Psycho-Social Experiences of Aged Foster Parents Residing in the Mbizana Local Municipality, Eastern Cape, South Africa

By

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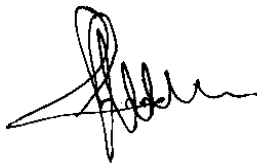University of KwaZulu-Natal, Durban

2017

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Student

December 2017

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I, Hlonipha Msebenzi (Student Number 213569865) declare that this study entitled:

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DECLARATION BY SUPERVISOR

This thesis, which I have supervised, is being submitted with my approval.

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Prof. T. Raniga

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Durban

December 2017

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DEDICATION

This study is dedicated to my late brother, Xola Msebenzi. Being the teacher that you were, we learnt so much from you. You have taught us the value of education and the importance of perseverance. You encouraged us to dream big and that with hard work, no goal is unattainable. Most importantly, you have taught us how to love and cherish one another and I shall forever be thankful to the Lord for having had you as one of us. You will forever be loved and remembered for your good deeds. Thank you for having been my pillar of support and my biggest fan as I embarked on this Master's journey and for always believing in me, even at times when I doubted myself. It is very unfortunate that you were not here long enough to see me graduate, but all is well, my brother, the Lord knows best. May your beautiful soul rest in eternal peace Bhut'am (my brother), I shall always love you.

"Smooth roads never make good drivers. Smooth seas never make good sailors. Clear skies never make good pilots and a problem free life never makes a strong person. Be strong enough to accept challenges in life. Don't ask life, 'Why me?' instead say, 'Try me'."

- Author Unknown

ACRONYMS AND ABBREVIATIONS

ABBREVIATION	DEFINITION
ACRWC	African Charter on the Rights and Welfare of the Child
AIDS	Acquired Immune Deficiency Syndrome
ARVs	Antiretroviral medication/s
CSG	Child support grant
FCG	Foster care grant
HIV	Human Immunodeficiency Virus
OAG	Old age grant
OVCs	Orphans and vulnerable children
NGO	Non-governmental organization
SACSSP	South African Council for Social Service Professions
SASSA	South African Agency for Social Security
StatsSA	Statistics South Africa
UN	United Nations
UNAIDS	United Nations Joint Programme on HIV/AIDS
UNCRC	United Nations Convention on the Rights of the Child
UNICEF	United Nations International Children's Emergency Fund

ABSTRACT

The practice of extended family members raising children deprived of parental care is a long-standing custom in various parts of the world. Parents die, leaving behind orphaned children in the care of family members and the responsibility of caring for these orphans often resides with grandparents. The motivation to conduct this study arose from the researcher's experiences in working with aged foster parents and witnessing how they often struggled in their effort to provide care to their foster children. Therefore, it was crucial to comprehend the challenges and needs of this particular group of foster parents.

Using the general systems theory, this qualitative research study explored the psycho-social experiences of aged foster parents residing in the Mbizana Local Municipality, Eastern Cape, South Africa. An exploratory descriptive research design was employed. The sample was selected using a non-probability, criterion-sampling method from the case files of the Department of Social Development, Bizana service office. Semi-structured interviews were used to collect data from 12 research participants. Thereafter, one focus group discussion was conducted with six of these research participants. Thematic analysis was utilised to analyse the data.

Findings/ themes: Four main themes emerged from the study, namely the reasons for foster care placement, roles and functions of caregivers, challenges facing caregivers and access of caregivers to support systems. These findings reveal that aged foster parents in rural areas are confronted with a myriad of challenges that impact on their health and psycho-emotional well-being. They feel overwhelmed by their caregiving responsibilities due to stress over their inability to manage their foster children's behaviour, constraining financial circumstances and the difficulty of accessing health and social services. These findings also reveal that aged foster parents are not adequately supported in their caregiving role. Recommendations include the need for an interdepartmental approach and intervention programmes at different levels in order to improve access to health and social services by aged foster parents and to alleviate the numerous challenges that they face. Social work practitioners need to develop an understanding of the psycho-social, emotional and material support that is essential in sustaining this special group of foster parents.

Keywords: alternative care   foster care   foster child   aged foster parent   social worker

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CHAPTER ONE
INTRODUCTION AND BACKGROUND OF THE STUDY

1.1 Introduction

This introductory chapter will provide the background as well as the context of the study. The problem statement and the rationale for the study will be elucidated. Additionally, the theoretical framework underpinning the study and the significance of the study will be clarified. The main aim, objectives and research questions will also be provided. Furthermore, an outline of the research methodology that was utilized will be offered. Definitions of terms are also presented and a summary of the overall structure of the mini-dissertation will conclude the chapter.

1.2 Background and the Research Context

Foster care has advanced considerably over the years with the progress made in research and the consistent changes in policy. This has resulted in a foster care system that focuses on providing alternative care for children when they are unable to reside with their biological families (Crosson-Tower, 2007). In response to the plight of children in need of care of care and protection, the Children's Act No. 38 of 2005, hereafter referred to as 'The Children's Act' makes provision for children to be placed in an alternative placement. According to Pretorius and Ross (2010), there is a significant variety in how foster care is defined and practised. In some countries it is defined as applying only to children placed through official channels, whilst in countries like Canada and New Zealand, just to mention two, it includes children living in informal arrangements. In many states in the USA and in the UK, foster care is a strictly temporary arrangement, whereas in most other countries the norm is usually a long-term quasi-adoptive arrangement (Pretorius & Ross, 2010; Strijker, Knorth & Knot-Dickscheit, 2008; Warwick, 2013).

Kinship care is the oldest and most widespread form of alternative child care. Kinship care refers to any arrangement in which children are looked after by relatives or any person with whom the child has had a previous relationship (Pretorius & Ross, 2010). The Children's Act, which is the

main legislation governing the functioning of child protection agencies in South Africa, does not distinguish between kinship care and non- kinship care. Section 180 (1) (a) and (b) of the Children's Act defines foster care as "a child who has been placed in the care of a person who is not the parent or guardian of the child as a result of an order of a children's court or a transfer in terms of section 171 and a foster parent as an approved person who is not the child's biological parent". Preference is given to family placement before non-family members or cluster foster care is considered. According to Pretorius and Ross (2010), family placements are seen as being more advantageous because the child can adjust more easily to an environment that they are more familiar with. The Children's Act, which is grounded in the principles of the Constitution of the Republic of South Africa (1996) regulates the practise of foster care. Social work practice policy, of which foster care forms a part, is set out in the White Paper for Social Welfare. Foster care occurs on order by the Children's Court and the foster family is placed under the supervision of a designated social worker and the foster care grant (FCG) is awarded to the foster family in terms of section 65 of the Children's Act (Republic of South Africa, 2005).

The international community has also made significant progress in acknowledging the rights of children. The United Nations Convention on the Rights of the Child (1989) and the African Charter on the Rights and Welfare of Children (1999) were developed specifically for this purpose. These policies have been ratified and adopted by South Africa and this obliges the country to uphold the principles contained in them. The fact that South Africa domesticated these conventions is evident in the Children's Act which aligns South African legislation for children with international instruments. The United Nations Guidelines on Alternative Care of Children (2009) were also adopted to enhance the implementation of the United Nations Convention on the Rights of the Child and other international provisions regarding the protection and well-being of children deprived of parental care or at risk of being so.

In most African societies, grandparent caregiving to orphans has always been a common phenomenon. In the African cultural context, fostering children often rests with immediate families, with the main expectation being placed on grandparents. When a child's parents die, the extended family members or grandparents surrender themselves to the care of the child/children (Pretorius & Ross, 2010; Kiggundu & Oldewage- Theron, 2009). In 2008, Hindman (2008)

suggested that half of the globe's 15 million orphans were cared for by grandparents and it was anticipated that the number of grandparents caring for orphans would double again by 2015. According to Choi, Sprang and Eslinger (2016), 7 million grandparents in the USA lived with grandchildren younger than 18 years in 2010; among them, 2.7 million grandparents were responsible for the basic needs of one or more grandchildren. These findings are supported by a qualitative study that was conducted by Raniga and Simpson (2010) among fifteen grandmothers bearing the brunt of HIV/AIDS and another qualitative study by Perumal (2011) that was conducted among ten adolescent foster children and eight grandmothers on their experiences of living together. These studies also revealed an increase in grandparent caregiving and reflected that the reasons for the increase in grandparent caregiving were multifaceted and compounded by both psycho-social and socio-economic issues.

According to an article by Times Live (2012), the Social Profile of South Africa's annual report, which was grounded on data from the General Household Survey of 2002 and 2011, showed that "4.7% of South Africa's children had lost both parents. 8.1% of children lived in skip-generation households with their grandparents and about two thirds of all orphaned children in South Africa were living in extended families, mostly with grandparents". Skipped-generation households refer to living arrangements where the immediate generation before the children, that is their parents, are absent (usually because of death) and the children are staying with their grandparents (Generations United, 2011). According to Eddy and Holborn (2011:1), in 2009, 8% of children below the age of 18 years in South Africa lived with their grandparents. Most of these skip-generation households were required to survive under poor socio-economic conditions. They lacked adequate resources to care for these children and depended on government social grants for their survival (Tanga, 2013). It is often the grandparents who are poor and overburdened, because when parents die, they are more likely to be caregivers of the increasing number of vulnerable children and orphans. Kasiram (2011) recognized the socio-political and economic context of the elderly in South Africa as being one where unemployment, poverty and illness render the elderly a vulnerable group. Choi et al. (2016) offer a similar argument by stating that grandparent caregivers cut across socio-economic status, race and gender, with an overrepresentation of females, people of low socio-economic status, and poorly educated people. The vulnerabilities of the elderly place them at risk of being exploited, disrespected, abused and

marginalized, which is viewed as discriminatory and a violation of their human right (Ferreira & Lindgren, 2008).

1.3 Problem Statement and the Rationale for the Study

Mathambo and Gibbs (2008) argued that in many poorer societies, grandparents assume that they will be cared for by their children, but this social relationship is now fractured as the middle generation dies and grandparents – particularly grandmothers − are expected to care for their grandchildren. Prospective foster parents as suggested by the International Foster Care organisation (2010), should enjoy good physical health and be free from communicable diseases and disabilities that could pose a risk to the health of a child or the child's care. However, a number of studies have indicated that aged caregivers face numerous challenges that impact their own well-being, that of the children under their care, and their ability to continue in their roles. Raniga and Simpson (2010:6) revealed that a majority of the elderly caregivers are emotionally exhausted and overwhelmed with the burden of caring for sick relative/s and nurturing grandchildren.

A qualitative study by Linsk and Mason (2014:127) which conducted an inquiry with 21 caregivers of HIV infected children, established that grandmothers were experiencing "hostile psychological functioning" that resulted from caregiving such as distress, depression, anger, resentment and parenting stress. These grandparents also reported lower levels of physical functioning or physical limitations that could negatively affect their quality of life as well as their ability to provide adequate care to their grandchildren. The challenges that are described by the latter authors are also supported by other pertinent research studies on aged caregivers. These studies' findings include dealing with legal issues relating to custody of children under their care, their own health problems such as high blood pressure, diabetes, arthritis and depression and also educational matters that affect their grandchildren, coping with isolation, and lack of awareness about where to find the necessary information and resources (Morgan & Baron, 2011; Thomas, 2007; Kiggundu & Oldewage-Theron, 2009; Gomo, 2015). These challenges are compounded in rural areas where resources are scarce (Whitley, Kelley, Williams, & Mabry, 2007). A qualitative study that was conducted by Tloubatla (2009) also explored the challenges facing ten

grandmothers who cared for AIDS orphans. The latter study adds that grandparents from rural areas struggled to receive medical treatment at the clinics and state hospitals as they had to travel long distances to obtain medical services for themselves and their grandchildren.

The researcher's motivation to conduct this study stemmed from the fact that she was practising as a social worker in the sub-programme of Childcare and Protection where she rendered statutory services. She had been in the Childcare and Protection programme for four years when the decision was taken to undertake the study, and she had consistently witnessed a rise in the number of elderly partaking the role of being foster parents to their grandchildren. This was evident from the number of case files the researcher had in her foster care database. For example, of a total of 252 cases in February 2017, 124 were cases of children being placed in the care of their aged grandparents, an elderly relative, or a neighbour.

Based on the researcher's observations, it became clear that aged foster parents continued to respond to their families' needs for care and protection and that this response stemmed from their belief of shared support. However, these aged foster parents clearly experienced various challenges in their determination to care for the children under their custody. They found themselves abandoned in their caregiving roles and suffered severe on-going psychological distress due to the impact of this role. It was observed that aged foster parents found themselves at increased risk of poverty and physical and emotional adversity as they struggled to raise their foster children with limited resources.

The researcher also observed during the supervision of foster care placements that there was a shift or blurring of roles between some of the aged foster parents and children .Aged foster parents' vulnerability or ill health ostensibly placed a burden on the children as they now had the responsibility to care for their foster parents, such as assisting them to walk, fetching medication from the clinic and, in some cases, bathing and feeding them in their helpless state as well as completing all the house chores that were not developmentally age appropriate. Under these circumstances, there was a clear need to assess whether the environment in which these children are raised is conducive for the upbringing of the children and if aged foster parents were able to satisfy parental responsibilities and provide a stable environment to the foster child as stipulated in the Children's Act.

1.4 Research Aim and Objectives

1.4.1 Aim of the study

The main aim of the study was to explore the psycho-social experiences of aged foster parents residing in the Mbizana Local Municipality, Eastern Cape, South Africa.

1.4.2 Research objectives

The objectives that drove the study were to:

- Examine aged foster parents' perceptions of their roles and functions in providing care to their foster children;
- Explore the challenges that aged foster parents face in child care;
- Identify the coping strategies that aged foster parents employ in caring for their foster children;
- Identify the support services that are available to aged foster parents during care giving;
- Gain insight from aged foster parents about suggestions for improved services.

1.4.3 Research questions

The research questions that the study attempted to answer were:

- What are the roles and functions of aged foster parents in child care?
- What are the challenges facing aged foster parents?
- What coping strategies do aged foster parents employ to support their capacity to cope with caring for their foster children?
- Which support services are available to aged foster parents?
- Which appropriate intervention strategies are available to social workers and family care organisations with regards to effectively addressing the psychosocial needs of aged foster parents?

1.5 Theoretical Framework

The general systems theory was employed to underpin this study. Families function in a manner that can be understood as an interconnected system. In this context, 'system' refers to "a complex rule-governed organisation of interacting parts, the properties of which transcend the sum of the properties of the parts and which is surrounded by a boundary that regulates the flow of information and energy in and out of the system" (Carr, 2008: 122). According to Carr (2008: 123), the general systems theory was developed by Ludwig von Bertalanffy as a framework within which to conceptualize the emergent properties of organisms and complex non-biological phenomena that cannot be explained by a mechanistic summation of the properties of their constituent parts.

The systems theory thus allows for a focus upon the collaboration among and the inclusion of all the parts of the foster care system (White, Klein & Martin: 2014). It is basically concerned with problems, relationships, structures and the interdependence of various parts within the system. This implies that the behaviour of individuals cannot be understood without reference to the system to which they belong. The premise of the theory is that the parts must be synthesized and viewed as being connected. What occurs in or to one part of the system will have an effect upon the whole system (White et al., 2014). Therefore, the experiences and internal feelings of the aged foster parent will affect other parts of the family system. This is premised on the fact that individuals and families do not exist in isolation, but in the context of wider relationships within the society. In this context, Berk (2010) identifies four basic systems, namely the micro, mezzo, exo and macro systems, which are briefly described below:

1.5.1 The micro system

A microsystem consists of an individual and his/her biological, psychological and social systems (Zastrow & Kirst-Ashman, 2007). The micro system refers to the individual and focuses on this person's needs, problems and strengths. This study sought to examine aged foster parents' roles and functions in caring for their foster children. It also intended to explore the challenges they face in childcare and how these experiences impact on their ability to look after these children placed under their care. In this quest, it was imperative to examine the abilities and challenges of aged foster parents on the micro level. It was imperative to identify their needs and to determine

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if they are equipped with adequate skills, knowledge and tools in order to effectively care for the children placed under their care. For example, if the foster child presents with behavioural problems, it might be a huge stressor that impacts on the psycho-emotional well-being of the foster parent. If the foster parent is encountering age related ailments, he/she may be overwhelmed with the burden of caring for a child while being equipped with limited resources. Such a situation might influence the quality of the placement and invariably negatively influence both the aged foster parent and the child.

1.5.2 The mezzo system

According to Zastrow and Kirst-Ashman (2007), the mezzo system consists of small groups that an individual might interact with. These groups could be family, neighbours, friends and the immediate community. "It is that part of the environment that in some way or another influences and determines the character and functioning of the micro system" (p.19). The way that an aged foster parent relates with the foster child, the extended family and the wider community is crucial, as these relationships directly influence the success of the placement and can also affect the aged foster parent's functioning as well as that of the foster child as an individual on a micro level.

1.5.3 The exo system

Berk (2010) describes the exo system as the linkages and processes taking place between two or more settings, at least one of which does not contain the developing person, but the nature of the interactions in that system indirectly impacts the microsystem of the individual. The exo system consists of social settings that do not contain the aged foster parents, but it may nevertheless influence and impact their lives. This could include welfare services as well as informal social networks that may provide support and possibly financial assistance to foster parents (Berk, 2010). Foster care services are provided by registered social workers in a designated child protection organisation. Social workers are responsible for finding alternative care for children in need of care of care and protection, screening the suitability of the placement, and engaging in supervision thereafter. It is maintained that the social worker and foster parent are partners and they work collaboratively to meet the needs of the child. Social workers are therefore responsible for gaining knowledge about the needs of aged foster parents and equip them with appropriate

skills and tools to execute their caregiving responsibility. Social workers provide constant supervision of foster care placements and are able to intervene when there is a dispute within the foster family. The social worker also offers support to the aged foster parent on the micro level in order to ensure this person's well-being and ability to continue to foster.

1.5.4 The macro system

According to Zastrow and Kirst-Ashman (2007) and Berk (2010), the macro system comprises cultural values, laws, customs and resources and focuses on the social, political and economic conditions and policies that will affect people's overall access to resources and their quality of life. The macro system also encapsulates government and social welfare policies. This study thus focused on treaties and legislation governing alternative care which have a direct impact on aged foster parents. The Children's Act mandates and guides foster care (RSA, 2005), which is presently encountering implementation challenges. To ensure that government and legislation (i.e., the macro system) are adequately addressing the issues of aged foster parents, intervention of all role players at different levels of society is required in order to advocate for policy change. Treaties and legislation governing alternative care as part of the macro system's influence on caregivers' experiences will be discussed in detail in Chapter three.

The foster children foster parents as well as the entire foster family and social workers from welfare organisations and government policies that govern foster care "are all integral parts of the whole" (Whitelaw et al., 2004:344). If there is a part or subsystem that is not functioning effectively, the whole system will be affected. Therefore, whatever impacts the aged foster parent or the foster child will affect other parts of the family system as well.

The general systems theory basically provides a conceptual framework within which unconnected systems are integrated, and it allows for a synthetic interpretation in which many different parts fall into place. It offers a way of conceptualizing the relationship between people and environments and encourages a balanced approach to both domains of practice. According to (Teater, 2014:17), "The importance of the person-in-environment concept is the continual interactions between individuals, families, groups and their environments in order to encourage growth and development". The systems theory was therefore appropriate for application in this

study as it assisted in providing a comprehensive understanding of aged foster parents' experiences. This study sought to explore aged foster parents' experiences by investigating the nature of their interactions with the foster child, the broader family, the community, the child welfare agencies, relevant government departments, and legislation and policies. These inextricably interconnected facets of the system were viewed through the theoretical lens of the study, as the principle of connectedness suggests that changes in one part will influence the functioning of other parts of the system (Walsh 2010:93).

1.6 Significance of the Study

Based on the literature review, this study attempted to address various recommendations by previous researchers whose studies had focused on aged caregivers, e.g. Kiggundu and Oldewage-Theron (2009), Tloubatla (2009), Nyasani et al. (2009), Perumal (2011), and Raniga and Simpson (2010) recommend that social workers in government positions should pay urgent attention to the provision of adequate social services to accommodate the increased burden of care giving by older people. Moreover, the South African Human Rights Commission and UNICEF (2011) asserted that rural areas were traditionally under-serviced and under-resourced, which were some of the factors that prompted this study. It was the researcher's quest to contribute to the social work profession by gaining in-depth insight into the psycho-social experiences of aged foster parents, particularly in the Mbizana municipality area. The researcher envisaged that the finding of this study will contribute to improve service provision not only for children in the foster care system, but also for those individuals who care for them. In addition, it is contended that the study will supplement the existing body of literature in the interdisciplinary field of child care and protection law and Social work.

1.7 Research Methodology

The following discussion outlines a brief overview of the research methodology that was utilised in the study. A more detailed and comprehensive discussion of the research methodology and processes that were followed will be outlined in Chapter four.

1.7.1 Research context

The study was conducted in the Mbizana municipal area which falls under the Alfred Nzo District Municipality in the Eastern Cape Province. This study area was selected because increasing levels of abject poverty have been recorded in the Eastern Cape. Many families in this area have to survive on R800 or less a month (Census, 2011). High rate of poverty suggest a high reliance on social assistance. A total of 100 585 people making up 35.95% of the population of Mbizana are dependent on social grants (Census, 2011). According to SASSA (2017), as of July 2017 the Eastern Cape had the highest number of foster care grants in South Africa. The Mbizana local municipal area, like other rural communities in South Africa, has soaring levels of poverty, limited access to basic nutrition, poor access to economic opportunities and inadequate social services

1.7.2 Research approach

A qualitative research approach was adopted. According to Babbie and Mouton (2001:75), qualitative research allows for in-depth understanding, as well as detailed and open research that is conducted in a naturalistic and holistic environment without manipulating the situation. This approach afforded the researcher the opportunity to obtain a holistic and profound understanding of aged foster parents' experiences.

A combination of the exploratory and descriptive designs was utilised in order to more effectively examine, understand and describe the experiences of the aged foster parents who participated in this study (Babbie & Mouton 2001). These authors further explain that an exploratory descriptive design enables the researcher to provide rich descriptions of the situation and events by interpreting and observing patterns that exist as well as their implications. In this research, the participants provided thick descriptions of their psychosocial experiences of caring for foster children.

1.7.3 Sampling

In terms of qualitative research, a population refers to "individuals in the universe who possess specific characteristics" (De Vos et al. 2005; 204). In this context, aged foster parents comprised the population that was investigated. Terre Blanche, Durrheim and Painter (2006:49) define sampling as "a process of selecting research participants from the whole population which involves a decision about people, settings, events, behaviours and social processes to observe". A sample is made up of components that comprise of the most characteristic, representative or distinctive features of the population (De Vos et al., 2005). In this study, the sample consisted of 12 aged foster parents (6 males and 6 females) who were recruited from the Department of Social Development's office that renders foster care services in Bizana. The researcher selected 12 participants as this was deemed a feasible sample size for the study. It was presupposed that a larger sample size would present difficulties in terms of managing the data collection process and, as such, 12 was regarded as a manageable size for the sample. The researcher used an evenly balanced selection in terms of the gender of the participants. This was done in order to

To recruit the sample, non-probability sampling methods were utilised. Van der Riet and Durrheim (2006:189) define non-probability sampling as "the kind of sampling where someone is not chosen randomly, which is unlike probability sampling where every element in the population has a known chance of being selected". A criterion sampling technique was employed in this study. This technique entails selecting participants that meet a certain criterion or criteria (Marlow, 2011).

The 12 participants were selected based on the following criteria:
  a) Above the age of 60;
  b) Residing within the Mbizana Local Municipality;
  c) Provided foster care to that particular child for a minimum period of two years;
  d) Received the foster care grant.

The reason for the 'two-year same child' inclusion criterion was to attempt to differentiate between general 'teething' challenges and long-term challenges that aged foster parents might experience.

1.7.4 Methods of data collection

Semi-structured one-on-one interviews and thereafter, a focus group discussion were held with the participants in order to elicit their perceptions of their experiences and needs in caring for their foster children. De Vos et al. (2011) state that researchers use semi-structured interviews in order to gain a detailed picture of a participant's beliefs about, or perceptions or accounts of, a particular topic. The one-on-one interviews were conducted within the households of the participants, an environment that was less intimidating and in a more comfortable space where participants felt relaxed and comfortable to share their thoughts and feelings. Each interview took between 20 to 35 minutes.

Following the one-on-one interviews, the foster parents were invited to a focus group discussion as it was envisaged that it would broaden the research. One focus group was conducted comprising 6 respondents. A focus groups discussion allows a group of people to be brought together in a private, comfortable environment to engage in a guided discussion of a specific topic (De Vos et al., 2011). The focus group was conducted at a local school in a library room, which was a venue that was convenient for all and also suggested by the participants. The focus group discussion took over 2 hours.

Both the one-on-one and focus group discussions were conducted in isiXhosa as the research participants and the researcher were isiXhosa speaking. The interviews were recorded both in writing and by audio recorder and the transcriptions were later translated into English for reporting purposes. All the research interviews were audio recorded. Consent to record the interviews was included in the general consent form.

The researcher also conducted a thorough case analysis using the files of the research participants which were accessed from the Public Service Office in order to obtain background information and to create participant profiles. The researcher used her own case files as this made it possible to get research participants from around the same residential area for the purposes of data collection. Permission to access the files of the clients for the purposes of data collection was sought from the Service Office manager of the Public Service Office. (See Annexure G). Request to access these personal client files was also sought from the research particpants and they were assured that only the identifying details will be used in order to

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compile a Biographical Profile of the Participants and that the data would be shared without revealing their identities.

1.7.5 Data analysis

Data analysis involves the organising and interpreting of raw data with the purpose of creating understanding and drawing conclusions that reflect on the interests, ideas and theories that initiated the inquiry (Babbie & Mouton, 2001). "Qualitative data analyses are methods for examining research data without converting them to numerical format. Rather, this form of analysis looks for and discovers the underlying patterns and meanings that appear from the data across several interviews and observations and typically represents the different phenomena under study" (Babbie, 2005:289). The subsequent steps of data analysis in qualitative research were followed in this study, as stipulated by de Vos et al., (2011: 403-423); Planning for recording data; data collection and preliminary analysis; managing the data and reading and writing memos; generating categories and coding the data; testing the emergent understandings and searching for alternative explanations; interpreting and developing typologies; visualising, representing and displaying the data. Further details of the research process are discussed in Chapter four.

1.8 Definitions of Terms

Child:
The Constitution of the Republic of South Africa defines a child as a person under the age of 18 years (RSA, 1996).

Alternative care:
Article 167 of the Children's Act 38 of 2005 as amended defines alternative care as "a placement of care where a child is placed in foster care, a child and youth care centre or in temporary safe care by court order for a period determined by the court."

Foster care:

According to the United Nations Guidelines on Alternative Care of Children (2009) foster care is "situations where children are placed by a competent authority for the purpose of alternative care in the domestic environment of a family other than the child's own family that has been selected, qualified, approved and supervised for providing such care" (29) (c)(ii). Section 180 (1) and (2) of the Children's act states that "a child is in foster care if the child has been placed in the care of a person who is not the parent or guardian of the child as a result of an order of a children's court or transfer in terms of section 171". Foster care excludes the placement of a child in temporary safe care or in the care of a child and youth care centre.

Foster child:

A foster child is a child who has been placed in the custody of a foster parent as a result of being orphaned, abandoned, at risk, abused or neglected (Department of Social Development, 2008).

Orphan:

According to Meintjes and Hall (2013), "an orphan is a child under the age of 18 years whose mother, father or both biological parents have died (including those whose living status is reported as unknown, but excluding those who's living status is unspecified)".

Foster parent:

Section 1 of the Children's Act No. 38 of 2005 as amended defines a foster parent as "a person who has foster care of a child by an order of the Children's Court and includes an active member of an organisation operating a cluster foster care scheme and has been assigned responsibility for the foster care of the child."

Aged foster parent:

For the purposes of this study, aged foster parents are regarded as family members or caregivers above the age of 60 years who have been assigned a caregiving responsibility by the Children's Court. On the literature context, the term aged foster parent will refer to both grandfather and grandmother caregivers.

Foster care grant (FCG):

The FCG is a state grant available to foster parents intended to cater for the basic needs of foster children (Meintjes & Hall, 2013). As of April 2017, the FCG is R920 and it is paid monthly to the foster parent.

Social work:

The National Association of Social Workers (1973) defines social work as "The professional activity of helping individuals, families,groups or communities enhance or restore their capacity for social functioning or creating societal conditions favorable to that goal" .For the purposes of this study, social work will refer to a profession dealing with childcare and protection.

Social worker:

A social worker is any person who is registered as a social worker under the Social Service Professions Act 110 of 1978, as amended. Social workers are at the coalface of the foster care process in South Africa and their Duties include investigations into neglect and abuse with the possibility of removal as well as placement of children in foster homes and being part of the follow-up system (Swanepoel, 2009). They are tasked with achieving the objectives of foster care which are "to protect and nurture children by providing a safe, healthy environment with positive support, and to promote the goals of permanent planning, first towards family reunification, or by connecting children to other safe and nurturing family relationships intended to last a lifetime" (RSA, 2005)

1.9 Structure of the Mini-Dissertation

This study report is divided into six chapters:

Chapter 1: Introduction
This chapter provides the background information as well as the context of the study. The problem statement and the rationale for the study are also elucidated. Additionally, the theoretical framework underpinning the study and the significance of the study are clarified. The main aim, objectives, research questions and an overview of the research methodology utilised in

this study is offered. The chapter also presents the definition of terms as well as the overall structure of the mini-dissertation.

Chapter 2: Literature Review

This chapter presents a review of the body of knowledge on foster caring of children by aged foster parents. An overview of foster care is provided and foster care models that are used globally, with particular reference to South Africa and other countries in Africa, elucidated. The current perspectives on the experiences of aged foster parents are also be explored. The chapter is concluded with a brief summary.

Chapter 3: Understanding international Treaties and the South African Legislative Framework for the Alternative Care of Children

This chapter continues with the literature review with particular focus on international treaties and South African legislation and policies that focus on childcare and protection. The notion of foster care and rights and responsibilities of foster parents are explored. The role of social work services in foster care is also discussed. The last section critiques the Children's Act and discusses various debates about foster care services. A brief summary of the literature review will conclude the chapter.

Chapter 4: Research Methodology

This chapter provides details regarding the research design and methodology. It also discusses the data analysis and data verification processes and presents the challenges that were encountered and the limitations that impacted this research.

Chapter 5: Presentation of the Findings

This chapter presents the findings based on data analysis. The findings are discussed in conjunction with pertinent literature on the experiences of aged caregivers in child care.

Chapter 6: Summary, Conclusions and Recommendations

The last chapter offers the conclusions and recommendations of this study.

1.10 Conclusion

This chapter presented the contextual background of the study. It also included the outline, rationale, and significance of the study. The aim, objectives and research questions that gave impetus to the study were presented and an overview of the theoretical framework and a brief overview of the research methodology utilised in this study were provided. Definitions of related terms and the overall structure of this report concluded this chapter. The next chapter will provide a history of foster care, the foster care trends and the different kinds of foster care models used in different countries. A discussion of the benefits and the plight of aged foster parents will also be included.

CHAPTER TWO

LITERATURE REVIEW: FOSTER CARE

2.1 Introduction

This chapter offers an overview of foster care and the trends and models that impact this phenomenon globally, with specific reference to Africa and South Africa. Finally, a summary that concludes this chapter is provided. It was necessary to separate the discussions in the current chapter from those in chapter three because the current chapter seeks to explore the non-legal discourses around the research topic whereas chapter three will focus specifically on legislation around the research topic. In terms of the objectives of this study, the current chapter is more aligned with the first three objectives whereas chapter three will align with the fourth objective. In order to achieve well nuanced discussions in both chapters, it was necessary that the two chapters be separated.

2.2 Global Overview of the Foster Care Phenomenon

Foster care is the most widely practised form of alternative care for children (Rymph, 2012). Children are placed in foster care when a child protection service worker and a court have determined that remaining at home is no longer safe for the child. Numerous reasons account for the unavailability of either one or both biological parents to raise their children, which include drug use by parents, incarceration of the parents, death due to HIV/AIDS, divorce, and mental health challenges. Any or a combination of these may lead to the abandonment of a child or children (Fuller-Thomson & Minkler, 2007; Clottey, 2012; Kelly, 2015; Kuo & Operario, 2010).

Statistics provided by the Child Welfare Information Gateway (2016) and the US Department of Health and Human Services (2015) revealed that foster care in America began in the 19th century when efforts were launched to look for alternative care for homeless children. During the 1990s, the number of children that had been placed in America stood at 400 000 and increased to 567 000 in 1999. In 2005, there were an estimated 513 000 children but this number dropped to 397 000 in 2012. Since then, the number had increased to 415 129 in 2014. Moreover, Child Welfare Information Gateway (2016) suggested that the number of foster children in 2014 was lower than

the number in 2005. In 2014, 46% of all children in alternative care lived in the homes of non-relatives and 29% lived in the homes of relatives. A further 14% of foster children lived in group homes or institutions, 4% lived in pre-adoptive families, and the rest lived in other types of facilities (Child Welfare Information Gateway, 2016).

Various kinds of fostering exist and the term 'foster care' has different meanings for different societies. According to Warwick (2013:11), in the US foster care is seen as a short-term intervention lasting up to 22 months. Foster care is not considered permanent (though it may be long-term in specific legal cases) as it is typically used until a child can be reunited with a parent or established according to another form of long-term intervention (i.e., adoption). In the Netherlands, two models of foster care are used, either as a short-term or long-term intervention, depending on the circumstances of the child. As a short-term intervention, "the Netherlands aim to treat a child or parent with the purpose of returning the child to its family of birth. The second approach is to provide long-term foster care until the child turns 18 years of age, with the aim of providing continuity of care and respect for the child's right to a stable rearing situation" (Strijker, J., Knorth, E. J., & Knot-Dickscheit, J. ,2008). This model is comparable to the model used in South Africa, which is deliberated upon below on the overview of foster care in the South African context.

In many states in the US and in the UK, foster care is meant as a temporary option as it focuses on the reunification of the child with its family of origin, or until adoption by a permanent family. The main emphasis is on prevention and on keeping children with their birth families. After a number of years in foster care, children may be declared adoptable and they may be adopted by their foster parents or specially-recruited adopters through open adoption orders (International Social Service/ International Reference Centre for the Rights of Children Deprived of their Family (ISS/IRC), 2011; Strijker et al., 2008; Warwick, 2013).

In New Zealand, care and protection services for children are provided by the Ministry of Social Development to ensure the safety, security and well-being of children and young people who have been maltreated, who are at risk of being maltreated, or whose behaviour is placing them or others at risk of harm (Ministry of Social Development, 2012). According to Kelly (2015), the main reason for a child's placement in care after validated claims of maltreatment is concern about the child's ongoing safety. Other reasons that may compel children to enter statutory care

include removal from parents at birth, usually after substantiated allegations of maltreatment of older children in the family, the incapacitation of a parent, or death. Social workers in New Zealand are required to explore all avenues for alternative care within the child's family (Kelly, 2015).

Statistics from Child, Youth and Family (2006 & 2014) suggested a marked increase in the number of New Zealand children in state care after the Second World War, with a peak of 5 515 in 1971−1972. In contrast, the number of children in state care in recent years has been decreasing from 5 095 in 2006 to 4 129 in 2014, indicating a 19% decrease in the last eight years. Of the 4 129 children that were placed in alternative care in New Zealand, in June 2014, 48% of those children lived with a family or caregiver, 31% was with non-kin foster parents, 13% had family support services, and almost 4% was placed in group homes or residences.

In contrast to the customary model of alternative care, countries like Canada and New Zealand consider a more indigenous form of alternative care. Schmidt (2007) validated this as the right of the children to be cared for in their own community and culture, as well as the right of the community to participate in the care of children in need of care of care and protection. Residential out-of-home care is regarded as a less preferred placement option utilised when no suitable placements are available in the community (Ministry of Social Development, 2012). The New Zealand care system can be differentiated from that of North America and the UK by the minimal use of residential care, the high use of kinship care, and the absence of an adoption from care provision within legislation (Murray, Tarren-Sweeney, & France, 2011).

From the above discussion, it is evident that approaches to foster care differ among countries. Children in need of care of care and protection can either be formally or informally placed under the care of a suitable family or community member or they can be put in residential care either as a short-term option up until the child is able to be successfully reunified with its family of origin, or until he/she turns 18 years, or as a long-term intervention until the child is permanently adopted.

This section focused on the global overview of foster care and the different approaches used to care for children in need. The section below will narrow down this discussion and look at foster care in the African context.

2.3 The African Perspective on Foster Care

Adoption and foster care in the African context differs markedly from the practices in Europe and the US. In many African countries, adoption is culturally not accepted or recognised, therefore fostering is regarded as a good alternative ((ISS/IRC, 2011). For example, children are placed with extended families with an intention for them to become permanent family members without severing the legal bond with the birth family. Child circulation within family networks is a traditional feature of African family systems in order to increase access to resources and care (Abebe, 2010).

According to Ince (2009), a family system can experience a range of challenges that might necessitate social services intervention. Under these conditions, children can be officially placed with their relatives or friends if this is in their best interest. Thus, kinship foster care is a form of substitute care where relatives assume the role that a parent would normally play. Kinship care in this context requires less formal legal process or protection (Abebe, 2010). According to Foster (2000), in most African societies the sense of duty and responsibility among extended families towards other members was almost without limit as people live collectively. Foster (2000:56) states that "there is no such thing as an orphan in Africa". Families always accommodate orphans even if they do not have adequate resources to care for additional children in the home.

Across the African continent, the term 'fostering' has various meanings in different societies. According to UNICEF (2008), foster care is rare in African countries, apart from South Africa, where formal fostering by non-relatives is rare. The responsibility for caring for orphans is frequently passed to grandparents who often feel obligated to provide their grandchildren with a safe place to stay when they are without parental care. They mostly do so by way of social obligation, because they want to give them a sense of belonging, or because of their genuine love and desire to care for their grandchildren (Nyasani, Sterberg, & Smith, 2009; Coakley, Cuddeback, Buehler & Cox, 2007). Other reasons mentioned by Chipungu and Bent-Goodley (2004) include the desire to fulfil a societal need, religious reasons, the need for supplemental income, foster care as a step towards adoption, increased family size and substitution for a child lost through death. The latter authors state that in Zambia, 33% of orphans was raised by grandparents. In Swaziland, an estimated 47 000 children stayed with grandmothers or alone, but it was not known if they were orphans. According to Ansha-Koi (2006), in Ghana, a group of

women in a tribe, known as "queen mothers", took the responsibility to care for a maximum of six children who are in need of care and protection. The children were cared for within their tribe of origin. This method of substitute care is to some extent comparable with cluster foster care practised in South Africa.

The following section will position this discussion in the South African context and give an overview of its provisions for children in need of care of care and protection.

2.4 Overview of Foster Care in the South African Context

Foster care on an informal basis has been a recognised form of alternative care for many years in South Africa, predominantly in the form of kinship care. The rapid expansion of foster care placements started in 2003, when the Department of Social Development encouraged family members who were caring for orphaned children to apply for FCGs (Raniga & Simpson, 2010). In South Africa, foster care is normally considered the preferred form of substitute care for children who cannot remain with their biological families and who are not available for adoption (Law Commission, 2002). Alternative care legislation and policies are in place to ensure that children in need of care of care and protection are protected and supported through different forms of alternative care, and that appropriate supervision of caregivers and placements occurs. Foster care legislation will be discussed broadly in Chapter three.

The South African approach to foster care is similar to the one practised in Netherlands. In South Africa, provision is made in the Children's Act for a child to be placed in foster care until a period when they turn 18 years of age if that is in his/her best interets, as stipulated in Section 159 (1) and Section 186 (2) of the Children's Act. Gallinetti and Loffel (2007) established that foster care in South Africa broadly addressed two categories of needs. First, the court affords abused, neglected and abandoned children are special and are placed with people unknown to them. Such placements are associated with a permanency plan including services to the biological family where possible, and with efforts either to return the child to their care where feasible, or to settle the child in an alternative permanent arrangement in due course. Secondly, children are living with relatives due to the death, incapacity or disappearance of their parents.

These relatives usually come before the courts to access the FCG and the children concerned may remain under their care indefinitely.

In 2010, UNICEF South Africa revealed that there were an estimated 3.7 million orphans in South Africa, half of whom were either single or double orphans due to losing their parents to AIDS. Of this number, 150 000 children were believed to be living in child-headed households. This number increased to approximately 3.85 million according to the 2011 General Household Survey, which translates to 21% orphaned children (Children's Institute, 2014). As the highest HIV/AIDS mortality rates in sub-Saharan Africa occur among young adults, millions of children have been orphaned by the death of their HIV-positive parents (StatsSA, 2008a).

A Statistical Summary of Social Grants in South Africa by the South African Agency for Social Security (SASSA) demonstrated that there were 427 928 recipients of the FCG in 2009, which increased to 460 000 in 2011 and to over half a million in 2012 with 504 893 recipients. In 2015, the number of recipients fell to a low 482 432 and further declined to 454 330 in 2016. According to SASSA (2017), as of July 2017 approximately 465 137 recipients of the FGC in South Africa (SASSA, 2017).

2.5 Provincial Foster Care Grant Distribution

The most recent data on foster care grants in South Africa are provided by SASSA (2017).

Table 2.1: Children receiving a foster care grant by province as at July 2017

PROVINCE	FCG
Eastern Cape	108 078
Free State	35 504
Gauteng	54 763
KwaZulu-Natal	98 208

Limpopo	51 072
Mpumalanga	34 166
Northern Cape	14 108
North West	36 778
Western Cape	32 460
TOTAL	465 137

Source: SASSA (2017), SOCPEN system

The above table provides a statistical summary of FGCs in the nine provinces of South Africa. Evidently, these statistics demonstrate the Eastern Cape as having the highest number of FCG recipients in South Africa, followed by KwaZulu-Natal. As indicated in the table above, approximately 108 078 children are placed in foster care in the Eastern Cape, probably because of the cumulative levels of poverty that were documented in this province (Census, 2011). The high rate of poverty may result in a high dependence on state grants. However, Gomo (2015) indicates that the statistics of FCGs only illustrate numbers of children in formal placements, meaning that the amount could therefore be higher because some of the children are not in formal foster care placements and hence not receiving the FCG. According to the Children's Institute (2014), there were over one million orphans living with relatives in poverty in 2011. Of these children, about 460 000 were reported to be in foster care placements with relatives. Thus more than half a million orphaned children still did not have access to the FCG.

The discussion thus far has focused on the overview of foster care around the globe. In the section below, the plight of aged foster parents will be discussed.

2.6 The Plight of Aged Foster Parents

The numbers of custodial grandparents have increased significantly in the recent years. According to Choi, Sprang and Eislinger (2016), in 2010 seven million grandparents in the US lived with grandchildren younger than 18 years. Of these seven million grandparents, 2.7 million were responsible for the basic needs of one or more grandchildren. The World Federation for Mental Health (2009) suggested that some of the children are placed in the care of their very old and fragile grandparents who are facing increased financial and emotional demands while dealing with ill-health and the challenges of ageing.

In sub-Saharan Africa, grandparents traditionally carried significant custody of their grandchildren (Nyasani, Sterberg, & Smith, 2009). However, this role has become more diverse because of societal and familial changes. In 2008, UNAIDS (2008) confirmed that half of the world's 15 million orphans were being cared for solely by their grandparents, and this number was anticipated to double again by 2015. According to Howard, Phillips, Matinhure, Goodman, McCurdy and Johnson (2006), in Zimbabwe 78% of caregivers of orphans were grandparents, in Kenya 65% of caregivers of orphans were grandparents, in Uganda the number was 36%, and in Tanzania it was 41% in 2006.

In South Africa, it was estimated that 91% of the foster children were placed with extended family members (Sloth-Nielsen, 2008). Grandparents are assuming a parental role for their grandchildren, often because of mental illness and drug addiction of the biological parent, interrelated effects of child abuse or neglect, family violence, incarceration, HIV/AIDS, and the death of the biological parent/s (Fuller-Thomson & Minkler, 2007; Clottey, 2012; Kelly,2015).

Current research is scrutinizing the cultural dynamics that suggest why caregivers are customarily women and frequently unmarried grandmothers. The role of a caregiver has traditionally been allocated to women due to deeply entrenched gender and socio-cultural practices. Winston (2006) supports this assertion by stating that even in households where there are two grandparents; the grandmother is usually the one who assumes the role of caregiver. Traditionally, grandmothers are the most suitable caregivers for grandchildren as they are believed to be experienced in raising children. They are also assumed to share the same degree of interest and affection for the children as their biological parents (Mudavanhu et al., 2009).

According to Hearle & Ruwanpura, (2009:426), "despite their poverty and material deprivation, grandmothers are more likely to take on the care of orphans because women kin are perceived as affectionate and loving"

Among a qualitative study conducted by Hearle and Ruwanpura (2009) only 2 men attended the discussion out of a total of 42 caregivers of which the rest was women. This disparity echoes the stereotypical patriarchal lens of care giving which is perceived predominantly as a woman's duty in rural South Africa and other similar patriarchal countries across the world. Patrick and Tomczewski (2008) suggested that among grandparent-headed households in America, 50% include both grandparents, about 43% include a grandmother only, and approximately 6% include a grandfather only. Thus, while they are rarely the primary caregiver, grandfathers are present in the majority of these households. However, despite their presence in grand-parenting, grandfathers have rarely been included in research and service programs.

Custodial grandparents are an important source of support and strive for the safety and well-being of their grandchildren and their families at large. The section below will look at some of the benefits of grandparent caregiving.

2.7 Benefits of Grandparent Caregiving

The Children's Act highly favours placement of children with carers who have kinship ties to the child (SA, 2005). According to Filangeri-Parashar (2007:5), in cases where children must be removed from the custody of their parents, child welfare services often explore kinship care as an optimal placement situation and thus grandparents are seen as particularly suitable. Such arrangements can cause minimal disruptions to the children's lives, as in many cases the children already have close relationships with their grandparent/s.

Filangeri-Parashar (2007: 5) also highlighted perspectives from three different areas of psychology to illuminate the supportive role that grandmothers provide. First, cross-cultural research indicates that in many cultures children live in extended families with grandmothers with whom they have close relationships and who are involved in their daily care. Secondly, a resiliency perspective indicates that close bonds with a non-parent caregiver serve as a protective

factor for children living in stressful family situations, with grandmothers in particular often fulfilling this role. Thirdly, an evolutionary psychology perspective highlights the important biological connection between grandchildren and grandparents, and the benefits to grandparents for caring for their grandchildren. According to the principle of 'inclusive fitness', grandparents can increase their own reproductive success by providing care and nurturance for their grandchildren, thereby increasing the chance that these children will grow into healthy adults who find suitable partners and start their own families.

An exploratory study that was conducted by Mia (2010) involving 12 adolescents attempted to examine the nature of the grandparent-grandchild relationship in South Africa. This study found that grandparents played a critical role in nurturing grandchildren. The study thus suggests that grandchildren in such a context will feel a deep level of emotional closeness with their grandparents and will regard them as an important source of emotional support. The study by Mia (2010) reiterated the different roles that the grandparents assume as child carers. In addition, the author argues that the financial and social support that grandparents provide leads to emotional closeness with their grandchildren. Griggs, Tan, Buchanan, Attar-Schwartz and Flouri (2009) asserted that grandparents already fill the role of educator and teacher, especially in issues where the grandparents have expertise, and they also place positive pressure on their grandchildren in that grandchildren want to excel academically in order to make them proud. Filangeri-Parashar (2007) also suggested that there are both practical and theoretical advantages for selecting grandparents to serve as primary caregivers for children who require alternative care. However, the latter author agrees that numerous challenges impact grandparents' encounters with their grandchildren in a care-giving context.

2.8 Challenges Experienced by Aged Foster Parents in Child Care

According to Mudavanhu, Segalo and Fourie (2009), very few grandparents expect to raise children on a full-time basis again. If they do, they might not be afforded the time to adjust to this transition and to deal with their own emotions prior to assuming the role of caregiver. This is because they acquire these grandchildren but lose their own child in the process. The challenges confronted by aged foster parents are multiple and complex and have to be viewed within the

intersectionality of the socio-cultural contexts in which they occur (Partab, 2012). Some of these challenges are briefly discussed below as they impact a web of associated factors.

2.8.1 Poverty

Poverty always has a human face (Schenck , Nel & Louw, 2010:354) although a clear and distinctive definiton of poverty seems contentious accross contexts. For example, Alexander (2010:137) defines poverty as "a state in which a person or family is incapable of attaining the minimum adequate standard of living". A number of analysts have agreed that the definition of poverty goes beyond personal income in a definite period of time. For example, it also includes a lack of opportunities, lack of access to assets and credit, and social exclusion (Guthrie, 2002). Poverty is complex and multi-faceted and fluctuates in depth and duration.

According to figures from the Presidency, using the All Media Products Survey (AMPS), the poverty line in 2007 was that 41% of South Africa's population was living in poverty, with African households in rural areas being most affected (South African Institute of Race Relations, 2008). South Africa is classified as a middle-income country but poverty levels are still exceptionally high (Whitworth & Wilkinson, 2013). Simelane (2010:12) notes that children are most adversely affected and the [poverty] levels differ significantly by province, with the Eastern Cape and Limpopo provinces registering the worst levels of poverty. UNICEF and the Financial and Fiscal Commission of South Africa (2010:6) shared the notion that, poverty headcount rises if lower poverty lines are used due to more severe poverty amongst children than adults and that the racial dimension of child poverty is much higher amongst black children and coloured children in South Africa than among white and Indian children.

Poverty has negative effects on families and their overall functioning and it may initiate child abuse and neglect, resulting in the need for foster care. Poverty contributes to the burden of trying to meet the needs of orphans. Collins and Leibrandt (2007) also adds that the impact of HIV/AIDS in poor communities also creates and deepens poverty at the micro, mezzo and macro levels. It has been observed that grandparents have the extra burden of caring for children who are orphaned by AIDS and that they face the challenge of raising traumatised children and teenagers in extreme impoverished conditions (Tloubatla, 2009). Raniga and Simpson (2010)

conducted a study on grandmothers in KwaZulu-Natal and found that these elderly caregivers experienced socio-economic challenges when caring for sick HIV-infected family members and children. They mostly depended on inadequate state grants to deliver the needs of the whole family. The economic challenges faced by these carers as a result of poverty are severe. Some of the challenges include, "lack of food, accessing documents for social welfare grants, poor shelter, unemployment, insufficient clothing, lack of transport, limited potable water, and limited school fees/uniforms" (Kuo & Operario, 2010:5).

The consequences of poverty are not just physical and materialist, but also impact social and economic relationships (Tloubatla, 2009). Therefore, it is not surprising that grandparents face challenges as increasing impoverishment and its attendant risks permeate their lives.

2.8.2 Contextual Challenges

Research has demonstrated the inextricable link between AIDS and poverty and argues that this is a contributory factor to orphaned and vulnerable children (Patel, 2005; Leatt, 2006). Kasiram, Dano and Partab (2006:149) acknowledged that giving has become institutionalised, although this may exacerbate the financial burden of the less financially stable in South Africa. The elderly in particular are excessively represented among the rural poor and many live on fixed incomes at or below the poverty line. Generally, there are more socio-economic challenges in rural areas than in urban areas. They are characterised by geographic isolation, low literacy levels, sparse population, poverty, limited physical and social infrastructure, and limited numbers of health professionals and services (Thomas, 2007; Clottey, 2012). Geographic isolation in rural areas comes with transportation difficulties because of distance and the lack of public transportation (Thomas, 2007; Clottey, 2012), which in turn impacts the mobility of aged caregivers when traveling for social services. Moreover, according to Kasiram et al. (2006:149), applications for grants are often tedious and time consuming processes with the applicant having to wait several months before the grant is awarded. These grants are minimal and inadequate to sustain /or complement the family's present source of income.

Partab (2006) asserted that a vast majority of South Africans cannot afford medical insurance and are therefore exposed to public health care which can be both a frustrating and tiresome

resource to access. According to Thomas (2007) and Clottey (2012), rural residents are more susceptible to poverty and illiteracy than those living in urban areas. Healthcare systems in rural areas are insufficient as many rural communities experience shortages of health professionals and a higher number of rural hospitals remain under financial stress. These insufficiencies also impact the health and well-being of rural residents, and for grandparent caregivers, this heightens their vulnerability in the event of illness. The general health status of rural residents is poorer than that of their urban counterparts (Thomas, 2007; Clottey, 2012).

2.8.3 Pyscho-emotional well-being

Kiggundu and Oldewage-Theron (2009) argued that extended family foster placements present additional challenges to those presented in non-kinship placements. In particular, grandmothers who provide care for their grandchildren face not only the loss of their children, but also the loss of the support that their children would have given them in their old age. Furthermore, Kiggundu and Oldewage-Theron (2009) explained that the possibility that grandparents might decease whilst still caring for their grandchildren also brings fear to the grandparents. They fear for the safety and well-being of the children and worry about who is going to take care of them when they are no longer there to do so when the biological parents are deceased, unknown or unfit.

A number of research findings indicate that meeting increased demands of the parental role is related to significantly higher levels of psychological distress among grandparent caregivers (Longoria, 2010). Furthermore, there is a range of additional factors which have been identified as contributing to increased psychological distress in grandparental caregiving, such as the behavioural problems that children give when they are placed under the care of an aged carer. This may be determined by the support given to the carer and the magnitude of the child's behavioural problem. According to Choi et al. (2016), children are exposed to abuse, neglect, intimate partner violence, and other types of adverse life events. They may also experience heighted emotional and behavioural problems, which can further complicate the caregiving relationship and increase stress. Participants in the study conducted by Hearle and Ruwanpura (2009) reported feeling overwhelmed in their role as caregivers, due to the challenging behaviour of the children. They reported an increase in physical violence and lack of respect from the

children towards their foster parents, which led to feelings of resentment about their role in the children's lives (Hearle & Ruwanpura, 2009). Being cognisant of the stressors and challenges that aged foster parents are confronted with, it is evident that these may negatively impact their pyscho-emotional well-being.

2.8.4 Physical health

A number of studies have asserted that child care exerts a toll on a grandparent's health. Old age and sickness are also challenges that, although not specific to family members, are often experienced by grandmothers who provide foster care (Kiggundu & Oldewage-Theron, 2009). According to Mudavanhu et al. (2009), Grandparents are also at the edge of losing their health as they advance in years. They reach a period when they are confronted with the realisation of severe restrictions on their bodies that creep in imperceptibly and gradually and they thus struggle to feed their grandchildren and nurse sick toddlers while being vulnerable to physical ailments such as backaches and chronic diseases (Phetlhu & Watson, 2014).

Tloubatla (2009) observed that grandparents struggle to receive medical treatment at clinics and state hospitals as travel long distances when obtaining medical amenities for themselves and their grandchildren. Poor health is not unavoidable in elderly persons, chronic illnesses amongst elderly caregivers are very much prevalent. According to Fuller-Thomson and Minkler (2007), elderly caregivers are regularly at risk of chronic illnesses such as arthritis, high blood pressure, and cardiovascular and respiratory conditions which may be influenced by their poor socio-economic status. As suggested by Fuller-Thomson and Minkler (2007: 05), complementing the increased health risk associated with caregiving, such grandmothers, despite an awareness of their own health problems, may prioritize their grandparental caregiving role responsibilities and, as a consequence, neglect their own health, which may exacerbate poor health and impact their coping abilities. Clearly, the competing priority of whose physical health should receive attention is a constant concern for such grandparents.

2.8.5 Challenges related to meeting foster children's needs

Tloubatla (2009) argued that rearing a child is not an easy task, particularly for an elderly person because there are needs and demands that should be met. Aged carers who take on the duty of caring for children are faced with multiple responsibilities. For instance, there is a need to make some changes in their home so that it can safely accommodate the foster child/ren and some homes may need to be expanded in order to create room for these children (Clottey, 2012). Becoming a primary caregiver has been reported to result in negative social outcomes such as social isolation and role overload among elderly carers. Here again the study conducted by Raniga and Simpson (2010) revealed that a majority of grandparents were emotionally exhausted and overwhelmed with the burden of caring for sick relatives and nurturing grandchildren. There are also many other expectations from foster parents in relation to the children placed in their care. Kuo and Operario (2010) emphasized the issues of disciplining children, attending to their mourning and their emotional and physical well-being. According to Phetlhu and Watson (2014), grandparents often lack the basic skills to deal with the post-traumatic experiences of the orphans, and they also lack skills on how to deal with orphans' deviant behaviour. They might therefore not be able to meet other needs of the children such as supervising homework and providing social support.

2.8.6 Lack of support

While placing a child in a family environment is popular and the most preferable form of alternative care, it is accompanied by less psychosocial support from child protection agencies than other out-of-home arrangements. The study by Raniga and Simpson in (2010) suggested that, with elderly caregivers of HIV infected individuals, the caregivers may experience difficulty in accessing the old age pension. The lack of financial support for these caregivers and their added responsibility of providing for HIV-infected dependents seem to be the major social problems in communities. Warwick (2013) also argued that some of the main challenges in the foster care system are unhelpful relations with the welfare agency's social workers, difficulty in accessing high-quality services, difficulties in maintaining contact with the child's birth parents, lack of respite care, and lack of training and support for foster parents.

Guardians who were interviewed in Kiggundu and Oldewage-Theron's study (2009) verbalised the difficulty that they had in providing the documentation required by the state before the grants would be issued. They had particular problems with the birth certificates of the children. Many had applied for grants but the process took such a long time that they felt that it was likely that the children in their care would have turned 18 by the time their applications were processed (Kiggundu & Oldewage-Theron, 2009). It is clear that access to government services is fraught with obstructions for the aged caregivers. Tloubatla (2009) also asserted that the burden is made heavier when government departments sometimes appear ill-equipped to assist elderly people in meeting the new demands that are placed on them. They receive limited access to information and resources to meet the demands of their newly acquired parenting roles. While there is much stress over educating children in terms of their rights and responsibilities, there appears to be limited education for grandparents on how to deal with their foster children and the fostering process (Perumal, 2011).

In many cultures, women are traditionally seen as the most suitable caregivers to children as they are nurturers by nature, while men are identified with roles that are more masculine. However, there are grandfathers who have been given the responsibility of caring for their grandchildren. The section below will discuss the challenges that they face within this caregiving role.

2.8.7 Custodial grandfather-specific challenges

According to Mudavanhu et al. (2009), the role of a caregiver had traditionally been associated with women due to deeply entrenched gender and socio-cultural practices; however, in modern society grandfathers also assume the role of being primary carers to foster children, mostly in the absence of their deceased wives. In the study by Patrick and Tomczewski (2008), the following points were raised: Although the economic difficulty of custodial grandmothers is well known, custodial grandfathers face similar challenges. Custodial Grandfathers in grandfather-only households are less likely to be employed, less likely to own their homes, more likely to be Black, and more likely to be poor, compared to married grandfathers. The study of Patrick and Tomczewski (2008) also compared the psychological well-being of grandparents. Custodial Grandfathers reported more depressive symptoms and lower levels of social support than the

custodial grandmothers. They also reported more disruptions in their lives due to childcare than custodial grandmothers did (Patrick and Tomczewski, 2008). However, grandfathers may also experience a loss of freedom, feel challenged by differences in current childcare from their own days as parents, and feel fearful regarding future health declines. Many custodial grandfathers also feel powerless in their role. Therefore, the notion of an aged grandfather being a foster parent to grandchildren is much more complicated than in the case of grandmothers, because women are perceived as nurturers by their feminine nature.

From a hierarchical gender lens in South Africa, it was evident that the stereotypical roles are changing. According Marsiglio and Roy (2012), men are increasinly committing to their families and the well-being of their children. The turn of the twenty-first century has seen the emergence of the new father, a man who is both a provider and a caregiver of his children.

The researcher was unsuccessful in obtaining South African statistics and research studies documenting the experiences of custodial grandfathers. Therefore, there is a need for additional studies that will examine grandfathers' custodial experiences in order to add to scholarly knowledge in this field that will contribute to the development of programs for the support of such grandfathers.

2.9 Conclusion

It is evident that the inextricable link of AIDS and poverty is one of the most salient contributory factors for the increased need for alternative care for orphaned children without parental care. The literature suggests that 'foster care' is the most widely practised form of substitute care for children in need of care of care and protection. While appearing to have good potential as an effective means of providing care for orphans and vulnerable children, it comes with many challenges. The shift in role from grandparent to parenting grandparents is challenging. The combination of a high burden of care and perceived disempowerment, together with dysfunctional relationships with social services, contributes to foster care placement breakdown. The next chapter will discuss literature on the legislation around the research topic. The chapter will look at the International, Regional and South African legal framework providing for

alternative care of children. The children's Act 38 of 2005 as the main legislation guiding foster care services in South Africa will be discussed in detail.

UNDERSTANDING THE INTERNATIONAL AND THE SOUTH AFRICAN LEGISLATIVE FRAMEWORK GUIDING ALTERNATIVE CARE OF CHILDREN

3.1 Introduction

This chapter provides a discussion of the international treaties providing for alternative care of children, namely the United Nations Convention on the Rights of the Child (UNCRC) (1989), the African Charter on the Rights and Welfare of Children (ACRWC) (1999), and the United Nations Guidelines for the Alternate Care of Children (UN guidelines) (2009). South African legislation such as the Constitution of the Republic of South Africa (1996), The White Paper for Social Welfare (1997) and the Children's Act No.38 of 2005 will be analysed and discussed. More specifically, provisions in the Children's Act in relation to alternative care will be discussed in detail. Moreover, the Foster care grant (FGC) and social work services in foster care will also be discussed briefly. In conclusion, a critique of the Children's Act will be given and a conclusion of the literature review will be offered.

This chapter is aligned with the fourth objective of this study which is around the support services available to aged foster parents during care giving. Legislation is often the guiding framework for the nature and quality of support services available to aged foster parents. This is so because service providers often get their service mandates from legislation. For this reason, it was deemed as important to have this chapter as a standalone discussion. Furthermore, support services are quite broad as they span from the international to the local legislative environment. A thorough discussion of support services requires specific attention to the legislative provisions of international and national law. This further illustrates the importance of this chapter to the research project.

3.2 International Framework

This section will discuss the international legisative framework on laws related to the research topic. The first part will look at the 1989 United Nations Convention on the Rights of the child

(UNCRC). The discussion of the UNCRC will center on the provisions of the Convention specifically relating to relationships between children and adults and responsibilities of governments towards children. The 2009 United Nations Guidelines on Alternative Care of Children will also be explored. Here particular focus will be given to the provisions given in the Guidelines regarding the alternative care of children. The discussion of the UNCRC and the 2009 United Nations Guidelines on Alternative Care of Children will suffice as an exploration of the international legislative framework.

3.2.1 United Nations Convention on the Rights of the Child (1989)

The UNCRC addresses the responsibility of states, parents and other caregivers to respect, protect and promote children's rights (United Nations, 1989). According to Article 20(1) of the UNCRC, a child temporarily or permanently deprived of his or her family environment or in whose own best interests cannot be allowed to remain in that environment, shall be entitled to special protection and assistance provided by the state. State parties shall; in accordance with their national laws ensure alternative care for such a child (Article 20(2)). Moreover, such care could include, inter alia, foster placement, 'kafalah' (deriving from Islamic law), adoption or, if necessary, placement in suitable institutions for the care of children. When considering solutions, due regard shall be paid to the desirability of continuity in a child's upbringing and to the child's ethnic, religious, cultural and linguistic background (Article 20(3)).

The UNCRC identifies that children have the best chance of developing their optimum potential in a family environment. The primary responsibility for their care rests upon their parents and legal guardians who are entitled to support from the government. When parents are not able or willing to fulfil this responsibility, kinship and community resources may be relied upon to provide care for the children. However, the ultimate responsibility rests with the government to ensure that children are placed in appropriate alternative care. The UNCRC highlights the importance of identifying and implementing policies, programs and interventions to protect all children and has specific provisions for the most vulnerable children.

The UNCRC also upholds that every child has a legal right to benefit from social security. The state therefore has a responsibility to take the required processes to achieve the full realisation of this right in harmony with national law. In this regard, South African legislation makes provision for a FCG that assists carers in providing for the basic necessities of the foster children.

3.2.2 United Nations Guidelines on Alternative Care of Children (2009)

The United Nations adopted the Guidelines for the Alternative Care of Children on 20 November 2009, hereafter referred to as the UN guidelines. These Guidelines are intended to improve the implementation of the UNCRC as well as other international provisions concerning the safeguarding and well-being of children deprived of parental care or at risk of being so (United Nations General Assembly, 2010).

The UN guidelines define foster care as "situations where children are placed by a competent authority for the purpose of alternative care in the domestic environment of a family other than the child's own family that has been selected, qualified, approved and supervised for providing such care" (para29(c)(ii)). These guidelines make provisions for two broad forms of placement, namely formal and informal placements. Formal placement is ordered by a proficient judicial authority (para 29 (b) (ii)) i.e., foster care or residential care. In South Africa, formal care appears to be the preferred option of alternative care.

These guidelines also provide for informal placement based on private arrangements initiated by the child, his/her parents, relatives or others without involvement of an external body or authority (para 29 (b) (i)); i.e., kinship care or any community or family-based care provisions. South African legislation, more specifically the Children's Act, does not provide for the use of the term 'kinship care' as a statutory measure, which Matthias (2010) argues as a serious deficiency. Pertinent to this study, the UN Guidelines encourage permanent solutions such as family reunification or adoption whereas the Children's Act makes provision for the long-term placement of children with family members in terms of Section 186. This provision allows for permanency planning in respect of the child and is in line with the UN guidelines. Therefore, these guidelines that afford protection to every child who is deprived of parental care should be domesticated by state parties, as was done to a certain extent by South African legislation.

This section included a discussion on international provisions for the care and protections of children whose parents can no longer look after them. The African legal framework, with specific reference to the ACRWC of 1999, is discussed below and thereafter compared with the UNCRC.

3.3 Regional Framework

3.3.1 The African Charter on the Rights and Welfare of the Child (1990)

Article 18 of the ACRWC asserts that, the family shall be the natural unit and basis for child rearing in society. It shall enjoy the protection and support of the state for its establishment and development. Article 25 of the ACRWC further mentions that, any child who is permanently or temporarily deprived of his/her family environment for any reason shall be entitled to special protection and assistance.

Both the UNCRC and the ACRWC are comprised of numerous Articles that determine when alternative placement of children in need of care of care and protection should occur. They recognize that the family is the first line of responsibility for the care of children. They accentuate a parentless child deprived of his/her environment is entitled to alternative care, such as placement in a family environment as the initial option and, in the absence of a suitable family, the state has the responsibility to apply the set procedures for the alternative care of children.

An obvious difference between the ACRWC and UNCRC is that the ACRWC contains an article (Article 31) that outlines the responsibility of children to their families, elders, communities and the state, which is not addressed in the UNCRC. Also, only the UNCRC contains an article (Article 26) that makes provision for all children to access social security, including children in foster care. South Africa is a signatory to both these treaties and therefore the Articles contained in them are binding and should be domesticated to ensure full recognition of children's rights (Office of the United Nations High Commissioner, 1989). These treaties provide for special and specific protection of children and recognise the child as a human being who is entitled to the

full array of children's right. The ratification of the UNCRC has brought with it international obligations. The countries that are signatories to the UNCRC are obligated to comply with its provisions. As a result, some countries have introduced principles of the Convention into their domestic legislation to honour their commitment to their international obligation. South Africa has benefitted from these developments as is reflected in its comprehensive Children's Act and the broad wording of section 10 of the Children's Act. It is against this background that the South African legislation is discussed below.

3.4 South African Legislation

3.4.1 Constitution of the Republic of South Africa (1996)

The Constitution of the Republic of South Africa Act No. 108 of 1996, hereafter referred to as the Constitution, aims to address the plight of parentless children by assuring that the full range of children's rights that are provided by instruments such as the UNCRC and the ACRWC are applied. Foster care services are therefore aligned with the Constitution. The Constitution provides minimum standards pertaining to socio-economic rights such as social security, social assistance, and social services. It further gives everyone the right to access social security, which includes appropriate social assistance to people who are unable to support themselves and their dependants. The Social Assistance Act No. 13 of 2004 was amended to provide for the administration of social assistance and payment of social grants with the aim of alleviating poverty (RSA, 2004). Section 7 of the Social Assistance Act of 2004 renders a foster parent eligible for a FCG for the child concerned if the child is placed in his or her custody in accordance with the Children's Act.

Section 28(1)(a) of the Constitution provides that "every child has the right to family care or parental care or to appropriate alternative care when removed from the family environment, (c) to basic nutrition, shelter, basic health care services and social services and (d) to be protected from harm, maltreatment, neglect, abuse or degradation". In terms of the Constitution, families have the primary responsibility to care for children. This principle is supported by the principles contained in the UNCRC and ACRWC. This principle is emphasized in the case *Grootboom v. the Republic of South Africa* 2001[1] SA 46 [CC]. In this case, the court found that section 28

(1) (c) must be read in conjunction with section 28 (1) (b) of the Constitution. These sections imply that parents have the primary responsibility to safeguard the economic and social rights of their children. The state intervenes only where the guardian/parents fail or are unable to provide for their children. The primary responsibility to take care of children thus lies with the parents. The Grootboom case demonstrated that, although section 28(1) (c) upholds that all children have the right to basic nutrition, shelter, health care and social services, this applies only to children who are in alternative care (Gallinetti & Loffel, 2007). According to section 28(2) of the Constitution, the best interests of the child are of paramount importance in every matter concerning the child. This legal imperative frames the review and analysis of the foster care placement of children in the country.

Policies developed by the Department of Social Development to facilitate service delivery are deliberated below.

3.4.2 The White Paper for Social Welfare (1997)

The adoption of a development policy for social welfare in the form of the White Paper for Social Welfare by the South African government was a response to a plea by various sectors to embrace a social welfare system that is more just, equitable, participatory and appropriate in meeting the needs of all South Africans (Patel, 2005). Therefore, the Department of Social Development's White Paper (1997), hereafter referred to as 'The White Paper', is based on a developmental approach to welfare and provides a framework for the transformation of social welfare services. The White Paper commits government to "giving the highest priority to the promotion of family life and the survival, protection and development of all South African children". One of the objectives of the White Paper was to review foster care policies, procedures and programs. The White Paper upholds that social welfare services and programmes are based on respect for human rights and fundamental freedoms as articulated in the Constitution.

The White Paper also points out that social welfare policies will be developed [and] targeted at poverty prevention, alleviation and reduction and the development of people's capacity to take

charge of their own circumstances in a meaningful way. The main purpose of the White Paper is to facilitate the provision of appropriate developmental social welfare services to all South Africans: those living in poverty, those who are vulnerable, and those who have special needs.

The White Paper marked a turning point in the history of social welfare service provision in South Africa. It has remedied past imbalances and shifted social welfare as a role player in social development in our new democracy (Lombard, 2008). Implementation of the White Paper has accomplished a number of social welfare goals (Patel, 2005). According to the Ministerial Committee on the Review of the Implementation of the White Paper for Social Welfare (2016), a range of new social development policies have been developed since 1997. There has also been a range of new legislation and amendments to existing legislation, as well as secondary legislation in the form of regulations, norms and standards which are aligned both to South Africa's Constitution and to international and regional instruments. A significant measure of progress would be the implementation of the Children's Act which adopts a developmental approach.

3.4.2.1 Review of the White Paper on Social Welfare

The expansion of social protection (i.e., cash transfers) to vulnerable persons is acknowledged to be one of the country's most effective poverty-reduction program and has significant effects on reducing inequality (Patel, 2014). The FCG is in accord with the purpose of the White Paper which strives to have a welfare system which facilitates the development of human capacity and self-reliance within a caring and enabling socio-economic environment.

As stated by Lombard (2008), developmental social welfare can celebrate many achievements, [but] the challenges to effectively implement the White Paper are on-going. Some of the challenges include delayed progress to address the structural causes of poverty and inequality and the lack of a unified human resource strategy for social welfare (Lombard, 2008). Patel (2014) identified inadequate financial and fiscal policies to support welfare-service delivery by both the government and NPOs as major hindrances in the implementation of the White Paper. The Ministerial Committee on the Review of the Implementation of the White Paper for Social Welfare (2016) also highlights imbalances in access and limited funding available for social

development, particularly social welfare services, as major obstacles. A lack of institutional capacity to implement the policy remains a crucial issue, along with resistance to change and a lack of clear direction as to how to implement the developmental approach (Patel & Hochfeld, 2013).

The discussion below focuses on the Children's Act as the main regulator of foster care practice and grounded in the principles of the Constitution of the Republic of South Africa.

3.4.3 Children's Act No. 38 of 2005

The Children's Act No. 38 of 2005, which is referred to as the Children's Act, gives manifestation to the rights of the child as enshrined in the South African Constitution of 1996. This Act came into effect on 1 April 2010 and offers a legislative framework for alternative care of children without parental care. According to the Children's Act, a child is in alternative care if he/she is placed in foster care, in a child youth care centre, or in temporary safe care.
Foster care is explained in section 180 (1) (a) and (b) of the Children's Act as "when a child has been placed in the care of a person who is not the parent or guardian of the child as a result of an order of a children's court or a transfer in terms of section 171". The children's court may either place the child under the foster care of a person who is not a family member of the child, with a family member who is not the parent or guardian of the child, or place the child in a registered cluster foster care scheme (section 180 (3) (a)(b)(c)). The Children's Act encourages family care when possible and for residential care to be used as a last resort.

Foster care is mandated and guided by the Children's Act and foster care services are provided by registered social workers in a designated child protection organisation. The main aim of foster care is to protect and nurture children by providing a safe and healthy environment with positive support and create lasting family relationships (Section 181). In terms of section 157(1) of the Children's Act, when making a decision whether to place the child in alternative care, the court must consider a report completed by a designated social worker on the conditions of the child's life which must include an assessment of the developmental, therapeutic and other needs of the child.

Section 150 (1) states that "*a child is in need of care and protection if he/she is:*

a) *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 care-giver 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.*

Section 150 1(a) of the Children's Act highlights that, a child is in need of care and protection if abandoned or orphaned and is without any visible means of support. However, there have been misinterpretations of the meaning of the words 'visible means of support', as illustrated by the case of *SS v. The Presiding Officer of the Children's Court: District of Krugersdorp and Others* (hereafter*: SS)*. In this case, the magistrate did not find the child in need of care and protection. The court had to decide whether an orphan who was living with his aunt was in need of state care and protection and should be placed in foster care with his aunt. The legal question was if orphaned children who are already in the care of relatives "without visible means of support" are entitled to the FCG. The magistrate ruled that the applicants were disadvantaged but did have some financial resources of their own *(SS* para 9) and had been taking care of the child for years willingly without the grant (Matthias, 2014).

To interpret the meaning of the phrase "without visible means of support" in section 150(1) (a) of the Children's Act, Judge Saldulker argued that someone is "without any visible means of support" if they have "no ostensible ability to support themselves". These are the words that now appear in the proposed amendment of section 150(1) (a) of the Children's Act (and in the Memorandum of the Amendment Bill) (Children's Institute, 2015).

In a similar case, *Nono Cynthia Manana and Others v. The Presiding Officer of the Children's Court* (hereafter: *Manana judgement*) appealed to the High Court against the above *SS* decision by the Krugersdorp Children's Court where the magistrate did not find the children in need of care of care and protection. The magistrate's judgement was based on section 150(1) (a) of the Act that provides appropriate grounds for a foster care application that involves a child. The High Court had to decide whether three orphaned children who were in the care of their grandmother could be placed in formal foster care with the grandmother in order for her to obtain the FCG for the three orphans. Two aspects were examined in this case, namely if a caregiver who owes a legal duty of care should be appointed as a foster care parent and if a FCG can be given to the caregiver in this particular case. In the *Manana judgment*, the High Court ruled that a caregiver who owes a legal duty of support may be appointed as a foster parent and is therefore eligible to apply for a FCG.

In both these cases the Court intended to further the children's best interests by placing them in foster care with their relatives so that these families could obtain a FCG. As reiterated by Matthias (2012), 'visible means of support' did not refer to the foster parents' financial means, but rather to what the child had legally available. Sibanda and Lombard (2015:349) recommend that section 150(1) (a) be amended to remove the words 'and is without any visible means of support' and replace them with the words 'abandoned or orphaned and not in the care of a family member'. Sibanda and Lombard (2015) assert that, the effect of this amendment would be that children who are abandoned or orphaned, but who are nevertheless living with a family member (who is not a biological parent), are not automatically in need of care and protection. But according to submissions on the Children's Amendment Bill [B13-2015] and the Children's Second Amendment Bill [B14-2015] by the Children's Institute (2015), neither the *SS* nor the *Manana judgment* made a declaration of unconstitutionality or questioned the constitutionality of

section 150(1) (a) of the Children's Act. Instead, the *Manana judgment* interpreted section 150(1) (a) of the Children's Act, whereas the *SS* judgment provided an interpretation of the words "without any visible means of support". The *Manana judgment* examined whether the children before the court had an enforceable claim against their grandmother. Given that neither of the judgments made a declaration of unconstitutionality regarding section 150(1) (a) of the Children's Act, it is not legally necessary to change the wording of this clause.

The Children's Act makes provisions for various orders to be made in respect of a child who has been found to be in need of care and protection. For example, if an order made by the Children's Court is in terms of section 159(a) (1), it lapses on expiry of two years from the date the order was made and may be extended by the Children's Court for a period of not more than two years at a time. In such applications the court must, in terms of section 159 (2), take cognisance of the views of the child, the parents or any other person that has parental responsibilities and rights over the child concerned and any alternative caregiver of the child (e.g., the foster parent). The court order referred to in section 159(1) may not extend beyond the date on which the child of whom it was made reaches the age of 18 (Children's Act 38 of 2005).

As stated in section 186(1) of the Children's Act, the Children's Court may, despite the provisions of section 159(1) after a child has been in foster care with a person other than a family member for more than two years, and considering the need for creating stability in the child's life, decide that no further social worker supervision or reports are required for the placement and that the placement should continue until the child turns 18 years old, unless otherwise directed. Therefore, while foster care is often considered a temporary solution, the Children's Act does make provision for longer term care. As mentioned above, this provision allows for permanency planning in respect of the child and is in line with the United Nations Guidelines for the Alternative Care for Children.

Perumal (2011) raised the concern that grandparents need the support of the social workers so that they can fulfil their responsibilities adequately, but social workers may be unable to meet the demand for therapeutic services. The Children's Institute (2015) also highlights that a casual approach to long-term foster care placements puts children living with non-relatives at risk for [sic] abuse, neglect and exploitation and is a violation of the child's right to review as provided

in the UNCRC. Therefore, giving courts the discretionary right to make long-term foster care placements with non-relatives without these placements ever being examined clearly violates the right to review and the best interest of the child principle that is protected by the Constitution and the Children's Act. However, section 186(3) of the Children's Act does highlight that social service professionals must conduct home visits at least once every two years to monitor and evaluate the placement, even if the child was placed in terms of section 186. It is therefore probable that if there are any problems within the placement that affect the well-being of the child or the foster parent, the social workers will become aware of these anomalies if monitored appropriately.

Section 176 of the Children's Act upholds that a child who is placed in foster care as a child is entitled to stay in alternative care until the end of the year in which he or she turns 18 years. Thereafter, the individual is allowed to remain in alternative care until the age of 21 years if he/she makes an application to the provincial head of the Department of Social Development (DSD). S/he considers the extension if the current alternative caregiver agrees and is able to care for the applicant, or if the extension is necessary to enable the applicant to complete his or her studies or training. The provincial head of the DSD may also, if it is in the best interests of the child, at any time while the child is in alternative care issue a notice directing that the child be transferred in terms of section 171 from the person in whose care that child was placed to any other parent or caregiver or be discharged from alternative care in terms of section 175 from a date specified in the notice respectively (RSA, 2005).

3.4.3.1 Recruitment and selection of foster parents

Foster parents can be extended family members, friends or strangers to the child (Nutt, 2006). According to the Children's Act section 182 (2), before an individual can become a foster parent, a designated social worker must determine if the prospective foster parent is:

    a)   a fit and proper person to be entrusted with the foster care of the child;

    b)   willing and able to undertake, exercise and maintain the responsibility of such care;

    c)   has the capacity to provide an environment that is conducive to the child's growth and development; and

d)   has been properly assessed by a designated social worker for compliance with paragraphs (a), (b) and (c).

According to Matthias & Zaal (2009), 'fit and proper' means a person that has the ability to provide in the daily care of the child and is able to serve as a temporary substitute parent for the child. Carter &Van Breda (2015) argued that if a foster placement is not assessed adequately, there is more likely for the foster care placement to break down, which would be detrimental to the child as well as the foster care family. The inability of social workers to assess prospective foster parents has been reported as one of the reasons for inadequte screening of prospective foster parents. Literature that is derived from the US reports a concern that social workers often do not know how to assess prospective foster families (Carter & Van Breda, 2015; Dickerson & Allen, 2007; Louw & Joubert, 2007). Dickerson and Allen (2007) also suggested that factors such as the prospective foster parents' capacity to love the child, to deal with different types of developmental needs and problems of the child, and to make a clear commitment to the upbringing of the child need to be included in the selection criteria of prospective foster parents.

Currently there is no age criterion for the recruitment and screening of prospective foster parents, which is evidenced by the number of aged foster parents who foster children. Anyone who is above the age of 18 qualifies to become a foster parent. However, authors like Faircloth and McNair (2012) suggested that the criteria for recruiting foster parents should include an age profile, the cultural background, and the household composition of the prospective foster parents.

3.4.3.2 The responsibilities and rights of foster parents

According to Schofield and Ward (2008), it is important that prospective foster parents have the capacity to fulfil parental responsibilities and have a steady environment in which to raise the child. In sections 65 and 66 of the Consolidated Regulations in terms of the Children's Act, the legal responsibilities and rights of a foster parent are recognized. Some of the responsibilities of the foster parents include, but are not limited to,

a)   providing in the day-to-day needs of a foster child placed in his or her care;

b) ensuring that any social assistance is used towards the upbringing of the child and in the child's best interests

c) ensuring that if the child is of school-going age, he or she attends school on a regular basis

d) co-operating with a designated child protection organisation or designated social worker towards any other matter relevant to the foster care placement;

e) guiding the behaviour of the child in a humane manner and not imposing any form of physical violence or punishment, or humiliating or degrading forms of discipline;

f) Respecting the views of the child and generally promoting his or her well-being, best interests and physical, emotional and social development.

According to Piescher, Schmidt and LaLiberte (2008), foster parents are responsible for providing for the physical, emotional, medical and social needs of foster children. Thomas (2005) highlights that foster parents must be able to provide the following in foster care:

a) Create warm and effective relationships with children and young people;

b) provide good physical and psychological care for them;

c) enable children to feel at home without disrupting their existing attachments;

d) prioritise the needs of children and young people with a range of problems without causing harm to the foster parents own children;

e) work in partnership with social workers and other professionals.

Furthermore, section 188(1) of the Children's Act refers the foster parent of a child as having those parental responsibilities and rights in respect of the child as set out in any of the court orders issued by the Children's Court. These negotiations can be written down as working agreements or contracts between them.

Some of the rights of foster parents listed in section 65 of the Consolidated Regulations in terms of the Children's Act include:

a) they take all day-to-day decisions regarding the care, upbringing and development of the foster child in his or her care;

b) They ensure reasonable privacy of home life; and

c)   they have the support of a social worker in order to enable them to deal effectively with a foster child and the child's biological parents".

The issue of whether a foster parent is naturally a guardian is not supported by authors such as Skelton (2009), who maintains that a caregiver such as a foster parent does not automatically obtain the guardianship of a child in need of care and protection. The Children's Act stipulates that the rights transferred to a foster parent do not include the power to deal with any property of the child, or to consent to the marriage of the child, or to sanction the performance of an operation or medical treatment on the child. Their rights and responsibilities remain limited, even in situations where the biological parent or guardian has disappeared or is deceased. Where a child's parent or guardian has died, the High Court remains the upper guardian of the child, unless or until another guardian is appointed, usually through adoption. It is acknowledged that the present limitations on parental rights and responsibilities of foster parents can create considerable difficulties for them in carrying out their tasks.

3.4.3.4 The training of foster parents

In terms of section 65(6) of the Consolidated Regulations in terms of the Children's Act "a foster parent has the right to on-going training and support from a social worker in order to enable the foster parent to deal effectively with a foster child and the child's biological parents". Foster parents need to acquire as much relevant knowledge and skills required to undertake the parenting role as possible, and they need to be aware of their own needs, strengths and weaknesses as members of the family (Dickerson & Allen, 2007; RSA, 2005). Murray, Tarren-Sweeney and France (2011) stated that, for foster parents to realize their remedial potential, they require intensive support and training, especially where the goal is to sustain long-term placements of children with attachment- and trauma-related difficulties. Thus, better delivery of effective services and support should be prioritised to ensure good quality care, which will contribute to improvements in the well-being of foster children.

Roux, Bangana and Strydom (2010) also suggested that social workers should assist and empower foster parents to deal with the physical, emotional, social and educational needs of the

children in their care. A further component that also needs to be included in the training of foster parents is the legal responsibility and the administration of the FCG (Roux et al., 2010). Another way of intervening is to provide foster parents with practical assistance and support. This could involve a number of things, such as foster parent support groups, support from social workers, and the provision of specific services (Murray et al., 2011). Durand (2007) suggested support through the foster parents' own families, the foster child's biological family, professionals, other foster parents and foster parent associations. On-going support and appropriate training are therefore crucial in ensuring high standards of care for foster children.

3.4.3.5 The state foster care grant

The Children's Act contains a compulsory contribution order in the form of a FCG that requires maintenance to be paid to foster parents on behalf of children in their care. The FCG system was introduced by the South African government as an initiative intended to address the psychological, social and financial difficulties confronted by children in need of care of care and protection (Hearle & Ruwanpura, 2009). The FCG is part of the state's statutory obligation towards the care and protection of children placed in foster care or any other formal alternative care placements. However, FCG eligibility has no means test. As of April 2017, the amount granted for a foster child is R920 per month. The aim of the grant is to enable foster parents to cover the basic necessities of the orphan, including adequate housing, food, clothes, medical care and schooling. The grant is therefore intended to relieve the foster parents from financial burden (Hearle & Ruwanpura, 2009; Matthias & Zaal, 2009).

The Social Assistance Act (2004) provides the legislative framework for the realisation of the right to social security and stipulates eligibility criteria and procedures for access to social grants for the elderly, children living in poverty, people with disabilities, children in need of foster care, and people in social distress. Table 2.1 in Chapter two provides a statistical summary of FCGs in South Africa by province as at July 2017. The section below will look at some of the reviews of the FCG system.

3.4.3.6 Critique of the foster care grant

The Children's Institute (2009/2010) raised the concern that an increasing number of care givers and relatives who have already been caring for children now come forward to obtain approval as foster parents to get access to the FCG. The Instiute argues that they do this as a basic poverty relief initiative. Sibanda and Lombard (2015) argued that the Children's Act does not address the plight of children who are in need of care, but rather in need of financial relief. Therefore, it has become debatable whether families take orphaned children into their care for the purposes of caring for the child, or to access the FCG for personal benefits (Gomo, 2015). The argument is that some foster care applications are based on the applicants' desire to acquire benefits that are realized through formal foster care placement, because the FCG is higher than the CSG. Some researchers like Meintjes, Budlender, Giese, & Johnson, (2003) were of the view that the FCG in some instances meets the needs of the applicants rather than those of the children. So the question becomes whether the foster care system is being utilised as a poverty-alleviation programme rather than as a means to offer basic care to orphaned and vulnerable children.

Hall and Proudlock (2011) also interrogated the system, and queried if the FCG should continue to be part of the child protection system or if it should be poverty alleviation grant for orphans, or a combination of the two. Nevertheless, it is the constitutional right of every child placed in alternative care to social security provision; therefore it is difficult to foresee the real motives of prospective foster parents when they apply for the grant. It therefore becomes incumbent on social workers to pay close attention to this issue and to be aware of individual's motivation when they apply to foster a child.

While the FCG has been of considerable assistance to many who access it, numerous studies have illustrated how the FCG has presented its own challenges. While the provision of FCGs is viewed by many prospective foster parents as a way of providing an income (Giese, 2008), many prospective foster parents realise that they can only use this FCG for the child and not for other purposes (Matthias & Zaal, 2009*).*

Concerns over fraud and corruption have been scrutinised and this has uncovered inadequacies and biases of officials. The unwieldy administrative features of the foster care application system have been observed and it has highlighted how the FCG are terminated without proper justification (Goldblatt, 2005). It was also found that some difficulties might arise and that unpleasant brawls might erupt between the paternal and maternal sides of a family who fight over orphans because of the financial benefits they bring through access to the FCG (Hearle & Ruwanpura, 2009). They also found that some foster children realised that as long as they were in receipt of the grant, they had the upper hand and, as a result, they used the grant to exert power over their foster parents (Hearle & Ruwanpura, 2009).

The role of social work services is discussed in the section below.

3.4.3.7 Social work services in foster care

The Department of Social Development and other child protection agencies are responsible for children in alternative care (Whitelaw et al., 2004). The recruitment, screening and selection of foster parents are generally seen as the responsibilities of the child protection agency that is responsible for making an appropriate recommendation about suitable alternative care to the presiding officer during a Children's Court enquiry (Schofield & Ward, 2008; Matthias & Zaal, 2009). Thus social workers are at the coalface of the foster care process in South Africa and their Duties include investigations into neglect and abuse with the possibility of removal as well as placement of children in foster homes and monitoring the follow-up system (Swanepoel, 2009). The Children's Act requires the court to consider a social worker's background report before any child is placed in foster care, which must include:

a) an assessment of the developmental, therapeutic and other needs of the child;
b) details of family preservation services that have been considered or adopted; and
c) a documented permanency plan taking into consideration the child's age and developmental needs aimed at achieving stability in the child's life and containing the prescribed particulars.

Section 156 (3) (i) also recognizes the importance of the supervisory role of the social worker in alternative care and specifies that the Court may include conditions such as the supervision by a designated social worker at the foster placement. The social worker is required to conduct regular visits to the home where foster children reside. These visits are intended to achieve several objectives such as assisting the child to adjust to the new environment, determining how effectively the problems identified during assessments are being addressed; and establishing to what extent the strengths are being utilized and what progress the family is making towards the goals identified in the case plan. Basically, the social worker should determine whether the foster parents require any further resources to sustain themselves or their foster children. As already stated, the Children's Act is the main legislation governing the work of child protection agencies. In the section below, a critique of this piece of legislation is presented.

3.4.3.8 Critique of the Children's Act

Since the introduction of the Children's Act, there has been a lot of uncertainty in rendering child protection services (Hall & Proudlock, 2011; Sibanda & Lombard, 2015). This uncertainty is caused by the serious inadequacies in this legislation and the challenges confronted by social service practitioners in familiarizing themselves with this piece of legislation.

The pressure which is being placed on statutory social workers to finalise each foster care case as soon as possible and then to render supervision services to the foster placement is almost untenable. According to Hall and Proudlock (2011), foster care placements are formalised through legal custodial processes that need review every two years, but due to the sheer numbers, significant backlogs have been documented. Regrettably, most social workers have high caseloads with limited resources; as a result, they fail to cope with the demand and it is inevitable that orders lapse (Meintjes et al., 2003). According to the Children's Institute, there were over one million orphans living with relatives in poverty in 2011. Of those children, about 460 000 were reported to be in foster care placements with relatives. More than half a million orphaned children still did not have access to the FCG as a consequence of the increased burden on social workers and a severe backlog of cases (Centre for Child Law, 2013; Carter, 2016). According to an article on News24 (2011), an estimated 123 236 children's foster care orders had lapsed by

the end of January 2011 without being extended and, in addition, a large number of such orders were due to expire each month". A study conducted by Naidoo and Kasiram (2006) on the experiences of South African social workers in the UK found that "social workers in South Africa generally deal with over 120 cases compared with a maximum of about 12 cases in the UK. This leads to high levels of stress and frustration among social work professionals.

Clearly, there is a huge shortage of social workers in South Africa which impacts the implementation of the Act. According to Boning and Ferreira (2013), before the new Children's Act was implemented, a costing report revealed that at least 16 504 social workers would be needed in 2010/2011 for children's social services. This gap has not been filled to this day as shortages are perpetuated by ever increasing lack of funds in the state coffers.

Another notable challenge is that social workers and presiding officers do not receive adequate training on the provisions of the Act, which has resulted in different interpretations on some of its sections. For example, as was earlier discussed to phrase 'without visible means of support' in section 150(1) (a) of the Act is nebulous and open to confusing interpretations. According to Hall and Proudlock (2011), most presiding officers reject recommendations made in terms of section 150(1) (a), arguing that the child is not without 'visible means of support'. Children can only qualify to receive the FCG when there is a court order placing them in foster care, with either a family member or a non-family-member.

3.5 Conclusion

International treaties and South African legislation providing for alternative care of children in need affirm that children who are parentless and deprived of their homely environment have a right to alternative care, with placement in a family environment as the first option. These documents further place emphasis on the need for governments to make provision in legislation and policies for services that support and capacitate families to care for and to protect children. The Children's Act, together with its amendments, is a comprehensive piece of legislation with the purpose of affording children the necessary care, protection and assistance to ensure that they can develop to their full potential. Social workers play a critical part in affording children their

right to alternative care and they have an important role in screening and selecting suitable foster parents. They also provide supervisory services and constant support to foster parents. The best interest of the child principle is central to the foster care process. In the next chapter the researcher will focus on the practical aspects of the research study. The chapter will outline how the study was conducted including information on ethics, data analysis and the imitations of the research.

CHAPTER FOUR
RESEARCH METHODOLOGY

4.1 Introduction

This chapter will provide an overview of the research approach and methods that were utilised in this study. The methodology, research design, sampling procedure, the data collection processes, data analysis and verification will be elaborated. The ethical considerations that were adhered to and the limitations pertaining to the study will conclude the chapter.

4.2 Research Context

The study was conducted in the Mbizana Local Municipal area in the Eastern Cape Province, South Africa. A census that was conducted in 2011, revealed the Eastern Cape as having a total population of approximately 6 562 million at the time (Census, 2011). Increasing levels of abject poverty were recorded and 74% of the people in the Eastern Cape lived below the poverty line of R800 or less a month (Census, 2011). High rate of poverty suggest a high reliance on social assistance. There is rising unemployment. High levels of HIV/AIDS are prevalent and are exacerbated by soaring levels of poverty and backlogs in service delivery. According to SASSA (2017), in July 2017 the Eastern Cape issued the highest number of foster care grants in the entire South Africa (see Table 2.1).

Like other rural communities in South Africa, the Mbizana local municipal area has soaring levels of poverty, limited access to basic nutrition, poor access to economic opportunities and inadequate social services. Unemployment is a crisis throughout South Africa, and Mbizana still remains affected as a large portion of the population is still struggling to secure formal employment. The Mbizana Local Municipality is divided into 31 electoral wards. It is part of the Alfred Nzo District (retrieved from: *http://www.mbizana.gov.za/).* According to Census (2011), Mbizana has a population of approximately 281 905 that occupies an area of roughly 2 806 km². In terms of settlement pattern, the Mbizana local municipal area is characterised by a predominantly scattered rural settlement pattern with people residing in approximately 130

communities/villages. Nearly 90% of the dwellings in the municipality are located in traditional tribal settlements. The population of Mbizana is predominantly African (Black) and the dominant language is IsiXhosa. A total of 100 585 people making up 35.95% of the population of Mbizana are dependent on social grants (Census, 2011).

4.3 Research Approach

A qualitative research approach was adopted. Qualitative researchers argue that the only way to determine the reality regarding a given problem is to examine people's experiences of and their managing of a specific problem (Shaw & Gould, 2001). According to Babbie and Mouton (2001), qualitative research allows for in-depth understanding through detailed and open research that is conducted in a naturalistic and holistic environment without manipulating the situation. The aim of qualitative studies involves no generalisation and therefore randomisation is crossed out. Qualitative research focuses on the depth of the content and the understanding thereof as opposed to quantitative research (De Vos, Strydom, Fouche & Delport, 2011). Terre Blanche, Durrheim and Painter (2006) emphasized that with qualitative research; the aim is to understand how people live, how they talk, how they behave, and what captivates or distresses them. In essence, qualitative research procedures are less controlled and structured than quantitative research procedures.

This approach afforded the researcher the opportunity to obtain a holistic and profound understanding of aged foster parents' experiences through the use of semi-structured interviews that were conducted in the participant's native language in order to provide an accurate reflection of their definite feelings and experiences (Fouché & Delport, 2002). This qualitative research approach allowed the researcher to explore psycho-social experiences of aged foster parents, thus gain new insights and understanding of the meanings they attached to their responses. The qualitative approach therefore facilitated the achievement of the main aim of this study.

Babbie (2007:74) describes a research design as "consisting of a set of decisions regarding what topic is to be studied among which population, with what research methods, and for what purpose". Exploratory research acquaints the researcher with a topic or subject that is relatively new and to yield new insights into the field of interest (Babbie, 2005). Babbie and Mouton

(2001) further explains that an exploratory descriptive design enables the researcher to provide rich descriptions of the situation and events by interpreting and observing patterns that exist as well as their implications. The descriptive research design allows the researcher to produce an in-depth narrative of a particular problem (Bless, Higson-Smith & Kagee 2006; Babbie, 2005). A combination of the exploratory and descriptive designs was utilised in order to more effectively examine, understand and describe the experiences of the aged foster parents who participated in this study.

4.4 Sampling

A population refers to "individuals in the universe who possess specific characteristics" (De Vos et al. 2005; 204).   Neuman (2000) suggests that the unit of interest be specified with geographical locations and temporal boundaries given to it. In this context, aged foster parents comprised the population that was investigated.

According to Terre Blanche, Durrheim and Painter (2006:49) sampling is "a process of selecting research participants from the whole population which involves a decision about people, settings, events, behaviours and social processes to observe". A sample is made up of components that comprise of the most characteristic, representative or distinctive features of the population (De Vos et al., 2005). In this study, the sample consisted of 12 aged foster parents (6 males and 6 females) who were recruited from the Department of Social Development's office that renders foster care services in Bizana.

To recruit the sample, non-probability sampling methods were utilised. Van der Riet and Durrheim (2006:189) define non-probability sampling as the kind of sampling where someone is not chosen randomly, which is unlike probability sampling where every element in the population has a known chance of being selected. A criterion sampling technique was employed in this study. This technique entails selecting participants that meet a certain criterion or criteria (Marlow, 2011).

The 12 participants were selected based on the following criteria:

a) Above the age of 60; in line with the definition of an aged person provided for the purposes of this study

b) Residing within the Mbizana Local Municipality;

c) To have been providing foster care to at least one or more children for a period of not less than two years;

d) To be in receipt of a foster care grant.

During the planning phase of the study, the researcher resolved to purposively include grandfathers to participate and share their experiences. Thus the researcher included both grandmothers and grandfathers in the sample in order to listen to the voices of the different genders in child care as it would expand the research results and recommendations. The researcher included only aged foster parents who were staying with the foster children. This decision was taken because the study was interested in the psycho social experiences of the research participants. Thus it was presupposed that participants who were staying with the foster children would give responses which would be more relevant to the study. The researcher did not have a requirement for the number of foster children a foster parent had. The researcher did not give any consideration to whether the foster parent was the only caregiver in the family as long as the foster parent was directly involved in the caregiving duties for the foster child (ren). The researcher did not encounter any participants who did not speak isiXhosa in the population and, as such, there was no exclusion criterion around the issue of language.

The researcher applied the following process in order to obtain permission from the gatekeeper and to obtain ethical clearance and access to the research participants:

a) The research proposal and an application for ethical clearance were sent to the Humanities and Social Sciences Research Ethics Committee of the University of KwaZulu-Natal. Full approval was duly granted (see Annexure A).

b) A letter requesting permission to conduct the study with the aged foster parents was forwarded to the Service Office Manager from the Department of Social Development, Bizana Service Office. The study received support and permission was granted in writing (see Annexure B).

c) The researcher then selected the participants for the study from the database of the Department of Social Development, Bizana Service Office. The participants had to fit the research criteria relevant to the study as stipulated above. The researcher used her own case files as this made it possible to get research participants from around the same residential area for the purposes of data collection. Permission to access the files of the clients for the purposes of data collection was sought from the Service Office manager of the Public Service Office. (See Annexure G). Request to access these personal client files was also sought from the research participants and they were assured that only the identifying details will be used in order to compile a Biographical Profile of the Participants and that the data would be shared without revealing their identities.

d) The researcher then communicated with the potential participants telephonically. She informed them about the research study, explained the type of questions that would be posed and the estimated duration of the interviews and the intended location where the interviews would be conducted. She enquired about their willingness to partake in the study. The researcher reassured all the potential participants that refusal to take part in the study would not have any impact on their receiving of the FCG. This reassurance was important because the researcher was a Social Worker and was seen as a figure of authority by the research participants. Fourteen research participants were contacted and 12 participants agreed to form part of the study. Thereafter, appointments to meet the interested participants in person were scheduled to explain the research processes thoroughly and to obtain written consent. Upon receiving written consent, further arrangements for the actual interviews that would be conducted at their homes at a suitable time were negotiated.

4.5 Methods of Data Collection

4.5.1 One-on-one interviews and a focus group discussion

By using the qualitative research approach, a researcher can make use of observation, interviews and focus group discussions, amongst others, as means of collecting data (Kumar, 2005; Bless et al., 2006; Creswell, 2009). In this particular study, data was gathered through the use of one-on-

one interviews with 12 participants and one focus group discussion. An interviews is seen as a two-way conversation (Mouton, 2001; Kumar, 2005) in which the researcher asks the participants certain questions to find out more about the experiences and perceptions regarding the research problem, while a focus group discussion concentrates on obtaining the same information from a group of participants (i.e., using interviewing to obtain the data at a specific time from multiple primary sources). According to Monette, Sullivan and De Jong (2005:192), "a focus group discussion is a flexible data collection strategy that seeks subjective reactions where many levels of meaning are shared within a group environment".

The one-on-one interviews were conducted using semi-structured interviews. According to De Vos et al. (2011:359) researchers use semi-structured interviews in order to gain a detailed picture of a participant's beliefs about, or perceptions or accounts of a particular topic. The interviews were conducted within the households of the participants, an environment that was less intimidating and in a more comfortable space where participants felt relaxed and comfortable to share their thoughts and feelings. Each interview took between 20 to 35 minutes. The interviews were conducted in isiXhosa as the research participants and the researcher were isiXhosa speaking.

Following the one-on-one interviews, the foster parents were invited to one focus group discussion as it was envisaged that it would broaden the research and elicit data that might not have been obtained during the interviews (Monette, Sullivan & De Jong, 2005). The focus group discussion was conducted two weeks after the last interview. Initially all the research participants who had participated on the one-on-one interviews also consented to participate in the focus group discussions as it was specified in the consent form. However, due to family commitments and ill health only six participants attended the focus group session.

Focus groups allow for a group of people to be brought together in a private, comfortable environment to engage in a guided discussion of a particular subject (De Vos et al., 2011). The focus group allowed the participants to share their experiences and thoughts within a supportive environment with other participants who were in similar circumstances. The focus group was conducted at a local school in a library room, which was a venue that was convenient for all and also suggested by the participants. The focus group discussion took over 2 hours. This

methodology proved to be a powerful means of exposing the reality of their fostering experiences.

4.5.2 Data collection tools

A semi-structured interview schedule was developed and used as a tool that guided interviews. Predetermined themes that emerged from the literature review and the researcher's experiences as a social worker relating to the topic were used to guide to form questions on the interview schedule. De Vos et al. (2005:296) describe an interview guide as "a list of broad questions that do not restrict participants to share other information that they deem relevant to the research topic and goal". An interview schedule provides guidance for the flow of the interview but is open- ended, allowing the participant the space to provide meaningful feedback (De Vos et al., 2011). The interview and focus group schedules are presented in Annexures E and F respectively.

The questions provided in the interview schedule were aligned with the core objectives of the study. The key areas included in the interview schedule sought to elicit the aged foster parents

 Responses in terms of the following:

- o The physiological, psycho-social and economic circumstances of caregivers;

- o Caregivers' understanding of foster care;

- o Caregiver's support systems and coping strategies;

- o Caregivers' access to health and social services; and

- o Caregivers' recommendations for improved foster care services.

The interview schedule was very flexible and allowed the researcher to probe some aspects that required further discussion and also to gain clarity on some parts of their experiences. It also allowed the participants to broadly express themselves for much richer data.

After obtaining written consent from the participants, all the interviews were audio recorded. Consent to record the interviews was included in the general consent form. Recording the interviews allowed for a much richer account of the interviews and enabled the researcher to

concentrate on the flow of discussions. De Vos et al. (2011) suggest that the recording of interviews positively contributes to the trustworthiness of the data, as it allows the researcher to go back and clarify details of the interviews.

According to De Vos et al. (2011), the participant in the interview process should be considered as the 'expert' on the research topic, and the interviewees should be encouraged to express themselves as comprehensively as possible. Therefore, to ease any concerns they might have had, the participants were given all the information about the nature and purpose of the study. They were also guided in terms of the research aim and processes and their valuable contribution was highlighted, which encouraged them to open up and share their experiences.

Before the interviews commenced, the researcher began with a brief introduction of herself and made general statements just to set the tone and establish rapport with the research participants. The researcher restated the purpose of the interviews and clarified any uncertainties. The researcher also explained the importance of research and encouraged maximum participation.

Another social worker was requested to sit in during the interviews in order to observe and take field notes of critical information such as gestures between participants, emotional moments and the possible reasons for this, and also to record striking themes that emerged from the conversations. The social worker was well aware and undertook to observe confidentiality in terms of the research process. The participants were also informed of the role of the other social worker and assured that none of their responses would in any way implicate on the FCG. The researcher also did a thorough case analysis using the files of the research participants which were accessed with permission from the Public Service Office and also verbal consent from the research participants in order to obtain background information of the participants and also to create profiles of the participants. The files of the clients were accessed after the Data collection process as only a database was used initially to obtain the contact details of the clients .Chapter five will provide the demographics of the participants.

Once the data collection stage had been completed, the data was transcribed and translated into English. The introduction and general conversations between the researcher and participants during the first part of the interviews were not audio recorded nor transcribed. The method that was used is discussed in the next section.

4.6 Data Analysis

Data analysis involves the organising and interpreting of raw data with the purpose of creating understanding and drawing conclusions that reflect on the interests, ideas and theories that initiated the inquiry (Babbie & Mouton, 2001). Qualitative data analyses are methods for examining research data without converting them to numerical format. Rather, this form of analysis looks for and discovers the underlying patterns and meanings that appear from the data across several interviews and observations and typically represents the different phenomena under study (Babbie, 2005:289). The subsequent steps of data analysis in qualitative research were followed in this study, as stipulated by De Vos et al., (2011:403-423):

o Audio recordings of one-on-one interviews and the focus group discussion were conducted in isiXhosa, audio recorded, and later transcribed and translated into English. The researcher was assisted by an English and isiXhosa language teacher who is proficient in isiXhosa. This person checked whether the English translations of the interviews were in fact what had been said in isiXhosa. However, it is critical to acknowledge that some meaning may have been lost in the translation of idiomatic expressions in the field notes and the transcripts vary from one language to another. Muller (2007:207) echoes this possibilty by stating that any translation inevitably "leads to losses of meaning and problems with mistranslation, and it is frequently unable to convey the richness of words that have historical, cultural and social connotations".

o The researcher completed the transcripts and checked them against the recordings for any glaring inaccuracies or omissions. The transcripts were carefully read by the researcher over and over again to confirm if they were interpreted correctly from the audio recordings and to check for any gaps and inconsistencies.

o The researcher read all the transcripts and field notes to become familiar with the data and to get a comprehensive understanding of the data. All the thoughts that appeared were noted.

o Codes were recorded on the top of the transcripts. The data was categorized and the common patterns and themes were identified.

- After reading the transcripts, thematic analysis was used to identify, sort, categorize and report patterns. This process was repeated with all the transcribed interviews

- Files of the research participants were used in conjunction with the transcripts to produce the biographical profiles of participants.

- At this phase, the researcher and supervisor reached a consensus regarding emerging themes that appeared from the data. Final decisions regarding the wording of themes and sub-themes were reached.

- The final step was writing up the analysis under various categories, themes and sub-themes. The findings were compared with those of other studies as well as with laws and legislation that govern foster care.

Chapter five will present the research findings and offer an understanding of the major themes that emerged from the analysis process.

4.7 Ensuring Trustworthiness

Reliability and validity are considered vital concepts in research. However, it is argued that complete reliability and validity are not always possible; rather, they are goals to be strived towards. Researchers always aim to attain some measure of reliability and validity in their studies (De Vos et al., 2011).

This study made use of Lincoln and Guba's model for assessing trustworthiness (Babbie & Mouton, 2001; De Vos et al., 2001). The model is based on four constructs: credibility, dependability, transferability and conformability.

4.7.1 Credibility

According to De Vos et al., (2011:419), "credibility is the alternative to internal validity, where the goal is to demonstrate that the inquiry was conducted in such a manner as to ensure that the subject has been accurately identified and described". Credibility refers to believability and the value of the findings (Lincoln & Guba, 1985). Truth value in qualitative research is obtained from the discovery of human experiences as they are perceived by the informants. Triangulation of different sources of information and different methods of data collection was utilised to

inform the credibility of this study. Triangulation reinforces a study by making use of diverse data collection methods. One-on-one interviews were conducted as well as the discussions by the focus group. The researcher also achieved synergy with other literature when the data was evaluated. Moreover, the field notes and data gathered from the individual case files added to the comprehensiveness of the analysis.

An effort was made to interview a diverse range of participants across socio-economic standing and gender as a means of enriching the findings of this exploratory study and affording greater depth of understanding. Peer debriefing was also utilised. According to Siegle (2006), peer debriefing occurs when the project is discussed with a colleague of similar status who is positioned outside the context of the study but who has a general understanding of the nature of the study.

Various aspects of this research were discussed with a senior colleague who was an experienced social worker under the sub-programme of childcare and protection and also the research supervisor. These people offered useful insights which ensured that the credibility of the study would be maintained. A specialist teacher also assisted in translating the responses from isiXhosa into English. This ensured that the data would not be misinterpreted when evaluated. The transcripts were revised with reference to the tape recordings and this helped the researcher to demystify unclear concepts and elaborate on vague transcriptions. However, the researcher acknowledges that even though peer reviewers were involved in the transcribing process, some data could have lost meaning in the translation process. However, every effort was made to contain and control any inaccuracies that might arise.

4.7.2 Transferability

This refers to how transferable or applicable the findings are to other cases or settings (De Vos et al., 2005). The latter authors claim that "generalising findings in qualitative research may be challenging as the research takes place in real and natural settings where there are few controlling variables, but it is possible if the researcher could demonstrate that the study was guided by concepts, models and the use of multiple data-collection methods" (De Vos et al., 2011:420). These authors also suggest that the study's generalisability can be enhanced through triangulation (as described above). A diverse range of participants and different data collection

methods namely one-on-one interviews, a focus group discussion, field notes and participant case files were used in an attempt to strengthen the transferability of this study to other settings.

4.7.3 Dependability

Dependability refers to whether the findings will be consistent if the research were to be conducted with the same people or in a similar context. Babbie and Mouton (2007) argue that there can be no credibility without dependability; therefore, the presence of credibility is sufficient to establish the existence of dependability. In an attempt to add to the dependability of this study, different methods of data collection were used. The research processes that were used to conduct the study are also reported in detail in this dissertation, and this will enable a future researcher to be able to develop a thorough understanding of the methods and their effectiveness and to repeat the study without necessarily obtaining the exact findings if conducted in a different context.

4.7.4 Conformability

Conformability refers to how sure the researcher is that the findings reflect the views of the subjects of the study and the inquiry itself and not the biases and prejudices of the researcher (De Vos et al., 2011). The researcher used an interview schedule as a tool to guide both the one-on-one interviews and the focus group discussion. Questions provided in the interview schedule were in line with the core objectives of the study. The researcher audio taped all the interviews to ensure accurate transcriptions of all the data. The researcher has kept all the raw data, including the interview schedule, the field notes, the recordings and the transcriptions in safe storage. In line with the University of KwaZulu-Natal's policy on storage and the disposal of research data, the voice recordings and transcripts will be stored in a locked cabinet at the university, and the soft copies (electronic data) will be kept in a password protected folder on the supervisor's desktop. At the end of a five-year period, the voice recordings as well as the written documents (transcripts) will be destroyed. This form of disposal is non-reversible and there is a zero chance that the records will be stolen or compromised.

The findings resulting from the data analyses were documented to ensure that the data and findings can be reviewed and confirmed by a third party, should the need arise. The research supervisor also assisted in formulating the themes and sub-themes from the data to certify that

findings reflect the true responses of participants and not the preconceptions of the researcher. The findings will also be shared with the research participants if they chose and they will be able to confirm the research findings to determine that they are a true reflection of the information that they provided. According to Siegle (2006), a qualitative study cannot be transferable unless it is credible, and it cannot be credible unless it is dependable.

4.8 Ethical Considerations

Ethics are "a set of moral rules that are established by individuals or groups and that are widely accepted. Ethics offers rules of conduct and behavioural expectations that impact all spheres of life" Strydom (2011:114). As echoed by De Vos et al. (2011:113), ethical mandates entrust us to do the right thing, but our motivation to work in an ethical manner should be driven by something more than rules and legislation, such as the values and norms that make researchers search for a just approach to everything they do in a research context.

Most professions are governed by a code of ethics that stipulates ethical behaviour toward the consumers/clients that they serve. The code of ethics of a profession also influences the way in which a professional performs research (Kumar, 2005). In this context, the researcher is a registered social worker with the South African Council for Social Service Profession (SACSSP), and as such abides by the code of conduct as prescribed by the Social Service Professions Act No. 110 of 1978.

4.8.1 Ethical clearance

Ethical clearance was granted by the Research and Ethics Committee of the University of KwaZulu-Natal with the issuance of a protocol reference number: HSS/1306/016M (see Annexure A). Approval was granted and obtained from the gatekeeper, who was the Manager of the Department of Social Development, Bizana Service Office (see Annexure B). The researcher received informed consent from the research participants in writing for the one-on-one interviews and later from those who participated in the focus group discussion (Annexures E and F).

As highlighted by De Vos et al. (2011:113), "research should be based on mutual trust, acceptance, cooperation, promises and well accepted conventions and expectations among all

parties involved". The following ethical measures were adhered to on this study as specified by De Vos et al. (2011):

4.8.2 Informed consent

Informed consent refers to the right of the participants to know what the research is about, how it will affect them, the risks and benefits of participation, and the fact that they have the right to decline participation if they wish to (Bless et al., 2006). It is a mechanism for making sure that the participants understand their role of participating in the study to enable them to decide in a conscious, deliberate way whether they are willing or unwilling to participate (Marshall & Rossman, 2011). The researcher obtained informed consent from all the participants. The main purpose of the study, the objectives, the sampling procedures, the data collection tools, and the advantages and disadvantages that the study might hold for the participants were thoroughly communicated with them before the study commenced. An informed consent letter was issued to each participant for the one-on-one and focus group discussions, and also requested their permission to audio record the interviews (Annexures E and F). Although all the participants indicated that they could read and write, the researcher still explained the contents of the consent form to them after they had read through it. This was done to minimize the possibility of misinterpretation of the form. They signed the consent form after having understood the content and the process of the interviews. An opportunity to ask questions and seek clarity was provided.

4.8.3 Avoiding deception

The participants were informed in writing and verbally about the purpose and the nature of the study and all other pertinent aspects of the research. The participants were informed that the FCG would not be put at risk by their participation in and/or withdrawal from the research.

4.8.4 Voluntary participation

Voluntary participation implies that no research participant must participate in a study by coercion or with a feeling that he/she does not have a choice. The researcher ensured that the participants were aware that their participation was subject to their voluntary consent and that

they could withdraw from the study at any point if they wished without any further repercussions.

4.8.5 Violation of privacy/ anonymity /confidentiality

Confidentiality refers to the rights of the client/participant to ensure that personal information shared in confidence is preserved (Johnson & Yanca, 2010). According to de Vos et al. (2011:114), "every individual has the right to privacy and it is his or her right to decide when, where, to whom and to what extent his or her attitudes, beliefs and behaviour will be revealed". Anonymity refers to when people who read the research findings cannot identify the participant, while confidentiality refers to when the researcher can still identify a specific response by a participant, but guarantees confidentiality so that the reader of the document would not know where the data came from (Babbie, 2007). The researcher was explicit in that confidentiality would be maintained at all times and that the data was collected merely for research purposes; therefore, no information would be shared with colleagues from the Department of Social Development pertaining their contributions .However, the researcher explained to the research participants that the research project was to be discussed with a senior experienced colleague for the purpose of peer debriefing. This concept was also explained to them in order to ensure that they fully understand its implications .The data would be shared without revealing the identities of the participants and specifically because the Department of Social Development requested to be informed of the results of the study for the purposes of improving their service delivery. The researcher was also explicit that the research supervisor would also have access to the data and lastly that the data would be reported anonymously in the dissertation. During the focus group discussion, confidentiality was emphasized and the researcher reiterated that the participants should respect each other and not disclose any information outside the group.

As a professional social worker and skilled researcher, the researcher was always cognizant of the significance of maintaining the privacy and anonymity of the participants. The researcher had to be mindful of confidentiality and the participants' right to anonymity in the study and did not in any way detract from her responsibility to protect the participants concerned. The identifying details of the participants were kept anonymous throughout the study. The names of the participants are therefore not indicated in the text so that the responses can never be linked to

individual participants. All the data and relevant information were treated with utmost confidentiality.

4.8.6 Avoidance of harm

De Vos et al. (2011) emphasized the importance of the researcher being competent and well equipped to "evaluate all possible risks" and to undertake the study in an ethical manner. As a practicing social worker, the researcher was constantly mindful the social work code of ethics that should not only guide, but also govern her interactions within the research space. Moreover, Marlow (2011) reiterates that research ethics, particularly within evidence-based practice, should emphasize proficiency and honour no harm. It was critical for the participants not to be subjected to any harm during the study. To avoid such, the researcher arranged with another social worker to render counselling services at the end of the interviews and the focus group discussions with participants who might present distress or discomfort. There were no occurrences of trauma; nevertheless, the researcher offered such a resource to any participants who might require debriefing.

4.8.7 Competence of the researcher

The researcher had acquired the necessary knowledge on the topic and the necessary skills in qualitative research to conduct the study ethically and to avoid potential harm that might arise. The researcher is a qualified, registered and practising social worker and thus possessed sufficient interviewing and group facilitating skills to competently manage the data collection processes. The researcher is also guided by the Policy guidelines for course of conduct, code of ethics and the rules for Social workers which prescribe social workers to behave in an honest manner and also seek to promote integrity in the practice of the profession (SACSSP :2009).

4.8.8 Release or publication of findings

The researcher assured the participants that they will be made aware of the findings and results of the study. De Vos et al. (2011) suggest that studies be presented to society in the form of a written report in order to enhance its value to be considered as a research study. The findings of this study will additionally be published in a local journal that will be made accessible to the

participants as well as to relevant welfare organisations. The researcher will present the findings of this study at local conferences and community meetings in isiXhosa where appropriate.

4.9 Limitations of the Study

There were a few limitations which impacted on this study, but they were addressed appropriately without compromising the quality of the findings. Moreover, all decisions ensured commitment to the research codes and ethics. Some of the limitations are acknowledged below:

4.9.1 Reduced number of research participants

Six participants who initially consented and were interviewed could not participate in the focus group discussion, which reduced the focus group from twelve to six. Nevertheless, the researcher was still able to obtain rich and comprehensive data from the foster parents who participated in the group discussions. The researcher could not recruit new participants for the focus group as the intention was to gather those who had already participated in the one-on-one interviews. Despite the small number, in true qualitative tradition the depth of detail was captured as will be evidenced in the data analysis section. The researcher also used triangulation of data in order to validate the data .

4.9.2 Language translation

Both the one-on-one and the focus group discussions were conducted in isiXhosa. During data transcription, there is always a concern that valuable data might have been lost. To address this concern, the researcher kept the original recordings and referred to them to confirm the trustworthiness of the data when the comments were transcribed from isiXhosa into English. The researcher is proficient in isiXhosa and English and was assisted by a proficient language (IsiXhosa and English) teacher to transcribe and translate the data, which also added to the credibility of the data.

4.10 Conclusion

This chapter delivered an in depth overview of the research methodology that was utilised in this research study, from the initial stage of the research approach to the final stage of data analysis.

The processes to attain ethical clearance and consent were described and the manner in which ethical standards were maintained was discussed. The limitations pertaining to the study concluded the chapter.

Chapter five will discuss the data that were analysed and present the findings of the study.

CHAPTER FIVE

PRESENTATION OF THE FINDINGS

5.1 Introduction

This chapter offers the results of this qualitative research. The primary data was obtained from twelve one-on-one interviews and one focus group discussion. This chapter is divided into two sections. First, it comprises of a presentation and discussion of the biographical profile of the participants and secondly, it presents significant themes that arose from the data. Each theme is deliberated with reference to the narratives of the participants that are presented verbatim and in italics.

5.2 Biographical Profile of the Participants

The information that is presented below was gathered from the case files at the Department of Social Development, Bizana Service Office and during the individual interviews. The anonymity of the participants will be maintained throughout the report as their names will not be indicated in the text so that responses cannot be linked to individuals.

Table 5.1: Biographical Profile of the Participants

Participant	Age	Gender	Marital status	Relationship of the participant to foster child	Duration of foster child residing in aged foster parent's home (years)
A	79	Female	Widow	Maternal Grandmother	9 years
B*	67	Male	Single	Maternal Grandfather	4 years
C*	91	Female	Single	Maternal Grandmother	5 years

D	65	Male	Single	Paternal Grandfather	5 years
E*	66	Male	Married	Paternal Grandfather	6 years
F*	65	Female	Widow	Maternal Grandmother	7 years
G	85	Female	Widow	Maternal Grandmother	11 years
H	74	Male	Widower	Unrelated	14 years
I	82	Female	Single	Paternal Grandmother	4 years
J*	71	Male	Widower	Paternal Grandfather	4 years
K*	87	Female	Single	Paternal Great-Grandmother	7 years
L	78	Male	Widower	Paternal Grandfather	5 years

* Did not participate in the focus group discussion.

A total of 12 aged foster parents, 6 males and 6 females, were interviewed. Only 6 participated in the focus group discussion. All the research participants were amaMpondo, who are part of the Xhosa ethnic group. They were all Black Africans residing in the Mbizana Municipality in the Eastern Cape. The average age of the foster parents was 75 years, with the youngest being 65 years and the oldest being 91 years old.

Only participant E was married and still residing with his wife. Six (50%) of the participants were widows and widowers respectively, while the rest (50%) were single or had never been married. One participant was a paternal great-grandmother to the child and it is significant to acknowledge that one participant among the 12 participants was a non-kinship caregiver. He was married to the sister of the children's maternal grandmother and took over the parenting role

after her death. Kinship foster care has always been the preferred method of placement; however, due to the steady weakening of traditional family living as a result of high levels of HIV and AIDS, poverty and unemployment in South Africa, the dominant understanding that family care should be considered as the first priority may not always be a realistic option (Mantsho, 2015; Harris & Kim, 2011).

Below is an indication of the total income per household of the profiled participants. Their income was received from different forms of state grants in relation to the total number of persons residing in their respective households.

5.2.2 Financial status of each household

Table 5.2: Participants' Income (State Support) and Total Number of Persons in the Household

Participant	Employment status	Type of state grant received by household	Total grant income per household	Number of persons in the household
A	Unemployed	(03)CSG + (03)FCG +(01) OAG	R5 520	10
B	Unemployed	(02)FCG + (01)OAG	R3 440	5
C	Unemployed	(02)FCG + (01)OAG	R3 460	3
D	Unemployed	(02)FCG + (01)OAG	R3 440	3
E	Unemployed	(02)FCG + (01)OAG	R3 440	4
F	Unemployed	(04)FCG + (01)OAG	R5 280	5
G	Unemployed	(02)CSG + (02)FCG + (01)OAG	R4 220	7

H	Unemployed	(02)FCG + (01)OAG	R3 440	3
I	Unemployed	(01)DG + (01)FCG + (01)OAG	R4 140	3
J	Unemployed	(02)FCG + (01)OAG	R3 440	3
K	Unemployed	(01)FCG + (01)OAG	R2 540	2
L	Unemployed	(02)CSG + (02)FCG + (01)OAG	R4 220	6

All the participants were unemployed and relied on state grants. The Social Assistance Act No. 13 of 2004 provides the statutory framework for the imbursement of social grants and lays down an eligibility criteria and processes for access to state grants for the elderly, children, people living with disabilities, and people in social distress. With effect from 1 April 2017, the CSG is R380, the FCG is R920, the DG is R1 600, and the OAG is R1 600 for adults over 60 years of age and R1 620 for adults over 75 years (SASSA, 2017). All the participants received an old age pension as well as the FCG for their foster children. Seven of the participants were residing only with their foster children in their homes while five participants were also caring for other grandchildren and children who are not receiving any state grant or additional financial assistance. Sampson and Hertle (2015) concur that this is the reality that confronts many grandparents.

5.3 Major Themes and Sub-Themes

The aim of the study was to explore the psycho-social experiences of aged foster parents residing in the Mbizana Local Municipality, Eastern Cape, South Africa. Four central themes and sub-themes were extracted from the analysis of the data. These themes corresponded with the objectives of the study as depicted in Figure 5.1 below:

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┌─────────────────────────────────────────┐
│   THEME 1: REASONS FOR FOSTER CARE       │
│            PLACEMENT                      │
│      Sub-Theme 1:No Choice               │
│  Sub-Theme 2: Authentic care  vs Financial Benefit │
│      Sub- Theme 3: Reciprocal Benefit    │
└─────────────────────────────────────────┘
                    │
                    ▼
┌─────────────────────────────────────────┐
│   THEME 2: ROLES AND FUNCTIONS OF        │
│            CAREGIVERS                     │
└─────────────────────────────────────────┘
                    │
                    ▼
┌─────────────────────────────────────────┐
│    THEME 3: CHALLENGES FACING            │
│            CAREGIVERS                     │
│    Sub-Theme 1: Health Challenges        │
│  Sub-Theme 2: Psycho-emotional Challenges │
│    Sub-Theme 3: Financial Challenges     │
│    Sub-Theme 4: Parenting Challenges     │
│  Sub-Theme 5: Voices of the Grandfathers │
└─────────────────────────────────────────┘
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                    ▼
┌─────────────────────────────────────────┐
│  THEME 4: ACCESS OF CAREGIVERS TO        │
│         SUPPORT SYSTEMS                   │
│  Sub-Theme 1: God as a source of support │
│    Sub-Theme 2: Family Support           │
│    Sub-Theme 3: Community Support         │
│    Sub-Theme 4: Social Work Services     │
└─────────────────────────────────────────┘
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Figure 5.1: Major Themes and Sub-themes that Emerged from the Data

5.3.1 Theme 1: Reasons for foster care placement

Extended families are regarded as the most suitable source of care and protection when there is a deficiency of parental care, irrespective of any legislative policies. Section 28(1) (a) of the Constitution pronounces that "every child has the right to family care or parental care or to appropriate alternative care when removed from the family environment". According to the Constitution, the primary responsibility of caring for children rests with their families (RSA, 1996). This norm is supported by the principles contained in the UNCRC and ACRWC. In sub-Saharan Africa, the grandparents traditionally took custody of the grandchildren when they are unable to reside with their biological parents (Nyasani et al., 2009; Mantsho, 2015; Harris & Kim, 2011).

Despite the constitutional right of every child to be placed in alternative care, of recent there has been huge concern about what motivates prospective foster parents to consider fostering.

According to a study conducted by Chipungu and Bent-Goodley (2004), "most individuals became foster parents out of a sense of social obligation and a desire to enhance the life chances of a child and the desire to fulfil a societal need, religious reasons, the need for supplemental income, foster care as a step towards adoption, increased family size, and substitution for a child lost through death". The discussion below focuses on the reasons why the aged foster parents assumed the duty of caring for their foster children. The sub-themes that emerged in this theme are: no choice, authentic care vs. financial benefit; and reciprocal benefit.

5.3.1.1 Sub-Theme 1: No Choice

A vast majority of the participants shared common factors on how they came to foster children despite their age. They expressed that they had no choice as there was no one else in the family available to care for these children. Evidently, the leading cause of the loss of parental care was the death of the biological mother and not being able to determine the whereabouts of the biological fathers. The narratives below illuminate this finding:

> *Participant A: The children's biological mothers passed away and we did not know their biological fathers' identities and whereabouts. The children had no one else to take care of them as me and their grandfather were the only people who could look after them and we could not abandon them and we did not even have a lead to their paternal sides of the family.*

> *Participant G : After three years, their mother came back home from nowhere, sick as a puppy, HIV positive and passed away a few weeks after returning home. That's how we ended up inheriting these children. We do not even know where their father is from but it is said that he was from Venda by those who knew him.*

> *Participant K : He was brought to me by social workers from Mthatha. He was placed in an orphanage after the death of his mother because his biological father's whereabouts were unknown. Even though I was old, I could not refuse to take the child as there was no one else available and I couldn't let him stay in an orphanage while one of us is still alive.*

The salient reason for fostering a child was that grandparents felt that they had no other choice as they were the next of kin of these children. These was no one else who was available to care for these children and, automatically, this responsibility was passed on to the aged foster parents.

5.3.1.2 Sub-Theme 2: Authentic care versus Financial Benefits

Sibanda and Lombard (2015) argue that the Children's Act does not adequately address the dilemma of foster parents assuming care of children, but the cash motive being the primary driver. Therefore, it has become debatable whether families take needy children into their care for the sole purposes of caring for them, or whether they do so to access the FCG for personal benefit (Gomo, 2015). This concern was addressed in a study that was conducted by Rochat et al. (2016) and one much earlier by Hearle and Ruwanpura (2009). In both studies, caregivers voiced their anxiety and anger about this impression. The participants reiterated that their motives were genuine affection and their sense of duty and that the children's best interests were a priority. These findings support the findings of these earlier studies as the aged foster parents also articulated authentic and sincere motives for caring for their foster children. This was evident in a number of the testimonials made by the aged foster parents:

> **Participant B:** *I truly regard them as my own children because they do not have anyone else except for me and I also do not have anyone except for them. Basically we need each other.*
>
> **Participant D :** *I am helping them out, I am not benefiting in any way. They are mine and I must see to it that their needs are well taken care off.*
>
> **Participant H :** *I love and regard them as my own children. Me and my wife never had children of our own and we had always raised other children …I was given them by God and I know that they have no one else but me. I am the only parent they know and even when I die, they will inherit everything that I have. This is their home.*

These statements suggest that no sinister reasons compelled these elderly people to foster the children. Their primary motivation was the well-being of their grandchildren who were without parental care. Self-sacrifice of these aged people and the fact that they prioritised the needs of children without expecting compensation are laudable. Undoubtedly, the FCG complements the

existing income of these households, which is mainly derived from the OAG as well as the CSG in some households, as shown in Table 5.2. The FCG is part of government's legislative commitment to care for children in foster care. The FCG assists foster parents in providing for material needs of children such as food, clothing, school uniforms, transportation and their medical needs. In this study, it was evident that all the participants were unemployed and depended on state grants, but participant E and H did somehow receive extra income. Participant E sold health products and Participant H was subletting rooms in his home to learners who attended the local school. These were initiatives to supplement their household income to make sure that the basic necessities of the children were adequately met. Despite the minimal amount of the FCG, the aged foster parents agreed that it assisted them in providing financial stability in their foster family, as comments below will testify:

> *Participant B: The FCG has really assisted me in taking care of these children; it has played a positive role and I am very grateful for it.*

> *Participant G: This grant has sustained my family and allowed me to be an effective parent. If it wasn't for it, we would have died a long time ago due to poverty.*

5.3.1.3 Sub- Theme 3: Reciprocal Benefits

Another reason for fostering provided by the aged foster parents was for the benefit of having someone to stay with, someone to take care of them when they are sick and someone to assist and perform household duties, as noted by participant L. This means that the foster child and the aged foster parent both mutually benefited from this relationship as at the end of the day as the expectation is for the foster children to also take on the nurturing and caring role in times of need. This implies that some of the foster children had to assume the role of an adult and provide care for their aged foster parents. This role reversal was particularly emphasised by Participant B:

> *Participant B: I am hoping that these children will be able to take care of me when I am old and unable to take care of myself. That would be the rewarding part for me. It would be their turn now to take care of me when they are working as I have also done for them.*

Participant L: My grandchildren were the ones who were taking care of me, bathing and feeding me. The rewarding part is that I have people who are looking after me and care for me when I am sick. I have people to cook for me and do the things that I am unable to do. He takes care of me when I'm sick and would make sure that I take my medication and take me outside to get fresh air and back. He is a very good boy and only 12 years old but very mature.

The mutually beneficial situation is evident from the above narratives. Similar to the expectation of any parent, the role reversal of care was articulated. These reasons should be discussed when a social worker places a child in foster care.

According to Children's Act section 181(a) and (b) the purpose of foster care is "to safeguard and nurture children in need of care of care and protection by providing them with a safe, healthy and supportive environment". The incongruity between the FCG and the foster care placement calls for comprehensive and adequate screening and assessment of prospective foster parents to certify that the children are placed with appropriate foster care parents who have their best interests at heart. Dhludhlu and Lombard (2017:181) emphasizes that "the foster child grant could put already vulnerable children further at risk if foster care placements are not made in the best interest of the child". Dhludhlu and Lombard (2017) also recommended that social workers do a thorough screening of prospective foster care parents, ascertaining their long-term intentions specifically when the grant lapses, before finalising the children's court inquiry to ensure that suitable prospective foster parents are appointed who will utilise the foster child grant in the best interest of the child/ren.

The literature reports concern that social workers frequently do not know in what manner they need to assess prospective foster families (Carter & Van Breda, 2015; Dickerson & Allen, 2007; Louw & Joubert, 2007). Carter and van Breda (2015) therefore caution that if a foster placement is not assessed adequately, there is an increased likelihood that it can break down, which is detrimental to the child, the aged foster parent and the entire foster care family. Therefore, prior to any child being placed in foster care, it is incumbent on social workers to detail the roles and responsibilities that prospective foster parents are expected to fulfil in terms of the Children's Act, section 188. These are discussed below.

5.3.2 Theme 2: Roles and functions of aged foster parents

The UN Guidelines (2009) define foster care as "situations where children are placed by a competent authority for the purpose of alternative care in the domestic environment of a family other than the child's biological family that has been selected, qualified, approved and supervised for providing such care" (para. 29 (c) (ii). During the focus group discussion, it was obvious that a few participants possessed a distorted understanding of what foster care is. As demonstrated by the following narratives, Participant H and L associated foster care with social assistance:

>*Participant H : Foster care is receiving the grant for the children and being able to monitor it and see that it's being used in their interest.*

>*Participant L : From my understanding, foster care is this money that we receive from government so that we can raise these orphans.*

Three participants cited below offered a generic understanding of what was expected of them as foster parents. They did not view their role as a task/obligation/duty expected of a foster parent as stipulated on the provisions of the Children's Act, but responded in a natural way that any parent would when fulfilling the needs of their children. This naturalized response suggests that despite that fact that they did not have a choice when they opted to care for their foster child/children, they did so as dutiful grandparents. For example, Participants G and A cited extending themselves to ensure inclusivity of these children within the family system. This is evident from the following narratives:

>*Participant G : I have to be the parent that they do not have. Provide a home for them and also receive their FCG and buy them food and school uniforms.*

>*Participant F : I play a very big role because since their parents are no more, I fill the role of being their mother. I nurture them and fill the void that was left by their mother and they know that I am here for them at all times when they need a parent.*

Participant A : Foster care is about caring for orphans as family members and continuing with the role that was supposed to be played by their biological parents if they were still alive.

Section 188 of the Children's Act contains the responsibilities and rights of foster parents. These responsibilities are expanded in section 70 of the Regulations pertaining to the Act (Department of Social Development Regulations, 2010). These roles and responsibilities are discussed with prospective foster parents by social workers. Hence, Piescher, Schmidt and LaLiberte (2008:151) stress that the responsibilities of caregivers are to provide in their daily needs, which include the physical, emotional, medical and social needs of the foster children in their care. Participants seemed to take these responsibilities very seriously, as it is evident in the narrative of participant A:

Participant A : My role is to put food for them on the table and nurture them. It is to clothe them and also save money for them for when they age out of foster care which will assist in taking care of their educational needs with the FCG that they get from the government. Buy them school uniform and make sure that they attend school on a regular basis and make a homely environment for them.

The majority of the participants described the need to prioritize education, as may be noted below:

Participant H : My wish is for these children to attain the best education because I am not going to live forever and that is going to be their bread that is going to sustain them in the future. In all my struggles, I make sure that I meet all their educational needs.

Participant L : I send them to school so that they can have a better future and opportunities so that they cannot use their orphan status as an excuse not to be what they want to be in life.

Participant B : I send them to school because it is my wish for them to be educated and secure decent jobs so that they can be self-sufficient in the future and have access to opportunities like any other child who still has parents and not be disadvantaged by the fact that they are orphans.

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However, because of financial challenges, a common desire among the participants was that the government should fund their foster children's education, especially at a tertiary level. Participant B stated this need as follows:

> ***Participant B :*** *If there was a way for the government to provide free education for these orphans even at tertiary level, then things would be better. This money is really not enough and it does not meet all the needs of these children.*

Participant I also requested supplementary assistance prior to tertiary education with school uniforms:

> ***Participant I :*** *With the grants we receive it's difficult even for groceries to take us through the month. Maybe government can help meet us halfway with other children's necessities like free school uniform and also provide free tertiary education.*

From the above narratives, it can be concluded that the education of the foster children took priority amongst the aged foster parents, even though they were battling to fulfil this responsibility due to financial constraints. This suggests that these aged foster parents were not only just concerned about the current situation, but were also concerned about their foster children's future.

The regulations are clear about the responsibilities of foster parents. However, this caregiving role is not without challenges. The subsequent section will deliberate on the challenges that aged foster parents encountered in their efforts to fulfil their caregiving responsibilities.

5.3.3 Theme 3: Challenges encountered by aged foster parents

The systems theory emphasizes a holistic and interdependent view of individuals and their functioning (Berk, 2010). This section will look at the challenges experienced by aged foster parents as they impact on the quality of care given by the aged foster parents and determine the success of the placement.

Becoming a foster parent has numerous challenges. In particular, aging foster parents experience various health and social impediments that impact their role as caregivers. The sub-themes that emerged at this micro level were health challenges, psycho-emotional challenges, financial challenges, and caregiving challenges. The comments also include voices of grandfathers with regards to their male-specific challenges.

5.3.3.1. Sub-Theme 1: Health challenges

Bio-medical issues are a challenge for any old person. This is acknowledged by Mudavanhu et al. (2009), who suggest that grandparents are at an edge when they start losing their health as they advance in years. Fuller-Thomson and Minkler (2007) also note that elderly caregivers are recurrently at risk of developing chronic illnesses such as arthritis, high blood pressure, cardiovascular and respiratory conditions which may be influenced by earlier socio-economic challenges. A study conducted by Kiggundu and Oldewage-Theron (2009) with 62 guardians established that many guardians struggled with depression, arthritis, high blood pressure, depression, and HIV.

In the current study, all the participants reported compromised health issues that influenced their caregiving responsibilities, as illustrated in the following narratives:

> *Participant A : It is very difficult for me because I am very old and I cannot even perform the household chores like I used to. My health is deteriorating and I am very weak. I take treatment for high blood pressure and other health conditions that I suffer from.*

> *Participant G : It's not easy at all, I am very old. My knees and back are failing me but I am still expected to carry my great grandchild on my back and do house chores. I also take medication for high blood pressure and diabetes. Basically I am a walking grave and still alive by the grace of the Lord.*

> *Participant H : I have a lot of problems, firstly regarding my own health as I am diabetic. That is my daily struggle and I have to take treatment every day. A few years back I was also very sick and diagnosed with Tuberculosis but I recovered and feel better but my chest continues to give me problems.*

> *Participant L : As you can see, I am using a walking stick. I suffer from arthritis. I have diabetes and high blood pressure.*

The above narratives succinctly exemplify the challenges faced by aged foster parents regarding their health. In particular, Participant L had to contend with an assistive device because movement was compromised. Similar challenges were also noted by Kiggundu and Oldewage-Theron (2009) among aged caregivers of HIV-infected children.

Health challenges are usually compounded by excessive stress and the aging process. Although this study could find no correlation between the advancement of old age ailments and the caregiving responsibilities of the participants, the added parental responsibilities seemed to impact their well-being. This impact influenced their ability to care and nurture the children as full functioning parents. These findings are consistent with that of Mudavanhu et al. (2009), who also established that most grandmothers who participated in their study complained that their health compromised their ability to provide adequate care for their grandchildren. For most of them, care giving exacerbated their feeble health.

In addition to the aged foster parents' health issues, Participant I and J reported having foster children who were living with HIV/AIDS and participant C and J also revealed that their foster children had a hearing deficit and eyesight problems respectively. These children required specialised medical and general care. The participants also mentioned that they were unaware of where to seek medical treatment for their children. The lack of finances to seek medical assistance was also revealed as a grave challenge, as can be seen in the narratives below:

> *Participant C: The second born is partially deaf. I had been sending him to Umtata general hospital, and I got tired because when I got there they would send me back, so I just stopped.*

> *Participant J: The eldest one amongst these children has a problem with her eyesight. I am very worried about her. She is struggling very much and her other eye is getting worse. I have been going up and down taking her to different doctors.*

> *Participant I : The older one has eyesight difficulties that resulted from severe assault by some boys back in secondary school and she had to be transferred to a special school. The*

foster child was diagnosed with HIV from birth as both his parents died of AIDS. So I have to fetch his treatment from the clinic which is very far.

Social workers need to support and link aged foster parents to resources. However, it appears that social workers sometimes fail to provide this support to aged foster parents as one participant mentioned that he had raised the issues he experienced with his social worker but she did not provide him with any assistance except for referring him to a hospital which he had had already visited a couple of times. The frustration with poor medical services was often raised, as is illustrated in the following quote:

> **Participant H:** *I know that I can go to the social worker when I have problems with the children and I even informed her about the eyesight condition of my child, but she never assisted me with anything and only advised that I take her to hospital."*

Geographic isolation in rural areas is associated with transportation difficulties because of long distances between villages and urban settings and the lack of public transport (Thomas, 2007; Clottey, 2012). This negatively impacts the mobility of aged foster parents, as they may need to travel long distances so as to access social services. A concomitant challenge is the distance that rural dwellers have to travel to reach a hospital or clinic, only to be told to go home and come back another day. Tloubatla (2009) observed that grandparents struggle to receive medical treatment at clinics and state hospitals as they travelled long distances to obtain medical assistance for themselves and their grandchildren. The problem is the inaccessibility of medical services in the rural areas, as was stated by Participant G below:

> **Participant G :** *We have been complaining to the Municipality for decades now that in our ward we do not have a clinic nearby so we have to travel to the hospital and it's very far. As you can see, we are in a rural area, and transport is a major issue. Otherwise I am not aware of any other services around here because everything is in town."*

The majority of the participants also mentioned difficulties in accessing social work services. They complained that social workers expected them to travel to their offices instead and bringing their services to them. Not only were they are required to travel from one department to another,

but they also had very long queues to contend with. Participant L, who suffered from severe arthritis, mentioned that when requested to visit the social worker, he had to make use of hired transport because his legs were frail and he could not stand for long or walk long distances. These challenges are reflected in the following comments:

> *Participant L : You get there and they tell you that you need to make copies and certify them at the police station. And the queues are very long at the police station, especially for an old man like me. My legs become very sore when I walk a long distance or stand for a long time but we have to endure those long queues because at the end of the day we do not want the grant to be discontinued because it's all that we rely on to survive. You go home and you are called back again that you need to go to for thumb printing and the offices are very scattered, so we have to walk that long distance to SASSA and sit in a very long queue which takes the whole day.*

Participants J and E argued that social workers should assist them to address these challenges and make their services more easily accessible to them, as demonstrated in the following narratives:

> *Participant E : I don't know but I think that since we suffer from old age ailments, government workers should assist the elderly and prioritize them. Seek for a way of bringing some services to the people in need because it is really difficult to travel to town and stand in those long queues for treatment and medication.*
>
> *Participant J : The social workers must come to us and take our IDs and go make copies and then bring them back, because having to travel up and down to their offices is very challenging especially for us staying in areas where we even struggle to get transport.*

This sub-theme highlights that aged foster parent do not suffer because they have their own health challenges, but they also encounter challenges when their foster children have health-related problems, problems with transport, and challenges in accessing health and social work services. The pressure on aged foster parents to meet these health needs can result in enormous stress and anxiety.

The following section will further discuss the psycho-emotional challenges of aged foster parents as these sub-themes are interlinked.

5.3.3.2. Sub-Theme 2: Psycho-emotional challenges

Several studies such as Longoria's (2010) pointed out that meeting the increased demands of the caregiving role is associated with significantly greater levels of psychological distress among aged foster parents. All the participants in the latter study specified that the stress arising from financial adversity, the pressure to provide for their children when situations are dire, and the stress and anxiety caused by their children's behavioural problems impacted their health. The situation contributed to their anxiety and unstable blood pressure. Participants K and L asserted that the fatigue and stress levels which accompanied the task of raising adolescent grandchildren invariably had a negative effect on their physical and mental health, as attested to below:

> *Participant K : It is extremely difficult, especially at my age. This child stresses me so much to a point that my high blood becomes too high.*

> *Participant L: This child will really send me to an early grave; he stresses me so much.*

Despite the fact that pressures contributed poor health and a high blood pressure, stressors impacted these elderly foster parents' psychological well-being. The participants expressed concerns about the deterioration of their health, and they were also concerned about what would become of their grandchildren if they should pass away. The following narratives highlight this sentiment that caused distress:

> *Participant C : I pray that when I die, at least to ensure that one of them is working so that they will be able to look after each other.*

> *Participant F: If I were to die today, these children would be again become foster children and the family will fight over them. I sometimes think about this and I always wonder if I can't give them to the state because I am growing older. It really worries me a lot.*

Participant L: I am very old and my days are numbered. My fear is that their older sister will not look after them properly when I am no longer around. Because that child is very selfish. All she wants to do is to make herself look pretty with these children's money. She is really not reliable but I am hoping that the boy will be able to look out for the younger sister.

The above narratives indicate that the aged foster parents worry about what would happen if they should pass away, which was of course inevitable. But they feared that their death would put their already vulnerable children further in danger of being in need of care. They mistrusted that older siblings would be able to properly care for the younger ones, and therefore they entrusted their anxieties to prayer, as indicated by Participant C. The aged foster parents' coping strategies will be disused further on the section on access to support systems below.

The above narratives are also congruent with the results of a study conducted by Kiggundu and Oldewage-Theron (2009), who also established that the likelihood of the grandparents passing away while their grandchildren were in their care caused fear and additional stress among grandparents. As a result of these worries about the possibility of death, the majority of the aged foster parents were active members of funeral schemes so that the costs of their funeral would be taken care of and would thus not be a burden to their families. However, funeral schemes can be expensive, and this adds to the financial burden of aged foster parents.

5.3.3.3. Sub-Theme 3: Financial challenges

The World Federation for Mental Health (2009) indicated that some children were placed with very old and fragile grandparents who were facing increased financial and emotional demands while dealing with ill-health and the challenges of aging. Financial difficulties were prevalent among the grandparent foster parents sampled for this study. As was demonstrated in Figure 5.1, the only sources of income for the majority of households was the FCG which is R920 and an old age pension which is R1 600 or R1 620 respectively as of the 1 April 2017. Some of the foster families also received the child support grant and the disability grant as an additional state grant for other family members. This income was jointly utilised to meet the expenses of the

entire household. However, in some of the foster homes there were also other children who were not recipients of grants. There were also children whose FCG had been discharged because the foster child dropped out of school, as was stated by Participant A. Therefore, the FGC is often insufficient to meet the necessities of all household members.

The above findings concur with the findings of a study conducted by Sampson and Hertle (2015), who recorded similar experiences by many grandmothers. According to Dhludhlu and Lombard (2017:166), "the termination of the foster child grant plunges young adults and families back into the cycle of dire poverty and puts them at risk of not maintaining a sustainable livelihood". The following narratives indicate the financial stresses that grandparents are subjected to:

> *Participant B: Yes, I struggle with finances but I do try to also use my own old age grant in order to make sure that their needs are taken care of, because their FCG does not cover everything, because the other two children are no longer receiving the FCG.*
>
> *Participant A : There is a foster child who is currently doing grade 12 at a school in another location. I have to make provision for him to go to school and pay for his rent and groceries and buy him things that he needs at school. He has aged out of foster care and no longer receives the FCG.*

The physical development of children also requires that clothing and footwear need to be purchased to accommodate the fact that they change in size. The majority of the participants found it a challenge to secure sufficient funds to meet these demands. A mutual grievance was the increasing cost of food and groceries, which was apparent in the following narratives:

> *Participant H : I buy food, electricity and I also pay for the child's transport as his school is very far from here. I have to pay R250 every month just for his school transport. They also want money for school tours, for lunch, and for clothes which are very expensive.*
>
> *Participant I : Food is very expensive these days. It's no longer the same, like in the past when we used to produce our own food. Now all the little money we receive we spend on food, every day. My child is HIV positive so I need to make sure that there is fruit in the*

house and that we eat healthy. I buy clothes and uniforms for the children, electricity and I also contribute to a funeral plan.

Participant H : *The grocery prices are hiking every day. It's very difficult.*

According article 27 of the UNCRC and Section 28(1) (c) of the South African Constitution, "every child has the right to shelter". However, housing was a huge concern for the aged foster parents. Most aged foster parents live in poverty, which is a condition that is described by Alexander (2010:157) as "a state in which a person or family is incapable of attaining the minimal adequate standard of living". Three participants shared their inability to provide proper accommodation for their foster children, which was mainly due to limited finances. These findings are similar to those of Nyasani et al. (2009), who also found that rural foster grandparents experienced inadequate housing and a lack of space to accommodate children. The failure to provide proper shelter for these children compromises their basic constitutional right. The aged foster parents therefore requested the relevant government department to assist them in this regard. Their appeals are captured below:

Participant C: *I don't have a home. If you could help me by building a home … as you can see, I don't have a proper home for raising these children.*

Participant G: *If government can also assist by building us houses so that these children can grow up in proper homes. Now my children are forced to share rooms. There is not much I can do because we are told that this money is not for beautifying our houses.*

Participant L : *Government should consider providing RDP houses for the elderly who care for orphans.*

Providing in the day-to-day basic needs of children can only occur if adequate financial resources are available. The comments of the aged foster parents in this study highlight the plight that they all find themselves in, as all of them, and by implication many others, can only rely on state grants as they are unemployed (see Table 5.2). The participants expressed the wish for government to increase the FCG. Below are some of their pleas:

Participant B: *I would be very grateful if the government would consider increasing the FCG of these children. It's a huge responsibility caring for foster children, especially those that are no longer in foster care due to their age but still studying and dependent on me.*

Participant G : *I would be very happy if the government would increase this FCG and also if they would not discharge the grant when they are not schooling, because they still need to be fed and clothed.*

Although many challenges are inextricably linked to other themes, parenting challenges require separate mention. These will be debated in the following section.

5.3.3.4. Sub-Theme 4: Parenting challenges

There is a variety of factors that contribute to increased psychological distress in grandparental caregiving, such as the behavioural problems of the children placed under their care. A study that was conducted by Hearle and Ruwanpura (2009) reports that aged caregivers often feel flabbergasted in their caregiving role as a direct consequence of their foster children's challenging behaviours. In the current study the participants also voiced the concern that they lacked sufficient skills to manage the deviant behaviour of children. Participant A reported that she was even afraid to reprimand her foster child as he once attempted to hit her back. Her experience and feelings are captured below:

Participant A : *I am just a nobody where my child is concerned - Akandibon'noba ndisisiciko seyiphi imbiza !* [Which translated means that he doesn't even recognise her at all]. *I stopped disciplining him. When I whipped him, he held me and threatened to hit me back and then pushed me away. From then onwards I stopped, I just let him do as he pleases.*

During the focus group discussion, when learning that they shared similar experiences of being ill-treated by their foster children, the participants communicated non-verbally through angry and frustrated facial expressions which indicated their bitterness and feelings of resentment towards their foster children. Some foster children were described as disrespectful, as they did not want to assist with household chores. Some participants also complained of adverse behaviour by their

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foster children; for instance, some girls would leave the home to live with their boyfriends. Others became pregnant, used illegal substances, and dropped out of school, which were reasons for the cancellation of the FCG by social workers. All these behaviours by the children are physically challenging and emotionally exhausting for the aged foster parents. These findings are also consistent with those of Hearle and Ruwanpura (2009), who documented that caregivers complained of a lack of submissiveness or of vulgarity by the children in their care. Here are some of the validating comments:

> ***Participant A*** *: Two of these children quit school. I pleaded with them to continue at least up until they reached matric, but they did not want to listen to me. The other one quit because she fell pregnant. Unfortunately, their FCGs were cancelled because they were not enrolled at any educational institution.*

> ***Participant K*** *: I regret the day I took that child in. He is so mischievous that I do not even know what to do with him anymore. He doesn't want to do anything around the house.*

> ***Participant L*** *: The eldest of these children had to drop out of school because her grandmother had passed away. She was all over the place, running after boys and she fell pregnant. The social worker then stopped her grant because she was not studying.*

Phetlhu and Watson (2014) also remark that grandparents often lack the basic skills of dealing with orphans' deviant behaviour. The current study corroborated this, as the participants reported that their inability to manage their foster children's behaviour was a major stressor. Ill-discipline was a pervasive factor that was highlighted by all the participants who struggled to implement appropriate disciplinary measures while fostering. Below is one of the narratives that substantiate the above discussion:

> ***Participant A*** *: It is extremely difficult to care for orphans, especially at my age. They do not want to listen to me at all and I no longer have the strength. These children just do whatever they like.*

Most aged foster parents also indicated that, as much as their foster children misbehaved, they were able to execute some form of disciplinary measures in their homes. Below are some of the coping methods that were shared by the participants:

Participant B: If there is any one of them who is misbehaving, I sit them down and talk to them. My other foster child who is a girl started using alcohol and I spoke to her and she eventually stopped.

Participant H : I do sit down and discuss things with my children and make them understand how much we have to spend and how much we have to save, otherwise they ask for every little thing.

Participant L : I always just reprimand them by withholding pocket money if they misbehave and when they do well such as getting good marks at school then I reward them.

The ill-treatment of aged foster parents by foster children also featured prominently during the focus group discussion. Some foster parents lamented the lack of respect by their foster children who were also very demanding about their FCG. They requested that the aged foster parents hand them a portion of the grant for their own personal use without considering other critical needs of the family. These findings corroborate those by Hearle and Ruwanpura (2009), who also found that some orphaned children exerted untoward power over their foster parents. The participants of the current study also complained about how their foster children tended to use the FCG to exert power over them. This is evident in the ensuing narrative:

Participant J : The elder one is very demanding and would tell me that she will report me to social workers if I don't give her money. And for the sake of peace, I have to give her because it's really her money at the end of the day.

The participants agreed that in the era when they lived, children knew their responsibilities at home and most understood their position as children. They were easy to discipline unlike children who assert their rights without understanding their responsibilities. Moreover, it was argued that exposure to influences such as television and drugs ultimately had an undesirable effect on children's behaviour. Participants G and F complained that in the modern era, the challenges were not what they expected or were familiar with. This is obvious in the following narratives:

Participant G : The other one, who is a boy, has started smoking and drinking alcohol and I have no idea what has gotten into these children. When I grew up, alcohol was for older men, not children. But nowadays it's a fashion [for children to drink].

Participant F: We could not even backchat our elders when we grew up. Nowadays, even if the child is misbehaving, there is not much you can do because they are cheeky and do as they please and the law is protecting their interests and not the interests of the parents.

The majority of the participants mentioned that they grew up in a different time, with different value systems. They therefore found it difficult to adapt to a style of parenting which, to some extent, has proved to be ineffective. Participant J also criticized the government for spoiling children with unnecessary rights. One of the participants remarked that one of the teenage foster children threatened to report her to the police for abuse after reprimanding her for not sleeping at home, and she decided never to spank her again and to allow her to do as she pleased, as she was afraid of being arrested. Participant J shared this comment in this regard:

Participant J : These children are getting involved in sexual activities at a very tender age and they are getting pregnant left right and centre, and their government is supporting them because they say that we should not scold them. They have so many rights and are even provided with CSG for their bastard children.

The participants also lamented that children would not be able to separate among right and wrong. They insisted that bad deeds have consequences; therefore, if the government imposed irresponsible laws such as the banning of corporal punishment, the consequences on the next generation will be severe. These sentiments were also shared by Hearle and Ruwanpura (2009) who found that many foster parents attributed the disrespect by orphans towards aged foster parents as being a direct consequence of the discourse of children's rights.

Participant K also cited that another challenge she faced was the different parenting styles between hers and the child's deceased biological parents. Evidently, these challenges presented an additional challenge to the aged foster parent's health and well-being, both directly and indirectly. The section below will further this discussion and look at challenges specific to male aged foster parents

5.3.3.5. Sub-Theme 5: Voices of the grandfathers

The role of caring for children has been customarily allocated to women. Within a hierarchical gender lens in South Africa, it is evident that the stereotypical roles are changing. According Marsiglio and Roy (2012), men are increasinly commiting to their families and the well-being of their children. Mudavanhu et al. (2009) also note that the role of a caregiver has traditionally been allocated to women due to deeply entrenched gender and socio-cultural practices, but in modern society even grandfathers undertake the role of being the main care givers to children in the absence of their deceased wives.

In this study, 50% of the participants were men (grandfathers). The researcher purposively included men in order to hear their voices as foster parents because previous studies had focused predominantly on grandmothers. Men are also very scarce in this field for research purposes (Patrick & Tomczewski, 2008; Ramsamy, 2011).

Generally, the position of aged grandfathers as foster parents is much more complicated than that of a grandmother, because women are perceived as more natural nurturers than men. Studies conducted by Raniga and Simpson (2010) and De Jager (2011) found that grandmothers took responsibility for caring and nurturing in households where the biological parents were absent. The grandfathers in this study reported severe disruption of their lives as foster parents compared to when their wives were still alive to share the burden. This is evident in Participant L's narrative below:

> **Participant L** : *Things are really difficult because when my wife was still around, I never had to worry about a lot of things, and she took care of most things. And it's really difficult because at my age I cannot even take a second wife.*
>
> **Participant B**: *Not having a wife as a man alone is difficult. It's even worse when there are children involved because I have to do everything by myself and everything depends solely on me.*

Participant B's narrative indicates that grandfathers may feel ineffective in their role without the support of their deceased wives. They may feel overburdened and experience role overload. One related finding that is highlighted by Nyasani et al. (2009) is the sense of a generation gap.

Grandparents feel ill-equipped to talk to their adolescent grandchildren about relationships and sexual issues. These findings are supported by present study, as the commentary below attests to:

> *Participant J : It would be better if the social workers could come at times and talk to these children, especially about issues such as pregnancies. Because as a man, it's an uncomfortable position when I have to speak to my grandchild about women's stuff.*

> *Participant L : My wife was very strict and she did a good job disciplining these children. Now that I am alone, it's kind of difficult especially with my eldest grandchild. She is very hot headed. She is very disrespectful towards me and she would even threaten not to dish up food for me when we are having a disagreement. So I just choose to keep quiet and let her be.*

The participants requested assistance from social workers in terms of disciplining the children and educating them on social issues such as teenage pregnancy. The latter issue in particular is labelled as a female issue and men may feel unable to discuss such issues with their female foster children. The role of being a foster parent is therefore much more challenging for grandfathers than for grandmothers.

This section looked at the challenges encountered by aged foster parents. The findings revealed that aged foster parents are struggling physically, emotionally and financially and are often overwhelmed with the burden of caregiving. It is evident that these aged foster parents require substantial support from their different levels of interaction. The following section will focus on their ability to access support structures.

5.3.4 Theme 4: Access of aged foster parents to support systems

The systems theory emphasizes a holistic and interdependent view of the individual and his/her functioning (Berk, 2010). Foster families function in a manner that can be understood as an interconnected system. The functioning of aged foster parents therefore cannot be understood without reference to the system in which they belong. This section will look at aged foster parents' ability access support structures at the micro, mezzo, exo and macro levels.

Becoming a primary caregiver has been reported to result in negative social outcomes such as social segregation and role overload among elderly foster parents, and that it is associated with a lot of stress and anxiety (Mantsho, 2015; Harris & Kim, 2011). During the interviews and the focus group discussion, the aged foster parents were questioned about their coping strategies and the support that they received to overcome their psycho-social stresses from their different levels of interaction; i.e., individual traits, the family, the community and their ability to access and utilise social worker services. The sub-themes that emerged were the following: God as a source of support, family support, community support, and social services support.

5.3.4.1 Sub-Theme 1: God as a source of support

Similar to the results of the research conducted Perumal (2011) the first source of support identified by aged foster parents was God. Participant F and G reiterated their reliance on and faith in God to get through their adversities. God is their strength and gives them the will to carry on. Berk (2010) also acknowledges that the elderly assign significant value to religious beliefs. Reliance on and support from God are evident in the following narratives:

> *Participant F : I pray to God for wisdom and strength to cope with the situation at hand. Prayer is the source of my strength and gives me hope. When I pray I feel like half of my problems have been solved already, it just gives me a lot of relief.*
>
> *Participant G : There is nothing to do except to kneel down and pray. I pray every day and ask the Lord to give me strength to raise these children.*

These findings are consistent with those of Mudavanhu et al. (2009) and Nyasani et al. (2009). The latter authors found strong correlation between religious beliefs and feelings of comfort and strength among caregiving adults. These studies also mention that the elderly pray often to alleviate their burdens. There was a shared belief that what they experienced was part of God's will and that He would provide them with the strength to prevail.

Apart from aged foster parent's personal strengths and abilities to cope with their circumstances, their interaction with their extended family and the wider community is crucial, as these relationships directly influence the success of the placement of foster children in their homes.

Such interactions can also impact their functioning as well as that of the foster child as an individual at the micro level.

The following sections will look at family and community for aged foster parents.

5.3.4.2 Sub-Theme 2: Family support

According to Durand (2007:119), "the family is the most available and used form of support available to foster parents". However, this study found that such support was absent for most of the aged foster parents. Participant H complained about not having any actual contact with family and the extended family. Most of the families assumed that all was well because the grandmother/father received the FCG grant for their respective foster children. In addition, where the biological parents were still alive, their own children neglected them and they were so involved in their own lives that they did not have time to check up on their children. This situation is evidenced by the subsequent narrative:

> **Participant B**: *I don't get much support from the family, as everyone is just living their own lives. The only support I get is from government with the FCG.*

> **Participant G** : *Sometimes it gets hard. For instance, my family should have been helping me or is supposed to be helping me. I have not received a penny from them and they don't even bother to check on the well-being of the children. Because I am in receipt of the FCG, they think I have it all. It's as though they say: 'Go and fend for yourself'.*

> **Participant H** : *I do not receive any support from their maternal family. None at all. Their uncle and other family members are still alive. You will only hear them asking about the children when you bump into them in town or at a funeral.*

Participant H also reported that he was not on good terms with the maternal side of the family due to a quarrel over orphans because of the financial benefits that are derived from being their primary caregiver. A similar finding was documented by Hearle and Ruwanpura (2009). The following narrative illustrates this appropriately:

Participant H : *The FCG has created enemies for me. The family of these children wanted to take them so that they could benefit. Now that we refused and threatened them with the social worker, my wife and I became their number one enemies.*

Only a very few aged foster parents seemed to be receiving emotional support from family members, but that was where the support stopped, as all families have their own financial responsibilities. Perumal (2011) also reports that while families are supportive emotionally, they are not supportive financially due to their own financial difficulties. The following are comments that highlight this situation:

> *Participant J :* *I do get support from my brother. If I have family issues, I discuss them with him.*

> *Participant A* *: I cannot say that I receive much support from my family but their aunts do try. They do assist me with the children when I need them to.*

> *Participant E* *: When I am experiencing problems with the behaviour of the children, I report it to the aunts of the children so that they can come and address it. My wife and I are very old and we no longer have the energy or the ability to discipline the children as we used to with our children.*

5.3.4.3 Sub-Theme 3: Community support

A study by Durand (2007) found that churches commonly provided meaningful support to foster carers and caregivers. These findings however could not be supported by the present study, as the participants did not mention any form of support by church organisations, although their faith in God was strong. Participant I and J received support only from community members such as neighbours and friends. Below are some responses that authenticate the above discussion:

> *Participant I* *: God has blessed me with very kind neighbours. When I am sick, my neighbour comes around and checks up on me and even when I am in hospital, she does pass by my house to check if the child has food and if he is okay.*

Participant J : I report these children to my neighbour and she talks to them as she is more of a mother figure to them. She also has children around their ages, so she understands them better and they do listen to her.

Participant J also added:

Participant J : There is a hospital and clinic but they are very far from here but fortunately I have my neighbour who is a health worker and she has made it her duty to bring medication for us and spare me the travelling expenses.

None of the participants seemed to be aware of any programmes that are offered in the community by the department of Social Development, or any other community-based projects that offer psycho-social support to the elderly or social work programmes for grandparents caring for their orphaned grandchildren. In the absence of such support, the aged foster parents developed their own strategies or methods of relaxation, which are narrated below:

Participant H : I just sit and watch TV or take a walk to see my friends around the community. There is no specific activity that I do.

Participant K : I just sit and sleep or take a walk to my neighbour's house for tea or she comes over for tea. There is not much to do.

Participant L : I don't do any relaxation activities. I just stay at home and sleep when I need to rest.

Patel (2015) notes that social workers could assist in connecting community members with social services and community development projects. Social workers play a key role in supporting aged foster parents and their foster children. Their intervention begins even before the child is placed in foster care up, during the foster care placement until the child is discharged.

5.3.4.4 Sub-Theme 4: Social work services

Foster care is mandated and guided by the Children's Act and foster care services are provided by registered social workers in a designated child protection organisation (RSA, 2005). Social workers are an integral part of this supportive network. However, the majority of the participants

viewed the work of social workers merely as administrative. The participants seemed to only interact with them when they were due for foster care reviews or having to submit documentation for that purpose. Very few participants seemed to have interacted and worked collaboratively with social workers when experiencing problems with their foster children. This was reported as follows:

> *Participant C: I normally go to see her only when I go to her to review foster care placement. I have never discussed anything personal with her, and it's always been about the FCG.*

> *Participant E : I never knew that I had that option to go to social workers and seek for advice besides going for something that is related to foster care.*

> *Participant B: I am not really aware on any services that can specifically assist me and the foster children, except for the services of social workers with the FCG.*

Pretorius and Ross (2010) suggest that social workers need to adequately prepare prospective foster parents and inform about all the procedures and documents required for foster care placement and review. Three participants mentioned that they were not aware that they could approach social workers if they were experiencing problems with the children in their care. This lack of awareness of social work services is attributed to the fact that no workshops are conducted for aged foster parents as stipulated in the Children's Act. Section 65(6) of the Consolidated Regulations emphasizes that, "a foster parent has the right to on-going training and support from a social worker in order to enable such foster parent to deal effectively with a foster child and the child's biological parents". However, according to the research participants they had not received any preparation for this role:

> *Participant A: Training? No, I cannot remember receiving any training. I just raise my grandchildren the same way that I raised my own children.*
> *Participant K : My social worker informed me that I should save money for the child and that I should not use the whole FCG. She also told me that I should open a savings account at the Post office and that if I need to utilise the money then I first need to go to her for permission. That is the only workshop I think I received if I still remember correctly.*

> *Participant L : No, I did not receive any training, The social worker only transferred the FCG to me after my wife passed away and then I just continued in my wife's footsteps.*

Based on the above narratives, it can therefore be concluded that social workers fail to train foster parents prior to and during the foster care placement. This negligence is a deviation from the provisions of the Children's Act.

Connolly and Morris (2012) assert that foster parents need the support of "a reliable and available social worker who listens to, values, respects and visits them frequently". Warwick (2013) also argued that some of the key challenges in the foster care system were unhelpful relations with the welfare agency's social workers, struggles in accessing high-quality services, lack of respite care, and support for foster parents. The findings of this study corroborate this, as the participants noted their displeasure with social workers. Questions around experiences and their relationship with social work services evoked dissatisfaction among the majority of the participants during the interviews. While some described their relationship with their social worker as good, some voiced discontent to the extent that they even feared them. These participants complained about having interacted with very rude and impolite social workers. These negative experiences made them feel disrespected and insignificant, as revealed below:

> *Participant G : It's very exhausting for us old people and you have to tolerate being shouted at by these young social workers. Oh! Being poor is a sin.*

> *Participant L : I don't like being treated like a criminal. The last time I went to the social worker's office I was really furious with the way that the social worker treated me and even though we are old, poor and uneducated, they should treat us with dignity and respect.*

Participant G leaded for more proficient and respectful social workers:

> *Participant G : Social workers must also be trained on how to speak to their elders, because the manner in which they talk to us just because we are in need is sometimes appalling. They need to treat us with respect and instruct us in a good manner and be patient, because we are very forgetful and have a lot on our plates so we cannot always be 100 % efficient.*

A majority of the research participants reported that they hardly ever spoke to the same social worker dealing with their cases. The Department changes social workers in the wards frequently and this contributes to maintaining and developing a good relationship with their social workers regarding their unique circumstances. However, this does not always serve the interests of their clients, as is articulated below:

> *Participant E : They change these social workers because my current social worker is not the one that took my case to court. She is the third social worker that I have had to work with.*
>
> *Participant L : I don't really know my social worker well, because there are so many people at these offices and you don't even know who amongst them is your social worker. And they also change every time when I go there for foster care reviews.*
>
> *Participant J : There was this very nice young lady who was my social worker back then and she even came to my house a couple of times, but then after a few years, they changed her.*

Maintaining contact with the foster family is of utmost importance in order to make sure that the child is healthy and safeguarded at all times (Schofield & Ward, 2011). Section 156(3) (I) of the Children's Act also identifies significance of the supervisory role by a social worker in a foster care placement as may be postulated by the court as one of the conditions during the placement. Supervision is a vital component of foster care. Supervision is conducted to monitor the effectiveness of the placement as some placements may be very detrimental to the entire foster family. Continuous supervision by a designated social worker is therefore a legislative obligation and necessary in order to ensure that proper care and treatment are afforded to the children (Dickerson & Allen, 2007).

In the context of supervision services, most research participants indicated that the only time that a social worker visited them was when they needed to review the foster placement and extend the court order. This process occurs "two years from the date that the order was issued for an extension order in terms of section 159 and once every year according section 176 until the end of the year in which the foster child reaches 21 years" (RSA, 2005). Participants mentioned that

their social workers only visited their homes when they were still investigating the home circumstances before the initial appearance in the Children's Court inquiry, thereafter they were requested to bring certified documents for foster care placement review and extension to the offices and were handed school forms to complete at their respective schools, which they also had to return to the offices themselves. Evidently, no thorough supervision had been conducted by social workers to monitor the effectiveness of these placements. According to Chiwara (2015), poor supervision of foster care placements by social workers reflects a crack poor guidance of social workers by their supervisors. The following comments were forthcoming in this regard:

> ***Participant E*** *: The only time that the social worker came to my house was after I had put in an application for foster care and they came to see where I lived before taking us to court. Otherwise, for foster care reviews we only submit documents to their offices.*

> ***Participant J*** *: My previous social worker used to come every two years to check how things are going. But this new one… I only meet her at her office and she complains about not having transport to come to me.*

> ***Participant A****: She went to see the children while they were at school. From what my children told me last year she asked them how they were doing and if everything was still going well at home. Then she informed them that we should come to court for foster care review. She never came to check things at home and even when we went to court for the first time, she asked me to tell the magistrate that she came to investigate the home circumstances in case she asked me.*

Participant A also added:

> ***Participant A****: Honestly, you are the first social worker to ever set your foot here on these premises and see where the children and I are staying.*

It has been reported that social workers are burdened by high caseloads with limited resources, as was echoed by participant J. As a result, they fail to cope with the demand for social work services. According to Boning and Ferreira (2013), there is also such a shortage of social workers that it negatively impacts the implementation of the Act. Boning and Ferreira (2013) also add that, before the Children's Act was implemented, a costing report revealed that at least

16 504 social workers would be needed in 2010/2011 to address children's social service needs adequately. However, this requirement has nvere been filled and the gap exists to this day. Research by de Jager (2011) and Mokomane and Rochat (2010) indicate that the reality of not having enough social workers actually compromises the aptitude of social workers to do thorough supervision and they are often doing crisis management.

Section 157(1) of the Children's Act specifies that, "in making a decision whether to place the child in alternative care, the court must consider a report completed by a designated social worker on the conditions of the child's life which must include an assessment of the developmental, therapeutic and other needs of the child". While Participant A revealed that a social worker never thoroughly investigated her home circumstances during the initial application for foster care, she also revealed that the social worker had asked her to be untruthful and to testify that she had actually conducted the home investigation if asked by the Commissioner of Welfare Services in the Children's Court. This act by the social worker contravened the provisions of the Children's Act which makes comprehensive developmental assessment of children compulsory.

The dishonesty of the social worker also violated the guiding ethical values and principles of the policy guidelines for course of conduct, the code of ethics, and rules of social workers. According to section 4.4 under 'Integrity', "social workers should behave in an honest manner. They should also seek to promote integrity in the practice of the profession". Regulation 3(1) of the Regulations provides that a complaint of suspected unprofessional conduct on the part of a person registered with the South African Council for Social Service professions can be lodged with the Registrar or a designated official (SACSSP, 2007).

As a continuation of the section on supervision by social workers, the following section will discuss the monitoring of the usage of the FCG.

5.3.4.5 Monitoring of the application of the FCG

When asked whether the application of the FCG was adequately supervised, there was an emotional outcry that the FCG was not sufficient, as was mentioned earlier. However, there was an allegation that a policy existed that all foster parents should save R300 of the FCG every

month, except in December and January. This was a very interesting comment as there is no written policy in any of the statutes governing foster care services. It appeared that even the Commissioner of Welfare Services in the Children's court was aware of this procedure and also expected foster parents to comply with it:

> ***Participant A:*** *We are told that we should save R300 every month except for December when we should buy the children clothes for Christmas and in January when we buy school uniforms. Yes, this money that we are supposed to save is very helpful indeed, and we understand the motive behind it, but social workers also need to understand that the challenges experienced by people are not the same, and the R300 cannot apply to everyone.*

The consequences of not being able to comply with this procedure appeared to have a severe impact on aged foster parents, as will be demonstrated in the narratives below. Some attempted to comply as they were concerned about the legal implications as they would run the risk of the FCG being cancelled. The participants found the social workers lacking in empathy, especially in terms of balancing their already stretched budget to save as much as R300 a month. They were even threatened if they did not do as they were told. Below are some responses that demonstrate these elderly people's concerns and fear:

> ***Participant A****: Clearly she did not understand, because she only told me that if I didn't have money in the children's savings account then the magistrate was going to cancel my grant. We do show the magistrate these post office books when we go to court for reviews. She threatens not to review the grant if you don't have enough money in the savings account and she also makes you pay back the money.*

> ***Participant G :*** *We then went to court and I was told to bring my savings book for the savings record. The Magistrate also shouted at me and informed me to repay the money. So now I was ordered to deposit R500 into each book for three months to make up for the money that I had failed to save. So yes, that's what happens and it's like the social workers don't even care what you used the money for, as long as you are saving, then you will be good.*

Participant A also added:

> *Participant A: Before going to court I had to borrow money from a 'stockvel' – it was a sum of R3 000 so that I could deposit R1 500 in each of the children's savings accounts because I did not want to risk the FCG of my children being cancelled! I paid off that debt with my old age grant on a monthly basis until I settled my debt.*

The savings requirement seems to have severe consequences for aged foster parents who are already burdened by a FCG that is too low to address all the needs of foster children. This puts an enormous strain on them as it seems to be a non-negotiable 'policy' that they have to comply with despite their unique home circumstances. They expressed a desire for this procedure to be scrapped or the FCG to be increased so as to accommodate this portion of money that they have to save. The narrative below summarizes the sentiments of the majority of participants:

> *Participant A : It would be much better if the social workers could lower the money that should go towards the children's savings, or maybe just increase the amount of the FCG then things will be better*

This theme focused on the ability of aged foster parents to access support structures and looked at family and community support for aged foster parents. A foster parent and their social worker should be partners in a foster care placement and work together in addressing the needs of the child. The macro level consists of policies and legislation such as the Children's that govern foster care services. The social worker also plays a pivotal role in advocating for changes in policies and legislation that impact foster care.

5.3.5 Other pertinent suggestions for improved foster care services

In addition to the desires and suggestions that the aged foster parents offered, they also made further recommendations for the improvement of the system:

> *Participant J : No, but just like our government recognizes the rights of these children, they should also treat us in a special way because at my age, I am no different from*

someone who is disabled. I am frail and very weak and being a parent to these children makes things even worse.

The above participant argued that the aged are a special group of foster parents and therefore require special care. Aged foster parents require additional support in order to lessen the burden of care giving. Participant K communicated that they were given such a huge responsibility at an age when they are weak and frail, and as such she felt that the government should invest in institutions that will care for children who lack parental care and that, as grandparents, they should then maintain contact with the child. She articulated her thoughts as follows:

***Participant K** : It's not wise at all, because at an elderly age we are very weak and vulnerable. At this stage in our lives we are supposed to be resting and being taken care of by our children and grandchildren, not to go back to being parents. Social workers must open a government home that will take in vulnerable children. Even here in rural areas if there are no suitable people to care for these orphans and relieve the elderly; a place close by where we can also visit them and keep an eye on them. Because being in a children's home should not mean that you are deserting the child but merely because you no longer have the strength and ability to take care of them.*

This is an interesting finding as institutional care versus foster care is a historical debate. However, in South Africa, foster care is considered as the most appropriate form of alternative care for children who cannot remain with their biological parents. According to the Children's Act, preference should be given to family placement before non-family members or cluster foster care is considered. According to Pretorius and Ross (2010), family placements are seen as being more advantageous because the child can adjust more at ease to a familiar environment. This may be the reason why social workers prefer to place children with their grandparents as the available next of kin compared to placing them in cluster foster care.

Aged foster parents assume this caregiving role when they are weak and vulnerable, as was echoed in the narrative above. However, currently, there is no age limit and criteria for the selection of prospective foster parents, which has caused an increase in the number of aged foster parents. Anyone who is above the age of 18 qualifies to become a foster parent and there is no

apparent age limit for such a role. Therefore, authors like Faircloth and McNair (2012:27-29) suggest that the criteria for recruiting foster parents take cognisance of "the age profile, the cultural background, and household composition of the prospective foster parents".

5.4 Conclusion

This chapter presented the findings of this research commencing with a profile of the participants. This was followed by a discussion on the psycho-social experiences of aged foster parents who participated in this study. Four themes emerged from the research findings, namely reasons for foster care placement, roles and functions of aged foster parents, challenges encountered by aged foster parents, and access to support structures.

In the following chapter, a summary and conclusion will be drawn based on the research findings that were discussed above. It will also include the recommendations for practice and policy pertaining to foster caring.

CHAPTER SIX

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

6.1 Introduction

This concluding chapter will provide a summary of the significant findings that emerged from the research study as they relate to each research objective. It will also present recommendations for social work practice, policy and legislation and suggestions for further research will be offered. The chapter will conclude with a summary.

6.2 Overview of the Study

The overall aim of this study was to explore the psycho-social experiences of aged foster parents. It is envisaged that by developing an insight into their experiences and perspectives, social workers and welfare organisations will be in a better position to improve service provision of not only the children in the foster care system, but also the individuals who care for them.

In order to understand the experiences of aged foster parents, a qualitative research method using an exploratory descriptive research design was utilised to gather data from 12 aged foster parents from the rural Mbizana Municipal area. The Department of Social Development, Bizana Service Office was identified as a research site for this study. The data were collected using semi-structured one-on-one interviews and thereafter, one focus group discussion which was attended by six of the research participants. The researcher framed this study within the general systems theory in order to gain a comprehensive understanding of aged foster parents' experiences in relation to their interaction with their foster children, the broader family, the community, child welfare agencies, relevant government departments, and legislation and policies governing foster care.

As was noted in Chapter one, the study was given impetus by the following objectives that aimed to:

- Examine aged foster parents' perceptions of their roles and functions in providing care to their foster children;

- Explore the challenges that aged foster parents face in child care;

- Identify the coping strategies that aged foster parents employ in caring for their foster children;

- Identify the support services that are available to aged foster parents during care giving;

- Gain insight from aged foster parents about suggestions for improved services.

These objectives are coherently presented in relation to the four main themes that emerged from the study as discussed below.

6.3 Summary of the Findings

6.3.1 Objective I: To examine aged foster parents' perceptions of their roles and functions in providing care for their foster children.

Findings clearly revealed that the aged foster parents generally possessed a good understanding of what their roles and functions as caregivers were. Their perception was that foster parents' primary role is to provide love, a sense of belonging and discipline to their foster children. They revealed commitment and determination in ensuring that all the basic needs of the children were met and that the FCG was utilised appropriately. The majority of the participants prioritised education as an essential component to facilitate a better future for their foster children. They agreed that such an emphasis would ensure that the children had access to future opportunities and that they would be independent and self-sufficient. They reiterated their compassion and care within this role despite insufficient financial resources.

The study also revealed that aged foster parents assumed the responsibility of caring for their grandchildren for different reasons. The most prevalent reason was that there was no other member in the family available or willing to care for these children. Sometimes aged foster parents would assume the caregiving role for the benefit of having someone to stay with them and to take care of them when they were. Some also admitted to needing a young person to assist them with household duties. This role reversal was emphasised by Participants B and L.

However, this meant that some foster children would have to assume the role of an adult in order to care adequately for an aged foster parent, which is not a desirable situation. Therefore, it remains crucial that social workers assess the true motives of prospective foster parents and that they ensure that the children will not be used for and subjected to any form of abuse and exploitation. This requires continuous and regular supervision.

6.3.2 Objective 2: To explore the challenges that aged foster parents face in child care.
It was vital for this study to examine the abilities of and the challenges facing aged foster parents on the micro level as the role of a foster parent is often demanding and requires that he/she is physically, psychologically and socially equipped in order to render the most efficient care to the child. In this context, it was found that the majority of aged foster parents were physically and emotionally exhausted and overburdened with the responsibilities of caring for their foster children. This form of stress in the aged could result in burnout which will ultimately influence the quality of care that they are able to deliver. It was found that these aged foster parents in the rural area under study were confronted by a myriad of challenges which impacted their health and psycho-emotional well-being. The majority of the participants felt overwhelmed by their caregiving responsibilities due to stress because of worries concerning their own health, the health of the children, and constraining financial circumstances. The most common chronic illnesses reported by the aged foster parents were arthritis, high blood pressure and diabetes. These health challenges are usually compounded by excessive stress and the aging process.

In addition to the aged foster parents' health concerns, their foster children also required medical care. However, they seemed to be uninformed of where to seek affordable medical treatment for these children. Another concomitant factor was that the participants experienced difficulties in accessing health and social services due to long distances and a lack of transport. In addition, a lack of finances also hindered them in sourcing the necessary medical attention. The majority of the participants depended on state grants in the form of the FCG and OAG, but they indicated their dissatisfaction with the limited financial support offered by the government for foster care, as this grant did not address all the necessities of their foster children. Moreover, the nebulous requirement to save R300 a month of the grant money limits the available cash that is needed to buy basic necessities for the children that they foster.

Any foster parent's bond with a foster child is crucial, as these relationships directly influences the success or failure of the placement and can also impact an aged foster parent's functioning at the micro level. It became evident that the relationship between some foster children and their aged foster parents left a lot to be desired, stress became a pertinent factor. Emotional stress impacts psychological well-being and a variety of factors were identified as contributing to increased psychological distress. Some of these factors were their inability to manage their foster children's behaviour, and concern for the care of their foster children should they die. The study also revealed that foster children often ill-treated and disrespected their elderly foster parents, particularly when they became abusive if FCG cash was not made available to them on demand. The inability of these aged foster parents to exercise effective disciplinary measures was thus a factor that exacerbated their stress. Other problematic difficulties were the aged foster parent's inability to manage the family's consolidated income and cater for all the children's needs.

Aged foster grandfathers appeared to be confronted with similar challenges as grandmothers, but they appeared to be less emotionally available than their female counterparts. They admitted to being ill-equipped when required to discuss relationships, sexuality and female-specific concerns with their adolescent foster granddaughters. However, it was heartening to note that, despite the many challenges that the aged foster parents faced, they persevered in caring for their foster children.

6.3.3. Objective 3: To identify the coping strategies that aged foster parents employ in caring for their foster children.

Generally, the coping strategies that were employed by the aged foster parents were sleeping and resting from their caregiving duties. Watching TV or taking a walk to visit friends in the community were also viewed as methods of relaxation and refreshment. None of the participants seemed to be aware of any programmes offered in the community or any other community for psycho-social support. They were also not aware of social work programmes for grandparents caring for their orphaned grandchildren. This lack of engagement to alleviate their burden and help them cope seemed to be a glaring oversight by the Department of Social Development. In the absence of such interventions, the aged grandparents evolved back to what they did when they had their own children such as sitting the child down and reasoning with them calmly and

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also discussing household issues such as budgeting and spending. These strategies seemed to assist some of the aged foster parents to cope with the situation. However, these methods proved to be ineffective for some of the participants depending on the nature and responsiveness of their foster children. Most of the aged foster parents testified that they resigned themselves to realizing that they were unable to control the behaviour of their foster children and that disciplinary measures that worked well in the past were no longer applicable. Tragically, young people were left to their own devices which does not augur well for their future. Social workers are key providers of foster care services to the most vulnerable and those who require social services. However, their failure to develop and implement psycho-social programmes to alleviate the stress and burden of aged foster parents will persist in exacerbating foster children's problems if not eradicated. Clearly, if there is a sub-system that is not functioning effectively, the whole system will be adversely affected.

6.3.4 Objective 4: To identify the support services that are available to aged foster parents during care giving.

Aged foster parents and their families do not exist in isolation, but in the context of wider relationships within a society. The support that is given to aged foster parents in the different levels of interaction is therefore crucial. The findings revealed that the aged foster parents were not adequately supported in their caregiving role. Participants F and G admitted to relying on God to navigate through present circumstances and that they gained strength and solace from prayer. In this context, it was interesting to find that none of the participants pointed out receiving any form of support from the church. Rather, it was mainly their individual spiritual connection and belief in their God that alleviated their understanding of their situation. The lack of support by the church as a subsystem was therefore evident.

Moreover, very few of the aged foster parents appeared to be receiving emotional support from friends and family members. Participant J shared how a neighbour, who was a health worker, assisted to monitor the foster child's health status as the child was on chronic medication. The person also assisted in obtaining the child's medication. It was also evident that some neighbours and family members played a positive role of disciplining the children. However, a vast majority of the participants communicated that they did not receive any other form of support from their families and extended families and some did not even have any meaningful contact with their

families due to quarrels over the custody of children. These disagreements often occurred about the financial benefits of fostering. None of the participants received financial assistance from family or significant others.

In light of the findings, it is imperative to identify the needs of aged foster parents on the micro level and to equip them with adequate skills, knowledge and tools so that they can provide adequate care for the children placed under their care. It was evident that a majority of the participants did not receive psycho-social support from social service professionals. A majority viewed the role of the social worker as merely administrative. They seemed to interact with them only when they were due for foster care reviews and having to submit documentation for that purpose. There was a definitive absence of support from social workers, with participants questioning the quality of social work services and their lack of training and capacity development for aged foster parents on their new role as foster parents. The lack of thorough and comprehensive supervision conducted by social workers to monitor the effectiveness of these placements was also mentioned as a grave concern.

While some participants described their relationship with their social workers as good, the majority expressed their dissatisfaction with the service they received in general from their social workers. They cited rude and disrespectful social workers and a Children's Court Magistrate towards them as elderly caregivers. In particular, social workers' lack of empathy and understanding of their unique individual circumstances was cited and the participants communicated a longing for respectful and more effective relations with their social workers.

6.3.5 Objective 5: To gain insight from aged foster parents about suggestions for improved services.

The participants suggested the following to improve social services:

a) Financial support. The participants complained that the FCG was not sufficient in meeting all the needs of the children. Infact, they had to utilise their OAG to supplement this deficiency. They suggested that increasing the amount of the FCG, free basic and tertiary education and health care assistance for foster children with chronic medical conditions would alleviate their plight. Some also commented that the government should assist poor aged foster parents with

housing so that the environment where the children are brought up is supportive of their development and academic progress.

b) Support from social services. Two participants suggested that social workers should provide a supportive role with regards to their everyday challenges and understand their unique circumstances instead of disrespectfully communicating with them when they are unable to save R300 monthly. Furthermore, social workers should interact with them in a more courteous manner, particularly because of their financial status as grant holders and beneficiaries of the FCG.

c) Medical services support: The participants suggested that there should be a clinic in close proximity to rural communities where they can have easy access to medical treatment for themselves and also for the children they foster.

d) Institutions of care: It was suggested that the government should invest in institutions of care that will cater for children without parental care and relieve elderly caregivers of this responsibility, because they are generally weak and fragile.

6.4 Recommendations

In consideration of the results of the study, the following recommendations are offered in terms of both practice and policy:

6.4.1 Recommendations for social work practice

In order to better serve the population of aged foster parents, the Department of Social Development should develop a database of all aged foster parents in the different wards. This information can be collected from the case files because this department is the only organisation that provides foster care services in the Mbizana Municipal area. This information can also be accessed from the local SASSA office. The database will assist social workers in being more proactive in planning psycho-social support and managing the different areas more comprehensively.

Social workers must determine if an individual is suitable to become a foster parent before placing the child under their care as outline in section 182 (2) of the Children's Act 38 0f 2005. Thorough Screening of Prospective foster parents as well as on-going training in very critical is order to reduce foster care placement to break down, which would be detrimental to the child as well as the foster care family On-going training empowers foster parents to be able to deal with the needs of the children under their care.

The Bill of Rights in the Constitution (RSA, 1996) enshrines the rights of all people in South Africa and affirms the democratic values of human dignity, equality and freedom. Social workers should strive to develop meaningful professional relationships with aged foster parents and treat them with respect and dignity at all times so that they do not fear but feel free to approach them at any time. All social workers should be guided by ethical values and principles which, according to section 4.2 of the policy guidelines for course of conduct, the code of ethics and the values for social workers, emphasize respect for people's worth, human rights and dignity (SACSSP, 2007). According to these guidelines, social workers who do not abide by the principles, values, standards and guidelines as set out in this document may be subjected to inquiries in terms of the regulations regarding unprofessional conduct.

The Department of Social Development and Children's Court magistrates should interrogate the reality and practicality of the 'compulsory' R300 saving from the FGC every month. Such a measure is merely a guide and not a committed policy governing foster care services and the requirement is therefore not consistent with the law. Social workers should assist aged foster parents, in fact all foster parents, with budgeting skills. They should rather negotiate a reasonable savings plan with them in consideration of specific families' financial circumstances and they should mutually agree upon an amount.

It was evident that some social workers were not conducting supervision services systematically, although this is a requirement as noted in section 65(6) of the Consolidated Regulations in terms of the Children's Act. This section states that a foster parent has the right to on-going training and support from a designated social worker so that he/she may be able to deal effectively with a foster child. By not abiding by this regulation, the lack of commitment to the ethos of caring that

social workers have to comply with is perpetuated. However, De Jager (2011) and Mokomane and Rochat (2010) argue that there are not enough social workers, which is a situation that compromises the ability of social workers to do thorough supervision and therefore they tend to revert to crisis management. De Jager (2011) also adds that the scarcity of social workers as human resources in South Africa is a factor that contributes to the heavy burdens and caseloads that social workers have to contend with, which in turn is a contributing factor to a lack of permanency for children in foster care.

The participants also recommended an increase in financial assistance for foster parents (i.e., the FCG allocation). All the foster parents who participated in this study were above 60 years of age and received both the FCG and the OAG. Four participants were also in receipt of other state grants as noted in Table 5.2. According to Dhludhlu and Lombard (2017), "statutory social workers should not focus only on foster care services from a remedial perspective, but should also include a socio-economic development focus". Therefore, because of increasing financial demands on aged foster parents, social workers need to capacitate them in terms of financial management. It is apparent that most of the participants were solely dependent on social grants for survival and that, perhaps due to their age; they never contemplated or explored any other means of generating income. Depending on the aged foster parent's strength and abilities, social workers need to encourage them to be involved in other income generating projects around the community to supplement the social grant that they are receiving in cases where it is not sufficient. Of course, such activities should not be detrimental to their physical well-being.

Social workers should be innovative in planning support services for aged foster parents and implement appropriate support group programmes. Such a modality will create a space for mutual support where similar experiences can be shared and solutions can be found. These support groups could also extend their activities to develop societies such as funeral support groups and the 'stokvel' system, which would be advantageous to them while developing recreational and support programmes that will cater for their physical and emotional well-being.

Consistent with previous research on aged foster parents, the participant narratives emphasized the emotional and behavioural challenges that they encountered. Social workers should provide workshops for aged foster parents on how to deal with children with behavioural problems. This

will raise awareness on social ills such as alcohol and drug abuse and teenage pregnancy among the youth. These workshops would also capacitate aged foster parents on how to improve communication with their foster children and how to discipline them in order to promote healthy relationships and better functioning foster families.

6.4.2 Recommendations for policy and legislation

The issue of the shortage of social workers has long been documented, as was highlighted above. Additional social workers must be employed to combat the heavy case load per social worker. These heavy caseloads disable social workers from providing quality service and implementing social work services as documented in the Children's Act and policies of the Department of Social Development to facilitate service delivery to children and their families. Resources should also be provided to social workers in order for them to render on-going social support to aged foster parents, which would lead to more positive outcomes for their psycho-social well-being.

To ensure that government and legislation (i.e., the macro level) are adequately addressing the issues of aged foster parents, an interdepartmental approach should be considered. The Department of Social Development should recognize aged foster parents as a special group of foster parents that requires special care, and it should thus work together with the Department of Health, South African Social Security Agency, Department of Home Affairs, local municipalities (Ward committees and community development workers) and the Department of Basic Education and prioritise the need for continues support of aged foster parents. In this way, their services will be made more readily accessible, especially in rural communities. The Department of Social Development also needs to develop partnerships with NGOs in order to establish support groups and programmes for elderly caregivers.

Foster care policies and legislation, such as those contained in the Children's Act, are laudable in South Africa, but implementation remains a constant challenge. The Department of Social Development should conduct continuous research on the implementation of the Children's Act as the main legislation governing the work of child protection agencies and foster care services. This should be carried out to evaluate the effectiveness of the policies and programmes informed

by this piece of legislation and to see if they have any real impact on the beneficiaries. Furthermore, these policies and programmes should be informed by the people they are meant for. There should be community dialogues on every level of society. Policy makers should listen to the voices of the people at grassroots level in order to understand how best they want to be assisted and which programmes are most essential to them in order to differentiate between a perceived need and a real need. Moreover, initiatives by government should be specific to the culture and to the context of the clients.

6.4.3 Recommendations for further research

Further research should be conducted with aged foster parents across the country in order to validate and elucidate the findings of this study which was confined to a particular region in South Africa. The sample of this study consisted of only Black participants because they are the dominant racial group in rural Mbizana. It is therefore recommended that other qualitative studies on aged foster parents be conducted with more or all race groups and in other provinces in order to compare the psycho-social experiences of aged foster parents on a wider spectrum.

6.5 Limitation: Generalisability of the Findings

As was alluded above, the scope of this study was limited to one race group and to one rural area in the Eastern Cape Province. The sample was also limited to twelve participants, although an effort was made to listen to the voices of both male and female elderly foster parents. In this context, the results of the study cannot be generalised to foster care by elderly people across South Africa, and for this reason suggestions were made regarding future studies in section 6.4.3.

6.6 Conclusion

This research provides insight into the psycho-social experiences of aged foster parents who resided in the Mbizana municipal area. The study confirmed that aged foster parents have unique needs that social workers need to adequately respond to. The study also presented that aged foster parents continue to play a noteworthy role of being safety nets for orphaned and

vulnerable children. However, they may no longer have the mental, financial, physical and emotional capacity to take over this role and therefore require adequate support. Government departments need to prioritize the needs of this special group of foster parents and respond to their needs accordingly. The researcher envisages that the results of this study will add to the existing body of knowledge in the field of child care and protection law and social work and that efforts will be made by government not only to focus on the children who are placed in foster care but also to attend to the needs of the individuals who care for them. Such a holistic approach will ultimately ensure healthy functioning foster homes.

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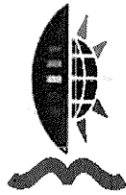Social Service Professions Act 110 of 1978, as amended.

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UNIVERSITY OF ™
KWAZULU-NATAL

INYUVESI
YAKWAZULU-NATALI

20 October 2016

Ms Hlonipha Msebenzi 213569865
School of Law
Howard College Campus

Dear Ms Msebenzi

Protocol reference number: HSS/1306/016M
Project title: Psycho-social experiences of aged foster parents residing in the Mbizana Local Municipality, Eastern Cape, South Africa.

Full Approval – Committee Reviewed Protocol

With regards to your response to received 18 October 2016 to our letter of 10 October 2016, the Humanities & Social Sciences Research Ethics Committee has considered the above mentioned application and the protocol has been granted Full Approval.

Any alterations to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach/Methods must be reviewed and approved through an amendment /modification prior to its implementation. Please quote the above reference number for all queries relating to this study. 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.

Best wishes for the successful completion of your research protocol.

Yours faithfully

....
Dr Shamila Naidoo (Deputy Chair)

/px

cc Supervisor: Dr Tanusha Raniga
cc Academic Leader Research: Dr Shanon Bosch
cc School Administrators: Mr Pradeep Ramsewak

Annexure B: Gatekeeper's letter

Province of the
EASTERN CAPE
SOCIAL DEVELOPMENT

ERF 52, NO 89 Main Street, Private Bag X 507 –BIZANA– REPUBLIC OF SOUTH AFRICA

Tel: 039 2510 731 Fax: 039 2510 734 E-mail: Siyabonga.mjoli@socdev.ecprov.gov.za Website: www.socdev.ecprov.gov.za

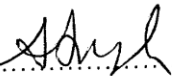Enquires: Mr. S.S. Mjoli
Date: 11 July 2016

Dear Miss H. Msebenzi

RE: REQUEST TO CONDUCT RESEARCH

Your request to conduct a research study titled **"Psycho-social experiences of aged foster parents residing in the Mbizana Local Municipality, Eastern Cape, South Africa"** has been received.

I am pleased to inform you that you have granted permission to conduct your research study with aged foster parents from the Department of Social Development, Bizana Service office.

Wishing you all the best in your research.

Yours Sincerely

Mr. S.S. Mjoli
Service Office Manager

Department of Social Development
Social Worker's Office

2016 -07- 1 1

BIZANA SERVICE OFFICE

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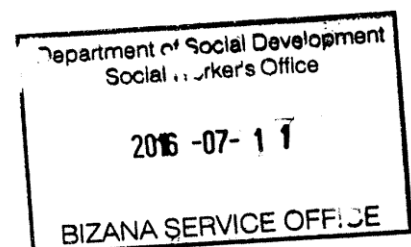
Annexure C: SEMI-STRUCTURED INTERVIEW SCHEDULE IN ENGLISH

PHASE 1: INDIVIDUAL INTERVIEWS

1. PERSONAL DETAILS OF FOSTER PARENTS:

- How old are you?

- What is your gender?

- Are you married?

- Do you have a child/ren in your care? If yes how many? What is their relationship to you?

- How did your foster child/ren end up being placed under your care?

2. PHYSIOLOGICAL, PSYCHO- SOCIAL AND ECONOMIC CIRCUMSTANCES:

- What are some of the problems concerning your foster child/ren that you have to deal with? (be it health, educational, social and any other problems)

- What are some of your own health problems that you are experiencing?

- How would you describe your financial situation? What is your primary source of income? Is it sufficient to meet your family's financial needs?

- What are some of the expenses that you need money for on a daily basis?

3. CAREGIVERS' UNDERSTANDING OF FOSTER CARE:

- What is your understanding of foster care?

- How do you see your role and functions in caring for your foster child/ren?

- What is the most difficult part about being a foster parent?

- What is the most rewarding part?

4. SUPPORT SYSTEMS AND COPING STRATEGIES:

- Do you feel equipped enough to care for your foster child/ren?

- Do you feel like you are supported in your role as a foster carer?

- Who has been the main provider of this support? Is the support adequate? Who do you feel should be providing this support? (Should it be family and friends or institutional) and What kind of support do you feel that you should be receiving

- What are some of the methods that you use to deal with the challenges of caregiving?

- What are some of the activities you engage in to relax?

5. ACCESS TO SERVICES

- Do you know of any medical and social services that are available to you and the child/ren under your care? Explain

- Do you receive a foster care grant? If yes, what has been your experience of receiving the grant?

- What are the challenges/ barriers to receiving the foster care grant?

- Do you feel that you have enough access to support services?

- Describe your experience of working with your child/ren's Social Worker, What has been helpful and not helpful? What would be helpful?

6. RECOMMENDATIONS:

- What improvements can the Social Services departments, other organizations and Government make to their existing services that would be beneficial to you and the foster child/ren?

- What new services would you like, that you don't have now to help make taking care of the child/ren easier?

PHASE 2: FOCUS GROUP DISCUSSION

1. What is your Experience of the foster care system in South Africa?

2. From your experience, what are the special needs of foster children and foster parents?

(Do you think the foster care system is responding adequately to the needs?)

3. How do you perceive your role in the care of your foster child/ren?

(What are some of your day to day duties as foster parents? Are the challenges facing male foster parents unique or the same as those that are encountered by female foster parents? Please explain)

4. What is the most difficult part about being a foster parent and what is the most rewarding part?

5. What do you think could /should be done to overcome the challenges of foster care for aged foster parents?

6. What are the support mechanisms for aged foster carers of children?

7. What is your experience with access to and utilisation of the health, social and educational services available to you and your foster child/ren?

(Do you use these services? Explain. Are you happy with the level of service you receive from these institutions? Is it easy / difficult to access these services? Discuss

8. Are there any additional services that you feel would help you with caring for your foster child/ren?

9. Are there any other issues or challenges that you would like to mention?

Annexure D: SEMI-STRUCTURED INTERVIEW SCHEDULE IN ISIXHOSA

ISIGABA SOKUQALA: UDLIWANONDLEBE LOMNTU OMNYE

1. **IINKCUKACHA ZABANAKEKELI BABANTWANA**

- Mingaphi iminyaka yakho?
- Sithini isini sakho?
- Ingaba utshatile?
- Ingaba unabo abantwana abahlala nawe? Xa bekhona, bangaphi? Yintoni ulwamano lwabo kuwe?
- Yintoni unobangele wokuba abantwana babekwe phantsi konakekelo lwakho?

2. **IMEKO YAKHE MAYELANA NEMPILO, NENTLALO KUNYE NEEMEKO ZOQOQOSHO**

- Ngeziphi iingxaki malunga nabantwana bakho ekufuneka ujongane nazo (nokuba zezempilo, imfundo, ezentlalo kunye naziphi na ezinye iingxaki)
- Ngeziphi iingxaki zempilo yakho odibana nazo?
- Ungayichaza njani imeko yakho yemali? ngowuphi umthombo wakho ophambili wokungenisa imali? Ingaba wonele ukuhlangabezana neemfuno zemali zosapho lwakho?
- Ngeziphi ezinye iindleko odibana nazo imihla ngemihla?

3. **ULWAZI LWABAZALI NGEZONAKEKELO LWABANTWANA.**

- Luthini ulwazi lwakho ngonakekelo lwabantwana abangenabazali?
- Uyibona njani indima yakho noxanduva ekunakekeleni abantwana ababekwe phantsi kwakho?
- Ngeyiphi eyona nto inzima malunga nokuba ngumzali kumntwana obekwe phantsi konakekelo lwakho?
- Ngowuphi umvuzo?

4. IINKQUBO ZENKXASO KWAYE NOKUHLANGABEZANA NAMAQHINGA

- Ingaba uziva uxhobe ngokwaneleyo ukuba ukhusele abantwana abadingayo?

- Ingaba uziva ngathi ixhasiwe indima yakho njengamntu ofuna ukukhusela abantwana?

- Ngowuphi oyena mboneleli uphambili kulenkxaso? Ingaba lenkxaso yonele? Ngubani ocinga ukuba kufuneka anike inkxaso? (ingaba lusapho, abahlobo okanye amaziko?) Yinkxaso enjani ocinga ukuba kufuneka ukuba uyayifumane?

- Ngeziphi ezinye iindlela ozisebenzisayo xa ujongana nemiceli mingeni yokukhusela abantwana?

- Ngeyiphi eminye imisebenzi oyenzayo xa ufuna ukuphumla?

5. IINKONZO NENKXASO KUNYE NEEDLELA ZOKUMELANA NESIMO

- Ingaba unalo ulwazi ngeenkonzo zonyango nezentlalontle ezifumaneka kuwe kunye nabantwana abaphantsi konakekelo lwakho? Cacisa

- Ingaba uyayifumana imali yesibonelelo sabantwana abazinkedama? Ukuba kunjalo ingaba uwufumana kakuhle lomnikelo?

- Ngeyiphi imingeni odibana nayo ekufumaneni esisibonelelo semali?

- Ucinga ukuba ufikelela ngokwaneleyo kwiinkxaso nkonzo?

- Chaza amava akho wokusebenzisana nonontlalontle wabantwana ababekwe phantsi konakekelo lwakho. yintoni ebe luncedo? Yintoni engakhange ibe luncedo? Ucinga ukuba yintoni engenye engaba luncedo?

6. IZINDULULO:

- Ngeziphi iimpucuko zophuhliso ezingenziwa lisebe loonontalontle, neminye imibutho kunye Norhulumente kwiinkonzo zabo ezikhoyo ezingaluncedo kuwe kunye nabantwana ababekwe phantsi konakekelo lwakho?
  Zeziphi ezinye iinkonzo ezintsha ongazonwabela ezingekhoyo ngoku ezinokwenza kubelula ukunakekela abantwana?

ISIGABA SESIBINI: INGXOXO YOMNTU WONKE

1 Ngawaphi amava akho ngenkqubo yonakekelo lwabantwana abangenabazali eMzantsi Afrika?

2 Ngokwamava akho, ziintoni iimfuno ezikhethekileyo kubantwana aphantsi konakekelo kunye nabazali ababakelelayo?

(Ucinga into yokuba inkqubo yokunakekela aba bantwana iyazichaphazela ezimfuno zabantwana kunye nabazali?)

3 Ucinga ukuba yintoni indima yakho xa ugcina abantwana?

(ngeyiphi eminye imisebenzi oyenza rhoqo njengamzali onakekela abantwana? Ingaba yohlukile imingeni ejongene namadoda agcina abantwana? Okanye iyafana naleyo ejongene nabazali ababhinqileyo? Nceda ucacise)

4 Ngeyiphi eyona nto inzima malunga nokuba ngumzali onakekela umntwana ongenabazali? Kwaye ngowuphi umvuzo?

5 Ucinga ukuba kufuneka kwenziwe ntoni ukuze koyiswe imingeni abazali abasele bebadala abajongana nayo?

6 Ngeziphi iindlela ezikhoyo zokuxhasa abazali abasele bebadala?

7 Ngawaphi amava akho ngokufikelela kunye nokusebenzisa iinkonzo zempilo, ezentlalontle kunye nezemfundo ezifumanekayo kuwe kunye nabantwaba bakho?

(Uyazisebenzisa ezinkonzo? Cacisa. Ingaba luyakonwabisa izinga loncedo olufumanayo kulamasebe? ingaba kulula okanye kunzima ukufumana ezinkonzo? Chaza.

8 Ingaba zikhona na iinkonzo ezongeziweyo ocinga ukuba zingakuncedisa ekunakekeleni abantwana ababekwe phantsi kogcino lwakho?

9 Ingaba ikhona eminye imiba okanye imingeni ongathanda ukuyikhankanya?

Annexure E: CONSENT FORM

Title of research:

Psycho-social experiences of aged foster parents residing in the Mbizana Local Municipality, Eastern Cape, South Africa.

The research study has been explained to me and I understand what will be required of me, and what will happen to me if I take part in the study. The Researcher has answered any questions that I may have had about the study and I understand that:

- For any queries before, during and after the interview, I can contact Hlonipha Msebenzi on 078 834 8879. Alternatively, I can contact her research supervisor, Dr. T. Raniga at 031 260 2391 or Ms P Ximba from the HSSREC Research office at 031 2603 587 ,email address ximbap@ukzn.ac.za
- I understand that I will be required to participate in an individual interview as well as one focus group discussion for one hour each. The interviews will be audio taped and once the data is analysed all information will be destroyed
- My participation is voluntary.
- I have the right to withdraw from the research at any stage I want.
- There will be no rewards for participation, nor will there be any negative consequences should I decide to withdraw.
- Strict confidentiality and anonymity will be maintained.
- I am allowed to let Hlonipha Msebenzi know immediately should I feel upset during or after the interview to request support. A Social Worker from the Department of Social Development, Bizana Service Office; Miss Nozuko Mkhize will be available for debriefing at office number 13, Telephone number 039 2510 731.

My signature below indicates my willingness and permission to participate.

Signed at _____ (Place) **on** _____ (Date)

_____ (Signature)

_____ (Print name)

<u>Additional consent</u>

I hereby provide consent to:

Audio-record my interview / focus group discussion   YES   NO

_____   _____

         Signature   Date

Annexure F: INFORMED CONSENT IN ISIXHOSA

IMVUME ESEKELWE ELWAZINI

Lemvumelwano inamacandelo amabini

1 Uxwebhu lolwazi (elikuchazela banzi mayelana noluphando)

2 Ifomu yemvumelwano (elungiselelwe utyikityo lwakho, nemvume yakho yokuthatha inxaxheba)

UXWEBHU LOLWAZI

Mzali obekekileyo

Ndingu Hlonipha Msebenzi, uNontlalontle, Ndenza izifundo eziphezulu iMastazi kwisifundo sokululonga nokhuselo lwabantwana kwi Dyunivesithi yakwa Zulu-Natal. Kwesisifundo ndilindeleke ukuba ndingenise uphando.

ISIHLOKO SOPHANDO

Amava ngokweNgqondo-Nentlalo yabazali abasele bebadala abahlala kumasipala wase Mbizana kwi ngiqgi yase Mpuma koloni, eMzantsi Afrika.

INJONGO YOPHANDO

Oluphando lujongise ukuphononga amava Ngokwe Ngqondo-nentlalo yabazali abasele bebadala kuluntu lwasemaphandleni eBizana.

UBALULEKO LOPHANDO

- Esi sifundo siza kunceda ukutyhila imingeni emininzi ejongene nabazali abasele bebadala kwaye sazise ooNontlalontle kunye nemibutho enika iinkonzo ezijongene nonakekelo lwabantwana abangenabazali ngeendlela zokuxhasa abazali abasele bebadala.

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- Ekuqgibeleni, sinethemba lokuba iziphumo zolu phando luzakwazisa kwaye zibeluncedo kwiinkonzo ezincedisana nabantwana abangena bani. Oku kungancedisa ekuphuhliseni unakekelo lwabantwana abazinkedama kunye nabantu ababanakekelayo.

UYILO LOPHANDO NENDLELA YOKWENZA

Inxaxheba yakho kolu phando ibalulekile, kwaye yamkeleke kakhulu. Kuza kwenziwa udliwanondlebe nomntu ngamnye uze uphinde umenywe ukuba ube yinxalenye kwingxoxo equlatha wonke umntu othathe inxasheba koluphando. Ingxoxo nganye izaba yiyure enye kuphela. Akukho nkcukacha zomazisi eziza kufunwa kuwe. Zonke iimpendulo ziza kugcinwa ziyimfihlo. Umphandi akayi nakweyiphi indawo yophando okanye kwisazisi ngxelo achonge inxaxheba yomntu. Udliwanondlebe luzaku rekhodwa ngesandi, xasele kuhlalutywe lonke ulwazi luzaku Tshatyalaliswa. Olu phando luzaku qhutywa phantsi kweliso lika Gqirha T. Raniga. Yonke imiba yesiko izaku qwalaselwa, Inxaxheba yakho koluPhando kukuzithandela, akukho ntlawulo ozakuyifumana ngenxaxheba yakho. Usenokurhoxa koluphando nokuba kunini na, akukho sohlwayo. Ungamazisa umphandi ngokukhawuleza ukuba kuye kwenzeka wakhathazeka ngexesha okanye emva kodliwano-ndlebe kwaye ucele inkxaso. Unontlalontle osuka kwisebe lezentlalontle kwi-ofisi yeenkonzo zoluntu YaseBizana uNkszn. Nozuko Mkhize uzakufumaneka mayelana nokunika inkxaso kwabo bayidingayo kwi ofisi ye-13, kulenombolo yomxeba 039 2510 731. Ukuba ufuna nayiphi na ingcaciso ngoluphando, nceda uqhagamshelane nam okanye umkhokheli wam okanye u uNkszn. P Ximba wakwi ofisi yezophando (HSSREC) kulenombolo yomnxeba 031 2603 587, nakwi dilesi yemeyili ku ximbap@ukzn.ac.za

Ozithobileyo

_____   _____

Hlonipha Msebenzi   uGqirha T. Raniga

Umphandi   Umkhokheli

078 834 8879   031 260 2391

IFOMU YEMVUMELWANO

Isihloko sophando:

Amava ngokweNgqondo-Nentlalo yabazali abasele bebadala abahlala kumasipala wase Mbizana kwi ngiqgi yase Mpuma koloni, eMzantsi Afrika.

Oluphando lucacisiwe kum kwaye ndiyayiqonda yonke into eza kufunwa kum, kwaye ndiyakwazi okuza kwenzeka kum xandithatha inxaxheba kolu phando. Umphandi uphendule yonke imibuzo endingabanayo ngesifundo kwaye ndiyaqonda ukuba:

- Xa ndinayo nayiphi na imibizo phambili, ngexesha okanye emva Kodliwanondlebe ndingaqhagamshelana no Hlonipha Msebenzi ku 0788348897. Kungenjalo, ndisenga qhagamshelana no Gqirha T. Raniga ku 0312602391 okanye uNkszn. P Ximba wakwi ofisi yezophando (HSSREC) ku 031 2603 587 ,nakwi dilesi yemeyili ku ximbap@ukzn.ac.za

- Ndiyaqonda ukuba ndilindeleke ukuba ndithathe inxaxheba kudlinwano-ndlebe lomntu omnye, kunye nengxoxo equlathe wonke umntu othathe inxaxheba koluphando. Ingxoxo nganye izaba yiyure enye kuphela. Udliwanondlebe luzaku rekhodwa ngesandi, xasele kuhlalutywe lonke ulwazi luzaku Tshatyalaliswa

- Inxaxheba yam ngeyokuzithandela

- Ndinelungelo lokukurhoxa kuphando nanini na

- Akuzubakho mivuzo ngokuthatha inxaxheba, kwaye akukho ziphumo zimbi xa ndithe ndathatha isigqibo sokurhoxa.

- Yonke into izakugcinwa iyimfihlo kwaye ingaziwa mntu

- Ndivumelekile ukuba ndazise u Hlonipha Msebenzi ukuba kuye kwenzeka ndakhathazeka ngexesha okanye emva kodliwano-ndlebe kwaye ndicele inkxaso. Unontlalontle osuka kwisebe lezentlalontle kwi-ofisi yeenkonzo zoluntu YaseBizana uNkszn. uNkosazana Nozuko Mkhize uzakufumaneka mayelana nokunika inkxaso kwabo bayidingayo kwi ofisi ye-13, kulenombolo yomxeba 039 2510 731

Utyikityo lwam apha ngezantsi luboniso umdla kunye nemvume yam yokuthatha inxaxheba

Ityikitywe e _____ (Indawo) **nge** _____ (Usuku)

_____ (Utyikityo)

_____ (igama)

IMVUME EYONGEZELWEYO

Ndiyayinika imvume yokuba:

Kurekhodwe nge sandi undliwanondlebe lwam / Ingxoxo yeqela   EWE
HAYI

_____   _____
     Utyikityo   Usuku

Annexure G: Gate Keeper's letter

To the Manager
Department of Social development
Mount Ayliff district office
4735
20 June 2016

To whom it may concern

I am Hlonipha Msebenzi student number: 213569865 a Social Worker at Bizana Service Office currently registered at the University of KwaZulu-Natal under the college of Law and Management studies in the school of Law. I am Pursuing a Master's degree in Child Care and Protection. I will be   conducting research under the supervision of Dr Tanusha Raniga. This study will meet the requirements of the Research Ethics Committee of the university.

Title of research: Psycho-social experiences of aged foster parents residing in the Mbizana Local Municipality, Eastern Cape, South Africa.

Aim of the Research
The research aims to explore the Psycho-social experiences of aged foster parents in the rural community of Bizana

Significance of the Research Project
- This study will help to reveal the many challenges facing aged foster parents and inform Social Workers and family care organizations providing foster care services on strategies to support aged foster parents
- Ultimately, it is hoped that the results of the study will be of use to inform service provision for children in foster care. This may inform practice in order to improve the welfare of not only the children in the foster care system but the individuals who care for them as well.

Research Plan and Method
For this specific research a one-on-one interview will be conducted with each research participant and the participants will be invited to one focus group discussion thereafter. The participants will only be expected to share their opinions and experiences of caregiving. Participants will need to give informed consent and the research will be conducted at a time and venue convenient to all participants. All information collected will be treated with utmost confidentially and neither the department nor the foster

parents will be identifiable in any reports that are written. Participants may withdraw from the study at any time without disadvantage. If the research participant requires support as a result of their participation in the research, appropriate remedial actions will be taken to accommodate this.

I am requesting your permission to conduct the Research in your department with your client system specifically 12 aged foster parents between the ages of 60-80 years

Your correspondence in writing regarding this matter will be highly appreciated

Kind Regards

Miss H. Msebenzi

Cell: 078 8348 879
Email: lilymsebenzi@yahoo.com