents' characteristics - Mngeni Municipality**

<b>Foster parent</b>	<b>Age</b>	<b>Gender</b>	<b>Health status</b>	<b>Marital status</b>	<b>Level of education</b>	<b>Source of income</b>	<b>No of family members</b>
1	41	F	Enjoys good health	Widower	Fashion design certificate	Savings from deceased husband and FCG	7
2	65	F	On medication	Widower	Grade 2	FCG and OAG	2
3	41	F	Enjoys good health	Widower	Grade 11	Salary wage as a cleaner and FCG	6
4	79	F	On medication	Widower	Not educated	FCG, CSG and OAG	4
5	73	F	On medication	Widower	Grade 2	FCG and OAG	4
6	31	F	On medication	Never married	Grade 11	FCG and OAG	5
7	46	F	Enjoys good health	Widower	Grade 12	Salary wage as care worker and FCG	4
8	72	F	On medication	Never married	Grade 3	FCG and OAG	10
9	70	F	On medication	Widower	Grade 3	FCG and OAG	3
10	54	F	On medication	Never married	Grade 3	FCG only	6

**Table 9: Foster parents' characteristics - Mkhambathini Municipality**

<b>Foster parent</b>	<b>Age</b>	<b>Gender</b>	<b>Health status</b>	<b>Marital status</b>	<b>Level of education</b>	<b>Source of income</b>	<b>No of family members</b>
1	28	F	Enjoys good health	Married	Hospitality certificate	Husband's salary, FCG and CSG	6
2	27	F	Enjoys good health	Never married	Grade 11	FCG, CSG and OAG	5
3	60	F	On medication	Married	Grade 2	FCG and OAG	12
4	48	F	On medication	Never married	Not educated	FCG, CSG and OAG	8
5	56	F	On medication	Married	Grade 6	FCG and husband's OAG	14
6	100	F	On medication	Widower	Not educated	FCG, CSG and OAG	10
7	50	F	On medication	Married	Grade 4	Salary wage as cleaner and FCG	10
8	39	F	On medication	Engaged	Grade 10	FCG and OAG	8
9	58	F	On medication	In separation	Grade 5	FCG only	7
10	65	F	On medication	Married	Not educated	FCG and OAG	6

**Table 10: Foster parents' characteristics - Richmond Municipality**

Foster parent	Age	Gender	Health status	Marital status	Level of education	Source of income	No of family members
1	64	F	Enjoys good health	Married	Grade 04	FCG and OAG	11
2	68	F	Enjoys good health	Widower	Grade 02	FCG and OAG	11
3	62	F	On medication	In separation	Not educated	FCG and OAD	7
4	37	F	On medication	Never married	Grade 06	FCG and CSG	8
5	66	F	Enjoys good health	Widower	Grade 02	FCG and OAG	8
6	73	F	On medication	Widower	Grade 02	FCG and OAG	3
7	63	F	On medication	Married	Grade 03	FCG and OAG	9
8	73	F	On medication	Widower	Not educated	FCG and OAG	4
9	71	F	On medication	Never married	Not educated	FCG and OAG	6
10	54	F	On medication	Never married	Grade 02	FCG and OAG	5

### 6.2.1 Profile of foster parents in the uMgungundlovu District

#### (a) Age and gender

Even though participants were chosen at random, the majority of foster parents were over the age of 50 years. Ages ranged from 27 to an extremely old 100 years. This finding confirms that the majority of OVC caregivers are usually elderly grandparents and all of the participants were female. Pensioners accounted for half of the participants in the study. Typically, grandparents serve as child caregivers. As has been noted in earlier chapters, in many societies, particularly African societies, the HIV/AIDS epidemic often targets young men and women, and as a consequence, older women are more likely to be asked to provide care for ill family members and orphans (Ogunmefun and Schatz, 2009:96).

In addition to caring for their grandchildren as a result of HIV/AIDS, grandparents in Africa are respected for their experience in childrearing and the wisdom they bring in keeping families together. Ancient cultures acknowledged the older generations as the source of knowledge and wisdom and used them as role models for their own life and the future (Michel et al., 2020:4). The grandparents are also responsible for ensuring that their grandchildren grow up to value traditional morals and beliefs (Michel et al., 2020:4). The role of grandparents in the upbringing of grandchildren is thus not insignificant and they are increasingly offering care for their grandchildren, from babysitting to legal custody (Michel et al., 2020:4). In traditional cultures, grandparents frequently play a distinct and direct role in the care and nurturing of children (Michel et al., 2020:4). For these reasons, many children in African communities end up living

with their grandparents, even when their parents are still alive. This is especially true if the parents are working, as grandparents are viewed as superior to paid babysitters. Additionally, grandparent caregivers are generally the final line of defence before children are placed in the foster care system in the industrialised world, acting as natural buffers between parental failure to provide care on the one hand and government assistance on the other (Baker et al., 2008:3).

Although grandparents are cherished members of society and play an important role in childrearing, some of them are too old to provide care, particularly to children who require special care, such as OVC. As noted, it is evident that caregivers participating in the study were, in the main, elderly and this raises the question of whether the OVC are receiving the care they need. There are numerous activities involved in providing care, including attending to the physical, psychological, and emotional needs of the care recipient. Therefore, to provide these activities effectively, the caregiver must be mentally, emotionally, and physically prepared and have the necessary resources. Empirical evidence demonstrates that caregiving responsibilities present complex challenges for the elderly (Kalomo and Besthorn, 2018:36). The emotional well-being of older caregivers is adversely affected by the volume of household responsibilities (Kalomo and Besthorn, 2018:36). Furthermore, the emotional health of older adult caregivers is being compromised by their increased caregiving responsibilities (Kalomo and Besthorn, 2018:36). Although orphan caregiving is born out of necessity due to HIV/AIDS, the caregivers of these children require care as well because they are old and tired from caring for their own and, at times, sick children (Negin and Cumming, 2010:847). The question is how these caregivers can provide care to orphaned children if they themselves require care which, in turn, raises the issue of child neglect, not intentionally but by default. Thus, if a caregiver requires care as well, there are automatically imbalances that first need to be addressed.

As noted, all participants in the study were female. Caregiving is frequently considered a natural obligation of women and, in most circumstances, women are associated with unpaid care work across all cultures; it is viewed as their responsibility to provide care (Budlender, 2010:1). Caregiving by women is intricately linked to a cultural and gendered paradigm of care that sees women and children as caregivers (Abebe, 2010:2). Women are more likely than men to care for vulnerable individuals such as children, the elderly, and those who are sick or disabled. This is due to the perception in many countries that women are “kind and loving individuals” despite their personal challenges which include poverty and material hardship

(Upton, 2003:318). Women being typically regarded as primary carers in African culture imposes enormous obligations on them in a society where they are already overloaded with responsibilities for their families' general health (Kipp et al., 2006:694). Thus gender plays a significant role in caregiving in many African societies, particularly in caring for the most vulnerable, such as children. African patriarchal structures must account for how gender roles shape the lives of older people and their experiences in providing care, how these beliefs affect their overall well-being, and what needs to be done to correct such irregular behaviour.

### **(b) Health**

The tables above reflect that 75% of foster parents were experiencing some illness or living with a chronic condition which necessitated medication. HIV, high blood pressure, diabetes, arthritis, and depression are examples of illnesses being experienced. Caregiving can be advantageous for both the caregiver and the care recipient. However, caregiving roles can be extremely demanding, particularly in the absence of psychosocial support. Some foster parent participants in the study indicated that their foster children's defiant behaviour contributed to their illness. According to one of the foster parent participants:

*"It is difficult to be a foster parent; I had two foster children who were siblings – one of them (the girl) decided to flee because she did not want to be reprimanded and was misbehaving just like her mother. Sometimes my blood pressure rises when I think about her and wonder if she is still alive."* [FP3 Mkhambathini]

A second participant said:

*"Sometimes, these children make us sick. My diabetes levels are sometimes unmanageable because she is a child who is constantly wandering the streets and having sleepovers at her friends' homes. I am afraid she will become pregnant and drop out of school."* [FP6 Mkhambathini]

Caregiving is associated with feeling stressed, strained, exhausted or fatigued, as well as other health problems (Neal and Wagner, 2002:9). It is not unusual for people who take care of family members to feel lonely and alone as caring for a loved one takes a lot of physical, mental, spiritual, and emotional energy (Department of Social and Health, 2008:1). Similarly, caregiving has been linked to an increased risk of depression in caregivers (Neal and Wagner, 2002:9). Thus, while caring for elderly people and children can be a rewarding role, it can also have negative consequences, such as caregiver burden (Strommen et al., 2020:347). According

to research, foster parents are more likely to report illness and tiredness. A study conducted by Mosimege (2017:4) amongst 20 foster mothers in Mamelodi and Atteridgeville townships in the Tswane/Pretoria region found that foster parents suffer from a variety of illnesses. Some of the foster mothers suffered from arthritis and needed assistance sleeping on occasion. They stated that they sometimes ask their foster children to assist with house chores because they are sick (Mosimege, 2017:141).

Research indicates that many foster children have been identified as children that frequently exhibit behavioural difficulties in comparison to the “normal” population of children (Ntshongwana and Tanga, 2018:15). Adolescents in foster care are more prone to participate in disruptive behaviours such as substance misuse, inappropriate sexual behaviour, and occult engagement (Mnisi and Botha, 2016:226). It has been determined that their behaviour has a detrimental effect on the foster parents’ well-being and contributes to conflict within the foster family (Ntshongwana and Tanga, 2018:15). Foster parents describe addressing foster children’s behavioural problems as difficult, frustrating, and unrelenting (Ntshongwana and Tanga, 2018:15). It is thus evident that caring for children who have a history of serious trauma as well as behavioural and emotional issues places a significant strain on their foster caregivers (Hannah and Woolgar, 2018:5).

### **(c) Education**

The tables above reflect that the study participants’ level of education was generally low – only three had completed high school and possessed some type of certificate for specialised courses and over half (62.5%) had a grade 5 or less. Those who were older are less likely than younger people to have received a formal education or to complete their primary education. Thus, elderly caregivers are more likely to be uneducated. According to a survey done in the Brazilian city of Sobral-CE, 22% of caregivers were 60 years or older, 85.4% were female and the percentage of married and single caregivers was 40.2% and 59.8% respectively (Moreira et al., 2018:1059). The highest percentage (45.1%) had not completed elementary school and only 20.7% had completed high school. Under half (45.1%) of the caregivers had insufficient primary education which can affect the quality-of-care (Moreira et al., 2018:1059). A study conducted in Cape Town, South Africa among 100 Black/African and 100 ‘Coloured’ female caregivers revealed similar findings. It was found that the average age of female carers was 47.9 years (with a standard deviation of 11.7%) (Yakubu and Schutte, 2018:4). The larger proportion of the respondents (caregivers) was over the age of 55 years. All respondents had at

least a first-grade education, with a few having finished some secondary education (grades 8–11) (Yakubu and Schutte, 2018:4).

Women's low level of education is not a new phenomenon. According to the literature, women in history textbooks are largely portrayed in stereotypically traditional feminine roles in a domestic environment, with only a few exceptions depicting them in more traditionally masculine roles outside the home (Chiponda and Wassermann, 2011:15). The existence of these gender roles and social stereotypes between women and men may have contributed to the phenomenon. Historically, girls were expected to remain at home and perform domestic duties, while their male counterparts were sent to school because it was believed that they would become future leaders (Sharif, 2015:29). Below are some of the responses from foster parents in the study. According to one foster parent:

*"Weeeeh.... I never went to school because our parents told us that there was no need for us to go because we would get married and our husbands would take care of us [laughing]."* [FP4 Mngeni]

Another participant shared:

*"My highest level of education is only Grade 2, my child, I did not have the opportunity to finish school because I was the eldest among my siblings and had to care for them while my mother worked in White's farms."* [FP 3 Mkhambathini]

A third participant stated:

*"I'm not sure how old I am, I never went to school, our job used to be to look after cattle and help our parents plough fields."* [FP 6 Mkhambathini]

Education is an important factor in human development, and the level of education of a caregiver is an important aspect of child development in that it can determine the child's well-being (Makunga et al., 2017:1). According to scholars, the ability of primary caregivers to provide a healthy, nurturing, and stimulating environment for their children is crucial for the educational and emotional development of children (Makunga et al., 2017:1). Reading is not solely a school subject as children also learn early reading abilities through specialised home experiences that require the assistance of adults other than teachers (Wambiri and Ndani, 2015:108). It has been shown that parental involvement in the early reading development of children plays a crucial role in the child's subsequent reading success (Wambiri and Ndani,

2015:108). Parents who are involved in their children's reading promote a lifetime passion for reading, which in turn improves their academic achievement in school (Wambiri and Ndani, 2015:108).

However, according to research conducted in South Africa, caregivers face numerous obstacles, ranging from acute poverty and limited education and skills to feelings of social inadequacy and marginalisation (Makunga et al., 2017:1). These factors have a direct and indirect impact on their ability to care for children, as well as the educational and future economic and social prospects of these children (Makunga et al., 2017:1). Evidence suggests that illiterate caregivers in rural South Africa are unable to assist their children with school homework and are unlikely to provide a motivating or conducive learning environment in their homes, contributing to the children's educational stagnation (Makunga et al., 2017:1).

As pointed out, the educational level of the foster parent participants was generally low and this posed a threat to the educational development of their foster children. Given these low educational levels, it is unlikely that they will be able to assist their foster children with school homework and other educational requirements including reading skills. As a result, their foster children may receive lower grades and possibly fail, preventing them from continuing their education at the tertiary level.

Lack of education among caregivers affects not only the educational abilities of children but also their health. The key gatekeepers of children's health are parents and other caregivers (WHO, 2004:40) and evidence suggests that parents or caregivers with a higher level of education may have healthier children due to their greater knowledge of health care and nutrition and healthier lifestyles such as the provision of cleaner and safer settings (Chen and Li, 2009:413). Caregivers choose the quantity and quality of food their children consume, the health treatment they receive, and the amount of emotional support and aid they provide for their children on a daily basis and during times of stress, such as illness (WHO, 2004:40). However, the actions of parents are influenced by their material resources, their education, their access to services, and the characteristics of their communities (WHO, 2004:40). According to research conducted in South Africa, caregivers, due to a lack of understanding, are unable to identify emotional discomfort and mental health issues, and they cannot discern between problematic and normal teenage behaviour (Gericke, 2022:4). It was found that caregivers

frequently believed that their children's mental health issues were not severe enough to warrant seeking help from child and adolescent mental health services (Gericke, 2022:4).

#### **(d) Marital status**

In terms of marital status, the majority of foster parent participants were either widowed or never married. Widowers accounted for 32.5% of participants, 27.5% had never married, 25% were married and 7.5% were separated. Yakubu and Schutte's study of caregivers of OVC in Cape Town reported similar findings. According to the findings, the majority of participants had never been married, only one in every three caregivers were of had been married, and a small number of them cohabited with someone else (Yakubu and Schutte, 2018:4).

The combined percentage of participating foster parents who were widowers, separated, and who had never been married was 67.5%. Women are more likely to be the heads of households and care for children in the absence of a male figure and this implies that the majority of households in the study were female-headed. International and local evidence support this suggestion. The international literature indicates that it is usual for many female-headed households to include children but no adult males, whereas the majority of male-headed households include adult women and children (Gaddis et al, 2018:129). In South Africa, a growing percentage of children are living in families with an absent male figure or without a father (Botha and Meyer, 2019:55). According to the 2019 South African General Household Survey, 21.3% of children did not live with their biological parents, 32.7% lived with both parents and 42.0% lived with their mothers. Approximately 14.4% of children were orphans, having lost one or both parents (Department of Statistics South Africa, 2020:1).

When marriage unions and partnerships function effectively, it has been found that they contribute to the stability of families and, ultimately, the well-being of children and society as a whole (Department of Social Development, 2021:9). Families and households play a significant role in children's developmental, emotional, and cognitive growth, and parents and/or caregivers can play an important role in this growth (Department of Statistics South Africa, 2020:1). Negative consequences can occur if both parents do not play a role in raising a child and evidence suggests that single parenting may have both short-and long-term effects on children (Yusuf et al., 2020:1985). Short-term effects include behavioural problems at home and school that are associated with absent fathers or male figures in the child's life (Yusuf et al., 2020:1985). Individuals may not suffer long-term impacts until adolescence or adulthood;



however, when engaging in personal relationships they encounter difficulties forming them (Yusuf et al., 2020:1985). Research in South Africa demonstrates that the absence of a father has an impact on practically every aspect of child development (emotional, social, moral, spiritual, cognitive and physical) (Botha and Meyer, 2019:55).

In addition to psychological and emotional impacts, the absence of a father or masculine role in a child's upbringing has a detrimental impact on the economic standing of the child. Child poverty is connected with households headed by women and, in general, female household headship is associated with a higher poverty incidence than male headship (Nwosu and Ndinda, 2018:1). In South Africa, statistics from the National Income Dynamics Study revealed that female headship is connected with total household unemployment, and unemployment is associated with poverty (Nwosu and Ndinda, 2018:1). This may be because female heads typically have less time for market work (Nwosu and Ndinda, 2018:1). Given their major participation in running the home, women choose leisure or lower-paying employment that provides them with more time to do household duties (Nwosu and Ndinda, 2018:1). Furthermore, female heads are more likely to encounter discrimination when seeking employment (Nwosu and Ndinda, 2018:1).

#### **(e) Economic status and household size**

According to the data in tables 7 to 10 above, 86% of the foster parents rely on social grants as their primary source of income. Female-headed households accounted for 63% of foster parents who relied on social grants. Thirteen percent of foster parents worked temporary jobs, and a further 13% supplemented their income with income from other family members such as their husband's salary, savings from deceased husbands, as well as other family members who work. In addition, the participants' household sizes are quite large ranging in size from two to 14 people and with an average size of seven members per household. It is evident that families with more members relied more on social grants. These findings raise the question of whether OVC's basic requirements are being effectively provided for given the financial constraints the foster parents face.

The family has several key functions that must be fulfilled for its members during the course of the family's life (Department of Social Development, 2021:7). The priority is to give financial support for family members' needs, and the second is child rearing and socialisation of the next generation (Department of Social Development, 2021:7). In the global economy,

caring for the young, old, and infirm is an essential but grossly undervalued component of the entire picture (O'Neill, 2017:1). The overwhelming responsibility for care is provided by family caregivers and friends and their caring work exceeds the anticipated economic value of the care they provide (OECD, 2011:121). Care work is associated with a significant decline in employment and work hours for caregivers who provide high-intensity care, such as those caring for a terminally ill family member, particularly in the early phases of their careers (OECD, 2011:122). Most foster parents in this study were elderly, indicating that they were not of working age, which adds to the high rates of income poverty within their families.

As noted above, 67.5% of foster parents in the study were likely to be from female-headed households that relied on social grants for survival and this suggests that those households are likely to be impoverished. Women paying a disproportionate share of the costs of prior policies in terms of poverty has a long history in South Africa (Department of Social Development, 2021:18). During the apartheid era, while men worked in a variety of industries, many women remained in rural areas to care for family members (Department of Social Development, 2021:18). In addition to reinforcing the exclusion of women from many economic tasks, cultural practices such as patriarchy continue to establish normative expectations around who is responsible for household care (Department of Social Development, 2021:18).

Parental income poverty or poverty within a family environment is a barrier to child development. Poor parents frequently face difficulties in meeting the fundamental requirements of their families, particularly children (Brooks-Gunn and Duncan, 1997:55). Living in poverty means having restricted access to basic requirements such as food, health care, clothing, educational needs, housing security, and childcare in general as well as a higher chance of dropping out of school (Brooks-Gunn and Duncan, 1997:55). Without these necessities, children may not reach their full potential, and their rights to basic needs such as health, food, education, and family care are inevitably violated.

Low-income families are more prone to engage in inattentive, harsher, and punishing parenting from infancy (Evans, 2004:78). The longer a person has been in poverty, the stronger the link between poverty and harsher, less reactive parenting (Evans, 2004:78). Furthermore, children from low-income families are more likely to live in polluted and unhealthy environments, have more crowded, noisier, and structurally deteriorating homes, and increased safety concerns.

Furthermore, low-income communities are more violent, have fewer services, and are in poor physical condition (Evans, 2004:78).

The goal of presenting the foster parent participants' demographic data was to develop a profile and contextualise the conditions under which caring happens. According to the findings of this study, foster parents are more likely to be older women who are ill or distressed. They are more than likely to live in female-headed households with a high dependence ratio and are also more likely to be financially pressured and rely on social assistance. This profile and contextualisation of the foster parent participants raise the question as to whether the foster children under their care are receiving adequate care.

### **6.3 Notions of care and the lived experiences of foster parents**

The following subsections describe and discuss the foster parents' caregiving experiences. This includes the foster parents' motivations for fostering, their everyday responsibilities as foster parents, the challenges they encounter, and the psychosocial support they receive.

#### **6.3.1 Reasons for foster care placements**

##### **(a) Child abuse and non-kin foster parents**

In this study, child abuse (which includes child neglect and abandonment, physical abuse and emotional abuse) was one of the factors that contributed to children being placed in foster care. Some foster parents reported that they fostered children due to child abuse, with these children being removed from their birth parents and/or extended families. Parents who were not biologically related to their foster children were given the opportunity by social workers to foster these children after extensive investigation and interest demonstrated by the parents. Notably, all cases of child abuse came from the uMsunduzi Municipality. One of the several non-kin foster parents stated:

*"I am fostering seven children from two different families; I am not connected to them. After they were removed from their immediate homes due to abuse, a social worker contacted me and asked if I was interested in fostering children, and I accepted to foster them."* [FP1 Msunduzi]

A second foster parent shared:

*"I am fostering one child who is not related to me. The child's mother and grandmother were neglectful; they frequently left the child alone and went to shebeens. Regrettably, the child's grandma died and the child's mother abandoned him. We reported the case to social workers as neighbours, and the social workers asked me to foster the child because there was no one to care for him."* [FP4 Msunduzi]

A third non-kin foster parent also reported child abuse:

*"I am fostering two children who are not related to me. I am fostering them because they are orphans who were abused by their maternal grandmother and were removed from her care and placed with me by a social worker."* [FP6 Msunduzi]

#### **(b) Orphanhood and extended families**

Orphanhood was the main reason for children being placed in foster care. The study found that many of the foster parent participants were related to their foster children and were caring for them because their biological parents had passed away. Thus, extended family members took in these children in the absence of their biological parents. These extended family members, mostly grandmothers to the children, became foster parents with the help of community workers, social workers, and friends. One kin foster parent stated:

*"This is my granddaughter. Her mother died, and I have no idea who or where her father is. A neighbour advised that I apply for a foster care grant for the child."* [FP5 Richmond]

Another participant, also a grandmother, pointed out:

*"I am her maternal grandmother; her mother has died, and I have no idea who or where her father is. So, I decided to apply for a foster care grant to help with my finances."* [FP3 Mkhambathini]

A third participant said:

*"I am fostering one child; she is my paternal cousin. Both of her parents have passed away."* [FP2 Mngeni]

Historically, children have been seen as a focal point of society; hence, their safety has been a major priority for the entire community (Masuka et al., 2012:59). Foster parent-child

relationships are firmly ingrained in African culture and families/extended families and society as a whole have a traditional obligation to care for children, especially orphaned children. African traditional culture has a variety of tactics for raising children to ensure their overall growth and development, and one of these parenting approaches is the extended family (Oduolowu and Olowe, 2012:3). Strong familial and tribal relationships have shaped African history, implying that adults show a high level of concern and care for children as well as members of their families and communities (Mafumbate, 2019:10). Childcare is not the sole responsibility of biological parents in African communities – it is a concept shared by the entire extended family and community at large (Amos, 2013). In the absence of natural parents, extended families serve an important role in ensuring that children, particularly orphans, have a safe environment for their general growth and development (Oduolowu and Olowe, 2012:3). This was confirmed in the study as it was found that grandparents and other family members cared for orphaned children. According to their comments, kin foster parents view caring for orphaned children as their cultural duty.

While orphanhood was the primary reason for fostering, the study found that 90% of the children were not double orphans but rather maternal orphans. Foster parents often presented the father's identity and whereabouts as unknown. South Africa has an unusually high rate of absent fathers, with about half of the country's children living without daily contact with their fathers (Eddy et al., 2013:3). This circumstance poses social and developmental difficulties (Eddy et al., 2013:3). International data indicate that South Africa is unique among other countries in that biological parents are frequently unavailable to meet their children's daily needs (Hall and Sambu, 2019:217). Parental absence is caused by a multitude of factors, including historical population control, poverty, labour movement, and low marriage and cohabitation rates (Hall and Sambu, 2019:217). Various factors, including ideological factors such as materialist constructions of fatherhood and masculinity, socioeconomic factors such as father poverty and unemployment, cultural factors such as the cost of traditional practices like "ilobolo" and "damages", and various types of relationship issues, all contribute to the widespread absence of fathers in South Africa (Eddy et al., 2013:3). The absence of a father or father figure may have a detrimental effect on a child's life. Tau (2020:14) examined the influence of fatherlessness on the childhood of young adults (Tau, 2020:14). It was found that absent fathers were experienced either positively or negatively (Tau, 2020:5). On the positive side, absent fathers encourage the children to be independent. It also encourages family cohesion through the involvement of extended family members in the children's upbringing

(Tau, 2020:5). Negatively, however, absent fathers have significant psychological consequences for the children's sense of value, disrupts the family unit, and contributes to children's notions of abandonment (Tau, 2020:5).

### **6.3.2 Motivation for fostering**

#### **(a) Child-care and culture**

Eighty-five percent of foster parents stated that they became foster parents because they were blood-related to the children they fostered. By virtue of their culture and customs, they saw taking care of these orphaned children as their job. They stated that it was an embarrassment for an adult to give away a blood relative's child for adoption or foster care when they themselves were capable of caring for the child. One participant emphasised:

*"The child is my maternal granddaughter and both parents have passed away. I was obligated to care for her since she is my granddaughter. I would not say that anything compelled me to foster her. I had to take care of my blood."* [FP7 Mngeni]

In a similar vein, a second participant said:

*"I adore children. Aside from the fact that they are my sister's children, I had to look after them because there was no one else at home to do so, following the passing of both parents."* [FP2 Msunduzi]

Another foster parent shared:

*"These are my sister's children. I raised them after their mother passed away."* [FP6 Msunduzi]

And a fourth looked after her siblings:

*"These are my siblings. Our mother died, and I don't know who their father is because we all have different fathers."* [FP6 Mkhambathini]

The sense of obligation of extended families for childcare motivated by culture has a long history in African societies (Mafumbate, 2019:10). Orphaned children were historically integrated into the extended family network system. In addition, in many African communities, the spirit of "ubuntu", which is a form of self-sacrifice or act of generosity toward others, compelled people to care for community orphans (Mafumbate, 2019:10). The sense of unity in

African communities was prevalent prior to the imposition of Western ideologies on these communities. In Africa, the extended family system placed a premium on the notion of living together and the sense of “brotherhood and sisterhood” thus, the African concept of family encompassed a couple’s entire ancestry as well as their in-laws (Mafumbate, 2019:10). Bringing up orphans was consistent with this sense of togetherness and, as a result, there was a saying that “there is no orphan in Africa”. Even today, caring for orphaned children within kinship structures is crucial because orphaned children gain a sense of belonging. OVC can learn about their cultural past and have their general well-being cared for inside the kin familial structures. Although extended families are viewed as safety nets and beneficial to the development and well-being of OVC, the question remains whether these families have the capacity to accept these children in the absence of OVC care and support.

The next section discusses altruism as one of the factors that motivate foster parents to foster.

#### **(b) Altruism**

A foster parent participant commented:

*“This is my brother's child who died. I took the child while his mother was still alive because she asked me to take care of the child because she was sick and unable to care for him, and she died later as well. I was delighted to take on the role of his parent because I adore children and do not want to see them suffer”* [FP7 Mkhambathini]

Another shared:

*“Being an orphan myself, I was raised by an aunt who treated me with kindness and compassion. This experience inspired me to care for orphaned children as a way of giving back to society”* [FP2 Richmond]

In a similar vein, a third participant stated:

*“I adore children, what encouraged me to foster was the fact that I grew up as an orphan myself, so I am familiar with the difficulties of being an orphan, which is why I chose to foster.”* [FP8 Mngeni]

Altruism, according to Gautam et al. (2019:3) is typically innate but it has been influenced through time by an individual’s moral ideals which are, in turn, the product of the upbringing

the individual has received. As evident in the responses above, the notion of altruism and a sense of giving back to society was supported by several foster parents in the study. They claimed that their motivation for fostering was because they care about children and while they are able to provide for their needs, do not want to see them suffer. Some foster parents stated that their love for children was rooted in their upbringing – they were orphans themselves and their relatives took care of them. As a result, they believed they needed to repay the favour by caring for children who are in need of care.

The motivational condition of altruism according to Batson (1991:108), is one in which the ultimate purpose is to improve the welfare of another. One of the most important human characteristics is the willingness to assist others who are in need, we do this regularly, and sometimes at our own expense, without expecting any personal gain (Gautam et al., 2019:2). Children's upbringing also has an impact on their willingness to cooperate since their sense of belonging is affected by how they interpret and perceive their environment. Someone who has witnessed others being helpful or who has been raised in such a manner is more likely to have the same feelings of compassion than someone who has not had such experiences (Gautam et al., 2019:3). Altruism is commonly recognised as the primary motivator for foster care (Kurian et al., 2018:138).

#### **6.4 Foster parents' perspective of care: Responsibilities of foster parents**

Foster parents are required by Section 65 of the Children's Act to attend to the day-to-day needs of their foster children, and this includes ensuring that any social assistance or financial contribution from the child's biological parent or parents is used for the child's upbringing and in the child's best interests (Children's Act, 2005, General regulations, 2010:29). Foster parents participating in the study were asked what it means to be a foster parent and what foster care entails. The parents expressed themselves in a variety of ways and some of the responses provided are listed below. According to one participant:

*"Being a foster parent means that I am now his mother. I am entirely responsible for his well-being. I am like a mother to him. He does not refer to me as grandmother, he refers to me as his mother because I took care of him at a young age."* [FP10 Richmond]



A participant from Mngeni said:

*“This means I must act like a mother to her, ensuring she attends school and instilling in her life skills such as respect.”* [FP4 Mngeni]

A third participant stated:

*“Ey...For me, it is a joyful feeling to be a foster parent because I treat them as my own children and I am praying to God to keep me until they become independent.”* [FP6 Mkhambathini]

A fourth participant underscored the importance of having certain characteristics:

*“As a foster parent, you must be a strong person with a kind heart for children. I must ensure that her basic requirements, such as food, clothing, and school, are met.”* [FP2 Msunduzi]

Another participant shared:

*“Being a foster parent entails taking full responsibility for the child’s care – this includes cooking for them, cleaning and washing their clothes, purchasing school uniforms and ensuring that they attend school, as well as attending to their emotional needs. If she is sad, she always confides in me because she has no one else to confide in because I am her mother and father.”* [FP2 Mngeni]

A sixth participant emphasised responsibilities:

*“As a foster parent, I am responsible for her care and happiness. As part of my daily responsibilities, I am responsible for cooking for them while they are at school. She is older now and can wash her own clothes, but I also buy clothes for her and cater to her emotional needs as a child.”* [FP7 Mkhambathini]

According to the responses above, caring for someone entails a variety of tasks such as providing physical, emotional, psychological, and spiritual care. According to Gillian (2013:70), caregiving entails directly meeting care requirements and necessitates physical labour, which nearly always requires the caregiver to come into contact with the object of care. This is done to help others meet their biological needs (Engster, 2005:53). These biological needs include providing food, clean water, a clean environment, shelter, clothing, protection from potential injury, and basic medical treatment (Engster, 2005:53). This view is supported

by the foster parents' responses which stress that important daily tasks include guaranteeing that their foster children have food, are clean and healthy, and attend school.

As previously noted, foster parents' attitudes to caring for foster children as their own are rooted in cultural norms and practices. The fact that foster parents have stated that they treat their foster children as if they are their own implies a spirit of ubuntu and "togetherness". In Western culture, a family consists of a couple and their children, however, this is not always the case in many African societies (Murovhi et al., 2018:22). In South Africa several cultures imply that a child must be raised by the entire society. The Vha-venda culture, for example, states "*nwana wa munwe ndi nwana wau*" which means that "another person's child is your child" (Murovhi et al., 2018:22). In this situation, foster parents' sense of "ownership" of their foster children is backed by the idea that children belong to and should be raised by the entire community.

## **6.5 Foster parents' caring challenges**

Caregiving has evolved into a problem that impacts the quality of life for millions of people and necessitates the attention of every community (Talley and Crews, 2007:224). The gerontology literature has devoted a great deal of attention to the issue of caregiving and the social, psychological, physical, and financial costs it imposes on caregivers (Clair et al., 1995:195). These costs are articulated using concepts such as stress, strain, burden, depression, and an overall decline in well-being (Clair et al., 1995:195). Caring for others elicits a wide range of emotions, including love, loss, anger, affection, sadness, frustration, and guilt (Department of Social and Health, 2008:1). The burden on caregivers is caused by the numerous physical, psychological, social, and financial difficulties connected with caregiving (Lindenberger and Meier, 2013). Although foster parents in the study were grateful and willing to continue caring for their foster children, they did indicate that fostering has its own set of challenges, including dealing with children who have behavioural issues and those who have chronic illnesses, as well as family and community interference in their caregiving roles. These challenges are explored below.

### **6.5.1 Dealing with children who display behavioural problems**

Foster parent participants reported that while they were proud of their role as parents to their foster children, it also came with its own set of obstacles. The majority of foster parents

reported that their foster children have behavioural problems. These problems range from peer pressure and substance abuse (such as alcohol and drugs) to having multiple partners, which can result in pregnancies with absent fathers in the case of girls. On the majority of occasions, boys are found wandering the streets, not helping with household chores, and expecting gentle care from their foster parents. The foster parents (particularly the elderly) believed that these problems have a detrimental effect on their health. The following responses pertain to the difficulties encountered by foster parents during their fostering journey. A participant pointed out:

*“It’s not always easy being a parent. Recently, she was influenced by friends to do bad things like avoid school, which resulted in her failing the term and concealing her school report. I had to spank her to get her to show me her report but she’s fine now. As a parent, you must accept and deal with challenges as they arise.”* [FP3 Mngeni]

A second participant referred to substance abuse:

*“Ey... these children are misbehaving. At one point, she began misbehaving and I became stressed. She was drinking alcohol and probably drugs as well, she was not sleeping at home but grooving with friends and she was performing poorly in school. As a result, she repeated the grade 9. She also used to steal money to purchase alcohol. I informed the social worker and she attempted to communicate with her. She later improved her behaviour as a result of my continued communication with her.”* [FP5 Mngeni]

A third participant admitted:

*“It is not an easy responsibility. These children have internalised the fact that they do not have parents and use this to manipulate us. They misbehave and expect not to be corrected, and if you correct them, they claim you are abusing them because they are not your biological children. I had a painful experience with a previous foster child – she did something wrong and I corrected her. She then decided to overdose pills, causing a fight in my family and my sister decided to take her.”* [FP10 Msunduzi]

Interestingly, even though these children had behavioural difficulties, some foster parents felt they could not abandon them since they were family members and were blood-related to them. The parents queried who would care for the children if they were rejected. According to one participant:

*“He began misbehaving, drinking alcohol and smoking marijuana but as a parent, you simply have to be strong and accept them as your own. I cannot forsake them because they are my sister’s children, nearly all children misbehave.” [FP5 Richmond]*

Another participant acknowledged:

*“It’s difficult when they’re misbehaving but as a grandmother, you have to accept the situation because they’re yours. You can’t just dump them anywhere. They behaved well and followed my rules when they were younger. I’m not sure what happened, perhaps it’s peer pressure” [FP3 Mngeni]*

According to the foster parents, caring for children, particularly those with behavioural issues, is an emotionally exhausting duty. Their comments show that they had to devise coping mechanisms to deal with these challenges, such as self-counselling and obtaining assistance from social workers, spanking, and frequently reprimanding their foster children for wrongdoing. Providing care, in general, may be stressful but providing care to children with emotional and behavioural problems is considerably more demanding and is a significant source of strain and stress for parents and caregivers (Vaughan et al., 2013:535). Clearly, parents of foster children with emotional and behavioural difficulties have increased caregiving responsibilities and this may impede parental adaptability (Vaughan et al., 2013:538).

To reach their full potential, children require safe and stable housing, adequate and nutritious food, access to medical care, secure relationships with adult caregivers, nurturing and responsive parenting, and high-quality learning opportunities at home, in child-care settings, and in schools (Sandstrom and Huerta, 2013:4). Thus, there are a variety of factors that are needed for a child to fully develop. However, it appears that many of the foster children referred to in this study lack such factors. The study’s findings indicate that most of the foster parent participants were old and unwell and the possibility of foster children not receiving responsive parenting from them was much greater.

Change does not happen in isolation; rather, a disruption in one domain (for example, parent unemployment, divorce or loss) frequently disrupts another domain (for example, childcare) in a “domino effect” (Sandstrom and Huerta, 2013:4). Moving from one parent to another (from the family of origin to the foster family) may also trigger secure relationships, making it

difficult for some children to adjust to a new environment and secure relationships with the current family or caregivers.

As stated previously, single parenting has numerous detrimental consequences on child development. The parental approach to childrearing has a substantial effect on children's developmental results (Sangawi et al., 2015:171). Theoretically, negative parenting traits, such as strictness, neglect, control, punishment, and lack of support, could be expected to eventually lead to child behavioural issues, such as emotional problems and school misconduct (Sangawi et al., 2015:171). Foster parents in the study acknowledged that they utilise corporal punishment to discipline their foster children and this may contribute to their rebellious behaviour. Past traumas may also contribute to foster children's uncontrollable behaviours, which require a skilled, educated, and vigilant parent and this may not be the case for elderly and under-educated caregivers. Children who have survived traumatic circumstances require a sense of security and affection (Child Welfare Information Gateway, 2014:1). However, if parents are unaware of the impacts of trauma, they may misread their child's behaviour and develop feelings of frustration or resentment because of this misunderstanding (Child Welfare Information Gateway, 2014:1).

### **6.5.2 Dealing with children who have chronic illnesses**

Fostering, as participants in the study noted, presents unique difficulties, particularly when caring for children with special needs or chronic illnesses. Thirteen percent of foster parents reported caring for HIV-positive children. An issue raised by some of the foster parents was the fact their foster children are hesitant to take medication daily because they do not understand why they are taking it. The parents described these everyday responsibilities as emotionally and physically draining. They pointed to the numerous responsibilities, which included other family members requiring care, as well as domestic chores in general. The situation was encapsulated in one of the participant's responses:

*“Yes, we run into so many issues. For me, I had so many responsibilities: doing housework, paying bills, including transportation fees for them to attend school, providing emotional support for them while I also require support. I also have to care for my diabetic grandmother. The responsibilities are simply too countless. I also found late that the child has special needs and requires special education. She was checked and it was determined that she is a slow learner; hence, I needed to locate her a special school immediately” [FP3 Msunduzi]*

Some participants stated that their caring challenges stemmed from caring for HIV-positive children. According to one participant:

*“It is hard sometimes, she was very sick since she is HIV-positive. I had been in and out of hospitals until she gets the medication. My son was assisting me with hospital appointments because I was still working by then. I just retired from being a domestic worker.”* [FP9 Mngeni]

A second participant said:

*“Getting to where I am now was not simple; the boy was very sick, and I was up and down with hospitals and clinics until he was identified with a partial hearing impairment and HIV-positive status.”* [FP5 Mkhambathini]

As noted earlier, some caring challenges arose because of children’s reluctance to take medication. As pointed to by a participant:

*“An additional concern is that she is unaware of her status as an HIV-positive individual. She often questions why she is required to take this medication on a daily basis, and she has even refused to take the prescription on occasion.”* [FP1 Mngeni]

In a similar vein, a second participant said:

*“I need to ensure that she takes her medication on time. We occasionally argue over her refusal to take medication. I was unaware that the child was HIV positive and was advised by a neighbour to take her to the clinic, which is where we discovered she was positive, and she began taking medication late. I believe she contracted the virus from her mother, and I believe her refusal to take the medication is because she does not understand why she is taking it because I never explained it to her.”* [FP3 Mngeni]

There is evidence that foster families have offered significant care and support to children living with HIV in their homes (Gomo et al., 2017:186). Individuals living with HIV and AIDS, as well as their caregivers, are commonly expected to suffer from stress as a result of AIDS-related comorbidities and the demands of caregiver roles (Raniga and Motloun, 2013:87). According to foster parents’ comments in this study, fostering provides a variety of problems, and caring for children living with chronic disease can be emotionally and psychologically draining. The fact that foster parents may have to deal with children who are often hesitant to

take medication can be emotionally draining and may portray them as failures if problems with the child arise. Chronic illnesses in children provide a variety of possible psychological challenges not only to the child but also to family members and healthcare providers (Vranda and Mothi, 2013:1). Evidence suggests that caring for a sick child may have negative consequences such as particular health disorders that contribute to the strain of care (Van Deventer and Wright, 2017:1). Caregivers thus have to deal with their own health and physical issues as well as a range of negative emotions such as helplessness, grief, anxiety, and wrath (Van Deventer and Wright, 2017:1).

Furthermore, it is evident from the foster parents' comments that they lack the knowledge and abilities to deal with HIV-positive children. The fact that some foster parents are unable to explain to their foster children the importance of taking medication and why they need to take it poses major problems for both parent and child, and the Department of Health needs to play a role in this respect. Lack of understanding regarding antiretroviral therapy (ART) use and support, particularly financial help, stigma and discrimination, and bad parenting experiences are among the issues experienced by caregivers of HIV-positive children in South Africa (Williams et al., 2016:321).

Caregivers do not provide care in isolation from their other roles and responsibilities. Their personal lives as a spouse or partner, parent, employee, business owner or community member interfere with caregiving in various ways at different times (National Academies of Sciences, 2016). As noted, historically, the vast majority of caregivers were women who did not work outside the home. However, today, women comprise up to half of the workforce but continue to bear the brunt of caring responsibilities (Talley and Crews, 2007:224). Furthermore, many working women care for their children and parents simultaneously, putting pressure on the home care system that women sustain (Talley and Crews, 2007:224).

### **6.5.3 Dealing with family and community members who interfere with their foster care roles**

#### **(a) Relatives interfering**

When a family undergoes a transition into a foster family, numerous changes occur in family relationships and general family life (Höjer, Sebba and Luke, 2013:4). Fostering is a family endeavour, and the role of the caregivers' children and other family members in the caring process needs to be recognised (Höjer, Sebba and Luke, 2013:4). As previously stated,

caregiver burden comprises a variety of stresses, including social pressures. When foster parents were asked how fostering affects other family members, they stated that family members within the family were not the issue; rather, their primary concern was family members who did not live in the same household. They stated that these family members had a detrimental effect on their foster children's conduct and fostering in general. A foster parent participant provided the following response:

*"I have never encountered any problems except that the maternal aunt is pressuring the child to come and stay with her and the child does not want to stay with her. I am not sure what her problem is, perhaps she wants money. As we speak, the child has been with the maternal family for a week, and the maternal grandparents do not condone this act."* [FP8 Richmond]

A second participant shared:

*"I never encountered significant difficulties as a foster parent, except when her siblings had a negative influence on her. They have an effect on her in such a way that when they speak to her, she occasionally performs poorly in school. I am not sure what they say to her; perhaps they inform her that I am not her original mother. I believe they speak ill of me to her."* [FP2 Mkhambathini].

Fights between foster parents and other family members over child custody were also reported. According to one participant:

*"With my first foster child (maternal granddaughter) they were many issues. My family, especially my sister, was fighting with me regarding the custody of the child. They said I cannot live with the child because I do not have a stable environment (I was renting by then). The grandmother of the current children is still fighting with me calling me names. She claims that I influenced the children to come and stay with me."* [FP10 Msunduzi]

There were also disagreements between foster parents and other family members over who should receive the FCG. In this regard, one participant commented:

*"No one in the family is impacted by foster care, but my sister-in-law attempted to apply for the FCG before me because she wanted to receive the grant on behalf of the child, but her application was denied because the child was living with me. Social workers advised her that the person who should apply for the grant must be someone*



*who lives with the child. That was a misunderstanding we had with her but we came to an agreement that I am the one who should apply for the grant.” [FP6 Msundizi]*

Based on the foster parents’ responses, it appears that some of their difficulties in caring for their foster children derive from familial issues. There seems to be a need for a thorough assessment of any new foster care kinship placements as this could prevent family disputes over who is responsible for the foster children. Family involvement in the foster care process has been linked to the safety, permanence, and overall well-being of children in the child welfare system, as well as to effective foster care practice (Child Welfare Information Gateway, 2021:1). Early involvement of both paternal and maternal families of a child is recognised as essential because it enables collaboration between two families and the welfare system. The two families are viewed as experts in childrearing, and the child welfare system is viewed as a support system whenever conflicts arise (Child Welfare Information Gateway, 2021:1). Although it was not always entirely evident from the foster parents’ comments why they conflicted with other family members over the care of foster children, the FCG appeared to be a cause. The literature demonstrates that the issues impeding successful fostering include not having child-centred goals for fostering, earning sufficient money for fostering, not being supportive of the reunion plan, and not being able to communicate well under stress (Coakley et al., 2007:3).

#### **(b) Neighbours and community members interfering**

The study found that neighbours and other community members have a detrimental effect on the foster care experience. Foster parents stated that their neighbours were the primary source of conflict between them and their foster children. In this regard one participant stated:

*“Neighbours are the primary source of conflict in the journey of being a foster parent; they frequently intercede. I recall one time they lied about me abusing the child, reporting me to teachers and as a result, social workers investigated me but found nothing. I’m not sure whether they wanted to live with him or it was just jealousy, but I sensed jealousy because they believed the child was going to die, and now they’re jealous that I’m receiving the FCG each month.” [FP5 Mkhambathini]*

A second participant noted:

*“It took a long time for me to receive the money, and as a result, rumours spread that I was receiving money but was not assisting the child. Even the siblings gave me attitude. I informed the social worker, and the meeting was called, and the child was informed by a social worker that the application had not been approved yet.”* [FP9 Richmond]

A third participant shared:

*“Sometimes these children do not view you as their parent. Although I am his sister, I am now his parent. However, when I give him instructions, he frequently disobeys and occasionally, if I discipline him, he will go around and tell his neighbours that I am abusing him. The neighbours will take his side and say I am abusing him because he is not my biological child. You cannot discipline the child on a normal basis because you are constantly on guard by the neighbours.”* [FP8 Mkhambathini]

Fostering comes with a variety of problems, including the one listed above. Interfering with foster parents’ duties is not a new phenomenon. According to research conducted in Ghana and South Africa, some foster parents have been labelled as individuals who utilise foster care positions to gain money rather than caring for their foster children (Emovan, 2019; Frimpong-Manso et al., 2020). Fights over the FCG are also not uncommon and those seeking grants on behalf of foster children typically portray current foster parents as bad parents who are simply misusing the grant for their own gain. Some community members or other extended family members may wish to receive the grant even if they do not live with the child in question (Frimpong-Manso et al., 2020; Emovan, 2019; Mnisi and Botha, 2016). According to these studies, this form of interference has a detrimental impact on the foster parent and foster child relationship, which can lead to foster care collapse if not appropriately managed (Emovan, 2019; Mnisi and Botha, 2016). There is thus a need for social workers to inform communities about foster placements and how they work, as well as the laws concerning these types of placements. Communities need to be encouraged to report any form of abuse to welfare authorities (as this will allow for proper professional investigation) rather than directly fighting with foster parents. In addition, foster parents’ rights must be maintained at all times.

## 6.6 Foster parents' coping strategies

### 6.6.1 Types of coping strategies used

Caregiving can be stressful for caregivers and research indicates that caregivers of people with substantial impairments in capacity are at an increased risk of psychological distress and depression (WHO, 2017:2). Fostering affects more than just the foster child and foster parent; it also necessitates the involvement of the entire foster care family as well as relevant stakeholders (Durand, 2007:4). As a result, it is critical to consider the family as part of the larger fostering arena (Durand, 2007:4). In this study, foster parents were asked about the daily coping mechanism they employ to deal with difficult circumstances. They stated that they cope with issues on their own. Some foster parents argued that their perseverance in the face of daily difficulties, especially when their foster children exhibit behavioural issues, stems from the fact that these children are theirs (their “own blood”), so they cannot simply abandon them. While there were foster parent participants who stated that they discuss their difficulties with close family members, there were others who said that they derive their strength and encouragement to raise their children from God. These findings are reflected in the responses below. One foster parent stated:

*“As a parent, you simply have to be strong and accept them as your own; I cannot forsake them because they are my sister's children, nearly all children misbehave.”*  
[FP5 Richmond]

Another parent replied:

*“You have to accept the situation because they're yours. You can't just dump them anywhere. They behaved well and followed my rules when they were younger. I'm not sure what happened, perhaps it's peer pressure.”* [FP2 Mngeni]

A third participant revealed:

*“As the sole survivor of my family, I avoid sharing my difficulties with others. If the children disobey, I chastise them and slap them lightly to get them to behave.”* [FP10 Msunduzi]

Some foster parents cited family members as sources of both strength and comfort. According to one participant:

*“If I have an issue, I discuss it with my biological family, as we do not get along with my husband’s family.” [FP7 Mngeni]*

For others, God and family were both sources of strength. In this regard a participant acknowledged:

*“To be honest, I advise myself and seek God’s guidance but I also seek emotional support and guidance from my sister.” [FP4 Msunduzi]*

Another participant shared:

*“I usually do self-counselling but if the problem is too big, I talk to a friend who is also a foster parent. We talk about everything because we seem to be having the same issues with fostering.” [FP7 Richmond]*

Thus, in terms of the above responses, the coping mechanisms of the foster parent participants included self-counselling, cultural values and customs, and gaining strength from God. Their commitment to not abandoning their foster children because of behavioural challenges may have a deeper meaning. The idea of adopting these children as their biological children has enabled them to deal with the challenges they face on a daily basis. Furthermore, the African values and cultural practices they hold, such as the belief that no child can be an orphan when extended families exist, and the spirit of ubuntu, which indirectly obligates them to care for these children, may have an influence on their ability to cope with and overcome the challenges.

Moreover, social networking with extended family members and friends was mentioned as a coping mechanism by foster parents. Extended family is often a source of care and emotional support in many African societies, especially during difficult times (Penyane, 2015:15). It is clear from foster parents’ responses that when they need emotional support, they turn to close family members and friends rather than professionals like social workers. Indeed, research suggests that family is the most commonly available and used source of support for foster parents (Durand, 2007:59). As a result, it is critical that the foster parents’ extended family is made aware of their intention to foster and that they (the extended family) view fostering positively (Durand, 2007:59). Immediate and extended family members, such as grandparents, sisters, and brothers, can help foster parents with their tasks while also creating a more supportive environment for the foster child in placement (Durand, 2007:59).

## **6.7 Experiences of psychosocial support received by foster parents**

### **6.7.1 State agencies do not provide psychosocial support**

Foster parents who participated in the study were asked if they received any other forms of assistance apart from the FCG. The majority of foster parents stated that they do not receive any assistance from the government or other external agencies, with the exception of the FCG. They stated that they cope with issues on their own, without the assistance of others, and that this includes taking care of their own needs, among other things. One foster parent responded:

*“Apart from the grant, I receive no additional assistance from the government.”* [FP3 Mngeni]

A second parent shared:

*“I do not have a support system because I am the type of person who struggles alone. This includes taking care of my own needs. I have taught myself that if I do not have something, I just wait until I do.”* [FP9 Mkhambathini]

Some participants believed that the FCG was the only psychosocial support they should receive from the government. One participant responded:

*“I’m not sure what other forms of assistance I might receive, given I am now receiving assistance from the government through a grant and my pension grant provides for my needs.”* [FP5 Richmond]

Another participant shared:

*“Ey... I am unsure what kind of assistance I am supposed to receive from the government because the government assisted us with grant money, which is insufficient but we are grateful for it because it contributes to something. For emotional support, I discuss issues with my family and friends, particularly if my foster children exhibit behavioural issues.”* [FP8 Msunduzi]

Foster families play an important role in assisting children and adolescents in healing from trauma by providing them with ongoing, high-quality care (Williams-Mbengue, 2019:1). Foster parents are responsible for caring for and nurturing their foster children, assisting them in psychological and physical adjustment, and ensuring proper schooling and education until they are reunited with their biological families, adopted, or age out of foster care (Mancinelli

et al, 2021:1). The foster parent's role is difficult and demanding, with a variety of multi-level stressors that consistently outweigh the normal challenges of being a parent on a regular basis (Mancinelli et al, 2021:1).

The responses from foster parents above indicate a lack of psychosocial support that could help them cope with the daily challenges they face. It is clear from their responses that the assistance they expect from welfare agencies is financial. It appears that they are unaware of the other types of assistance they may receive, such as emotional and psychological support. Psychosocial support is essential for foster parents and comprises more than just financial support. It includes spiritual, psychological, physical, material, and financial aspects, among others. Psychosocial support is an important part of the caregiving process because it relieves caregivers' stress and meets some of their personal needs. Empirical evidence suggests that psychosocial support can act as a buffer or mediator of life stress (Turner, 1981:357). Evidence also suggests that such support has significant main effects, is most important in stressful situations, and varies across social class groups (Turner, 1981:366). Scholars claim that catering to the caregiver's personal needs will result in successful caregiving and there is increasing evidence indicating that the reason caregivers do not always provide good outcomes in terms of caregiving is because their personal needs are neglected (Hughes, 2015:166). It is now known that intensive long-term caregiving without support has a negative impact on a caregiver's health, financial situation, and social integration (Yeandle et al., 2017:11).

Caregiving is devalued, invisible, underpaid, and penalised because it is relegated to people who lack economic, political, and social power and prestige (Glenn, 2000:84). Because those who engage in caring are disproportionately recruited from underrepresented groups (women, people of colour, and immigrants), the quality of their caring behaviour suffers. Overall, dismissing caring contributes to the marginalisation, exploitation, and dependence of those who provide care (Glenn, 2000:84). Based on the profile and the daily challenges of the foster parents in this study, it is clear that they require psychosocial support that is tailored to their needs as well as the needs of the entire family. Policy discussions should include ensuring that foster parents have the basic resources they require to care for foster children. Ensuring this would raise the prestige and rewards of those who practice it, while also increasing the incentives for other groups to do the same (Glenn, 2000:84).

### 6.7.2 State agencies provide foster parents with psychosocial support

There were a few foster parents who said that they occasionally get help from social workers. If their foster children exhibit behavioural difficulties, they receive counselling, they receive food parcels if their grant has lapsed, and some mentioned receiving parenting skills training. The following responses were provided by the foster parents who received support other than financial assistance. A participant referred to food parcels:

*“We sometimes receive food parcels from social workers although is not often”* [FP7 Richmond]

Another participant mentioned receiving support from social workers:

*“When this child displayed problematic behaviour, social workers assisted me by providing family counselling”* [FP3 Mngeni]

A second participant also referred to social workers:

*“Social workers are quite supportive since we seek advice from them when we have difficulties”* [FP6 Msunduzi]

As did a third participant:

*“Social workers do aid me with parenting skills, and whenever my children exhibit behavioural problems, I report them to social workers, who are then able to assist me.”* [FP2 Msunduzi]

The provision of professional support is important for foster families. Assistance from social workers is always the first line of defence for foster parents who seek support (Golding, 2004:71) and ongoing support from welfare agencies is crucial. However, the responses from foster parents above suggest that the assistance they receive from welfare agencies is not ongoing and professional assistance is only provided when there is a crisis. Fostering, as has been repeatedly emphasised, is a demanding, stressful task that occurs daily and because of this, caregivers should receive continuous psychosocial support. Increasing the quantity and quality of support can help foster families ensure that foster children stay in their homes for longer periods and reduce the number of times children in care are moved (Wisconsin Child Welfare Professional Development System, 2013:3). Building strong relationships between welfare agencies and foster families can lead to a shared understanding of the child and the sharing of strategies for moving forward, which helps foster carers feel supported and valued.

However, this can only be accomplished through ongoing support (Golding, 2004:75). Continuous foster family support has the potential to improve placement stability and other outcomes for the child (Golding, 2004:75). Providing ongoing support will not only help to stabilise the relationship between the foster family and the welfare agency but it may also help both parties avoid a crisis because of early detection of problems.

### **6.7.3 Foster parents' recommendations on the types of psychosocial support they require**

#### **(a) Housing assistance**

Caregivers have unique requirements and may require a different form of assistance from state agencies since it is understood that their situations are not identical. Foster parents in the study were asked what type of additional psychosocial support they would like to receive. The foster parents indicated that they would be extremely appreciative if the government could support them with housing and tertiary education costs for their foster children. They mentioned that their housing conditions are deplorable and overcrowded, and that assistance with housing, in particular, was needed. Some participants indicated they would be content if they died providing a stable home for their foster children but this was not possible due to their financial struggles and the costs involved in doing so. A foster parent stated:

*"I believe that if the government can provide us with a house, as our current home is quite small and the neighbourhood in which we live is not suitable for children, at the very least an RDP house would be preferable, as I know that even if I die, I will leave them in a secure home."* [FP8 Msunduzi]

A second participant also pointed to the need for adequate housing:

*"If I can provide them with a proper shelter, I will be glad because the house in which they currently reside is in poor condition and I lack the funds necessary to build a permanent home for them. If the government can provide us with an RDP house, I will gratefully accept it."* [FP4 Mngeni]

As did a third participant:

*"The primary type of aid I'd like to receive is a house, preferably an RDP house, because the one we currently live in is in poor condition. It is constructed of mud and has a corrugated iron roof, which creates a problem on rainy days."* [FP2 Mkhambathini]



Fostering entails a variety of roles, one of which is to provide a stable and conducive environment for child development and general well-being. Keeping families safe is possible if caregivers are able to provide the necessities. Addressing housing needs is one strategy for preventing children from becoming homeless and being placed in foster care, and for ensuring being reunited with their families in a timely manner (Montana Budget and Policy Center, 2019:1). Secure housing is linked to better child development outcomes. Families with owned or leased homes had better health and academic outcomes for their children, as well as better adult outcomes, than families with insecure housing (Montana Budget and Policy Center, 2019:1). It is evident from the foster parent participants' responses, that they lack secure housing for their entire family and this may well have an impact on the general well-being of family members, including foster children. Research suggests that it is difficult for many low-income families to find a home that is affordable, safe, and of adequate size (Montana Budget and Policy Center, 2019:1). This research is supported by the foster parents' responses, and it is not surprising that the majority of foster parents in this study lack secure housing for their families because their socioeconomic status indicates they are poor with high dependency ratios.

Fortune (2016:26) argues that the placement of children into foster care and the relocation of those children into familiar (family-related) or even unfamiliar (unrelated foster carers) environments necessitate the need for social workers to consider not only the removal of the child but also the movement of the child and the alternative placement or accommodation that can be found for them. The author further argues that this accommodation is often restricted, and children are frequently placed in the care of relatives who may not always have the necessary room to meet the developmental needs of the child in question (Fortune, 2016:26). It should come as no surprise that a majority of South Africa's children lack adequate housing and are frequently homeless (Fortune, 2016:2016). According to research conducted in the USA, foster children, particularly those who are ageing out of foster care, are shown to need housing (Dion et al., 2015:3).

#### **(b) Educational assistance**

The study's foster care participants stated that they would be extremely grateful if their foster children continued their studies beyond matric, and pointed to financial constraints being an

obstacle in this regard. Thus, financial assistance from the government for these children's tertiary education would be most welcome. One participant stated:

*"I would be overjoyed if my nieces who are no longer eligible for grants could continue their education."* [FP1 Msunduzi]

A second participant also stressed the need for tertiary financial assistance:

*"I want her to attend university, and if the government can support me with financial aid for university expenses after matriculation, that would be ideal."* [FP4 Mkhambathini]

A third participant stated: :

*"I would be extremely grateful if they could extend the funding for this child because they are still struggling. He graduated from matric last year and is going to upgrade, which is proving difficult for them at the moment."* [FP9 Richmond]

The right to education is enshrined in numerous international human rights accords. Article 13 (2) (c) of the International Covenant of Economic, Social and Cultural Rights mandates the right to higher education, which encompasses the qualities of availability, accessibility, acceptability, and adaptation that are common to all types and degrees of education (UN, 1999). The comments of the foster parents suggest that the right to tertiary education should be a fundamental right that can assist individuals in gaining independence and possibly breaking the cycle of poverty. It is evident that foster parents value education and believe it can help their foster children have a bright future and become independent. According to the available evidence, education is essential for foster children to achieve economic stability and independence (Centre for the Study of Social Policy, 2016:3).

Although the right to higher education should be inclusive, many governments have failed to ensure this right for all individuals. The privatisation of higher education institutions and the high cost of university tuition pose a threat to vulnerable populations such as foster children. Foster parents in the study could not afford university tuition for their foster children. The latter may have completed high school but are unable to continue their education due to financial constraints. Thus, their right to continue their education is being violated based on their socioeconomic status. It is not uncommon for foster children to discontinue their education after high school, and children who are ageing out of foster care are likely to suffer

socioeconomic difficulties. Adults who have aged out of the foster care system are likely to have trouble receiving higher education training due to budgetary restraints, leaving them vulnerable to economic hardship and food insecurity (Centre for the Study of Social Policy, 2016:3).

## **6.8 Conclusion**

This chapter demonstrates that foster parents are likely to be elderly, and part of female-headed households with a high proportion of dependents who rely on social assistance. This profile raises questions about their ability to provide effective care without psychosocial support. Given that these caregivers are elderly and suffer from ill health, it is unlikely that they will be able to meet all of their foster children's daily needs. In general, the elderly usually require care themselves rather than providing it to others. Without social grants, these families would be in dire situations or living below the poverty line as findings indicate that they rely heavily on social grants to survive. However, social grants (including the FCG) are insufficient to cover the needs of the entire family, as well as the needs of the OVC, and this may suggest that the basic needs of the OVC are not being adequately met. This is not being done on purpose but due to the financial constraints experienced by their foster parents.

Although many of the foster parent participants in the study were elderly and suffered ill health (and thus, as noted above, may need care themselves), they continued to care for their OVC. Their affection and care for their foster children are grounded in culture. Due to cultural norms, OVC have been incorporated into extended families before and post the HIV/AIDS epidemic. Foster parents provide for their foster children because they believe they are culturally required to do so and because it is ingrained in their minds that no OVC should suffer as long as the extended family exists. The need for extended families to care for OVC still exists but the question of whether or not these families have the capacity to fulfil this cultural obligation remains unanswered.

Although foster parents offer care and ensure their foster children's overall well-being, fostering presents its own challenges. Dealing with children exhibiting behavioural disorders, children with chronic disease, and family and community meddling are all daily obstacles faced by foster parents. These obstacles create several stressors in their lives and in the lives of the foster children they care for. Although foster parents face these obstacles, they receive minimal

assistance from welfare agencies, and this assistance is not consistent. Foster parents have had to develop their own coping mechanisms, such as self-counselling and social networking with family and friends in order to manage their daily stressors. In this regard, the importance of psychosocial assistance to reduce caregiver stress is of the utmost importance. Foster families require comprehensive psychosocial support which must include sustainable economic development/skills that will empower them rather than only providing social grants that are only available for a limited time. Providing continuous counselling to these families may lessen the caregiver burden on foster parents and foster children. In providing psychosocial support for foster families, the involvement of multiple stakeholders is critical. The provision of psychosocial support, however, should not only be the responsibility of welfare services. Children in foster care face several complicated concerns, including educational, mental health and medical difficulties. For example, it was concerning that foster parents had to deal with children who were reluctant to take their HIV medication because they did not understand why they had to do so. This is the responsibility of the Department of Health but parents are left to deal with these issues alone. The involvement of multiple stakeholders noted earlier can assist in linking foster children who are ageing out of care to relevant departments/agencies that will help them further their studies or improve their skills. This will give them a better chance of a better future and reduce the burden on foster parents who would otherwise have had to continue to care for these children once they had aged out of care.

## **CHAPTER SEVEN**

### **IMPLEMENTATION OF THE FOSTER CARE PROGRAMME**

#### **7.1 Introduction**

This chapter analyses the study's findings on the implementation of the foster care programme in the uMgungundlovu District. The focus is on the implementation issues that foster parents (beneficiaries) are confronted with in accessing state social services for foster care placement, qualifying for foster care placement, and collecting the FCG. As discussed in Chapter five, a qualitative technique was employed to gather data. In-depth interviews were conducted with 40 foster parents from four local municipalities, namely, Msunduzi, Mngeni, Mkhambathi, and Richmond. This chapter also presents and discusses the experiences of government officials in administering and delivering foster care services. Twenty social workers (five from each municipality) from the KZN DSD and the CPO Child and Family Welfare Society were interviewed via focus groups (five participants per group). Five presiding officers from the KZN DoJ&CD (Children's Court division) were interviewed using in-depth interviews. Finally, 20 KZN SASSA grant administrators drawn from the four municipalities were interviewed, also utilising focus groups with five participants per group.

Foster parents were asked about their experiences with applying for foster care and receiving the FCG. The main research questions were:

- What are foster care parents' experiences with state-provided social assistance?
- What impact does the FCG have on OVC/foster families?
- How do implementors interpret the concept of OVC?

The interview questions resulting from these key research questions were as follows:

- Are beneficiaries aware of the application process?
- How does the FCG impact foster children and foster parents?
- What are foster parents' experiences with obtaining and applying for foster care placement and FCG?

The HRBA and PIT were used to analyse the responses of foster parents to the above questions.

The foster care programme's implementers were asked about their experiences in providing foster care services. Social workers were specifically asked about the impact of the FCG on foster families. Furthermore, the implementers were asked for suggestions to improve the foster care programme's implementation. The main research questions for the implementers were as follows:

- How do implementors interpret the concept of OVC?
- What are the implementation issues in the delivery of and access to foster care services?
- What suggestions, in light of the findings, can be made to improve the implementation of the foster care programme?

The following are the interview questions developed from these main research questions:

- How do the implementers view foster care services?
- What are the roles and responsibilities of social service practitioners in the implementation of foster care services?
- What are some of the current challenges that practitioners in social services face when providing foster care services?
- How can the South African foster care system be improved to ensure its effectiveness?

The PIT was also used to analyse the responses of foster care programme implementers.

Using thematic analysis, the responses of the participants to the above questions were grouped into themes and the following main and sub-themes emerged:

Main theme: Foster care beneficiaries' experiences of the foster care programme;

Sub-themes: Communication, reason for applying for the FCG, Foster parents' experiences of foster care application, Grant collection, Monitoring and management of foster care placements, Renewal experiences, Use of the FCG, Impact of the FCG.

Main theme: Implementers' perspectives on the foster care system; Sub-themes: Content and context, Social workers' perspectives on the impact of the FCG.

Main theme: Foster care programme implementation and administration: Challenges faced by implementers in delivering foster care services; Sub-themes: Capacity, Coordination, Political interference.

Main theme: Recommendations by implementers on the implementation of the foster care programme; Sub-themes: Hire more social workers, Provide essential resources for

implementation, Improve technology, Specialisation, Collaboration with stakeholders, Frequent communication.

Findings relating to each of the themes and sub-themes are presented and discussed below.

## **7.2 Foster care beneficiaries' experiences of the foster care programme**

The following sections detail foster parents' experiences with foster care applications, as well as the collection of the FCG and foster care placement renewal.

### **7.2.1 Communication**

#### **(a) Sources of information about foster care services**

Communication is an essential component in the implementation processes for the success of public policy implementation (Brynard, 2005:662). Although communication appears to be a variable factor in the foster care programme's success, the majority of beneficiaries (foster parents) did not know about the programme. Thus, the foster parent participants cared for OVC (as is commonly expected among kinship caregivers) for an extended period while receiving no government financial assistance. It was friends and neighbours, in the main, who informed the foster parents that they were eligible for the FCG. Few foster parents claimed to have obtained the information from employees of state agencies. One foster parent participant explained:

*"I learned about the grant through conversations with others. I had no idea that I could be eligible for it because I was already receiving the CSG for her. Nevertheless, I was informed that I could now apply for the FCG because both of the child's parents have passed away."* [FP8 Msunduzi]

Television is truly the first medium of mass communication, meaning it touches practically everyone, even children (Dye, 1992:337). One participant cited the media as a source of information about the FCG:

*"I heard from my neighbours and from news on TV. I did not know much about the grant and social workers informed me about the application process."* [FP5 Richmond]

Another participant revealed:

*“The neighbourhood in which we live is often visited by social workers; hence, social workers advised us. Occasionally, community care workers would also visit us and inquire about our living situation. They would then advise us that we might also apply for the grant.”* [FP3 Richmond]

One participant noted that she received information from a government office:

*“I discovered this information through the SASSA office. I went there to register for the CSG and was instructed that because the child is an orphan, I could apply for the FCG. They referred me to the social worker’s office.”* [FP9 Mkhambathini]

Improving communication among stakeholders and citizens (recipients of public policy programmes) is critical because it can contribute to greater transparency and good governance by increasing stakeholder participation which, in turn, can boost an organisation’s credibility (Cloete et al., 2018:212). Furthermore, in a democracy, any public institution has a legal and moral obligation to publicly communicate its activity – the responsibility a public institution has towards citizens in relation to actions performed with public money is an integral part of the concept of “public accountability” (Mitu, 2021:137). Citizens have the right to exert control over public institutions, request information, and be informed about what occurs within them (Mitu, 2021:137). Section 32 (a) (b) of the South African Constitution specifies that everyone has the right to access any information maintained by the state, as well as any information held by another person that is necessary for the exercise or protection of any rights (Constitution, 1996:107). The government and its agencies are thus obligated to provide citizens with access to information about available services, and it is obvious that all media platforms must be utilised to ensure that the information reaches everyone, even those in remote rural areas, and in their native language. However, it appears that information concerning the right to social security is lacking, particularly for people who reside in rural areas.

#### **(b) Information about the application procedure**

Access to information includes not only knowing about available public policy programmes but also how citizens can access these services, including application procedures. Prior to the implementation of a public policy programme, implementing agencies must ensure that information about application procedures is widely available to the programme’s intended beneficiaries and that the procedures are clearly outlined and understood by the intended



audience. This would include alterations and the introduction of new services and their implementation processes (Mitu, 2021:137). The foster parent participants stated that they had no prior knowledge of the application processes. They stated that a social worker, who also served as their advocate, provided them with all the information they needed for the application process. According to one participant:

*“I had no prior knowledge about the grant; nonetheless, the social worker took the time to explain everything to me.”* [FP10 Msunduzi]

Similarly, a second participant stated:

*“I had no idea how the application process worked. The social worker had to explain everything to me.”* [FP3 Mngeni]

A third participant provided more detail in her response:

*“I went to the social worker’s office and she explained to me about the application procedure. She stated that she would require parental death certificates, childbirth certificates, my identification, a school report, and an affidavit.”* [FP4 Richmond].

Proponents of successful public policy implementation believe that clear communication between implementing agencies and society at large is required. Access to information about available services to citizens is not only important for implementation effectiveness but is also a fundamental human right and important for human/social development. All citizens in South Africa should have equal access to the services to which they are entitled, and the national and provincial governments must ensure that citizens have access to information describing and explaining these services (White Paper, 1997:6). In this regard, relevant stakeholders and clients who will benefit from a policy must be informed early in the policy implementation process, allowing external stakeholders and clients to appropriately support and utilise the policy (Cloete et al., 2018:21).

### **(c) Beneficiaries’ understanding of the purpose of the FCG**

During the interview sessions, the foster parents were questioned about the FCG’s purpose.

One participant stated:

*“The government was attempting to alleviate poverty among orphaned children.”*  
[FP3 Msunduzi]

A second participant pointed out:

*“The grant's primary objective is to provide the fundamental needs of orphaned children. I cannot picture their lives without it; perhaps they would be out on the streets, as most families are financially unstable.”* [FP8 Mngeni]

A third participant said:

*“I believe it was established to assist orphaned children by meeting their needs. The government was attempting to intervene on their behalf by providing them with a secure home through fostering.”* [FP5 Mkhambathini]

According to a fourth participant:

*“I believe the government was attempting to support us as foster parents, as well as orphaned children, by assisting them in meeting their basic needs in the same manner as other children.”* [FP9 Richmond]

Many international human rights' accords recognise the right to social protection, particularly for children (ILO and UNICEF, 2019:6). Every child has the right to social security, including social insurance, according to Article 26 of the UNCRC, and every country must take the necessary steps to ensure that this right is fully realised in accordance with its national law, including the implementation of international standards (UNCRC, 1990:8). According to Article 26 Sub-section (2), benefits related to social security in relation to a child may be awarded to the caregiver who is responsible for the child's maintenance, and that this is done at all times in the best interests of the child (UNCRC, 1990:8). Social security aims to support children in reaching their full potential (ILO and UNICEF, 2019:6). The adoption of the White Paper for Social Welfare in 1997, the Social Assistance Act No. 13 of 2004, the Children's Act No. 38 of 2005, and the White Paper on Families in South Africa in 2012 demonstrate that the South African Government adheres to international conventions and treaties. According to the aforementioned legislative frameworks, family-strengthening programmes are critical for social development, and everyone, including children and their families, has a right to social protection. In this study, foster parents reported that social workers informed them that the FCGs provided to them are intended to ensure that the children in their care are not impoverished, which is the primary goal of social protection programmes.

### 7.2.2 Reason for applying for the FCG

All participants in the study stated that they applied for the FCG due to financial constraints. They expressed how difficult it is to raise a child without financial stability. The economic profile of foster parents/foster families presented in Chapter six indicates that the majority of household members are unemployed, have high ratios of dependent children, and rely on social grants to survive. Therefore, it is inevitable that their economic situation would change once they received the FCG. A foster parent explained:

*“I wanted financial assistance so that I could meet the basic needs of my foster children.”* [FP2 Msunduzi]

A second parent said:

*“The reason I applied was to obtain financial assistance. No funds were left by his parents, and as a child grows, expenditures increase and become costly. Thus, the grant was intended to assist me.”* [FP3 Mngeni]

A third parent also pointed to financial need:

*“Because our grandmother was surviving on a pension grant, which was insufficient to cover all household expenditures, she decided to apply for FCG on our behalf. I am now receiving the grant on behalf of my sister, as my grandma is too old to act as a foster parent.”* [FP6 Mkhambathini]

The South African Constitution makes particular reference to parents’ rights to social security benefits for themselves and their dependents if they qualify for such benefits. The above responses from foster parents indicate that foster families are struggling financially to make a living and, without social grants, their lives would be in a terrible state. It is for these reasons that human rights approaches exist to protect vulnerable communities (such as foster parents). The Life Cycle Approach is one of these approaches and is built on the premise that people have particular risks and vulnerabilities throughout the different stages of their lives, and that social protection may be tailored to address these risks at each stage (European Commission, 2015:25). The Approach claims that regardless of geographic location, social or political system, individuals are exposed to a range of situations throughout their lifespan, and that risk exposure is an inevitable component of the human experience that should not be avoided (ILO, 2003:2).

### 7.2.3 Foster parents' experiences of applying for the foster care placement

#### (a) Investigation and assessment stage: long waiting period

The foster parent participants were asked to describe their application experiences and long waiting periods were highlighted in their responses. According to one participant (who gave a lengthy response):

*“The application process was not easy – we waited three years for the grant to be approved, actually four years, because my grandmother attempted to apply but gave up after a year. I began a new application, and when I visited the social worker’s office to inquire about the status, they never gave me a valid reason why it was taking so long. At one point, the social worker informed me that she had to do a newspaper search for the child’s parents because we could not present proof of their death and also did not know their whereabouts. Even after we received a court order, SASSA was unable to assist me immediately because the child was receiving the CSG and the person receiving the grant was the grandmother. They stated that they needed my grandmother to come and testify that I am now the child’s current caregiver. The worst part is that my grandmother cannot walk due to her diabetic condition. I was forced to lie and claim ignorance of my grandmother’s whereabouts in order for them to assist me.” [FP 1 Msunduzi]*

Another participant also cited a lengthy waiting period:

*“It was difficult. I applied shortly after their mother died, and as a result, I waited more than six years with no success and there were no valid reasons given to me for such a long waiting period. I had to give up because I did not have much time to follow up because I was still working. I applied recently and was successful, but not for both of them because the other child was already 18 years old; it took over ten years for me to receive this grant. I had to take care of them on my own.” [FP7 Msunduzi]*

A third participant recounted difficulties with the social workers:

*“The process was not straightforward. It took a year for me to obtain the grant. My grandmother received it on behalf of my siblings and the social worker had to transfer the grant following my grandma’s death. The reason it took so long is that the children were living in Newcastle[a town in Northern KZN] with my grandmother and I was working in Pietermaritzburg. I applied from Pietermaritzburg, the social worker from PMB needed to transfer the grant to me, and the social worker from Newcastle needed*

*to transfer the file to Pietermaritzburg. I communicated with the social worker from Newcastle and I was informed that the file had been transferred but social workers from Pietermaritzburg denied it. It was difficult to get assistance from the social workers. I had to fight them and bring them to the attention of their superiors.” [FP4 Mngeni]*

Policy development and implementation are complex processes that necessitate constant monitoring and evaluation to ensure the continuation and effectiveness of policy implementation. Long waiting periods for beneficiaries to gain access to foster care placements in order for them to receive the FCG suggests that implementing agencies are having implementation issues. This implies a lack of capacity to deal with the high volume of foster care applications. According to Barret and Fudge (1981:13), proper policy implementation requires proper planning and management to ensure that the job is completed effectively. Proper planning necessitates the availability of resources for implementation, which includes financial, material, technological, and logistical resources (Cloete, 1999:11). Without viable resources to enable implementation, poor service delivery is unavoidable, impeding citizens’ lives and impeding the country’s long-term development (Cloete, 1999:11).

Capacity also refers to the availability of manpower to expedite programme implementation. According to Sabatier and Mazmanian (1979:499), for a project to be successful, the funds available to the implementing agency/ies should be sufficient to hire employees and conduct the necessary research for rule writing, permit or service delivery programme management, and compliance monitoring. Long waiting times for foster parents to receive the social services they qualify for may indicate a shortage of employees to deal with the high volume of applications. Studies have also found that poor delivery of foster services is linked to a shortage of social workers who sit with high caseloads and backlogs (Sibanda and Lombard, 2015; Ngwabi, 2015; Böning and Ferreira, 2013; Lombard and Kleijn, 2006). A lack of skilled personnel is not a new issue in the delivery of foster care services and implies that the DSD lacks the capacity and proper monitoring tools to deal with challenges as they arise. Hudson et al. (2019) contend that developing a comprehensive implementation plan that addresses governance, stakeholder engagement, risks, monitoring, review and evaluation, resource management, and management strategy is critical for successful policy implementation. A comprehensive implementation plan appears to be lacking in the DSD.

According to Brinkerhoff and Crosby (2014:30), one of the benefits of monitoring policy programmes is that implementers can monitor indicators that are working for ensuring implementation effectiveness and eliminate those that are not. Tracking these indicators helps implementers learn and correct their mistakes, which can help avoid bad policy effects. As is well known, the primary goal of the foster care programme is to protect and nurture the OVC while also providing financial assistance through the FCG. However, it becomes difficult for citizens if the programme does not serve its purpose due to implementation barriers. Thus, evaluation of the programme is important. According to Dye (1981:367), the goal of policy evaluation is to determine the overall effectiveness of a national programme in achieving its goals or the relative effectiveness of two or more programmes in achieving similar goals. A further goal of evaluation is to generate data that can be used to improve the implementation process (Browne and Wildavsky, 1983:181). Evaluation will not only improve the implementation processes of implementers but will also allow beneficiaries to gain access to critical services that can have a positive impact on their lives. Indeed, the goal of public policy programmes is to improve people's lives.

#### **(b) Access to required documents**

However, some foster parents reported that the foster care application procedure was simple and quick, and social workers were really helpful. According to one participant:

*"The application procedure went smoothly, and the social worker aided me with all necessary paperwork. I received the money approximately five months after applying."*  
[FP8 Msunduzi]

Another participant pointed to the need to have all the required documentation:

*"I had no problems because I had all of the required documentation. I'm not sure how long I waited but it wasn't lengthy. I believed I waited about six months after submitting the application."* [FP10 Mkhambathini]

A third participant also had no problems:

*I had no problems. The social worker explained the process to me, and I provided all of the necessary paperwork, although the social worker asked for the required documents one by one which I think was time-consuming. The waiting period was around three months."* [FP2 Richmond]

The application process for foster care is lengthy. In fact, according to the DSD, the application for the FCG is the final step. Because there are a variety of reasons why children are put in foster care, application requirements will differ from client to client. All prospective applicants are expected to provide the necessary papers for a foster care application. For instance, a biological parent's death certificate is one of the essential documents that prove the child needs care and protection. Foster parents not having the required documentation is one of the factors that act as barriers to the smooth implementation of foster care services. Other studies have also found that the absence of needed documentation lengthens the process (Emovon, 2019; Khaba, 2018; Taukeni and Matshidiso, 2013; Taylor et al., 2011; Kiggundu and Oldewage-Theron, 2009). Access to foster care services appears to be plagued by persistent implementation issues. Monitoring becomes important to keep track of how things are progressing and process indicators are a good way to do this (Brinkerhoff and Crosby, 2014:30).

#### **7.2.4 FCG collection**

##### **(a) Receiving grant on expected dates**

The FCG is paid through pay-points, banks, and post-banks (SASSA, 2021:3). Foster parents indicated that they collect grants using their chosen pay-points which were mainly stores and post-banks. Due to lower fees, store retailers and post-banks were cited as the preferable venues for grant collection. Most foster parent participants indicated that they usually receive the money on the expected dates. A participant stated:

*"I'm collecting it via post-bank, and so far, there have been no issues."*

[FP4 Msunduzi]

A second participant said:

*"I am collecting the grant through the bank and have encountered no difficulties thus far. Even when I am required to renew it, the social worker always reminds me when it is time to renew."* [FP9 Mngeni]

A third participant also had no problems:

*"Everything is perfect. I am collecting money via store retailers because it's cheaper compared to a bank, there are no bank charges at Boxer Super-Trade."* [FP8 Mkhambathini]

A fourth participant also mentioned using a store as it is cheaper to do so:

*“I collect the grant through Boxer Super-Trade because there is where I do my grocery shopping. Besides, store retailers are less expensive than banks, and Boxer is only charging us R10 for the service.”* [FP2 Mngeni]

Foster care is a MSP, and the SASSA is one of the offices responsible for delivering FCG as an integral part of foster care services. One of the benefits of a MSP is that it provides resources for separatist movements while also allowing for accommodation through shared rule (Hooghe et al., 2001:193). Multi-level governance increases sub-national variation in social policy while allowing central and regional governments to coordinate policy (Hooghe et al., 2001:193). The goal of local government partnerships is to serve local communities and ensure the effectiveness of policy implementation. Its role is to facilitate and coordinate services and make changes as needed to improve service delivery effectiveness (Matibane, 2010:33).

The above comments are not to suggest that the FCG payment process is always smooth, and long queues and not receiving money at all were also mentioned by the foster parents.

#### **(b) Long queues and not receiving money at all**

Long queues and not receiving the payment through fraud are issues that foster parents face during FCG collection days. One participant stressed the length of queues:

*“The entire process of obtaining a foster care grant is not simple. From application to receipt, there are lengthy queues. Even if you want to receive it through the bank, there are still lengthy queues. Even if you choose to collect it through the post office, there are still lengthy queues.”* [FP2 Msunduzi]

Another participant also mentioned long queues and an instance of being scammed:

*“The experience is not bad, except for the long queues at pay points but I am now using a bank. I had one bad experience where I did not receive money. When I contacted SASSA, I was informed that the money was withdrawn from one of the FNB ATMs using my pin, and thus they cannot locate this FNB ATM. It was a stressful moment. I had heard of people being scammed, but I never imagined I would be one of them. The money was never recovered, and SASSA kept on saying they are still investigating.”* [FP5 Mkhambathini]



The difficulties that foster parents face during FCG collection days necessitate MSP coordination, including the private sector, for the efficient and effective implementation of the FCG services. One of a MSP's primary goals is to bring together all major stakeholders in a new form of communication and decision-making about a specific issue (Hemmati and Hohnen, 2002:63). The main "issue" in terms of the findings is that foster parents are having difficulties collecting the FCG and, therefore, solutions must be found through MSP coordination to address these difficulties. According to Hemmati and Hohnen (2002:63), to develop partnerships and strengthen stakeholder networks, partnerships must recognise the importance of achieving accountability, transparency, and participation. In this regard, networking with external stakeholders (private organisations) may be a possible solution to an existing problem, such as minimising fraudulent activities. Advanced banking systems must be established, which can only be accomplished through collaboration with major banks.

The next section presents and discusses the findings related to the foster parents' renewal experiences with regard to foster care placements.

#### **7.2.5 Monitoring and management of foster care placements: Renewal experiences**

##### **(a) Positive renewal experiences: Communication between social workers and foster parents**

Frequent communication between social workers and foster parents facilitates the renewal of foster care placements without difficulty. According to one foster parent participant:

*"With renewing the grant, the social worker always reminds me when it's time to renew. I also visit the social worker frequently to submit school reports, which is how I'm reminded about grant renewal"* [FP4 Msunduzi]

Another participant acknowledged:

*"I've never encountered any difficulties, and the social worker always informs me when it's time to renew the grant, so there are no issues. However, prior to the Covid-19, I visited the social worker's office to submit school reports, making it easier to be reminded about grant renewal."* [FP8 Mkhambathini]

A third participant also experienced no problems in terms of grant renewal:

*“I do not have problems. The social worker informs me when the grant must be renewed.” [FP3 Mngeni]*

Frequent communication between social workers and foster parents appears to be the most effective method for preventing grant expiration. However, one foster parent provided a different perspective:

*“Currently, I do not face any obstacles because I am still receiving the grant, although I occasionally worry that I won’t because I’ve heard that the award must be renewed. The social worker assigned to me does not communicate with me at all; even when I visit her office, she is not always present. She appears to have no desire to help people.” [FP1 Mkhambathini]*

Monitoring and managing foster care placements are critical for several reasons, including ensuring the child’s safety and overall wellness, as well as the foster family’s overall well-being (Department of Social Development, 2010:45). Aside from ensuring harmony, another goal of foster care management is to prevent statutory orders from lapsing and allowing the FCG to continue. The above responses affirm that monitoring a policy programme through, in terms of this study, frequent communication between social workers (as implementers) and foster parents (services users) allows smooth implementation of foster care services and prevents the breakdown of foster care placements. Foster care placements are monitored in terms of Sections 159 and 176 of the Children’s Act. Section 159 of the Act requires that a court order be renewed every two years to prevent it from lapsing, whereas Section 176 allows the child to remain in alternative care beyond the age of 18 years (Children’s Act, 2005:100).

#### **(b) Negative renewal experiences**

Negative foster care renewal experiences were mentioned by the foster parents. One foster parent participant pointed to the erratic nature of the process:

*“Ay... it’s the same experience as the first time I applied. It’s always ups and downs, going to school, certifying documents, and filling out forms. And it’s really difficult to do ups and downs now that I’m older but I had to do it for the child’s sake.” [FP2 Mkhambathini]*

Some participants pointed to experiencing problems when a foster child turns 18 years old. One foster parent participant stated:

*“I had no problems with my first foster child. I received money every month until she turned 18, which is when the problems began, as it took longer to receive it after filing all renewal forms. Even with current foster children, the story is the same.”* [FP10 Msunduzi]

Similarly, a second participant stated:

*“There were no issues previously. I was receiving the grant on a monthly basis, except that it had lapsed. I believe it was in 2019 that the grant lapsed. The reason for the lapse was that the child had already turned 18 years old and I was required to renew it on an annual basis. I have not received it since 2019 and it is now 2021.”* [FP3 Mkhambathini]

A third participant also pointed to the age issue:

*“It was easy when the children were under the age of 18. The problem began when they turned 18 years old. The renewal process is difficult, it takes forever, and there is no valid reason for the delay. I believe the Covid has a negative impact because it has been two years since we have received money.”* [FP9 Richmond]

A lack of communication and poor monitoring of foster care placements appear to have a negative impact on the renewal process, particularly for foster children over the age of 18 years. Monitoring and evaluation, as noted, are critical components for the successful implementation of a policy programme. According to Hogwood and Gunn (1984:220), the first step in effective monitoring is determining what the programme should look like and that deviations from standards that have not been established cannot be measured. Foster care placements necessitate ongoing monitoring to avoid the lapse of court orders. Understanding what the programme should look like, how to implement it, and when to do so appears to be critical for social workers as foster care programme implementers to avoid negative renewal experiences for both themselves and their clients. Children over the age of 18 years will have orders prepared on time if social workers keep track of their foster care placements and maintain communication with their clients. It is not a legal practice to wait for an order to expire before getting a new one. The foster care guide clearly states that an applicant must be assisted by a social worker in completing the application, which must be filed three months before the child’s 18th birthday (Department of Social Development, 2010:45). The foster care guide stipulates

that social workers must not wait until the order expires, and the only way to ensure this is through monitoring.

Effective policy implementation had been linked to innovative technologies. A lack of innovative technologies, administrative capacity, and managerial skills are linked to poor policy implementation (Ahmed and Dantata, 2016:63). Policymaking and policy implementation can become more effective and fit for a digital world by effectively utilising new tools and technologies (Lloyd, 2020:9).

#### **7.2.6 The use of the FCG**

All study participants said that they utilise the grant to purchase food, clothing, medical expenses, and other household necessities. They ensure that their foster children have food on the table, school supplies, transportation costs to and from school, and medical treatment if the child is ill. Two categories emerged from the analysis of the participants' responses and each (together with some relevant responses) is provided below.

##### **(a) Food, education, clothing and medical bills**

One foster care parent stated:

*"I buy groceries, school uniforms, and toiletries and during the month of December I buy her Christmas clothing."* [FP6 Mngeni]

A second participant responded:

*"I buy food, school uniforms, clothes, and pocket money for school. I also built him a one-bedroom house."* [FP10 Mkhambathini]

A third participant, like the second, also managed to build a house:

*"My first step was to build a two-roomed house for him, complete with a bed and wardrobe, which was witnessed by social workers. I then spend my money on food, sometimes clothes for him if I see he is in need of clothing, and since he is a person who visits the hospital frequently, I save money for that as well as on school supplies and stationery for him."* [FP2 Mkhambathini]

**(b) Savings: Stokvels, funeral cover, educational savings**

The FCG has also been saved for future use (educational purposes as well as funeral cover).

The latter was mentioned by one of the participants:

*“I buy food, clothes, I pay funeral cover, I buy school essentials.”* [FP1 Msunduzi]

A participant mentioned saving for future studies:

*“We buy food, and then we set aside R500 per month for her tertiary education fees, in the event that she passes matric.”* [FP7 Mkhambathini]

A second participant also mentioned future studies:

*“I primarily spend money on food, clothing, and school supplies, and I set aside a portion of it every month for him for future studies, accumulating a total of R12 000 so far.”* [FP4 Richmond]

A third participant mentioned a specific saving strategy:

*“I buy food and school supplies for him, and I set aside a portion of my earnings for him, as recommended by his social worker. I set aside R200 every month for him. I also engage in Stokvel clubs, and I use the money I get from Stokvel to pay for school fees in January and other essentials.”* [FP8 Richmond]

According to the literature, the overall goal of social grants or social protection programmes is to alleviate poverty while also having the potential to foster economic growth (Van der Walt, 2018; Roelen et al., 2017; Schubert and Beales, 2006). Social grants in the form of cash transfers have the potential to develop human capital by assisting disadvantaged families in maintaining their health and the health of their children by improving nutrition and making it possible for their children to attend school (Roelen et al., 2017; Schubert and Beales, 2006:28). The foster parents' comments indicate that the FCG is a poverty alleviation strategy for impoverished foster families, as these families are able to cover their basic needs with the assistance of the grant. A HRBA is founded on the belief that human rights must be strengthened systematically and consciously via the development and implementation of projects and programmes (UNICEF, 2015:8). The FCG was established in accordance with this approach, and its ultimate objective is to improve the economic circumstances of foster families and foster children.

### 7.2.7 Impact of the FCG

#### (a) Impact on household expenditure

All foster parents in the study agreed that FCG had a beneficial effect on their families and the lives of their foster children because it enabled them to meet fundamental needs that they were unable to address prior to obtaining grant funding. According to a participant:

*“It has a beneficial effect on the child’s life. I am now able to buy her complete school uniform and lunch box. Previously, she relied on the school feeding plan for lunch. I am now able to take a portion of the money and buy more food for the family.”* [FP7 Msunduzi]

Another participant stated:

*“The grant has had a significant positive effect on our family; it is our primary source of income”* [FP3 Mngeni]

A third participant also pointed to the significant impact made by the grant:

*“The grant has had a significant beneficial impact on my life since I was able to meet his basic needs and make him feel like other children who have parents. I was also able to create a spaza shop to earn some extra money for the family. I thank God and my ancestors for this grant. Without it, my foster child and I would not have survived this long.”* [FP9 Mkhambathini]

In a similar vein, another participant shared:

*“It has a significant beneficial influence since it enables me to buy basic needs. I am reliant on it because all of my children have died and I am not working.”* [FP3 Richmond]

The above positive responses from foster parents indicate that the overall goal of the FCG as a poverty alleviation strategy has been met and that the right to social security is also being met. A HRBA is founded on the ideology that human rights must be strengthened purposefully and methodically through the development and implementation of projects and programmes (UNICEF, 2015:8). As evidenced by the responses above, the FCG improves the lives of foster families and foster children to some extent. To be in accordance with these international human rights treaties and to ensure that people do not face life shocks on a daily basis, frameworks for social protection have to be developed, and one of these frameworks is the Life Cycle Approach. The Approach, as discussed, assumes that people face different risks and

vulnerabilities at different stages of their lives and that social protection can be tailored to address these risks at each stage (European Commission, 2015:25). Existing livelihoods can be improved to make current stages of the life cycle less vulnerable to exploitation, and social protection can help to mitigate these risks (European Commission, 2015:27). The concept of social protection is used in the Life Cycle Approach process, which means that everyone should have access to some level of protection against various life cycle risks and that there should be a mechanism for increasing and improving that level of protection (European Commission, 2015:28). The FCG was created for this purpose. It intends to provide a measure of economic security that would allow foster families to live outside of extreme poverty. According to the foster parents' responses, the foster care programme appears to alleviate poverty in their families to some extent because they are now able to meet basic needs that they were unable to meet previously.

#### **(b) Impact on family relationships**

Although the FCG is applauded by foster parents as a poverty alleviation strategy some negative experiences have been reported around the grant including rude foster children and family tension. According to one foster parent:

*“Ay... I believe that the grant has a detrimental effect on families. Foster children are rude, they demand things because they receive money from the government. They believe they are entitled to everything and must have all they request because they receive money from the government. They speak with other family members and portray us as people who do not look after them, and as a result, these other family members hate us.” [FP2 Mngeni]*

Another participant, along similar lines, shared:

*“Receiving a grant on behalf of an orphan is challenging, as these children can be demanding. For example, they may want expensive clothing with the understanding that they are receiving a grant from the government. Because they are labelled as ‘social worker's children’, they do not listen to our reprimands and sometimes even show us disrespect.” [FP4 Msunduzi]*

Family tensions around the grant were also pointed to. One foster parent stated:

*“The grant has a beneficial effect on our life, except that his sisters want to claim it as well, despite the fact that they do not live with him. I'm not sure why they want it; perhaps they believe I am receiving millions.” [FP6 Mkhambathini]*

Foster children exhibiting defiant behaviours towards their foster parents is not a new phenomenon as previous research has found this to be the case. One possible explanation for the phenomenon is the past traumas experienced by these children, such as the loss of their biological parents, a history of abuse, and other risk factors such as poverty and parental drug and alcohol consumption (Hannah and Woolgar, 2018; Ntshongwana and Tanga, 2018; Turney and Wildeman, 2016; Khoo and Skoog, 2014). Foster children’s “sense of entitlement” toward the FCG and unrealistic materialistic demands are also not new phenomena. According to research, the grant is insufficient, yet foster parents are expected to meet all of their foster children’s financial demands, which contribute to stressors that are detrimental to their general health (Kheswa, 2017; Mosimege, 2017; Penyane, 2015; Warwick, 2013). For these reasons, it is crucial that foster parents receive psychosocial support to build good relationships with their foster children (Hughes, 2015:166).

Psychosocial support is an essential component of the process of providing care as it reduces carers’ stress and satisfies some of their personal needs. The research indicating unfavourable outcomes of grants underscores the need to invest in better caregiver assistance to enhance caregiver well-being (Hughes, 2015:166). It is widely understood that extensive, long-term caregiving without support significantly impacts a caregiver’s health, finances, and social integration (Yeandle et al., 2017:11), and psychosocial support can serve as a buffer or modulator of life stress (Turner, 1981:357). According to the available evidence, psychosocial support has a strong impact, is especially relevant in stressful conditions, and differs between social class groups (Turner, 1981:366).

### **(c) Insufficient amount of the FCG**

Although foster parents acknowledged that FCG is beneficial, they indicated that it is insufficient to cover all basic needs due to the high cost of living. One participant explained:

*“The social workers are not the same, I remember when the children were still under the care of my mother, they were receiving food vouchers and sanitary pads but we do not get that now. I would be grateful if I can still receive such help because the grant is not enough but we are grateful because it is better than nothing.” [FP5 Mngeni]*



A second participant shared:

*“I believe the government should increase the grant because there are so many expenses that we must cover. At least R1500 would be reasonable.”* [FP4 Msunduzi]

A third participant also pointed to the need for the grant to be increased:

*“We would like it if our government could increase the amount slightly, as goods are expensive these days. Additionally, the government must ensure that the money does not expire at age 18, it must remain until the child completes university.”* [FP7 Mkhambathini]

Policy evaluation, which can be done by investigating the policy programme’s beneficiaries, is one way to test the effectiveness of a programme. It can produce data that can be used to improve the implementation process or future programmes, as well as to learn from previous implementation mistakes (Browne and Wildavsky, 1983:181). The foster care guidebook recognises that the grant is insufficient to meet all of a child’s needs and states that it should be viewed as a supplement to the foster family’s income (Department of Social Development, 2010:40). Some of the fundamental principles of a HRBA are to ensure that inclusive policies are implemented, that human development is promoted through public policies aimed at eradicating poverty, and that people’s lives are empowered and improved through their participation (citizen participation) rather than being passive beneficiaries (UNICEF, 2015:8). Key here is the concept of “empowerment” – putting citizens in charge of their lives as active beneficiaries. Therefore, empowering citizens by providing them with skills that will last a lifetime is critical. According to King and Palmer (2006:16), skills development refers to the productive capacities acquired through all levels of education and training, taking place in formal, non-formal, and on-the-job settings, that enable individuals in all sectors of the economy to become fully and productively engaged in livelihoods and to have the opportunity to do so. The Department for Business, Innovation, and Skills (2010:3) outlines skills development as crucial for achieving sustainable growth and stronger communities in the future. Thus, for both economic and social reasons, those who are unemployed must be assisted in developing the necessary skills to find long-term employment with opportunities for advancement (Department for Business, Innovation and Skills, 2010:3). In summary, the responses indicating that the FCG is insufficient may imply the need for policy change for the purpose of human development via skills development.

### 7.3 Implementers' perspectives on the foster care programme

The next section presents and discusses the implementers' understanding of the foster care programme and the concepts linked with it.

#### 7.3.1 Content and context

##### (a) Concept of OVC

Understanding a policy programme's concepts and content is crucial for the effectiveness of policy implementation/service delivery (Cloete et al., 2018:206). Definitions of "orphan" and "vulnerable child" were given by social workers and presiding officers and some of these are presented below. According to a social worker:

*"The term 'orphan' refers to a child who is without parents due to their death. However, if the parents are absent or the location and identity of the parents are unknown, the child is categorised as orphaned and vulnerable."* [Social worker, Msunduzi]

Another social worker stated:

*"The term orphan refers to a child who has lost his or her parents either by death or through abandonment or maltreatment. In this sense, the child becomes vulnerable."* [Social worker, Msunduzi]

A social worker described a "vulnerable child":

*"A vulnerable child is one whose circumstances are not conducive to his or her welfare. The child may be vulnerable socially, financially, or physically, and these circumstances prevent the child from reaching his or her full potential. Occasionally, a child gets vulnerable as a result of the parents' absence from the child's life. Consequently, the child becomes vulnerable to any condition that may have negative effects on his or her general well-being or development."* [Social worker, Mngeni]

A presiding officer defined both orphan and vulnerable child:

*"According to my understanding, an orphan is a child under the age of 18 whose parents have died, while vulnerable children are children who are exposed to certain circumstances, such as violence, that can have a negative effect on their lives or put*

*their lives in danger. These are children who are not properly cared for by their parents or caregivers, abandoned children. Vulnerable children are a very broad term.*” [Presiding officer, Mkhambathini]

A second officer stated:

*“According to our understanding in the Children’s Court, an orphan is a child whose parents have died or whose identity and whereabouts are unknown, while a vulnerable child is a child in need of care, an abused child, or an abandoned child, or, in other words, children who are subjected to abuse and neglect.”* [Presiding officer, Msunduzi]

Foster care was developed to meet the requirements of OVC and it is necessary that key implementers (social workers and presiding officers) understand these terms in order to exercise appropriate discretion during implementation based on policy procedural applications. The above definitions provided by the implementers are similar to the definitions presented in Chapter one, indicating that the policy clientele are understood by the key implementers. For policy to be effective, proponents of the bottom-up approach argue that policy implementers (SLBs) must comprehend policy content and policy processes (Mugambwa et al., 2018:215). As noted, SLBs are crucial collaborators in the process of policy implementation (Mugambwa et al., 2018:215). Proponents of the bottom-up approach state that the focus should be on people who are accountable for carrying out the policy, rather than those who create and disseminate it (Najam, 1995:13). SLBs interact directly with citizens and wield great discretion in carrying out their responsibilities (Lipsky, 1980:3). In this way, they become an integral part of public administration, despite being traditionally seen as low-level staff (Lipsky, 1980:3). It is thus essential that key policy implementers comprehend the policy’s context and content (Cerna, 2013:18).

#### **(b) Suitable alternative care for OVC: Family foster care versus cluster foster care**

There are various kinds of foster care placements. The social workers, as key implementers who make decisions about foster care placements, were asked the reasons behind choosing one type of placement over another. A social worker from Msunduzi replied:

*“Because there is no place like home, we strongly suggest kinship foster care. Placing the child with a related foster parent ensures that little changes in the child’s life.”* [Social worker, Msunduzi]

A second social worker participant maintained:

*“Foster care is the best option. Thus far, we choose foster care because it maintains the child's family unit. Each family teaches their children their own values and morals, in contrast to child and youth care centres (CYCC), where a child receives numerous teachings from care workers, social workers, and occasionally other children within the centre. The child may end up doing wrong things that could have been avoided if the child was placed in a home setting.”* [Social worker, CPO]

Another social worker provided her perspective concerning CYCC placement:

*“From my perspective, it also depends on the child's needs, for example, if the child has been raped, the CYCC will ensure that the child's needs are met. There are many resources available there in comparison to the home environment. At the CYCC, there are professionals such as social workers and psychologists who provide counselling to the child on a regular basis.”* [Social worker, CPO]

A third social worker from the CPO underscored the importance of kin foster parent placement:

*“Foster care is classified as related or unrelated. We encourage related foster care placement because unrelated foster parents abandon the child once the child reaches the age of 18 years.”* [Social worker, CPO]

Another social worker agreed:

*“We strongly advise that the child be placed with family, and by family, we mean related family members. As children grow, some of them develop behavioural problems and develop negative attitudes toward foster parents and unrelated foster parents will have the mentality that this is not my child or I'm not related to this child, so why should I suffer for him or her? They then promptly surrender the child to social workers, claiming they cannot stand the behaviour.”* [Social worker, Mkhambathini]

The importance of kin foster parent placement was further underscored by a social worker based in Richmond:

*“As social workers, we believe that a child should grow up in an environment where his or her background, culture, and beliefs are known; hence, if the child is put with a relative, a sense of belonging will result, as the relative may have information about*

*the child's origins. Typically, when an international couple wishes to adopt a child, they have little knowledge of the child's culture or values, which is why related foster care looks to be the best alternative.*" [Social worker, Richmond]

Understanding a policy's content and the reasons for its existence is the first step toward good policy implementation. Cloete et al. (2018:206) argue that to understand the overall objective of a particular public policy, one must first understand policy goals through the definition of concepts and be able to link these goals to resolving the issue (causal theory), as well as how the policy intends to resolve the perceived problem (methods). Understanding the content of a policy is also crucial for policy implementation procedures. Sabatier and Mazmanian (1979:488) contend that well-defined statutory objectives serve as unambiguous directives to implementing agencies and as a resource for individuals who operate inside and outside the implementing agency. To achieve policy goals, both the technical and compliance components of the process for gaining target group compliance must be genuine (Sabatier and Mazmanian, 1979:487). Both vertically (inside the statute) and horizontally (within the programme's general implementing agency), the policy objectives must be clear and well-defined (Sabatier and Mazmanian, 1979:488). Clear objectives can also be a resource for actors outside of the implementing institutions who observe discrepancies between agency outputs and the stated objectives, particularly if the legislation also grants them formal access to the implementation process, such as through citizen suit provisions (Sabatier and Mazmanian, 1979:488).

O'Toole (1986:202) contends that one of the prerequisites for the successful implementation of a policy is an understanding of its context. Brynard (2005) argues that the institutional framework (social, economic, political, and legal context) rather than a systematic approach is the emphasis of many public policies. The author believes that policymakers and implementers should instead focus on how the institutional context alters the implementation process, particularly how it affects implementation through effective working relations with the various institutions that are involved (Brynard, 2005:659). Understanding the content and context of foster care and being able to systematise it is, therefore, essential for the successful implementation of foster care programmes.

### **7.3.2 Social workers' perspectives on the impact of the FCG**

#### **(a) Impact on household spending**

The impact of the FCG on household spending was pointed to by the social workers. According to one social worker participant:

*"The grant does make a difference to families that use it well. Some families use it to send their children to university, while others use it to build two-room houses."* [Social worker, Mngeni]

A second participant shared:

*"Yes, particularly in families where the grant is their primary source of income, they are able to purchase food as a basic necessity but some of them abuse it and do not fulfil the child's needs. Other foster parents abuse it by using it to purchase alcohol."* [Social worker, Richmond]

A third participant also pointed to the beneficial impact of the grant:

*"Yes, the FCG has a great impact, especially if the foster parent is able to utilise it correctly. Some foster parents learn to play about with this R1000, for example, this month they will purchase 25kg of rice and maize meal, and the following month they will purchase tin-fish, and so on and so forth."* [Social worker, Msunduzi]

#### **(b) Grant has a minimal effect on foster families**

Despite the positive responses concerning the FCG, it was acknowledged by social workers that the grant was insufficient for covering what is needed. According to one social worker:

*"The grant does not even come close to meeting the basic needs of the children, even though they can obtain a school exemption. The money is insufficient, currently R1000, and you cannot stretch R1000 that far because living is expensive, education is expensive, and based on my cases, you only find that there is one person working in that household and earning little, but seven family members need to be fed. There is a lot within the household that requires money, food, clothing, and transportation"* [Social worker, Msunduzi]

A second social worker shared the above sentiments:

*"From my observations and perspective, it makes little difference because the grant is insufficient but is better than nothing. However, things are expensive and the needs of*

*the children are not proportional to the amount. Additionally, some families survive solely on this grant, implying that the child's needs will not be met fully because all seven family members rely on it.*" [Social worker, Mkhambathini]

Misuse of the grant was also mentioned by a social worker:

*"In most cases, foster parents apply for FCG because they want to benefit from it for their own gain, not for the child. You will find that the child wears torn clothes to school despite receiving the grant, and the foster parent spends the grant on unnecessary items such as alcohol. Furthermore, the grant is insufficient to meet the needs of all family members because the most of these families rely on social grants to survive."* [Social worker, Richmond]

The goal of public policy is to redistribute resources to address societal challenges through projects and programs (Anyebe, 2018:8). The initiatives of public policy attempt to promote social justice and equality among all members of society (Dye, 2013:3). Therefore, human rights are established to ensure that such programmes are executed to enhance human and societal development. Equality and inclusion are two of the most important human rights principles, emphasising that human rights are for everyone, including those living in poverty and social isolation, and that those living in such circumstances must be helped to balance social order and promote social justice (Van Weerelt, 2001:7). The FCG programme was designed to support foster families who are suffering financially and living in poverty, with the ultimate aim of lifting those families out of poverty. The responses of the social workers above support this aim because the majority of foster families subsist on social grants and without them, they would be in dire straits.

The overall conclusion of this section is that the FCG has a positive impact on foster families. Due to the FCG, foster families are able to spend money on basic household expenses, whereas, without the grant, some of these families would be living in extreme poverty. Although the grant has a positive impact, it is also criticised for being insufficient in meeting the basic needs of foster children and their families. As previously stated, empowering communities through skills development that will sustain them for a lifetime becomes important in this regard.

## **7.4 Foster care programme implementation and administration: Challenges faced by implementers in delivering foster care services**

In the next section, the challenges experienced by the implementers of the foster care programme are presented and discussed.

### **7.4.1 Capacity**

#### **(a) Lack of or inadequate trade tools**

The social workers were hampered in their work by not having the necessary resources at their disposal as well as a working environment that is less than ideal. According to one social worker:

*“We lack necessary tools, such as cars, offices, and computers, and I’m forced to wait for a colleague to lend me her personal laptop so that I may make an urgent report that is due in court. For example, in our office, it can take months to resolve a telephone issue, despite the fact that it is a critical tool for communicating with our clients. Our offices are not suitable for our clientele – there are five social workers per office and what does this mean? Where is the confidentiality? Additionally, these offices are in poor condition. We have been living in this park-home since 2011. It is leaking and lacks air conditioning.”* [Social worker, Msunduzi]

A second social worker participant stated:

*“Our primary difficulty is a lack of resources to perform these services. For example, in order to finalise a case, we must conduct investigations via home visits but there are no cars available.”* [Social worker, Richmond]

SLBs are considered policymakers since they have broad authority in making choices about persons with whom they are in contact (Lipsky, 1980:13). In this case the DSD is the custodian of the foster care programme, and the Department’s social workers are the principal implementers of the programme. As a result, they must have the resources necessary to begin and maintain the implementation process. SLBs are more likely to work and make decisions under time and information constraints (Lipsky, 1980:29). Lipsky (1980:27) contends that SLBs are frequently blamed for their inability to offer responsive and adequate service and are frequently forced to operate in under-resourced situations that make it difficult for them to carry out their responsibilities effectively. They work in situations where there is a high demand



for services but a limited supply, and they are more likely to have a large caseload in relation to their responsibilities (Lipsky, 1980:27). The social workers interviewed for the study, revealed that they do not have the necessary “tools of the trade”, which makes it difficult to execute foster care duties and results in inadequate foster care management. The lack of cars, telephones, computers and functional offices are some of the issues that have been raised as obstacles to the efficient delivery of foster care services.

Brinkerhoff and Crosby (2014:27)) argue that the failure of governments to reallocate resources to new priorities typically results in programme or project closures once donor funds are exhausted. The delivery of foster care services has been poorly managed and is a result of the lack of necessary resources, including skilled personnel (see (b) below). According to the social workers interviewed, inadequate resources not only have a negative impact on service delivery but also on their professional conduct. They argued that the DSD is endangering the social work profession and its values by failing to provide clients with the necessary services. This results in the loss of trust on the part of policy programme beneficiaries, which inevitably leads to the failure of the programme.

#### **(b) Shortage of skilled personnel**

The social workers who participated in the study stated that there is a shortage of social workers, which results in high caseloads and the lapse of foster care court orders. One social worker commented:

*“In terms of resources, we have a limited number of social workers, but we are receiving a huge number of applications.”* [Social worker, Msunduzi]

A second participant shared the following regarding training:

*“Another thing is that social workers are not trained in the implementation of foster care. I am not even familiar with the Children’s Act but it is our primary guide. Even if you were to ask me about some sections of the Children’s Act, I would have no idea what you were talking about but I am the Act’s custodian.”* [Social worker, Mngeni]

Another social worker also mentioned the issue of training:

*“The employer is responsible for providing training on the Act and guidelines; however, no one provided us with training on these guidelines. Instead, we simply open the Children’s Act and copy and paste the language or paragraph that we require. We*

*just have theoretical knowledge from university, and they provide us with these publications to read on our own time.*” [Social worker, Mkhambathini]

The golden rule for the effective implementation of a public policy programme is to have the appropriate resources, including trained implementers, for the programme. Due to financial constraints, conflict, repression, diseases, and emigration, one of the obstacles developing countries confront in implementing public policy is that the population lacks appropriate skills and is unable to easily acquire new ones (Brinkerhoff and Crosby, 2014:27). Lack of skilled individuals and employee shortages within the implementing agencies have a detrimental impact on the implementation process, which may result in the failure of a policy. Sabatier and Mazmanian (1979) concur, stating that for a programme to be successful, the implementing agency must hire sufficient personnel to perform service delivery, administer and monitor the programme, and ensure that the needs of target groups are addressed (Sabatier and Mazmanian, 1979:490). Sabatier and Mazmanian’s conditions for successful implementation indicate that diverse role actors within the implementing agency should collaborate to accomplish the targeted policy programme objectives. However, based on the replies above, it appears that the DSD is ill-prepared to meet programme objectives in that social workers are plunged into a deep hole without the requisite skills and support from other structures within the Department.

Due to the complexity of the issues, Lipsky (1980) argues that SLBs work in an environment with a high degree of uncertainty and consequently, a lack of human resources without, for example, work experience may have detrimental effects on the scope of work for SLBs, resulting in policy failure (Lipsky, 1980:31). However, expert social workers can utilise their advanced knowledge to traverse new inventive methods that will assist them in performing their work efficiently and effectively even in environments with limited resources. But inexperienced social workers will find it difficult to do so. Thus, equipping social workers with the essential skills for implementation would not only help the social workers themselves but also their clients, who will receive a significantly better service. To promote social justice, eliminate prejudice, question and change harmful behaviours and social norms, and prevent and respond to violence, abuse, neglect, and exploitation, as well as family separation, a well-trained social service professional is necessary (UNICEF, 2019:6). Inadequate personal development programmes impede career advancement, and this makes specialisation more difficult (Training and Mediation Solutions Africa, 2019). As a result, it is imperative that the DSD draft a national recruitment plan for social workers in the country as doing so will aid in

lowering the current high load of foster care backlogs being experienced (Mokgalapa, 2020:52).

**(c) Lack of supervision and support from seniors**

Also emerging from the interviews with the social workers was the lack of supervision and support from their seniors. According to one social worker:

*“The Department is not supportive at all, despite the fact that they are aware that we work in a resource-limited environment. Instead, they require monthly statistics from us without informing us of the source of these statistics. They do not train us and do not provide daily supervision. They say we should follow foster care guidelines but no one has trained us on these guidelines. Instead, we open the Children's Act on our own and copy and paste the sentence or paragraph we require”* [Social worker, Mngeni]

A second social worker shared:

*“We do not receive adequate supervision. We arrive with only theoretical knowledge from university, and they hand us these documents to read on our own, expecting us to function properly.”* [Social worker, Mkhambathini]

While a third stated:

*“The Department of Social Development is chasing numbers; they don't care if we produce quality or not. Since I've been here, I've only had three supervision sessions with my supervisor, but this is my sixth year. What she does is sign my reports without even reading them; I believe she assumes they're correct.”* [Social worker, Msunduzi]

Social work is acknowledged as one of the most important professions because social workers engage directly with disadvantaged groups; hence, regulating their ethical conduct is important. For the successful execution of the foster care programme, it is vital that the DSD supervise and support the social workers who are the foster programme's primary implementers. Cloete (1999:11) states that capacity covers the intangible qualities of leadership, desire, dedication, willingness, courage and resolution that are necessary for rhetoric to be translated into action. Supervision and support are two further important factors. Without the supervision and support of social workers in providing foster care services, it is doubtful that disadvantaged communities would receive high-quality social services, and this will have a detrimental influence on the programme's execution. Poor planning and a shortage of staff for

implementation are linked to a lack of supervision and support for social workers. According to research, a significant percentage of practitioners are without supervision at any given time due to a shortage of social work supervisors, with the ratio ranging from 1:10 to 1:13 (Training and Mediation Solutions Africa, 2019).

Due to time constraints and responsibilities, office managers are also forced to serve as social work supervisors, resulting in them being unable to provide an efficient service (Training and Mediation Solutions Africa, 2019). Policy implementation necessitates planning and effective management to ensure a job well done (Barret and Fudge, 1981:13). Policy implementation is thus fundamentally dependent on knowing what needs to be achieved (Barret and Fudge, 1981:13). Being able to obtain the resources required, as well as organise and control them, are needed for the desired outcome to be obtained. And, if others are doing the work, being able to advise and control their work is also necessary (Barret and Fudge, 1981:13). Without this occurring, the DSD will be unable to successfully implement the foster care programme.

#### **(d) Poor management and monitoring of foster care services**

Poor management and monitoring of foster care services were also identified as challenges by the social worker participants. One social worker stated:

*“I believe our experiences are similar but as we advance in the field of social work, we will discover that some potential foster parents will arrive with an abundance of lies. They will claim they do not know the father and have never met him, only to discover that they are lying. They come to our offices with the express purpose of obtaining FCG, they just come here and fabricate information about the child’s parentage. However, as you continue interviewing them, you discover that they have lied, and you are forced to close the application due to the false nature of the case.”*  
[Social worker, Msunduzi]

A second social worker also pointed to client dishonesty as well as a lack of necessary resources having an impact on managing foster care applications:

*“We’ve had clients tell us lies, and we lack the resources necessary to determine with certainty whether or not a client is telling the truth. They exaggerate the circumstances surrounding the child, and if you do not conduct an exhaustive inquiry, you will find yourself in hot water. The majority of social workers here would face difficulty and perhaps lose their jobs if private auditors come in and investigate all these foster care*

*cases because we are not certain whether what we gave in court was genuine or not, and we lack the resources necessary to prove these cases. Five years later, you discover that the father is available and supporting the child, but the foster parent claims ignorance of the father's identity and whereabouts. Even if the father was unknown at the time but is now known and supporting the child, these foster parents will withhold information from us as social workers because they want this money."* [Social worker, Mngeni]

A third social worker also pointed to the difficulty of determining truth:

*"We lack a comprehensive verification method and rely solely on our investigations, which we cannot guarantee are really due to the foster parents' excessive lying about the children's circumstances."* [Social worker, Mngeni]

In a similar vein to the previous responses, a fourth participant observed:

*"We are merely administrators, not social workers in the traditional sense. We simply create reports and do ineffective investigations. We do not have access to information, we simply write what clients tell us. We have no way of knowing whether a child qualifies for FCG or not because there is no system in place to verify the parents' status, particularly if one of the parents is reported as unknown. We present in court what clients say without verifying. The advertisement system is ineffective – how many people read the Echo newspaper? Thus, if the suggested foster parent is fabricating information about the child's situation, we will be unable to establish it."* [Social worker, Msunduzi]

One social worker alluded to the programme's poor monitoring:

*"Actually, the court informs all foster parents that they should communicate with social workers on a regular basis, but they do not. We also encourage them to come to the office and submit school reports, but they do not. We call them when we need something from them because we also do not conduct home visits due to a lack of time, high caseloads, and lack of vehicles."* [Social worker, Mngeni]

Another social worker pointed to communication difficulties:

*"We are supposed to conduct school visits or home visits in order to interview them, but we are unable to do so due to a lack of resources, for example, if our office's*

*telephone goes down for three months, we are unable to contact them. It is extremely difficult to communicate with them on a regular basis if they do not avail themselves; we can even see them after two years” [Social worker, Msunduzi]*

Effective governance or good administration of public policies is important because it reduces implementers’ stress while also producing good results for the intended clientele. Without the necessary resources for implementation, poor administration is unavoidable. Good governance of public policies that leads to successful policy implementation necessitates, with the necessary resources in place, consistent management, monitoring, and evaluation of policy programmes. According to Hogwood and Gunn (1984:220), one of the conditions for successful policy implementation is that the policy’s activities and outputs are outlined and the results, where possible, are known. Having clear guidelines and resources in place may assist social workers in ensuring that intended results are achieved; however, this can only be done through programme monitoring. Continuous programme monitoring is required to allow implementers to keep track of how things are going and process indicators, as mentioned, are a good way to do this (Brinkerhoff and Crosby, 2014:30). Some of these process indicators are concerned with monitoring the set of tasks that must be completed, while others are concerned with the sequence of tasks that must be completed (Brinkerhoff and Crosby, 2014:30). Also as mentioned, tracking these indicators will assist implementers in learning and correcting their mistakes, which can help avoid negative policy effects (Brinkerhoff and Crosby, 2014:30). The inability of social workers to effectively execute foster care services due to a lack of necessary implementation tools indicates that the DSD lacks programme planning and capacity. Without appropriate implementation and monitoring tools, the Department is unable to effectively implement the foster care programme, resulting in poor management of foster care services, as stated by the social worker participants above.

#### **7.4.2 Coordination**

Apart from capacity challenges, coordination also emerged as an issue during the interviews with the foster care programme implementers. According to a social worker:

*“The Department of Home Affairs is causing us problems. For example, if you go to Home Affairs to obtain a birth certificate for a child who is in the process of applying for a grant, they will not consider that you are a professional with added duties, and you will be forced to wait in long queues. I believe that Home Affairs needs to change the way they do things because if a police officer comes in wearing the uniform, they*

*are given priority because they know that they are a priority.*” [Social worker, Mkhambathini]

A social worker participant from the DSD also pointed to the Department of Home Affairs being a problem:

*“Additionally, other stakeholders are failing us, for example, Home Affairs will delay issuing a full birth certificate, and the court will only grant you a short period of time to review, rather than two years. The court will grant you eight months because the child did not have a full birth certificate, which adds to the workload.”* [Social worker, Msunduzi]

A participant from the DoJ&CD stated:

*“The Department of Social Development is the worst department to work for. They are disorganised, which sometimes has a negative impact on our side as presiding officers because failing to submit reports on time adds to our backlog and costs social workers money to facilitate foster care services. This Department needs to change its ways, it needs to improve its communication system and social workers need to communicate easily with magistrates. And the Department lacks email which is a basic form of communication.”* [Presiding officer, Msunduzi]

A participant from the SASSA referred to the DSD:

*“The primary issue we face is with the Department of Social Development. When they fail to submit court orders for renewal on time, we are forced to close/cut the grant. For example, if the grant was supposed to be renewed in 2016, and the social worker or applicant submits the court order for 2016 in the year 2020, we are now required to repay the money for previous years, which becomes a large sum, and we are not permitted to repay large sums at once.”* [Grant administrator, Mkhambathini]

A second grant administrator agreed:

*“The Department of Social Development is delaying FCG applications; they are failing to submit renewal orders on time, and applicants are fighting us because they feel we are the ones who cancelled the grant.”* [Grant administrator, Mkhambathini]

A third grant administrator highlighted delays in renewing court orders:

*“The most significant obstacle we are facing is that court orders do not arrive on time, particularly renewal court orders. As a result, we are having to back pay substantial sums of money, which makes it difficult for the applicant to receive the money on time”*  
[Grant administrator, Msunduzi]

A fourth grant administrator raised another challenge:

*“Another issue we have is that Department of Social Development does not contact us when there are changes in childcare placements. For example, they change foster parents without notifying us. As a result, we continue to pay incorrect foster parents, and when a new foster parent applies, the problem begins.”* [Grant administrator, Richmond]

Policy implementation must be monitored, and coordination between implementing agencies is essential for success. The above responses from implementing agencies indicate that the foster care programme lacks coordination which has a negative impact on its smooth execution. Coordination entails working together as agencies to achieve desired policy programme goals and it also entails implementers performing their duties in a desirable manner at the appropriate time (Warwick, 1982:126). According to the responses of the participants, some implementers were not carrying out their duties as required, and the DSD is mentioned several times. Without proper coordination among implementing agencies, confusion and inefficiency are likely, leading to policy failure (Panday, 2007:241). Furthermore, if foster care services are properly monitored and evaluated, the lack of coordination can be avoided. It is clear from the implementers' responses that the foster care programme lacks the effective monitoring, evaluation and coordination needed for it to run smoothly. Programme monitoring, in particular, is critical because it ensures accountability, ensuring that policymakers and lower-level implementers are doing their jobs (Brinkerhoff and Crosby, 2014:30). Effective monitoring of the foster care programme will assist in identifying and holding accountable those who are not performing their duties correctly.

#### **7.4.3 Political interference**

A third challenge to emerge from the interviews with programme implementers was that of political interference. In this regard, a social worker responded:

*“Another thorny issue is politics. Politicians treat us as their administrators, giving us instructions on what to do. They will send people to us who do not qualify for the grant*



*because they want votes from those people, and when you tell them that they do not qualify, that is when the problems begin because the councillor or manager from the office of the premier told him that he would receive the grant. And if you do not follow their instructions, you will be fired.” [Social worker, Msunduzi]*

A second social worker also pointed to political interference and suggested:

*“It would be wonderful if we could be given the authority as social workers to put our abilities and training to work but that will never happen because we are under the control of the Department of Social Development's high management and political leaders. Can we reclaim our authority as social workers? Can we put our abilities to work that we learned at university without the interference of politics or Department of Social Development senior management?” [Social worker, Mkhambathini]*

A third social worker stated:

*“The Department of Social Development management tells us what to do, and we are not allowed to go against their wishes. Even if you screen a client's financial situation and determine that they do not qualify, you are required to do so because the client is related to the district manager. Otherwise, you will find yourself in trouble or lose your job if you do not comply.” [Social worker, Mngeni]*

A top-down approach to policy implementation specifies how the policy programme should be carried out. However, the approach has limitations, one of which is that it views policymakers (senior managers) as the sole and significant actors in policy execution (Matland, 1995:149). Lipsky (1980:13) contends that lower-level implementers play an important role in public administration and, as a result, should be considered key policymakers because they have broad authority in deciding who they contact. However, the responses from the social workers above indicate that they lack authority and cannot use their discretion in dealing with their clients to provide effective foster care services. Senior management at the DSD uses a top-down approach without proper consultation with their lower-level implementers, and the Department appears to use its own undocumented policies to make things work for its own benefit rather than the intended beneficiaries. Top-down approaches are associated with political meddling in that senior management of implementing agencies is likely to be influenced by politicians and, as a result, top-down implementers may quickly change their implementing rules to accommodate the will of politicians. Political interference is one of the obstacles to successful

policy implementation. In developing democratic countries, politics is crucial for the provision of social services, roads, schools, and hospitals (Mfuru et al., 2018:21). However, unnecessary political influence in public administration remains a major issue for both administrative practitioners and elected officials (Seloba, 2006:1). Political interference in public administrations is one of the most pressing issues confronting developing democracies in Africa (Mfuru et al., 2018:21). The responses from the participants above suggest that political interference can steer public policy administration in the wrong direction and impede the achievement of intended goals.

The effectiveness of a policy depends on its adequate planning, which includes the allocation of finances for its implementation and the availability of essential resources and qualified employees to carry out policy operations. The effectiveness of a policy is also dependent on collaborative working relationships with other key stakeholders and supportive political structures. Based on the responses of the implementers, the execution of the foster care programme in the uMgungundlovu District lacks effective planning, collaborative working relationships, and support from senior management and political leaders. The inability of social workers to do their duties owing to a lack of fundamental resources suggests that the programme lacks adequate planning and execution capabilities. Barret and Fudge (1981:13) emphasise that planning and administration are necessary for the successful implementation of a policy. Planning and administration require the ability to acquire the necessary resources and organise and control them to achieve the desired outcome (Barret and Fudge, 1981:13). Human, financial, material, technological, and logistical resources are some of the physical or tangible resources required to implement a policy programme (Cloete, 1999:11). However, the DSD (as the primary implementing agency or custodian of foster care policy) appears to struggle to provide and manage the necessary implementation resources.

In addition, policy effectiveness requires political will and dedication. Capacity covers the intangible resources of leadership, drive, dedication, determination, courage and resolution, as well as perseverance, which are crucial qualities needed for the implementation of policy (Cloete, 1999:11). If senior management and political leaders support the policy programme's implementation, it is likely that the programme will be successful. Management and politicians can provide support by ensuring that all resources required for implementation are available and that any obstacles encountered during implementation are resolved expeditiously so that implementation can continue without interruption. Support from senior management and

political leaders goes a long way – it can motivate lower-level implementers since they know they will receive assistance from their superiors if they encounter obstacles. However, based on the implementers' responses presented above, politicians and senior management interfere with rather than assist the daily work of implementers, which will inevitably negatively impact policy implementation.

## **7.5 Recommendations by implementers on the implementation of the foster care programme**

To ensure that the policy objectives are still on track, recommendations and reviews must be conducted for the continuance of each policy. As noted, policy evaluation is the process of determining the overall efficacy of a national programme in accomplishing its goals or the relative effectiveness of two or more programmes in accomplishing similar goals (Dye, 1981:367). The purpose of policy evaluation is to generate data that can be utilised to improve the process of implementation (Browne and Wildavsky, 1983:181). An evaluation helps future implementation processes, as well as the people who make them, learn from their mistakes (Browne and Wildavsky, 1983:182). Apart from the obvious necessity of implementing policy evaluation mechanisms, the foster care programme implementers were asked what kind of change would they like to see in the implementation of the foster care programme. From the responses given, five suggestions emerged and these are presented below.

### **(a) Hire more social workers**

According to one social worker:

*“Hire social workers, we need more social workers in the field to tackle higher caseloads and backlogs.”* [Social worker, Mngeni]

A second also stressed the need for more social workers:

*“Employers must hire additional social workers to alleviate the pressure on current social workers.”* [Social worker, Mkhambathini]

A third social worker agreed and gave a longer response:

*“To communicate with foster families on a consistent basis, the employer must hire additional social workers. Communicating with foster families can help prevent a variety of issues such as abuse and case lapses, but we are failing to do so due to our*

*high caseloads. How can you visit a family if you have a caseload of 150 and no car or computer to do the job?” [Social worker, Msunduzi]*

Barret and Fudge (1981:13) claim that implementation capacity indicates that implementing agencies must be able to acquire the resources necessary for the execution of the policy programme and ensure that sufficient personnel are available to accomplish the desired outcomes. Additionally, agency capability suggests that implementation modifications are required to improve implementation. The above responses from social workers emphasise that change is required in the form of employing additional social workers to ensure better execution of foster care services and to deal with the surge of foster care applications. Similarly, Sabatier and Mazmanian (1979:490) state that for a project to be successful, the implementing agencies should have sufficient funds to hire personnel and conduct the necessary research for rule writing, service delivery programme management, and compliance monitoring with target group requirements. Brinkerhoff and Crosby (2014:27) point out that capacity requires gathering enough resources, which frequently necessitates reducing those given to other programmes. Without changes to the budget that would permit the hiring of more social workers to address foster care caseloads and backlogs, the foster care programme is unlikely to thrive in the future. Brinkerhoff and Crosby (2014:27) confirm this by stating that failure to reallocate resources to new priorities generally leads to the termination of government initiatives and projects.

#### **(b) Provide essential resources for implementation**

A social worker participant pointed out:

*“We require resources such as vehicles, computers, and telephones in order to provide these services.” [Social worker, Mngeni]*

A second social worker added:

*“The employer must give us the tools essential to implement foster care services. How can I do my job without basic resources such as a computer and a vehicle? The SASSA office has computers and vehicles, but as key implementers, the social workers do not.” [Social worker, Msunduzi]*

Even if there are enough staff members to carry out the programme, a policy cannot be accomplished without the necessary tools or resources. Cloete (1999) defines capacity as the

availability of intangible resources, committed and driven leadership, and support for implementation processes (Cloete, 1999:11). Without these, it is unlikely that the DSD will successfully implement foster care services. Lower-level implementers of the foster care programme appear to be thrown in the deep end with insufficient resources to successfully implement the programme. And, in the absence of senior support, lower-level implementers are unlikely to be committed to their work, and this will negatively affect policy implementation. Cloete (1999:12) believes that capacity includes more than the availability of financial resources for service implementation, it also means that the organisation can provide these services and adapt to changing circumstances for an extended period, maintaining or even improving the services in question (Cloete, 1999:12).

### **(c) Improve technology**

According to one social worker digitisation is necessary:

*“Online applications are required. Paper applications are inefficient, and files are misplaced on a daily basis.”* [Social worker, Richmond]

Another social worker agreed:

*“Our department needs to upgrade its technology. Everything must be computerised so that we can track our files and determine when to review cases online. We are living in the fourth industrial revolution, and paper-based systems must be phased out.”*  
[Social worker, Mkhambathini]

A third participant suggested a mixture of both hard copy and digital format:

*“To prevent having to deal with paper-based information or hard copy material when doing home visits, we must have technologies that allow us to scan application documents.”* [Social worker, Mkhambathini]

Ahmed and Dantata (2016:63) argue that a lack of innovative technologies, managerial talents, and administrative capacity leads to poor policy implementation in many agencies. Technology is a critical part of the workplace since it simplifies life for individuals and communities at large. In some parts of the world, technologies have advanced to the point where paper has been scrapped and information in digital format is easily accessible to everyone. Participants in the study mentioned that enhancing technology may alleviate a variety of stressors. For example, social workers claimed that a computerised reminder system

for foster care review cases should be implemented as this could reduce the unnecessary lapsing of court orders. Social workers also suggested that rather than submitting hard copies of their reports to the Children's Court, foster care cases could be reviewed on a computer system and forwarded to the Court via the same system.

#### **(d) Specialisation**

A social worker queried:

*"Can an employer refer cases of early childhood development to the Department of Education and cases of social relief to SASSA? I am still at a loss as to why we as social workers deal with these cases."* [Social worker, Mngeni]

A second participant stressed:

*"Foster care applications must be administered by SASSA and applicants must be able to apply like CSG, because I see no reason why social workers must approve them first, as we do not have much authority and if we deny the application, someone from senior management will question why it was denied."* [Social worker, Mngeni]

A third social worker specifically mentioned specialisation:

*"I think foster care needs a speciality because the Department of Social Development has failed drastically. It's better if the government can delegate organisations that will deal with foster care services only."* [Social worker, Msunduzi]

Setbacks are unavoidable due to the complexity of public policy programmes and good leadership skills are required to correct this. Cloete (1999:12) contends that for public policies to be sustainable, flexibility and changes are sometimes required. Changes that allow administrative activities to flow need to be implemented by agency executives in public policy administration (De Jager, 2002:50). The overall goal of public administration is to marshal human and material resources to achieve the goal of public policy, namely, the production of specific products and the provision of services for the benefit of society to provide that society with an acceptable way of life (De Jager, 2002:50). The success or failure of the state's activities is determined by how efficiently public officials implement policies (De Jager, 2002:50). To ensure that the policy's overall goal is met and as mentioned, flexibility and changes in the administration of foster care services are required. These changes, as suggested by the implementers above, necessitate the specialisation of the foster care programme. The

specialisation of these services should benefit both the implementers and the beneficiaries of the policy programme by increasing programme efficiency and reducing the burden on the implementers. Assigned responsibilities enable accountability by ensuring that policy managers and lower-level implementers do their jobs and, if not, account for their actions (Brinkerhoff and Crosby, 2014:30).

#### **(e) Collaborative stakeholders and frequent communication**

The fifth (and final) suggestion made by foster programme implementors concerned collaboration and communication. According to a social worker participant:

*“Yes, I believe that change is necessary. For example, it will be better if there is a centralised directorate where all stakeholders are located in one location. This will facilitate the flow of applications and minimise the ups and downs for potential parents. Additionally, I believe that transferring foster care to SASSA without centralising the directorate and involving other professionals is not a good idea. Because the majority of people who work at the SASSA office have administrative experience, one should understand that foster care does not just involve grant funding. Rather, there may be underlying social issues involving the child that require social worker intervention that the SASSA grant administrator may be unable to address.”*  
[Social worker, Richmond]

A grant administrator from the SASSA shared:

*“I believe that we should organize frequent stakeholder meetings to address issues as they arise; however, the people who typically attend these sessions are management, not frontline implementers.”* [Grant administrator, Msunduzi]

A third participant from the DoJ&CD suggested:

*“As we deal closely with the Department of Social Development, I believe that meeting with them on a regular basis, perhaps quarterly, is highly recommended. We used to hold these meetings but the Department has ceased to do so. When we call, they do not respond.”* [Presiding officer, Mngeni]

Coordination imbalances result in policy failure and exacerbate social ills that could be alleviated by establishing collaborative government structures (Warwick, 1982:126). As pointed out, confusion and inefficiency are more likely to occur in the absence of coordination

(Panday, 2007:241). Effective policy implementation depends more on how individuals collaborate than on how they are ranked; therefore, effective collaboration among implementing agencies is essential during the policy implementation process (Mnculwane, 2009:51). The aforementioned responses from implementers confirm this, and they concur that the implementation of a foster care programme can be successful through collaborative working relationships. In addition, the implementers believe that collaborative working relationships will improve communication, thereby enhancing the efficacy of the policy's implementation. Panday (2007:241) confirms this by stating that communication between implementing agencies permits the development of rules and standardised operational procedures, such as who will do what and when and how.

## **7.6 Conclusion**

Many children have become orphaned and vulnerable as a result of parent loss due to HIV/AIDS and other related diseases, wars, natural disasters, poverty and inequalities, and child abuse. Southern African countries have suffered as a result of these issues, necessitating strategies to protect and nurture these children so that they can reach their full potential and become active citizens in their societies. For these reasons, social protection systems such as foster care placements are critical. To ensure the success of foster care placements, people who are willing to take these children into their homes must be available. Extended families and other members of the community have served as safety nets for OVC. A foster care programme can protect and nurture foster children and their families, potentially lifting them out of poverty. However, in South Africa, implementation issues undermine such a programme's goals.

Findings presented and discussed in this chapter indicate that both prospective foster parents and current foster parents suffer from implementation issues concerning the foster care programme when they attempt to access the programme's services. For their applications to be approved and/or renewed they have to endure long waiting periods and once approved they have to endure poor systems of grant collection. The FCG administration has its own set of administrative constraints. Beneficiaries of FCGs appear to be struggling during grant collection days, with issues ranging from long queues to fraudulent activities involving the grant. Even though there are several ways to collect the grant (bank, post-bank, store retailers), the overcrowding during collection days presents difficulties for foster parents as some are elderly and sick. Nonetheless, they are forced to endure the long queues. It is strongly advised



that the system of separating dates (intended to minimise the spread of Covid-19) for different grant beneficiaries be maintained to avoid long queues. Advance banking systems (with lower banking fees) must also be implemented to protect beneficiaries from fraudulent activities. These issues being faced by beneficiaries necessitate the re-evaluation of the foster care programme. Innovation that will ensure the effective implementation of the foster care programme and thus improve the lives of beneficiaries is necessary.

Successful implementation of the foster care programme is dependent on policymakers and lower-level implementers who ensure that the programme's goals and objectives are met. The main issues highlighted in the chapter concerning the programme include application procedures (issues of eligibility criteria that have a negative impact on beneficiaries), a shortage of skilled personnel as well as the resources required for implementation, and stakeholder coordination. These issues must be revisited and resolved to allow for a more effective implementation process. Standardised operational procedures must be updated and implemented as it appears that SLBs are left to use their own discretion due to a lack of administrative capacity. The standardised operational procedures must meet the programme's goals and objectives and must be feasible in terms of institutional context and capacity. The DSD (as the programme's custodian) must ensure that all of the issues mentioned above are addressed and that stakeholder involvement is strengthened through frequent communication, allowing them to address problems as they arise and come up with possible solutions. Finally, the success of a policy programme is dependent on the support of political structures and senior leaders who are willing and committed to pushing the programme's agenda. These structures and leaders must serve as monitors of policy programme implementation and be able to make critical decisions to aid in the implementation process.

## **CHAPTER EIGHT**

### **CONCLUSIONS AND RECOMMENDATIONS**

#### **8.1 Introduction**

The goal of this study was to examine the lived experiences of foster parents (as key participants) and foster care programme implementers. This chapter summarises the study's key findings and makes recommendations in terms of the research objectives and questions.

Based on the profile and lived experiences of the foster parents who participated in the study, the findings show that these caregivers are likely to be elderly and living with a chronic illness and they are also likely to be uneducated and surviving on social grants with high dependency ratios. According to the findings, they face a variety of challenges, including long waiting periods for their foster care placements to be approved, dealing with foster children who exhibit behavioural issues and dealing with family and community members who interfere with their fostering journey. During this journey, they receive little support from state agencies.

The study also investigated the foster care programme implementers' experiences when implementing the programme. The findings in this regard indicate that the implementers face a variety of challenges with administrative capacity (lack of implementing resources such as the shortage of skilled personnel and "tools" such as computers, vehicles and office space) being one of the most significant challenges. Also identified were poor coordination among key stakeholders and political interference.

The study concludes that foster parents face a variety of fostering challenges with little support from state agencies increasing their care burden. The study also concludes that the implementers of the foster care programme face a variety of challenges which must be addressed as they affect not only the implementers themselves but also their clientele (the foster parents). It is the latter who suffer the most as a result of the programme's poor implementation.

## **8.2 Summary of key findings and recommendations**

### **8.2.1 Profile of foster parents**

The goal of presenting foster parents' demographic data was to develop a profile of the parents and contextualise the conditions under which caring occurs. According to the findings of the study, foster parents are more likely to be older women who are ill or distressed and uneducated. They are likely to live in female-headed households with a high dependence ratio and are also more likely to be under financial pressure and rely heavily on social assistance. The profile of the participating foster parents raises the question as to whether foster children in these situations are receiving adequate care.

It can be concluded that OVC caregivers are socioeconomically disadvantaged based on their profile. Therefore, it is strongly recommended that foster families, particularly foster parents, be equipped with life skills training that will enhance their lives and the lives of their foster children. It is essential to provide foster parents with lifelong financial skills (such as encouraging them to start microbusinesses). Connecting foster parents with community social groups that are economically motivated to alleviate poverty is another way to improve foster parents' financial situation (for example forming vegetable garden groups that will allow foster parents to grow vegetables and sell them to boost their income).

It is also recommended that a comprehensive needs assessment be carried out in foster families before a child is placed in them and that programmes and policies be explored that are informed by the real-life circumstances of these families. An increase in social assistance such as food vouchers and school materials can be provided in foster families where the financial situation is dire.

### **8.2.2 Lived experiences of foster parents and psychosocial support**

One of the primary goals of the study was to investigate the lived experiences of foster parents. In terms of the study outcomes, it can be concluded that foster parents experience a variety of challenges during caregiving. Challenges include dealing with foster children with behavioural issues, family and community interference (creating family conflicts and straining their bond with their foster children), and a lack of support from welfare agencies.

Therefore, it is strongly recommended that a holistic approach be taken when assisting foster parents. In doing so the emphasis needs to be placed not only on the foster children themselves

but also on their foster parents and the entire family. Failing to assess the family holistically can have negative consequences in the journey of fostering. Furthermore, when assessing and assisting foster families, the health and personal needs of foster parents should also be prioritised. Because one “cannot pour from an empty cup”, it must be ensured that the foster parents who play a crucial role in parenting foster children are adequately prepared, psychologically, spiritually, financially, and physically to take on the task. Additionally, foster parents face a variety of challenges that necessitate psychosocial support. Therefore, it is recommended that psychosocial support services be provided such as family strengthening services (family counselling/mediation in times of crisis) and connecting them with various networks that will make their journeys as caregivers easier. Furthermore, it is of the utmost importance to provide foster parents with ongoing parenting skills programmes that will aid them in dealing with children who exhibit behavioural issues

### **8.2.3 Implementation of the foster care programme**

The two objectives of the study were to investigate the experiences of foster parents when accessing state services (particularly when applying for foster care/becoming foster parents) and to investigate the experiences of implementers when implementing foster care services. Findings show that prospective and current foster parents encounter challenges when applying for and receiving foster care services. The application and renewal processes are lengthy and lack of support from programme implementers continues to affect foster parents even after they have been accepted.

Based on the study findings it can be concluded that there are implementing issues with regard to the foster care programme and the poor delivery of foster care services not only has a financial impact on foster families but also violates foster parents’ right to social security and adds to their caregiving burden. Therefore, to assist foster parents (and their families), it is recommended that foster parents on the waiting list for a FCG receive interim assistance as they face obstacles during the waiting period. The assistance could be in the form of social relief of distress (for example, food vouchers, school materials and school uniforms).

Findings reveal that foster care programme implementers also experience challenges. The lack of administrative capacity is cited as a major challenge, resulting in the poor delivery of foster care services, which not only affects the implementers but also the service users (foster

parents). The latter, for example, do not receive services on time and the services they are entitled to, which violates their constitutional right to social security.

For effective implementation (on the side of the implementers) it is recommended that comprehensive research and expert consultation be conducted before policy development and that personnel training, the availability of necessary resources, and monitoring of policy implementation are essential in terms of the policy's success.

It appears that the foster care policy's implementation challenges arise from poor planning. Therefore, it is recommended that policymakers "return to the drawing board", repeat the planning, and make essential revisions (especially budgetary adjustments) so that estimates of the resources needed may be established. Adjustments to the budget must speak to the allocations' functions or goals, as mismatched goals and budgets contribute to policy failure. Budget allocations must also include the hiring of more qualified personnel to implement the policy, and having more workstations may reduce the number of clients seeking services at a single workstation because they will have alternatives.

Furthermore, it is recommended that a collaborative approach between bureaucrats and key policy programme implementing partners be established. In addition, effective communication is required to avoid unneeded ambiguities. This can be accomplished by improving communication technologies and creating policy documents that clearly define the roles and responsibilities of the implementers involved.

It is also recommended that the South African Government develop a clear legislative framework or policy document that includes all relevant stakeholders, their roles and responsibilities, and a clear application procedure. The implementing agencies must be provided with new and enhanced existing technologies to simplify the application, verification, and selection criteria processes for all involved in the foster programme implementation including, importantly, the recipients of the programme. This will also aid in preventing the wasteful expenditure of state funds.

Leadership and management support are critical because they can ensure that administrative issues are addressed in order for policy programme implementation to run smoothly. It is recommended that senior management and political leaders support policy implementation to

the extent they do for policy development. In addition, allowing lower-level implementers (the SLBs) to use their own discretion when necessary (rather than imposing a top-down approach) is critical for effective implementation.

Apart from the above recommendations, the DSD (as custodian of the foster care programme) has failed to run the foster care programme efficiently and effectively. Consequently, the Government of South Africa or the DSD must take into account implementers' recommendations that the programme requires specialisation. The DSD appears to operate numerous programmes with few resources and the foster care programme requires continual monitoring, which the DSD is failing to provide, leading to inadequate service delivery. Therefore, it is strongly recommended that the FCG applications be allocated to an organisation that exclusively handles these applications such as the SASSA or a designated CPO such as the Child and Family Welfare Society. In addition, in order to reduce the backlog of applications and lessen the demands being placed on the understaffed social workers, it is recommended that the FCG continues until the child reaches the age of 18 years without having to be renewed every two years. The above recommendations do not mean the end of foster care placements as social workers will continue to put children in foster care and monitor foster care placements. Nevertheless, the FCG must no longer be tied to the court order or statutory procedure of foster care placement.

### **8.3 Summary of the research process**

Although the case study approach used in this study limits the generalisability of the findings, it has provided new insights into the foster care phenomenon through the use of different data collection methods (triangulation) with the study's key participants. This has allowed the researcher to develop a comprehensive understanding of the phenomenon. The case study approach using different methods of data collection appears to be a novel strategy for investigating this phenomenon and environment, and it helped the researcher limit bias in terms of the responses of the study's participants. The findings of the study, even when approaching the study phenomenon from all angles that is, from the perspectives of all the key participants, appear to be similar to the findings in previous research. This calls for a major shift or change in the implementation of foster care services in South Africa and a new government strategy is required to effectively deliver foster care services in the country.

## **8.4 Policy recommendations**

The literature and this study both show that caregiving and receiving care are important and our societies will be disrupted if we do not care for one another. However, caregiving has its own set of difficulties and according to the findings of this study, foster parents experience caregiver “burden” for various reasons including a lack of support, finance and other resources in fulfilling their fostering duties. In addition, a lack of administrative capacity on the part of foster programme implementers was identified. As a result, the following is recommended:

### **8.4.1 Gender and age sensitive policies and paid care work**

This study and previous research findings have shown that older women are more likely than men to be caregivers (foster parents) for OVC. These women are often heads of households with no stable income, have high dependency ratios, and receive little state support. The age of caregivers for OVC is an issue that should not be overlooked by policymakers in that older people should not be caring for children while they require care themselves. Thus, possible alternatives to care for these children must be included in foster care policies. The emphasis in foster care placements should be on both the foster parents as well as the children. The profile of foster care families should be included in national surveys as this will provide an overview of who cares for OVC and ensure that relevant policies to support these families are in place. Policymakers should prioritise discussions about poverty and foster families, women-headed households and their age, and being foster parents. Possible solutions should be proposed in order to empower the women and the children in their care. It was clear from the study that the FCG is specifically for children, and social workers emphasise that it should benefit the child first, and then the foster parent may follow. The suggestion is that the caregiving work provided by these caregivers is overlooked in that they are not compensated for their efforts despite being expected to take full responsibility for caring for these children. Given this, it is recommended that policymakers consider providing monetary incentives to these caregivers in order to subsidise their work and economically empower them.

### **8.4.2 Psychosocial support policies for foster families**

Psychosocial support is not always monetary – it can also refer to psychological, emotional, and spiritual support. The study shows that foster parents do not receive substantial psychosocial support from state agencies, and the situation worsens for extended family members because they are perceived as being obligated to care for OVC. Caregivers,

particularly extended families, must be integrated into family policies and strategies developed to support these families who are doing an important job caring for OVC. Psychosocial support should be provided to caregivers regardless of whether the caregiver is related to the child or not. Support structures for these families must be investigated and recommendations made if necessary.

## **8.5 Recommendations for future research**

This study found the FCG to be inadequate in meeting the needs of the foster child and his or her foster family, and the literature clearly emphasises that the grant should meet the needs of the child. However, the question remains as to how welfare agencies can meet the financial needs of foster parents. The literature indicates that most caregivers do not receive monetary incentives for their caregiving work. Consequently, it is recommended that future studies in this field investigate the importance of monetary incentives for foster parents' caregiving work.

Psychosocial support is one of the most significant components that improve families, especially foster care families, who frequently deal with children who have experienced trauma. This and other studies have found that extended families (blood relatives) who care for OVC are frequently neglected by welfare agencies because taking care of OVC if one is blood-related is perceived as the norm. A thorough evaluation of the foster parents' capacity to care is not conducted. It is recommended that future studies in this field evaluate the impact of giving psychosocial support to extended family members providing foster care for OVC.

The findings of the study indicate that SLBs (lower-level implementers of the foster care programme) lack the authority or are unable to use their discretion when implementing foster care services. They believe that this is one of the reasons why the foster care programme appears to be collapsing because their views and discretion are not considered by senior management who impose their ideas that do not work, resulting in the programme's failure to run efficiently and effectively. Therefore, it is recommended that future research investigates the impact of a bottom-up approach on the implementation of foster care programmes.

## **8.6 Contribution of the study to the field of foster care**

The study's initial premise was that there has been a growing number of OVC who require care and protection, and there is a vast body of literature that speaks to their needs. The literature



emphasises that OVC should be taken care of (which is, of course, a good thing). However, little is known about the lived experiences of their caregivers and this study intended to fill this gap by adding to the body of knowledge on the experiences of caregivers in relation to OVC. This study assumed that raising a child is financially and emotionally exhausting and that foster parents face these and other challenges when caring for their foster children. As with previous research, the findings demonstrate that foster parents face several hurdles from all sides of society.

A second assumption concerned the implementation of foster care services and that inadequate delivery of those services is due to government departments lacking administrative competence. The study's findings verified this and pointed to a lack of administrative capacity as a major challenge in the implementation process. Based on the study's findings, new implementation procedures have been suggested. The recommendation that FCG applications require specialisation for effective implementation differs from the recommendations of previous studies and this recommendation may, arguably, provide the main solution to the problems that the foster care programme is experiencing.

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## APPENDICES

### APPENDIX 1: LETTER TO GATEKEEPERS



#### LETTER/CONSENT FORM TO GATEKEEPERS

##### Study title and Researcher Details

**Department:** Policy and development studies

**Project title:** The Implementation of the Foster Child Grant: A case study of the experiences of caregivers and implementers in the UMgungundlovu District

**Principal investigator:** Ms Nokuthula Philile Ngubane

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##### Introduction

I invite members of your organization's/employee's communities to participate in this research project. I would like to request authorization for their participation. Please read the following information carefully and, if you wish, discuss it with other members of the community. Please do not hesitate to ask if anything is unclear or if you require additional information. Participation is voluntary, and subjects may withdraw for any reason at any time.

##### What is the purpose of the study?

This study's objective is to investigate the execution of foster care programmes designed to nurture and safeguard orphaned and vulnerable children. The objective is to investigate the socio-economic experiences of foster care parents in caring for orphaned and vulnerable children, as well as their experiences when they receive state resources, focusing on foster care applications. In addition, the study attempts to investigate the experiences of state officials in delivering the foster care programme. Foster care parents who cared for orphaned and vulnerable children, social workers from the Department of Social Development and non-profit organisations, grant administrators from the South African Social Security Agency (SASSA), and presiding officers from the Department of Justice are the key informants in this study. Four distinct local municipalities, namely Mkhambathini municipality, Richmond municipality, Mngeni municipality, and Msunduzi municipality, will provide the data.

Once-off interviews will be held, and each will last approximately one hour. All data, regardless of format, will be retained securely with my supervisor for five years (as per university policy). Following this time period, the data will be deleted. The destruction of all digital documents and shredding of all transcripts. The participant's anonymity will be maintained by using quotations that do not betray his or her identity. Any participant who requests confidentiality will be granted it. A decision to decline participation will not result in any disadvantage.

**What will happen to the results of the research study?**

The final research report will be made available at KwaZulu-Natal University. The findings of this study may be published in a journal as well. Unless specifically requested by those involved, no real names will be used in any report.

**Who is organising and funding the research?**

The researcher

**Who has reviewed the study?**

University of KwaZulu Natal, Humanities and Social Science Research Ethics Committee (HSSREC).

**Contact(s) for Further Information**

If you have any concerns regarding the conduct of this research project please contact:

Ms Nokuthula Phille Ngubane : [209500025@stu.ukzn.ac.za](mailto:209500025@stu.ukzn.ac.za)/ [pnngubane45@gmail.com](mailto:pnngubane45@gmail.com)

Dr Desiree Manicom (supervisor): Email: [Manicom@ukzn.ac.za](mailto:Manicom@ukzn.ac.za) , 0332605705

HSSREC: Dr Shamila Naidoo: Email, [naidoosh@ukzn.ac.za](mailto:naidoosh@ukzn.ac.za), 0312603587

Thank you,

Yours sincerely,

Ms Nokuthula Ngubane

## APPENDIX 2: GATEKEEPERS' APPROVAL LETTERS



MAGISTRATES COURTS JUDICIARY  
REPUBLIC OF SOUTH AFRICA

---

P/Bag x9011, PIETERMARITZBURG, 3200 –Tel (033) 3555100, Fax 033 3450324,  
Cnr Church and Otto Streets Pietermaritzburg 3200

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Enquiries/ Navrae: B Dehaloo  
Tel/Tel nr: 033- 3555166  
Fax: 033- 3450324  
E-Mail: KePeters@justice.gov.za

24 August 2018

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Ms N Ngubane  
Private Bag x01  
SCOTTSVILLE  
3209

**RE: PERMISSION TO CONDUCT A RESEARCH**

Your application for permission to conduct research with presiding officers at Howick and Pietermaritzburg is hereby granted.

Please make timeous arrangements with the presiding officers at Howick and Pietermaritzburg for this purpose.

Regards



MR B DEHALOO  
ACTING CHIEF MAGISTRATE / CLUSTER HEAD  
KZN REGION B: CLUSTER 7: PIETERMARITZBURG





Regional Executive Manager

SASSA KZN

1 Bank Street

Pietermaritzburg

3200

University of KwaZulu-Natal

Scottsville

3209

Dear Ms Nokuthula P. Ngubane,

**RE: REQUEST FOR PERMISSION TO CONDUCT A STUDY WITHIN THE SOUTH AFRICAN SOCIAL SECURITY AGENCY (SASSA)**

I acknowledge receipt of your letter requesting permission to conduct research at SASSA KwaZulu-Natal on "*The Implementation of Foster Care Grant*" A case study of *UMgungundlovu District*. SASSA is a progressive Agency which promotes research that enhances knowledge and development. Please be advised that permission is granted for you to undertake this study in the offices of SASSA in KZN. Please present this letter when you access SASSA offices or engage with staff.

Of important note for you as you embark on this project is that SASSA cannot decree to its officials, customers, beneficiaries and stakeholders whether or not to participate in your research study. However, information that you will obtain from SASSA officials and beneficiaries should be treated with confidentiality whether in terms of the storage of data, analysis or during the publication process. It is advisable to remove identifiers such as names, vernacular terms and geographical hints when writing up your dissertation. Furthermore, SASSA cannot guarantee your safety as you go around its premises and does not promise you funding of your research study at any given stage.

The monitoring and evaluation department at SASSA Head Office will provide you with statistical information and approved reports on your subject matter of study if requested, and if information is available. I wish to thank you for choosing SASSA to collect data for your study and will request that you provide the Agency with two copies of the final approved dissertation. Please also ensure that you provide an electronic copy of the report on pdf for it to be uploaded to the research repository of the Agency. You will also be expected to present your findings and recommendations to the regional management committee (REMANCO) at a date that will be communicated to you once your final dissertation has been submitted.

Regards,

Mrs Pearl S. Bengu  
Regional Executive Manager  
SASSA KZN

Date: 12/01/2018

1/1

# THE CHILD AND FAMILY WELFARE SOCIETY OF PIETERMARITZBURG

NON PROFIT ORGANISATION  
REGISTRATION No. 002-320 NPO

ALL COMMUNICATIONS TO BE ADDRESSED TO:  
THE DIRECTOR

J Todd  
IS DEALING WITH THIS MATTER



TELEPHONE: +27(0)33 342 8971  
FAX: +27(0)33 394 2080  
EMAIL: DIRECTOR@pmbchildwelfare.co.za  
WEB SITE: www.pmbchildwelfare.co.za  
P.O. BOX 748, PIETERMARITZBURG 3200  
224 HOUSEN HAFEEJEE STREET  
PIETERMARITZBURG

Head of Policy and Development Studies Programme  
University of Kwa-Zulu Natal

Att: Dr Manicom

19 September 2018

Dear Sir/Madam

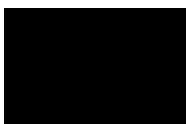
## **Request for permission to conduct research for master's dissertation in policy and development studies: Ms Nokuthula Ngubane**

Your letter dated 29/08/2018 has reference.

Permission is granted for the above mentioned to conduct the relevant research at our organization as per the terms in the letter of request but also subject to the following –

- 1) All Participants participate voluntarily and sign individual consent to participate.
- 2) Prior to any such research confirmation is received in writing from the university that on completion a copy of the research will be made available to the organisation.

Yours sincerely,



J.M. Todd  
Director



Nokuthula Ngubane <pnngubane45@gmail.com>

---

## Re-approval to conduct a research in the department

---

nozipho makhoba <nozipho.makhoba@kznsocdev.gov.za>  
To: pnngubane45@gmail.com

Thu, Feb 14, 2019 at 10:10 AM

Good morning Ms Ngubane

The Head of Department has granted you an approval to conduct a research in the department in our funded NGO's.

This email serves to request you to indicate if you have finished conducting your research in the department, and if you have encountered any problems and also to share your findings with the department before submitting to your institution.

Regards

**Nozipho Makhoba**  
**Department of Social Development**  
**Tell: 033 341 7935**  
**Cell: 071 353 7248**

Regards



## APPENDIX 3: ETHICAL CLEARANCE LETTER



23 January 2019

Ms Nokutgula Phille Ngubane 209500025  
School of Social Sciences  
Pietermaritzburg Campus

Dear Ms Ngubane

Protocol reference number: HSS/2107/018D

Project title: The Implementation of the Foster Care Grant: A Case Study of Experiences of Caregivers and Implementers in the UMgungundlovu District.

### Full Approval – Expedited Application

In response to your application received 16 November 2018, the Humanities & Social Sciences Research Ethics Committee has considered the abovementioned application and the protocol has been granted **FULL APPROVAL**.

Any alteration/s to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through the amendment /modification prior to its implementation. In case you have further queries, please quote the above reference number.

**PLEASE NOTE:** Research data should be securely stored in the discipline/department for a period of 5 years.

The ethical clearance certificate is only valid for a period of 3 years from the date of issue. Thereafter Recertification must be applied for on an annual basis.

I take this opportunity of wishing you everything of the best with your study.

Yours faithfully



Dr Shamila Naidoo (Deputy Chair)  
Humanities & Social Sciences Research Ethics Committee

/pm

cc Supervisor: Dr Desiree Manicom  
cc Academic Leader Research: Professor Maheshvari Naidu  
cc School Administrator: Ms Nancy Mudau

Humanities & Social Sciences Research Ethics Committee  
Dr Rosemary Sibanda (Chair)

Westville Campus, Govan Mbeki Building  
Postal Address: Private Bag X54001, Durban 4000

Telephone: +27 (0) 31 260 3587/8350/4557 Facsimile: +27 (0) 31 260 4809 Email: [ximbasa@ukzn.ac.za](mailto:ximbasa@ukzn.ac.za) / [snymenms@ukzn.ac.za](mailto:snymenms@ukzn.ac.za) / [mohunp@ukzn.ac.za](mailto:mohunp@ukzn.ac.za)  
Website: [www.ukzn.ac.za](http://www.ukzn.ac.za)

1910 - 2010  
100 YEARS OF ACADEMIC EXCELLENCE

Founding Campuses: Edgewood Howard College Medical School Pietermaritzburg Westville

## APPENDIX 4: PARTICIPANT'S INFORMED CONSENT



### INFORMED CONSENT DOCUMENT: APPENDIX

Dear Participant,

My name is Nokuthula Philile Ngubane (student nr: 209500025). A doctoral candidate studying at the Pietermaritzburg Campus of the University of KwaZulu-Natal. My doctoral dissertation is titled "The Implementation of the Foster Child Grant: A Case Study of Caregivers and Implementers in the uMgungundlovu District." The purpose of the study is to investigate the implementation of foster care services in uMgungundlovu District; the study attempts to analyse the socioeconomic situations of foster care parents and their experiences when accessing state services, with an emphasis on the foster care. In addition, the study attempts to investigate the experiences of state officials with the implementation of the foster care programme. I am interested in conducting an interview with you so that you may share your experiences and insights on the topic.

#### **Please be advised that:**

The study has been approved by your seniors and ethical clearance has been granted by the University of KwaZulu Natal Humanities and Social Science Research Ethics Committee (HSSREC), (see attached approval letters). The information you provide will only be used for academic research. Participation is entirely voluntary. You have the option to join, decline participation, or withdraw from the study. You will not be punished for engaging in such conduct. Your responses to this questionnaire will be presented anonymously. Your name and identity will not be revealed in any way in the study. The interview should last approximately 45 minutes. The interview record and all associated materials will be stored in a password-protected file accessible only to myself and my superiors. In accordance with university regulations, it will be destroyed by shredding and burning after 5 years.

Please sign the declaration attached to this informed consent form if you agree to participate. Please do not hesitate to contact the following persons at the University of KwaZulu-Natal if you require any information regarding your participant rights.

My supervisor is Dr Desiree Manicom who is located at the School of Social Sciences, Pietermaritzburg Campus of the University of KwaZulu-Natal. Contact details: email: manicom@ukzn.ac.za, phone number: 033 260 5705.

HSSREC: Dr Shamila Naidoo: Email, [naidoosh@ukzn.ac.za](mailto:naidoosh@ukzn.ac.za), 0312603587

I can be contacted at: [209500025@stu.ukzn.ac.za](mailto:209500025@stu.ukzn.ac.za)/ [pnngubane45@gmail.com](mailto:pnngubane45@gmail.com) [REDACTED]

Thank you for your contribution to this study

## DECLARATION

I..... (full name of participant) hereby confirm that I understand the contents of this document and the nature of the research project, and I consent to participating in the research project.

I understand that I am at liberty to withdraw from the project at any time, should I so desire. I understand the intention of the research. I hereby agree to participate.

I consent / do not consent to have this interview recorded

SIGNATURE OF A PARTICIPANT

DATE

.....

.....

## APPENDIX 5: INTERVIEW GUIDE



### INTERVIEW GUIDE

#### 1. Study title and Researcher Details

**Department:** Policy and development studies

**Project title:** The Implementation of the Foster Child Grant: A case study of the experiences of caregivers and implementers in the uMgungundlovu District

**Principal investigator:** Ms Nokuthula Philile Ngubane

#### INTERVIEW SCHEDULE 1: FOSTER PARENTS

##### Section A: Profile of foster parents

- How old are you?
- What is your marital status? are you single, married, widow or widower?
- What is your highest level of education?
- How would you describe your current state of health? Do you have any medical conditions?
- Are you working? If yes, what do you do for a living?
- If you are unemployed, what is your primary source of income or family income?
- How many individuals does your family consist of, including children under 18?

##### Section B: Application of foster care and impact of FCG

- Why did you submit a foster care application?
- Where did you first learn about it, or who advised you to apply?
- What knowledge did you have about the application procedure if you applied without any advice?

- How did you apply for the foster care placement? Please tell us about your application experiences
- What is FCG's main goal, in your opinion?
- How have your experiences with collecting and renewing the FCG been?
- How do you utilise or spend grant money?
- How does FCG impact your family's well-being?

### **Section C: Understanding and experiences of foster parents**

- Why are you caring for this or these children?
- How many foster children do you have? Are they related? Are they siblings?
- What is your relationship to this child or these children?
- Could you kindly describe your foster parenting responsibilities?
- What experiences have you had as a foster parent?
- If you have encountered difficulties as a foster parent, how have you dealt with these challenges or issues?
- What kind of psychosocial support do you get as a foster parent, aside from FCG?
- How do you meet your own needs as a foster parent?
- What impact does fostering have on your family members?

### **General**

- Is there anything else you would like to say or discuss about this interview?

**Thank you so much for your time and participation in this study; this concludes our interview.**

## **INTERVIEW SCHEDULE 2: GOVERNMENT OFFICIALS**

### **Section A: Presiding officers (Children's court)**

- How do you interpret the terms orphaned and vulnerable children?
- What is your role as a presiding officer in the implementation of foster care services?
- What are the legal frameworks that govern your role?
- What are your experiences with providing foster care services?

- How do you collaborate with other key stakeholders to ensure the implementation of foster care services?
- Why does the government provide FCGs (what is the purpose of the FCGs) or why is the FCG necessary?
- Do you believe the foster care programme should be implemented differently, and if so, what kind of change would you like to see?

#### **General**

- Is there anything else you would like to say or discuss about this interview?

Thank you so much for your time and participation in this study; this concludes our interview.

#### **Section B: Social workers: DSD and NGO**

- How do you interpret the terms orphaned and vulnerable children?
- What do you believe to be the primary objective of foster care placement?
- What are your responsibilities as social workers in terms of foster care implementation?
- What are the legal frameworks that govern your role?
- What are your experiences with providing foster care services?
- What challenges have you encountered while carrying out your roles?
- How do you communicate with foster families and foster children to supervise placement in foster care?
- How do you collaborate with other key stakeholders to ensure the implementation of foster care services?
- What observations have you made regarding the care environment of foster children? based on your observations, what kinds of care do you believe are appropriate for OVC?
- Does the FCG meet the needs of OVCs, and how does it impact foster families?
- Do you believe the foster care programme should be implemented differently, and if so, what kind of change would you like to see?

#### **General**

- Is there anything else you would like to say or discuss about this interview?

**Thank you so much for your time and participation in this study; this concludes our interview.**

### **Section C: Grant administrators: SASSA (Focus group)**

- What do you consider to be the primary reason behind FCG?
- What are your responsibilities as grant administrators in the implementation of foster care services?
- What are the legal frameworks that govern your role?
- What are your experiences with providing foster care services?
- How do you collaborate with other key stakeholders to ensure the implementation of foster care services?
- What kind of delivery systems are in place for FCG applicants?
- How do you communicate with grant beneficiaries to ensure that the grant does not lapse?
- Do you believe the foster care programme should be implemented differently, and if so, what kind of change would you like to see?

### **General**

- Is there anything else you would like to say or discuss about this interview?

**Thank you so much for your time and participation in this study; this concludes our interview.**

## APPENDIX 6: PROOF OF EDITING LETTER

**Athol Leach (Proofreading and Editing)**



31 Park Rd  
Fisherhaven  
Hermanus 7200  
Email: atholleach@gmail.com Cell: 0846667799

5 February 2023

To Whom It May Concern

This letter serves to confirm that I have edited the following D.Phil. thesis:

**THE IMPLEMENTATION OF THE FOSTER CHILD GRANT: A CASE STUDY OF THE  
EXPERIENCES OF CAREGIVERS AND IMPLEMENTERS IN THE UMGUNGUNDLOVU  
DISTRICT**

by Nokuthula Philile Ngubane

The thesis was edited in terms of grammar, spelling, punctuation and overall style. In doing so use was made of MS Word's "Track changes" facility thus providing the student with the opportunity to reject or accept each change.

I have not checked references (in-text and the list) for accuracy, format and completeness.

The tracked document is on file.

Sincerely



Athol Leach  
(MIS, Natal)