

A DESCRIPTION OF KINSHIP CARE PLACEMENTS IN EKUKHANYENI, NKANDLA LOCAL MUNICIPALITY.

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Submitted in partial fulfilment of the requirements for the Degree of Masters of Social Work (Welfare Policy and Social Development) in the Faculty of Humanities, Development and Social Sciences, University of KwaZulu-Natal, Durban.

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DECLARATION

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

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



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ABSTRACT

The Department of Social Development has made good progress in finalizing children's court enquiries and placing children officially in formal foster care with relatives. This has major implications for accessing social support in the form of foster care grants and is aimed at reducing the burden of poverty. However, there are challenges in terms of follow-up and professional foster care supervision to meet the goals or vision of the Department.

Supervision of placements is not done and it is not known how placements are progressing after Children's Court enquiries. Foster parents are referred to South African Social Security Agency (SASSA) for foster grant processing and no further contact is made with the clients unless there is a problem with the foster care grant. The foster family is seen after two years when it is time for review of care placement of the child. We do not provide support to kinship carers or close supervision to children in kinship care.

The overall aim of the research was:

- To investigate the physical and material circumstances of the families.
- To explore the psycho-social needs of the children.
- To explore the physical and emotional problems of the kinship carers
- To identify support systems available to kinship carers.

This research provides a comprehensive description of the living circumstances of the children and the families. This will enable social workers at the Department of Social Development to develop tailor made community and group work programmes to address specific areas of concern and so improve social service delivery to children and their caregivers. It has also provided a baseline for further studies which may be pursued to establish whether the type of care has improved.

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DEDICATION

This work is dedicated to

My parents, Mrs G.B. and late Mr E.M. Msomi who gave me support and love, emotionally and spiritually.

To my eight sisters, one brother, twenty five nieces, nephews and eight grandchildren for their moral support and their belief in me that I would make it no matter how hard it might cost me

ACRONYMS/ABBREVIATIONS

TANF - Temporary Assistance for Needy Families

CNAS - Casey National Alumni Study

SASSA-South African Social Security Agency

AIDS – Acquired Immune Deficiency Syndrome

HIV- Human Immune Virus

CWLA – Child Welfare League of America

HCBCS- Home/Community Based Care and Support

UNICEF-United Nations Children’s Funds

SA-South Africa

US – United Nations

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CHAPTER ONE: INTRODUCTION

1.1 INTRODUCTION

The study aimed to investigate how kinship foster families care for children in the Nkandla local municipality, particularly in the Ekukhanyeni area. This is a predominantly rural area near Eshowe in KwaZulu-Natal. In this introductory chapter, the researcher will provide the background of the study, describe the problem that prompted the study and explain the value of the study. The researcher will then identify the purpose and objectives of the study, the theoretical framework guiding the study and a brief overview of the research method.

1.2 BACKGROUND OF THE STUDY

Kinship care has always been part of child care arrangements in South African society and the number of children being orphaned as a result of the HIV/AIDS pandemic is rising monthly. Statistics from the Department of Social Development, where I am employed as a social worker, reveal that there are 1687 foster families in total in the Nkandla area. In the Ekukhanyeni area, there are 346 families who provide foster care to 868 children who are in need of care. Moreover the number of children in process of being placed in foster care is 89. Out of 1687 foster families, 99% are kinship care placements and only 1% is non-kinship care.

South Africa has a long tradition of informal kinship care. The grandparents have traditionally taken over the up bringing of children after the death of parents. Due to effects of the HIV/AIDS pandemic, strains have been placed on the ability

of traditional forms of caring for children. The government has considered a need for formal kinship care to provide for orphans and to enable the grandparents or caregivers to be able to access foster care grants which have a higher monetary value than the child support grant (Chipungu, Everett, Verduik, and Jones, 1998).

Worldwide, many abused and neglected children today are placed with relatives rather than in traditional non-kin foster homes. Experts believe there are substantial benefits to placing children separated from their parents with relatives rather than with unrelated foster parents. Relatives can provide family support and frequent contact with birth parents and siblings (Chipungu et al. 1998; Dubowitz, Feigleman, Harrington, Starr, Zuravin, and Sawyer 1994; Gleeson, 1999). In fact, relatives are the preferred placement option of child welfare agencies, and placements with relatives have become more common than non-kin foster placements in many districts in the United State (US).

Kinship foster families, however, often face hardships that can make caring for abused or neglected children difficult. In many cases children are not formally placed in kinship care and are thus unable to access foster care grants. They may also not be receiving the social welfare services needed to ensure the safety of their placements. Fifty percent of children in kinship foster care live in low-income households compared with 24 percent of children living with non-kin foster parents (Ehrle, Geen, and Clark. 2003).

1.3 PROBLEM STATEMENT AND RATIONALE FOR THE STUDY

The Department of Social Development has made good progress in finalizing children's court enquiries and placing children officially in formal foster care with relatives. This has major implications for accessing social security in the form of

foster care grants and is aimed at reducing the burden of poverty. However, we have some challenges in terms of follow-up and professional foster care supervision to meet the goals or vision of the Department. Supervision of placements is not done and we end up not knowing how placements are progressing after Children's Court enquiries. Foster parents are referred to South African Social Security Agency (SASSA) for foster grant processing and no further contact is had with the clients unless there is a problem with the foster care grant. The foster family is seen after two years when it is time for review of care placement of the child. We do not provide support to kinship carers or close supervision to children in kinship care.

While in South Africa the extended family has traditionally played an important role in the upbringing of children, the effects of the HIV/AIDS pandemic have placed strains on the ability of traditional forms of caring for children. Grandmothers pay a high psychological, physical, economic and social price as they respond to crises like illnesses of children's parents before death and mortality and they know that it is their responsibility to raise the children. The problem is that HIV/AIDS pandemic has resulted in a number of orphans in one household. The grandmothers find themselves looking after more than one set of children due to more than one death in the family.

They have to assume new responsibilities of parenting their grandchildren whose mothers who are deceased leaving behind their children without prior arrangement of role adjustment or without any visible means of income to raise the children who have become orphans. Despite of these problems and others like age, poor health, and lack of governmental support they are concerned about the grandchildren and continue to assume new roles. Care giving is therefore an extremely complex experience as grandmothers have conflicting emotions and attitudes engendered by the combination of labor and love involved in their new role (Gibson, 2002).

In this context, it might be useful to consider the status of kinship care. Some studies recommend that kinship care should be awarded equal status to other forms of care. The profile of kinship care should be raised. It is sometimes understood to be a cheap option but it is a distinct service type. Kinship care is a separate form of care away from foster care with its own body of knowledge and assessment procedures (Lodge, 2002).

This study hopes to contribute to this debate by assessing the type of care children in kinship care receive. The fact that HIV/AIDS pandemic is contributing towards an increased number of orphans and child-headed households suggests that a turn around strategy should be in place in trying to influence or encourage our communities to understand that foster care is not merely about taking children and putting a roof over their heads, but has more important implications than that. The orphans and vulnerable children have rights like any other children and deserve a normal and conducive environment to be able to grow, set life goals, face life challenges, achieve in life and be disciplined adults.

1.4 VALUE OF THE STUDY

This study investigated how children in kinship foster care are being cared for Ekukhanyeni Area, Nkandla Local Municipality. This has provided a comprehensive description of the living circumstances of the children and the families. This will enable social workers at the Department of Social Development to develop tailor made community and group work programmes to address specific areas of concern and so improve social services to children and their caregivers. It will also provide a baseline for further studies which may want to see whether the type of care has improved.

The research has a number of other potential positive outcomes. This research project takes place in a rural area. The White Paper for Social Welfare (1997) emphasizes the need for transformation in service delivery and attempts are being made to reach the previously most disadvantaged people where they live, taking the service to where people are and bringing integrated services to them. Understanding the living conditions of children in kinship care in these areas will help us to develop appropriate services.

In identifying strengths we will be better able to assess the potential kinship cares and identify indicators of success. We will also be able to contribute to policy development that supports vulnerable families if we understand the challenges facing these families. Most of the literature is from US and there is very little literature pertaining to South Africa. This study will contribute to local knowledge on alternative care and the growing body of knowledge on kinship care.

1.5 KEY ASSUMPTIONS OF THE RESEARCH PROJECT

The key assumption is that kinship carers are experiencing challenges and difficulties in raising children in kinship care.

1.6 PURPOSE OF THE RESEARCH STUDY

The overall aim of the research was to investigate the care of children in kinship foster care in Ekukhanyeni Area, Nkandla Local Municipality.

The objectives were to:

1. To investigate the physical and material circumstances of the families.
2. To explore the psycho-social needs of the children.

3. To explore whether the kinship carer is experiencing physical and emotional problems.
4. To identify support systems available to kinship carers.

1.7 THEORETICAL FRAMEWORK OF THE STUDY

The study was guided by the ecosystems perspective. This perspective draws on insights from ecology and general systems theory. According to Meyer and Mattaini (1998) the eco-systems perspective provides a framework for thinking about and understanding the networks in their complexity. Much of the perspective was shaped by the work of the anthropologist Gregory Bateson, whose ideas entered the social work field via their influence on psychiatry and family therapy (Bilson and Ross, 1999). According to Meyer and Mattaini (1998) the ecosystems perspective is a way of approaching a case as a complex system of interconnected phenomena, and of considering the person's interactions with multiple factors and actors in his or her environment.

These different systems are involved in constant processes of mutual interaction with one another. There is the micro-level, e.g. the individual and family, the meso-level, and the macro-level, e.g. welfare agencies and schools. A delicate ecological balance evolves in which changes in one system can have significant consequences for another systems, and vice-versa (Meyer and Mattaini, 1998).

In this perspective, the individual is seen as both adapting to the environment and affecting it. The individual operates within a system that has boundaries; elements of the system interact with each other reciprocally; and the system as a whole tends to seek a steady state. The notion of equifinality holds that interventions at different points in the system may conduce to the same final effect. The converse, multifinality, notes that a single event has multiple effects in different parts of the system. In practical terms, the approach suggests that

the social worker consider a range of interventive options and act on those points in the client's ecosystem where there is an opportunity for positive change (Meyer and Mattaini, 1998).

Compton, Galaway, and Cournoyer (2005) state that social workers tend to adopt the multilevel systems perspective in trying to appreciate and understand people in their environmental context which is viewed as a person in situation or ecosystems perspective that considers constitution of an integrated whole. When dealing with a person especially the children social workers have to make use of the developmental approach in which other theories and researchers in Compton, et al, (2005) expand on the idea that individuals are motivated from childhood to interact with and explore the environment in search of new experience and a sense of competence, achievement, and efficacy. People gain a sense of competency through experiences and mastering of new skills in line with their personal and cultural standards. Their social approval often accompanies mastery experiences and enhances the innate motivation to attempt new and more complex tasks (Compton, et al. 2005).

The eco-systems perspective plays an essential role when dealing with the child in kinship care. Care in kinship care placements is multi-faceted and the eco-systems model provides a framework in which to identify and analyze these factors and the relationship between them.

1.8 RESEARCH METHOD

The quantitative-descriptive research method (survey) was used Descriptive research "describes, records and reports phenomena" (Marlow, 1998). It is appropriate for this study because it is not concerned with causes but provides information for developing social programmes. The quantitative method was

used to assist the researcher to use the figures to present data easily. According to Neuman (1997: 30) the quantitative data method refers to the collection of data using numbers, counts and measures of things and qualitative research basically involves the use of words, pictures, description and narratives. The data was collected from 30 respondents who are kinship carers from Ekukhanyeni area which is under Nkandla Local Municipality. The questionnaire used was a modified version of the quality of care questionnaire, developed by The Children and Family Research Center at the University of Illinois at Urbana-Champaign (1999).

1.9 CONCLUSION

In this introductory chapter, the background to the study, the research problem and the rationale for the study, the purpose of the study and the theoretical framework and research method were discussed. The following chapter, Chapter Two, presents the literature review. The methodology is discussed in detail in Chapter Three. In Chapter Four, the results are presented and discussed and Chapter Five brings the report to a conclusion with a summary of the findings and recommendations.

CHAPTER 2: LITERATURE REVIEW

2.1 INTRODUCTION

Foster care is designed to provide temporary care, supervision, and support to children who cannot live with their parents because they have been orphaned, abused or neglected by their parents. Kinship care is the full time care of children by relatives, godparents, stepparents, or any adult who has a kinship bond with a child. The expansion of kinship foster care is, perhaps, the most dramatic shift to occur in child welfare practice over the past two decades. This chapter begins by providing an overview of kinship care. It then discusses challenges in kinship care and the needs, both physical and psychosocial, of children in kinship care. Support systems for kinship carers are explored and finally South African policies regarding kinship care are presented.

2.2 WHAT IS KINSHIP CARE?

The Child Welfare League of America defines kinship care as the full time care, nurturing and protection of children by relatives, members of their tribes or clans, godparents, stepparents, or any adult who has a kinship bond with a child. This definition is designed to be inclusive and respectful of cultural values and ties of affection. It allows a child to grow to adulthood in a family environment (Child Welfare League of America, 2005).

Kinship care is seen as a way of keeping the family together and as better funding opportunities for kinship careers became available, kinship care placements increased and, according to Martin (2000), this type of placement of children is now the preferred choice in the United States of America.

Kinship care is typically categorized by Child Welfare League of America in two ways - informal and formal:

- *Informal kinship care* is when the family decides that the child will live with relatives or other kin. In this informal kinship care arrangement, a social worker may be involved in helping family members plan for the child, but a child welfare agency does not assume legal custody of or responsibility for the child. Because the parents still have custody of the child, relatives need not be approved, licensed, or supervised by the state.
- *Formal kinship care* involves the parenting of children by kin as a result of a determination by the court and the child protective service agency. The courts rule that the child must be separated from his or her parents because of abuse, neglect, dependency, abandonment or special medical circumstances. The child is placed in the legal custody of the child welfare agency, and the kin provide the full time care, protection and nurturing that the child needs. Formal kinship care is linked to state and federal child welfare laws.

In US there has been an ongoing debate about how child welfare agencies should financially assist kin and how kin should be assessed. Some argue that kin have a familial responsibility for the related child and should not be paid (Kinship Care Advisory Panel 1998). Others contend that foster care payment rates provide an incentive for private kinship caregivers to become part of the child welfare system (Berrick, Minkler, and Needell 1999; Johnson 1994). Yet others argue that it is the government's responsibility to support these children, regardless of who is caring for them (Geen 2000; Geen and Berrick 2002).

In South Africa, the protection of children is dealt with under the Child Care Act, No 74 of 1983. This Act is at present being replaced with the Children's Act No.

38 of 2005. In terms of Section 180(1) of the Children's Amendment Bill, 2006 (that amends the Children's Act No. 38 of 2005) pointed 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 children's court or a transfer in terms of section 171 of the same Bill. It further mentioned that the purposes of foster care are to protect and nurture children by providing a safe, healthy environment with positive support, to promote the goals of permanency planning by connecting children to other safe and nurturing family relationships intended to last a lifetime and lastly to respect the individual and family by demonstrating a respect for cultural, ethnic and community diversity.

Within the formal child care system in South Africa, foster care is normally considered to be the preferred form of substitute care for children who cannot remain with their biological families and who are not available for adoption. This reflects the belief that the family is normally the environment most suited to the healthy growth and development of the child. Many thousands of South African children have benefited from court-ordered foster care. It is, however, doubtful whether this form of care as provided for in the Child Care Act of 1983 can adequately deal with the country's' changing needs (Child Welfare League of America, 2005).

At present, there are approximately 50 000 children in court-ordered foster care in South Africa, and social workers are having difficulty in finding sufficient foster families. It is estimated that four out of five families will need to take in a child unrelated to them in order to cope with the sheer numbers of AIDS orphans. This is a most improbable scenario and one which would not be suitable for all the children concerned. The need thus arises to examine alternative forms of family care (Child Welfare League of America, 2005).

2.3 CHALLENGES IN KINSHIP CARE

In the research by Dubowitz et al. (1994) it transpired that kinship care families face a variety of challenges. Kinship care children, whether or not they have been abused or neglected, are dealing with the emotional trauma of being separated from their parents. Dubowitz et al. (1994) suggested that living with a relative may minimize the trauma by providing a sense of family support. However, children in kinship care often live in families experiencing financial hardship, crowding, or trouble paying housing costs (Ehrle and Geen, 2002). Kinship caregivers tend to be older than non-kin foster parents, face health challenges, and report high aggravation (Ehrle and Geen, 2002).

A study conducted by the Casey Family Program (2004) found that relative caregivers, by virtue of their blood ties to the child, tended to have a different type of relationship with, and investment in, the children in their homes. The relatives found that things like shaping the spiritual life of the child were easy for them as blood relatives and sometimes because of cultural or religious similarities within the family. However, relatives were likely to be persons of low income and usually an older person in the family. By relative foster families, child welfare agencies are likely to maintain stability of hundreds of children as a form of 'family preservation services' (Gibson, 2002).

According to Gibson (2002), when grandparents assume primary responsibility for grandchildren they take over demanding roles that can result in various limitations. Role restrictions can lead to a sense of resentment associated with the loss of anticipated freedom from parental responsibilities. They can enjoy being grandparents when grandchildren for example come for visits for only short period of time. When it is for the full time responsibility it becomes a

problem as they are unable then to spend more time on their old age activities. They also experience the following tensions:

2.3.1 Financial Stress

Some studies report that a majority of grandparents experience financial difficulties in raising grandchildren. Additional members in some of the households caused grandparents to lose subsidized senior citizen housing. According to these families the most necessary expense was food and health care which was adding more stress to the old ladies in failing to meet the needs of the children. They had to suffer in getting their own needs as older persons but to cater for their grandchildren (Ehrle and Geen, 2002).

Research by Cross (2001:133-139) in rural households of KwaZulu- Natal found households in already weakened circumstances being obliged to assume responsibility of caring for more than one orphan needing education and care. In many cases the death of the child's parent meant the loss of family's constant source of cash income and combination of additional dependency as well as income loss that led to a sharp fall into poverty. The findings also indicated that after losing many saved assets, it was educational needs that created a particular burden on the households not only because of school fees but because of other hidden costs associated with schooling such as transport, uniforms, stationery, and lunch boxes. The consequence of this loss of income and support is that the affected poor families sink even deeper into the mire of poverty (Cross, 2001).

Mhlongo, (2004:6 as quoted by Mabutho and Alpaslan, 2005:289) confirms the fact that a lack of or limited finances on the grandparent's side causes the orphaned children in their care to view the care as negative, and states:" the economic burden is not only a cause of concern for older people, but is also a

source of dissatisfaction for some of the children in their care".

2.3.2 Housing Accommodation for Grandchildren

In a study by Ehrle and Geen (2002), the findings indicated that the children's moving in with the grandparents often caused crowding for these families in their living space. Some respondents in this study reported that they liked having another person in the home but at the same time feeling overwhelmed with the lack of quiet time they had prior to the child's moving in with them.

2.3.3 Health and Social Problems in Child Rearing Tasks

It is challenging for grandparents who suddenly are confronted with health problems of grandchildren, getting a child to a physician is demanding especially to those living in rural areas. Transport is not accessible while children needs health attention at all times. Most of them have old age illnesses but they rather prefer child to be healthy than themselves. The majority feel it is a high priority to provide a better life for grandchildren than the children's parents could have provided. They believe that children suffered a lot as a result of trauma of being deserted or losing their parents (Mabutho and Alpaslan, 2005).

The research findings and literature verification conducted by Mabutho and Alpaslan (2005), revealed again that elderly grandmother caregivers are the only ones left to be economically active, but own health problems challenge and prevent them from earning a decent income. The emotional strain resulting from negative community reactions towards the fostered grandchildren or worries about the cost of childcare is also a challenge faced by the old people caring for the orphans. They also experience physical strain and exhaustion resulting from taking care of infants and younger children as well as additional work required to cover escalating costs incurred in caring for the grandchildren.

Other challenges concern the reaction of children towards the death of parents and the kinship carers have to play a big role in allowing the children to adjust psychosocially. Wild (2001:10-11) commented that the most common reactions to the terminal illness or death of a parent include hopelessness, depression, anger, loneliness, anxiety, fear of abandonment and confusion. He further mentioned that the normal grieving process to a child whose parent died of AIDS may be complicated by survivor guilt exacerbated by ambivalent feelings towards the sick or dead person. It also highlighted that if the parent's illness was not communicated well with the child or the child was not given an opportunity to share her/his feelings of anger, confusion etc., it is likely for him/her to develop post traumatic behaviours.

2.3.4 Social Support

Because of the nature of the situations and social problems in which grandparents assume the role of parents, the mobilization of support is often a challenge. Grandparents need supportive relationships with others within the communities to manage the role demands of child rearing tasks and to cope with role transitions and stresses that emerge (Mabutho and Alpaslan, 2005).

Similar problems have been identified in the South African context in research on challenges experienced by elderly grandmothers in caring for AIDS orphans in SA, it was found that they experienced a wide range of problems. These included: lack of income to provide orphans' basic needs, difficulties with Government Aid, own health problems, no support from extended family and discipline in that orphans themselves did not accept their authority. Reduced participation in social activities because community members may avoid the family for fear that the grandchildren are infected or they might be because of

conflict over custody as the children's maternal and paternal families might judge each other to be negligent about shouldering adequate responsibility (Mabutho and Alpaslan, 2005).

2.4 PSYCHO-SOCIAL NEEDS OF THE CHILDREN

2.4.1 Roles in Family Discipline

In Chapter 5 of the Children's Bill of Rights it is emphasized that discipline should mean raising the children to be responsible, caring and self disciplined adults. It should also mean initiating children into society and helping them to understand and want to follow the values we cherish. It is further mentioned that there are several approaches to discipline the children. In choosing the right methods of disciplining the caregivers need to consider that times are changing, and the disciplinary methods they believe in may no longer be suitable to modern times. They also need to be ready to adjust their approach as children get older and more mature (Children's Bill of Rights).

According to Martin (2000) in helping the children adjust to their homes, foster parents face another responsibility of guiding the family through the many changes incumbent associated with adding new member to the household. In some extent, children's adjustment depends upon their goodness to fit with their foster parent. However, a great deal of adjustment is dependent on the types of mutual compromises and alterations that occur on the part of both the foster children and their foster families after placement. This is an unfolding process in which children and family members work together to eventually find some kind of comfortable level of adaptation to another. Family members must struggle through an early period of role confusion, feelings of dislocation, and unease about loss of clear family boundaries (Martin, 2000).

Alpaslan and Mabutho (2005) said another challenge facing elderly grandmother caregivers is the fact that the orphans in their care do not accept their authority. Barnet (1992 as quoted by Alpaslan and Mabutho, 2005), echo this phenomenon and state that many grandmothers caring for orphans have reported that they experience problems with disciplining children in their care.

The Child Welfare League, 1998 in a Casey National Alumni Study quoted Abell, (2006) where it is highlighted that parenting a young child is a challenging task for new parents. From the time the baby arrives, parents want to do the right things. One big worry parents often have is whether they are spoiling their child. It's common for parents to ask, 'If I let him have what he wants, am I spoiling him? Relatives and friends have been known to say, "You're going to spoil that child if you always pick her up when she cries!" Similarly, parenting is a challenge for kinship carers.

2.4.2 Activities for Children in Kinship Care Families

Like all children, children in kinship care families need love, nurturing, and special attention to resolve the unique challenges they face. In addition to the guidance of their caregivers, they need positive role models and support from their communities (Child Welfare League, 1998). Children in kinship care families may struggle with a variety of challenges. Some may experience emotional problems as a result of the abandonment of a parent. Others have special needs due to the substance abuse or neglect of their parents. Common feelings experienced by these children may include anger at their parents — and sometimes at their care givers guilt, fear, abandonment, and confusion about their situations. Support groups, mentoring programs, and other activities specifically designed to address the needs of children in kinship care families

can help them sort through these emotions and learn how to better deal with them. These activities also can help them have some fun.

Participating in sports activities, going on field trips, and attending entertainment events will help children raised in kinship care families stay involved in their community and feel a sense of belonging, even when they feel their families are different. It is especially important that these children have the opportunity to meet and interact with other children being raised by grandparents or other relatives. This will help them know that they are not alone in the challenges they face.

Children in kinship care families should be given the opportunity to participate in recreational, art, and other expressive activities (Child Welfare League, 1998). These may include painting, storytelling, dance, rap, and singing, depending on the skills and interests of volunteers in your organization or congregation. Simple and inexpensive field trips may include trips to the zoo, bowling, swimming, roller-skating, picnics at the park, or a night at the movies. Children should be encouraged to have some fun.

2.4.3 Education and school

According to Danziger and Gottschalk, (1995) as quoted by Shlonsky, and Berrick, (2001) the relationship between educational attainment and economic success makes it necessary for caregivers to support the educational needs of the children in their care. The children must attend school regularly and receive support and encouragement in their educational endeavors. Cook, 1994 said this may especially true to foster children, who may have never had this type of support and who are especially vulnerable to underachievement (Shlonsky, and Berrick, 2001)

According to the Child Welfare League of America, (1998) in a Casey National Alumni Study (CNAS) the most promising mechanism to mitigate risks like school dropouts or homeless children is likely to be good education. Research shows that education is a leading indicator to a successful youth development and adult self-sufficiency. The study findings indicated 89 educational outcomes, such as high school graduation, literacy/basic reading skills, taking high school courses necessary for college admission, and post secondary education or job training, are some of the best indicators of future well-being and successful transition to adulthood to foster youth as well.

For foster care youth, poor educational outcomes are often due to lack of school stability caused by frequent home placement disruptions, frequent school absences, inadequate educational advocacy, inadequate supports, and lack of awareness by educators. 90 youth in foster care, perhaps more than other students, need a solid education to help ensure a successful future. Almost one third (31%) of America's youth who exited foster care in Federal Fiscal Year 2001 had been in care for two years or more (Child Welfare League of America, 1998)

The study also showed 91 youth that had been moved from foster family to foster family three times or more. For a school age youth, this meant changing elementary and/or high schools, this supports the study's findings that almost one third of Casey Alumni had attended five or more elementary schools. The research also showed that changing schools during high school diminished academic progress and decreased the chances for graduation. Ninety two (92) nationally, about 71-80% of adults in the general population have high school diploma. Decisive national data on high school graduation rates for children in foster care, however, are not currently available. But state and local studies intimate that the graduation rate for youth in foster care is likely to be below 70% and they encounter a number of challenges. Youth in foster care are:

- more than twice as likely as non-foster youth (37% vs. 16%) to have high school drop-outs
- less likely to be enrolled in college preparatory classes (15% vs. 32%), even when they have similar test scores and grades as non-foster youth.
- Significantly under-represented in post-secondary programs.
- Often at least one grade level behind their peers in basic academic achievement
- Are much more likely to be in special education classes than peers

(Child Welfare League of America, 1998)

2.5 KINSHIP CHILDREN'S PHYSICAL NEEDS

2.5.1 Shelter, Food and Clothing

By virtue of the right of the child to basic care and services, in addition to section 27 of the South African Constitution the specific right of the child to basic nutrition, shelter, basic health care services and social services, the child is supposed to have all the necessities but these rights are not subject to the state's available resources and must therefore be realized immediately.

Another challenge faced by grandmothers in caring for orphans involves feeding for them, and providing food and clothing for the children. Additional needs include education, health care and guarantees of human rights. The mention made by participants regarding government aids to orphans is confirmed in the publication of HIV/AIDS Orphans Statistics, which states clearly that the government departments assist needy orphans with food, clothing, blankets, counseling, toys, and bus fares to and from school, uniforms & other educational needs (Alpaslan and Mabutho, 2005).

However, Aspaas, (1999 as quoted by Alpaslan and Mabutho, 2005) further found that basic survival needs for households members affected in any form by

AIDS revolve around food, shelter, clothing, sanitation and access to clean water which led to the conclusion made by Alpaslan and Mabutho (2005) that although government has set out programmes specifically to address the care of orphans these do not function adequately.

2.5.2 Income

In one of the studies highlighted by Alpaslan and Mabutho (2005) on the challenges experienced by elderly grandmothers in caring for AIDS orphans revealed that limited or lack of income prevents elderly grandmother caregivers from providing orphans' basic needs. Most of them were all either in the pension bracket (65 years and above). It is believed that the pension amount is hardly sufficient for the elderly grandmothers to care for themselves. AIDS removes the breadwinner and caregivers in vast numbers from families, leaving the old and young to fend for themselves (Loudon, 1997:14 as quoted by Alpaslan and Mabutho, 2005).

Traditionally, at the death of parents, children are sent to live with another member of the extended family. However, this is changing because the challenge in many instances the material ability of these households, regardless of their willingness to help add that the harsh economic environment makes it difficult for members of the extended family to support their needy relatives. Most of these grandmothers have lost almost all their saved assets in looking after their sick children. They have to accommodate the young, growing, school-going orphans who no longer have an income from parents. They are therefore left with few economic alternatives to look after the orphans. This creates a situation in which it is impossible to provide the basic needs of the orphans in their care and have to rely on government aid.

The elderly grandmother caregivers experience difficulties with government aid that through it they managed to survive. The research findings and literature verification conducted by Mabutho and Alpaslan (2005) revealed that although government has set out programmes specifically to address the care of orphans these do not function adequately and that elderly grandmother caregivers face a challenge of no support from the children's extended families and communities because they have their own problems.

The types of financial benefits vary from state to state in the United States. However, many kinship caregivers may be able to access Temporary Assistance for Needy Families (TANF) funds for the "child only" through the local welfare agency. The financial assistance may include medical assistance for the child as well. In South Africa, foster carers can access a foster care grant and are entitled to free medical attention at state hospitals.

2.5.3 Health

In terms of South African Constitution every child has the right to the enjoyment of the highest standard of health and facilities for the treatment of illnesses and rehabilitation of health. There are challenges due to lack of resources in health care facilities. According to Martin (2000), foster children may also have unmet medical and dental needs. The children entering care have unusually poor health compared with their peers from similar social & ethnic backgrounds who live at home, it might be because many of them have suffered physical injuries as a result of abuse or physical and emotional neglect. The responsibility of caring for these children has fallen disproportionately on the shoulders of kin caretakers. Even the stress of managing the medical needs of children who are exposed to AIDS or drugs can be intense for foster parents.

In interviews with 15 families caring for HIV positive children, Carten and Fennoy, (1997) as quoted by Martin, (2000), found seven families who were making three or more visits each month to health care professionals even though the disease process in these children primarily reflected absent or mild symptoms. CWLA, (1987 as quoted by Martin, 2000) commented that coordinating educational and child care resources and obtaining adequate financial supports add considerably to foster family's load.

Shlonsky and Berrick (2001), stated that if the quality care is to be provided, care givers must have an understanding of a child's mental health needs and must have the ability to deal with behavioral difficulties. The care givers should also have an understanding that quality care includes providing the children with the stimulation required for them to reach normal developmental milestones. Adequate levels of cognitive stimulation vary by age of the child, but the most critical time period for brain cell formation and the capacity to form trusting human relationships occurs in the first three years of life. Thus, placement decisions should incorporate both recognition of the developmental problems children face prior to placement and a consideration of the level of cognitive stimulation children are likely to require from specific foster care provider (Shlonsky and Berrick, 2001).

2.5.4 Safety and security

According to Danziger and Gottschalk (1995 as quoted by Shlonsky and Berrick, 2001) highlighted that basic home safety precautions represent another baseline quality of care standard, especially when the child being placed is young. Young children are active and easily injured a combination that puts child safety concerns at the heart of any placement decision.

When considers the unpredictable environment in which many children lived prior to placement and the fact that 15 to 30% of those who are reunified with their parents will return to care , concerns for creating stability for children while they are in care become paramount. Data from several sources indicate that kinship placements are more settled than those of non-kin (Hegar and Scannapieco, 1995 as quoted by Martin, 2000)

Walsh and Walsh (1990 as quoted by Martin, 2000), revealed that there is evidence across the number of studies of considerable warmth, caring and connectedness between children and their foster families. Highly functioning foster parents, rated by caseworkers in the Casey Family Program, were those with emotional strength, comfort with themselves, openness and tolerance. The foster mother's ability to provide love and acceptance was also a significant factor in this study. Colton (1988 as quoted by Martin, 2000) revealed that foster parents spent almost half of their time doing social child care rather than administrative or supervisory work.

They were warmer and less critical of children, spent more time being approving and supporting, and created an environment in which children initiated far more interactions than those in residential care. Interviews with children revealed a greater sense of belonging and security in the home environments. In person interviews with more than 1000 children in care Illinois affirmed these results. It is further highlighted that children living in family foster care were more likely to say they were loved and safe as compared to their counterparts living in group care arrangements (Wilson and Conroy, 1999 as quoted by Martin, 2000).

MacFadden and Ryan (1986 as quoted by Martin 2000), commented that few families have been found, via official investigation, to be abusive of children in their care. A 1982 study by Fanshel as quoted by Martin (2000) found most foster parents provided appropriate discipline and were far less likely to use

inappropriate or ineffective techniques of control. However in the study conducted by Fanshel in 1990 as quoted by Martin, 2000 interviews in 106 children found one in four who said they were severely punished while in their foster homes.

The welfare of children depends on how well the family copes economically (Smart, 2003:16). Chambers (1989:2) states that the concept of poverty that influences policy the most are those of the rich who sometimes incorrectly assume that they know what the poor need or want. However it is important that we take cognizance of the fact that apart from income and consumption, poor people are also concerned with independence, mobility, self respect and security. Action is more useful when based on sensitive understanding of who are at risk, what their wants and needs are and how they cope (Chambers, 1989).

2.6 SUPPORT SYSTEMS AVAILABLE AND HOW ARE THEY ACCESSED

2.6.1 Department of Welfare/Welfare Agency

According to the Child Welfare League, 1998 in a Casey National Alumni Study CNAS while kinship care promotes positive family relationships, kinship caregivers and the children in their care are often in need of support services. Public and Private Social Services Agencies provide support services for families including kin who are caring for their own grandchildren, nieces and nephews. Some support services agencies may provide:

- Emergency food, clothing and furnishing
- Financial Assistance, medical assistance for the children
- Child Care, respite care, counseling and guidance in resolving family conflict or parental problems that are preventing the return of the children to parents, and
- Information and referral to services and resources that will

assist in maintaining the children in the home

Several support groups have formed nationwide in America. Support groups can be an important resource to discuss and resolve family dilemmas with peers who are going through similar situations. You can learn more about other community resources, create a network connection, and have an opportunity to share your circumstances with people who really understand and will not be judgmental (Child Welfare League of America, 2005).

2.6.2 Health System

Aspaan, (1999:202 as quoted in a research by Alpaslan and Mabutho 2005), it is highlighted that the AIDS pandemic has affected the number of grandparents, especially grandmothers, caring for the children orphaned by AIDS which imposes multiple, overwhelming responsibilities and poses several challenges for the elderly caregivers experiencing the frailty of old age and a lack of material, financial, physical, mental and emotional resources to care for their grandchildren.

In terms of mental and behavioral support, Shlonsky, and Berrick, (2001), highlighted the fact that it is reasonable to expect increased behavior problems among abused and neglected children across placement settings. They quoted studies by Simms (1998), and Berrick et al (1994) where they were comparing children in non-kinship care and those in kinship care and found fewer behavioral problems among children in kinship care as kin may interpret behaviour more positively than non-kinship caregivers who may be inclined to label behaviour as pathological. However, it was stressed that if quality care is to be provided, caregivers must have the ability to deal with behavioral difficulties.

Dubowitz et al. (1994 as quoted by Shlonsky and Berrick, 2001) state that timely and appropriate medical and dental care is both a necessary and quantifiable indicator of the quality of care a foster child receives. Foster children have many health problems, and a major weakness of the child welfare system for children placed with either kin or non-kin caregivers is that Social Workers and other caregivers do not regularly detect these problems when children enter care.

2.6.3 Extended Family Support

Traditionally, orphaned children in South Africa were absorbed into extended family systems, although financial constraints are increasingly forcing families to formalize these placements in the Children's Court. Community based care is a priority as it addresses children retained in a family setting environment. The Department of Social Development is emphasizing that the residential care is the last resort but care options should always be of the best interests of child (White Paper for Social Welfare 1997).

In a research on the challenges or experiences of elderly grandmothers caring for AIDS orphans, the findings indicated the elderly grandmother caregivers face challenge of no support from children's fathers and the extended family (Apsaslan and Mabutho, 2005). Article 23 of the ICCPR, Declaration of Social Legal Principles relating to the Protection of Children as quoted in a study by Kapoor (2000), on the recognition of the status of the family is highlighting that many international instruments recognize the importance of the family as the natural and preferable environment for the development of the child.

In attempting to analyze and understand support and the extent to which it is based on moral perceptions of duty, responsibility, Finch (1989:4) found a special, distinctive nature of kinship relationships that is not replicated even

within close friendships. This makes kinship relationships different from other relationships. The relationships between grandparents and their grandchildren is described by Finch (1989:41) as having an interesting blend of closeness and distance, at one generation removed and with a substantial difference in age between the two parties.

2.7 ASSESSING QUALITY OF CARE IN KINSHIP PLACEMENTS

Some research indicates that kinship placements may offer benefits that regular foster homes cannot, such as less trauma for the child and greater continuity with the child's family and community. However, some experts believe that kinship placements may not be safe because the same family that raised a parent who has maltreated the child will now care for the child, and also may not keep the child safe from the parent. Kinship caregivers also tend to have greater need for support and services than non-relative caregivers (Urbel, Jacob, Bess and Geen, 1999).

Developing standards for quality in kinship care requires states and agencies to strike a delicate balance. On one hand, policies must be responsive to the extended family and sensitive to the differences between foster and kinship care. On the other hand, foster care placements must comply with requirements of legislation. (Takas, 1994 as quoted by Wells and Agathen, 1999).

The CWLA 1994 as quoted by Wells and Agathen, 1999) developed standards for kinship foster family assessment that mirror those for non-kinship parents and include some timely considerations with respect to current family problems and special kinship considerations. They recommend evaluating areas like relationship between child and relative, ability and desire of relative to protect the child from the parent, safety and nurturing environment of home, willingness of family to accept child, ability of parent to meet child's developmental needs,

relationship between birth parent and relative, family dynamics in kinship home related to abuse or neglect of the child, presence of substance abuse, willingness to cooperate with the agency, existing support systems, number of children in the home and their status (e.g., HIV status, other medical conditions, drug use), health status of kinship caretakers, age of kinship caretakers in light of child's long-term needs and the possibility that family members will pressure the child to recant any allegations of abuse.

The CWLA recommends that approval/licensing standards for kinship homes adhere to the same safety standards required of all foster homes, but also be flexible in standards unrelated to child protection (e.g., number of bedrooms). Standards should include a complete check for criminal records, child abuse history, and evaluation of home safety. The CWLA recommendations provided a starting point for identifying criteria relevant to evaluating kinship care families and the context that mediates quality of care (Wells and Agathen, 1999).

The International Social Service and UNICEF highlighted that the advantages in kinship care includes the preservation of family, community and cultural ties, avoidance of trauma resulting from moving in with strangers, less likelihood of multiple placements (although in some circumstances children may find themselves being "passed round" the members of the extended family).

Gordon, McKinley, Satterfield and Curtis (2003) revealed that kinship carers are committed to providing safety and stability for the children placed with them. Their findings suggested that caregiving can be significant adjustment for many kinship caregivers and that expanded services are needed to enhance their relationship with the child welfare agency (Child Welfare League of America, 2003).

With the standards of excellence for kinship care services the Child Welfare League of America (2003) stated that the child welfare system and communities recognize that kinship care is a valuable resource for children. These new standards acknowledge that many societal issues have brought an increasing number of children into the child welfare system. This increase of children in out-of-home care has implications for length of stay, placement stability, and reunification for all children in care. These standards address critical policy and practice issues, such as providing supports and services for children, kinship caregivers, and parents; assessing, monitoring, and supervising kinship homes; and planning for permanency for children in kinship care. There should be set goals for achieving quality supports and services for children and families in kinship care.

In South Africa, work on standards for kinship care is underdeveloped. For example, there is no age limit for kinship carers.

2.8. RELEVANT SOUTH AFRICAN POLICIES ON KINSHIP CARE

The development and delivery of social services in South Africa is characterized by a partnership between the state and non-governmental organizations. The National Department of Social Development designs, monitors and partly implements social welfare policy. Each of the nine provinces in the country has a Department of Social Development whose task is to deliver and ensure the development and implementation of social services in these provinces (Van Delft 2005:3).

The Financing Policy for Development Social Welfare Services in South Africa (1999) refers 'social welfare' as "an integrated and comprehensive system of social services, facilities, programmes and social security to promote social

development, social justice and the social functioning of people". It describes the role of the social welfare system as helping to improve the well-being of individuals, families and communities and creating a caring, just society which respects human rights. It is at pains to point out that social welfare interventions led by social development departments are only a small part of the package of interventions required from government to care for vulnerable individuals.

There is also National Integrated Policy for Children infected and affected by HIV/AIDS (1999) that emphasizes that children should be attended to in a community or family level through home based care and referrals for appropriate services. This policy document, released in 2000, was developed by the Departments of Social Development, Health and Education to lead the government's response to mitigating the impact of HIV/AIDS on children. The overall goal of the integrated plan is "to ensure access to an appropriate and effective integrated system of prevention, care and support services for children infected and affected by HIV/AIDS"

The National Task Team for children affected and infected by HIV/AIDS emphasized the need for multi-sectoral and well coordinated approach to HIV/AIDS, calling upon the private and public sectors, NGO's, families and communities to work together to develop responses that mitigate the worst of the pandemic's impact to children. Child Care Forums are part of the Home/Community Based Care and Support Programme of the Department of Social Development.

These HCBCS are supposed to be initiated in all the communities for the mobilization of communities and for early identification of children and families in need as to provide comprehensive care, e.g. physical, emotional, social, economical and spiritual, which is sensitive to culture, religion and value systems in order to maximize the quality of life of orphaned and vulnerable children. Child

Care Forums can be seen as a community development model which is a preferred method of intervention as it can lead to sustainable projects and offer a strategy stimulating and strengthening community-based responses to the care and support of orphaned and vulnerable children (Guidelines for Establishing Child Care Forums, 2004).

According to UNICEF, children orphaned by the HIV/AIDS epidemic are at high risk of being malnourished, under educated and aged beyond their years, with their rights to grow and develop fully, violated. The problems confronting these children manifest long before their parents die, they have to live with sick relatives in households that are stressed by the drain on their resources. They are left emotionally and physically vulnerable by the illness or death of one or both parents. They may suffer lingering emotional problems from attending to dying parents and watching them die (Guidelines for Establishing Child Care Forums, 2004).

In order to realize children's right to social services, it is thus necessary to take into account the developmental needs not only of vulnerable children themselves, but also of the relevant family and community. It is further highlighted that the call is for child welfare services to be delivered as part of a comprehensive package of services to vulnerable families. The aim of family and child welfare services is "to preserve and strengthen families so that they can provide a suitable environment for the physical, emotional and social development of all their members" (Guidelines for Establishing Child Care Forums, 2004). Accordingly, residential facilities are to be used as a last resort for children in need of alternative care and programmes should aim to re-integrate children back into the family (or at least the community) if they have spent time in a residential facility.

In South Africa the legal placement of a child in foster care is done in terms of Child Care Act No. 74 of 1983, and child who qualifies for kinship care is determined in terms of section 14 (4) of the said Act. A child is placed in foster care through a court order after a Social Worker has conducted investigations and compiled a report. The family can then only apply for a foster care grant with SASSA in terms of section 2(e) of the Social Assistance Act No.59 of 1992. For the review of the court order made by the Commissioner of Welfare, the duration of that court order is two years after two years the Minister of the Department of Social Development can then review the court order in terms of section 16(2) if the child is still underage, when the child has attained the age of 18 years while still schooling, the court order is reviewed in terms of section 33(3) of the said Act.

The new Childrens Act passed in 2007, does not make specific provision for kinship care. Kinship care as a separate form of care has however been advocated and was included in the original children's bill which was amended in 1999. The categories of children identified as in need of care and protection has been redefined, not only orphans without any visible means of support are included, rather than all orphans. To determine whether they are in need of care and protection a social work investigation is compulsory for children who fall into one of the following categories: street children; a child who is a victim of child labour, a child who is a victim of trafficking; and a child in a child-headed household; and unaccompanied foreign child (Jamieson and Proudlock, 2005).

In terms of section 185(1) of the Children's Amendment Bill of 2006, not more than six children may be placed in foster care with the single or two persons sharing common households, except where the children are the siblings or blood related or the court considers this for any other reason to be in the best interest of all the children. In terms of section 188 (1) the foster parent of a child has those parental responsibilities and rights in respect of the child and in terms of

section 189(1) only the children's court has powers to terminate the foster care order if it is in the best interest of the child.

2.9. SUMMARY

This chapter provided an overview of studies conducted before on kinship care, provided definitions and reviewed other issues involving or related to kinship care. In Chapter Three, the research methodology is discussed. The techniques for data collection in order to achieve the research objectives are explained.

CHAPTER 3: RESEARCH METHODOLOGY

3.1 INTRODUCTION

In this chapter, the researcher explains the rationale behind the methodology employed and discusses the major components of the research methodology. The purpose of this chapter therefore is to present the research design that was used, the sampling procedure, the research methods, methods of data collection and the analysis.

Methodology as explained by Bailey (1987:33) is the physiology of research process. Included in this philosophy are the assumptions and values that serve as a rationale and the standards and criteria the researcher uses for interpreting data and reaching conclusions. McKendrick (1990:249) further explains research methodology as a formal application of systematic and logic procedures to guide the investigation. For the purpose of this study research methodology will refer to the method, approach and the steps that were used by the researcher in data collection.

3.2 RESEARCH DESIGN

A research design guides the researcher in collecting, analyzing and interpreting observed facts. According to Babbie (1992:89) the research design addresses the planning of the scientific enquiry. He further explicate that it is the strategy for finding out something.

A quantitative research design was used. According to Neuman (1997: 30), quantitative research refers to the collection of data using numbers, counts and measures of things and qualitative research basically involves the use of words, pictures, description and narratives. The data were collected from 30

respondents who are kinship carers from Ekukhanyeni area which is under Nkandla Local Municipality. The questionnaire used was a modified version of the quality of care questionnaire, developed by The Children and Family Research Center at the University of Illinois at Urbana-Champaign (1999). It took six weeks for the completion of data collection and response rate was 100%.

3.3 SAMPLE

The population size was 346. A simple random sample in which each case theoretically has an equal chance of being selected was used. A simple random sample was selected following the guidelines suggested by Strydom, Venter and de Vos (2002). All the cases were numbered and using a table of random digits, 30 (that is 10% of the population) were selected. There are differences in opinion regarding the size of a sample with some researchers saying that 10% or a minimum of 30 should be sufficient to control for sampling error and to perform basic statistical procedures, while others believe larger samples are necessary (Strydom and Venter, and de Vos, 2002). In this study, 10% was a realistic number given the fact that only one person (the researcher) was collecting the data in a limited period of time.

3.4 DATA COLLECTION METHOD

A modified version of the quality of care questionnaire, developed by The Children and Family Research Center at the University of Illinois at Urbana-Champaign (1999) was used. This questionnaire was found during the literature review and appeared to be a useful tool. The researcher visited the kinship carer, asked the questions and filled in the answers. This was done to ensure that questions were clarified when necessary. It was anticipated that some kinship

carers would be illiterate and would be unable to complete the questionnaire without assistance.

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

Table 1: Objectives and indicators

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

There was also space in the questionnaire for comments so that the researcher could record observations or additional comments made by the respondent. This added a qualitative element to the data and could enrich the results. There were no copyright restrictions on the questionnaire. The questionnaire was submitted to Nkandla Municipality-Translation Office for translation to Zulu, so that the questions could be asked in a vernacular language to respondents. Appointments to interview members of the kinship carers residing at Ekukhanyeni area were made telephonically.

questions could be asked in a vernacular language to respondents. Appointments to interview members of the kinship carers residing at Ekukhanyeni area were made telephonically.

3.5 PRETESTING

Dane (1990:127) suggests that pre-testing is the most important phase of survey research as no survey data can be trusted unless one can ensure that the respondents understand the instrument and provide appropriate responses. Pre-testing involves surveying a small group of people who have similar qualifications to those to be surveyed. According to Alreck and Settle (1995:178) it establishes if the survey population will understand the questions and instructions, how easy or difficult they find it and asks for suggestions after attending to the questionnaire. This enables the researcher to make changes that improves the performance of the questionnaire.

The pre-test of a questionnaire may at times reveal serious errors, oversights or problems. The pre-testing was done with three different kinship carers in the Ekukhanyeni Area. They were asked to give their comments on clarity, language, length and appropriateness of the questions asked. Some problems were identified and these were addressed prior to distribution of the questionnaire, for example, some wording had to be changed as some of the respondents did not understand the words used.

3.6 DATA ANALYSIS

Data were analysed manually. For each of the questions, all the answers were added up and then double checked. Tables were developed. Using Microsoft Excel, tables were converted into graphs. Qualitative comments were used to highlight aspects where appropriate.

3.7 RELIABILITY AND VALIDITY

Struwig and Stead, (2001:130) highlighted the fact that when conducting a study, you must report the extent to which instruments employed in the study have reliable and valid scores and whether the research design is valid. Reliability is the extent to which test scores are accurate, consistent or stable. A test score's validity is dependent on the score's reliability since if the reliability is inadequate, the validity will also be poor. They further note that instruments from other countries are sometimes used in the South African context, irrespective of whether they can be appropriately employed in this context or not. Failure to address reliability and validity issues can result in a project's findings being worthless.

The original questionnaire being used in this study was developed in the US based on a literature review and opinions of experts on the field. In assessing the suitability of this questionnaire for the local context, the researcher firstly modified it in terms of language and relevance of items. For example, a question asking if the home had gas was modified to ask whether the home had electricity. Three social workers in the field of foster care then examined it and provided suggestions regarding its relevance and appropriateness. Thus an attempt was made to ensure the content validity of the questionnaire.

3.8 ETHICAL CONSIDERATIONS

3.8.1. Ethical issues before the study

The majority of ethical balancing tasks have to be completed before collection of data. As with any other task, the more thorough preparation, the more successful the outcome (Dane, 1990:38-39). In this study particularly, the

researcher provided the respondents with all the necessary information concerning their participation. For example, since the researcher is a Social Worker, the respondents were told prior to interviews that the facts about their real experiences and challenges in kinship care would not affect the grant that they receive. They were also informed that they could withdraw from the study at any point without any fear of negative consequences.

3.8.2. Ethical Issues during the study

The researcher has to take the responsibility for representing herself accurately, as it is realised that her identity, affiliation and employment may affect someone's decision to respond. To avoid behaviour change in respondents, settings which are familiar to the respondents were used. The researcher remained neutral to avoid biasness and leading of the respondents. Struwig and Stead (2001) stated that the welfare of others must be the main concern. During the research, the researcher made sure that the respondents were comfortable.

3.8.3. Ethical Issues after the study

The sensitive and confidential information about the respondents was collected and the researcher had to ensure the anonymity of the respondents. To maintain anonymity the researcher developed a system of identification codes for each family. The interview schedules will be stored safely in a locked cupboard at the University of KwaZulu- Natal for 5 years. Feedback to respondents will be provided to those who attend the support groups. Information arising from the study will also be shared with social workers in the Department of Social Development in an attempt to improve services to kinship carers.

3.9 LIMITATIONS OF THE RESEARCH DESIGN

The study took place in only one geographic area which is also a disadvantaged rural area. Generalisations to other areas especially urban areas were not possible.

A further limitation was that the respondents are from the researcher's caseload. They may have told the researcher what they thought she wanted to hear as they were concerned that if they admit their problems they might lose their foster grant. Although this was discussed with the respondents in the introduction before conducting the interview and every effort was made to reassure them that this was not the purpose of the interview, it is possible that respondents withheld or were untruthful about certain aspects. For example, corporal punishment in rural areas is still common but because the respondents are aware that it is not accepted, most of them denied using this type of punishment. Another limitation is that this research did not take into account the opinions of the children in kinship care or the social worker's opinions. Both these aspects are also covered in the quality of care questionnaire and would enhance our understanding of kinship care.

3.10 SUMMARY

The data were collected from 30 respondents who are kinship carers from Ekukhanyeni area which is under Nkandla Local Municipality. The questionnaire used was a modified version of the quality of care questionnaire, developed by The Children and Family Research Center at the University of Illinois at Urbana-Champaign (1999). Since the researcher was interviewing people from her caseload limitations on getting the real facts about the respondents' experiences or challenges in caring for their grandchildren were observed although a prior

explanation on the purpose of the study had been clearly highlighted. The following chapter will present the results and interpretation of data collected.

CHAPTER 4: PRESENTATION AND DISCUSSION OF RESULTS

4.1 INTRODUCTION

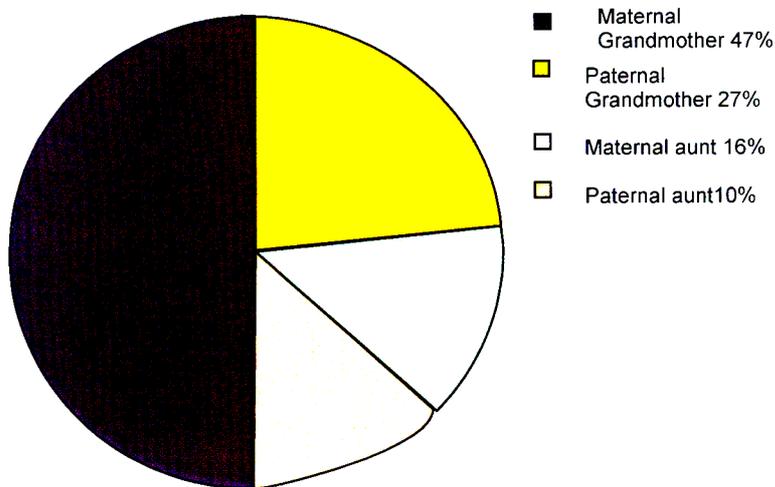
The data collected will be summarized and presented by using frequency distributions in a form of tables, graphs and charts. The names of respondents will not be mentioned to ensure anonymity of kinship carers. The chapter is divided into four sections which correspond to the four main objectives of the study. The first section deals with the physical and material circumstances of the family. The next section focuses on the psycho-social needs of the children. The physical and emotional problems of the caregivers are discussed in the following section and the final section deals with the social support systems available for caregivers.

4.2 PROFILE OF THE KINSHIP CARERS

An overview of kinship carers is discussed broadly. There were thirty kinship carers who participated in this study. In this section, an overview of kinship carers is discussed in details in terms of age, relationships, heating condition in the rooms as well as lighting in the house etc.

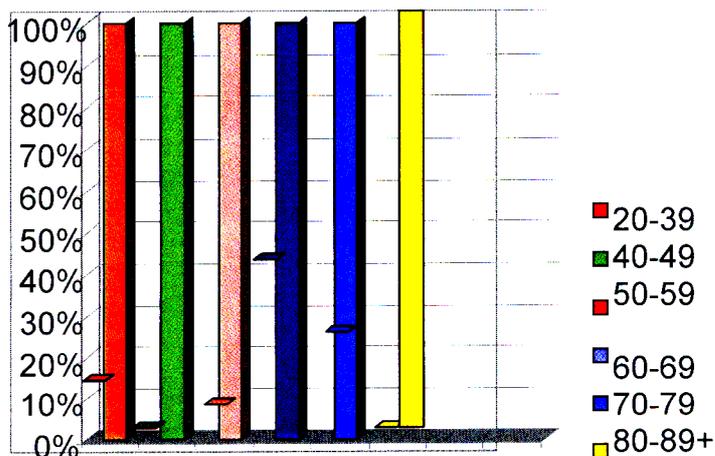
Figure 1: Child's Relationship to the foster parent

South Africa has a long tradition of informal kinship care. The grandparents have traditionally taken over the up bringing of children after the death of parents (Chipungu et al. 1998; Dubowitz et al. 1994; Gleeson, 1999).



The figures above illustrate that the children are mostly left in the care of the maternal families (47%) and few are with the paternal family (27%). The large number of children lived with grandmothers which make a total of 74 % of kinship carers who are grandmothers to their grandchildren. In South Africa most of the placements are kinship care and this is much appreciated as the children are easily adjusting in the same environment after the death of parents.

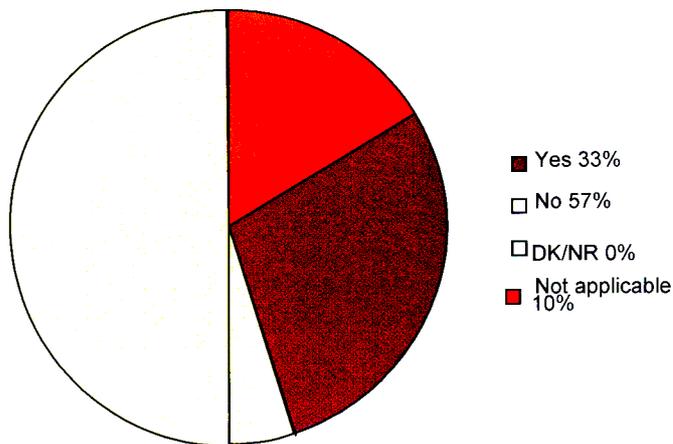
Figure 2: Age distribution of kinship carers



The above graph indicates that most of kinship carers (74%) are older persons above the age of 60. At the other end of the spectrum, 26% of carers were in the age range 20-39, which means that young people are caring for their siblings and nieces and nephews.

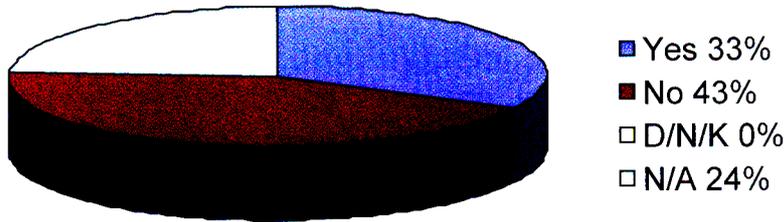
While there have been studies on the challenges that older people face in caring for grandchildren (Alpaslan and Mabutho, 2005), not much has been written about the challenges young people face. At a time when they should be setting up their own homes and beginning their own families, they are acting as parents to their siblings. This is an area for further research.

Figure 3: Heating in the rooms



The pie chart above indicates that most of the respondents have insufficient heating or no heating at all in their homes. Fifty seven percent have no heating and the 10% not applicable are those who explained that they have no electricity and as a result there is no heating in their rooms. This makes a total of 67% homes without heating. While in summer heating may not be necessary, in winter temperatures can be very cold and without heating is not good for the children. However most of the children have been with the same families even before the death of their parents and the conditions in the surrounding community are similar. The 33% who have heating have electricity in their homes.

Figure 4: Light in the rooms



The figure above illustrates that more than half of the homes do not have sufficient lighting (67%), they use candles as the lighting in the rooms. The 33% of families who have lighting are those families with electricity. The findings from the qualitative responses indicated that they only use candles in the rooms occupied by family members to avoid fires. This is particularly important to ensure the safety of children and illustrate that the kinship carers are responsible.

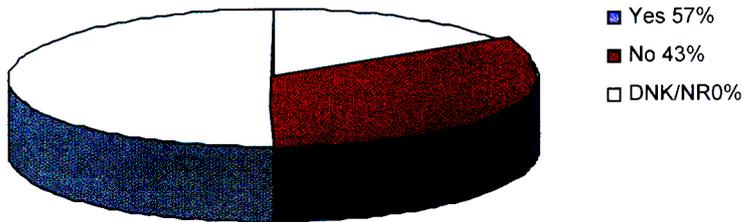
4.3 PHYSICAL AND MATERIAL CIRCUMSTANCES OF THE FAMILY

Alpaslan and Mabutho, (2005) highlighted the fact that some of the challenges faced by grandmothers in caring for orphans involve fending for them, and providing food and clothing for the children. In this section, the researcher will present and discuss the results of my study in relation to shelter, food, clothing, income, health, safety and security.

Shelter

The findings in one of the studies on kinship care indicated that the children's moving in with the grandparents often caused crowding for these families in their living space (Ehrle and Geen, 2002). The results of this study are similar.

Figure 5: Enough Space for family members (Shelter)



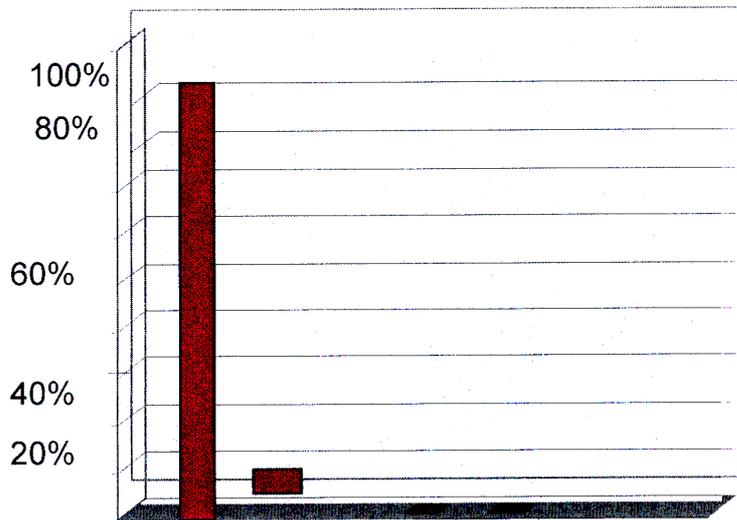
The pie chart above shows that more than half of the families (57%) did not have enough space for the family members and described their accommodation as inadequate. As this is a rural area, most of the respondents own their homes and they have more than 3 houses in a form of rondavels in their homesteads. Sixty three percent have poor roofing which is also not good at all for the children especially during rainy weather and winter season.

Fifty seven percent (57%) share accommodation which is common in rural areas as most of the houses are in a form of rondavels and it is not safe for children to sleep alone, especially the girls. The sharing of bedrooms among children of the opposite sex is also common but this is restricted only to young children and they sleep under the supervision of one or two adults. The children are not kept alone when sleeping, there has to be an adult to care for them while sleeping. Eighty percent of the children do not share a bedroom with an adult person of the opposite sex. Twenty percent do share with an adult but in most cases it is a boy child with the grandmother. While it would appear that there is some risk for abuse of younger members by older members, sleeping arrangements are generally suitable and it is common in rural areas for the elder female to share a bed with a male child.

Health

Figure 6: Clinic use by children and other health related aspects in the houses

The graph below indicates that most of families (93%) are able to send their children to a local clinic as it is easily reached when necessary and the 7% are unable to do so due to old age illnesses.



A large number of families (87%) indicated that they have problems with rats, pests etc. in their houses. These results are of concern because they indicate that children are being cared for in poor physical conditions. The household pests can affect the health of children.

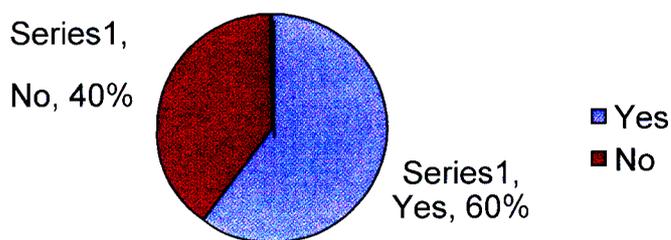
Keeping the children's clothing clean was also a challenge, especially for older kinship carers. The findings revealed that twenty three percent of the kinship carers are able to clean the children's clothes, twenty seven percent of them have elder children's siblings who are able to clean their minor children's clothes and half of them are assisted by other family members and 20% were not able to do it at all.

Other health aspects in the family involve the municipal services in the area which is not common in the rural areas. The respondents were from a rural area where there are no municipal services, but 100% of the respondents have to burn their garbage outside the yard in garbage pits.

Food

Figure 7: Keeping of enough food for children

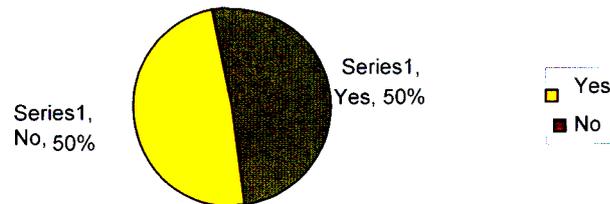
Despite the challenges the older persons face they are able to ensure that food is always available. Many people in this area would consider it shameful if there was no food in the home.



The pie chart above illustrates that more than half of families (60%) are able to have sufficient food for the children although there is also large number (40%) of children who have insufficient food to eat even though they are in receipt of Foster Care Grant. This is of concern as these children may suffer from malnutrition and in turn this would affect their ability to cope at school. Most of the respondents (60%) spend their pensions and children's foster grants on food; they sacrifice everything to make sure that there is food in the house. They rarely buy clothing for the children as 50% of responses indicated that the children have insufficient clothing for rainy weather.

Figure 8: Clothing for rainy weather

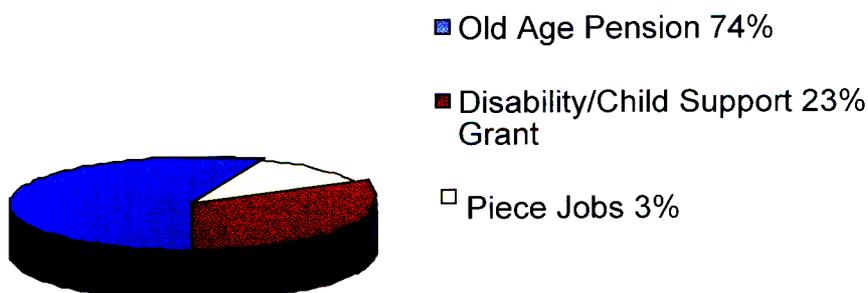
Alpaslan and Mabutho, (2005) highlighted the fact that challenges faced by grandmothers in caring for orphans involves fending for them, and providing food and clothing for the children. This study (see figure below) found that half of the respondents were unable to provide clothes for cold and rainy weather. This may have negative consequences for the children's health.



Family Income or Financial Aspects

Figure 9: Any other form of income

Gibson (2002) said that relatives were likely to be persons of low income and usually older persons in the family. As the study was focusing on kinship carers who are all in receipt of Foster Children's Grant, the comments on the number of respondents receiving foster child grant were unnecessary. In addition to the foster care grant, other sources of income included are other types of state grants and part time jobs. This is illustrated in the figure below.



The pie chart shows that more than half of kinship carers (74%) are older persons who receive old age pensions, others receive other types of social grants

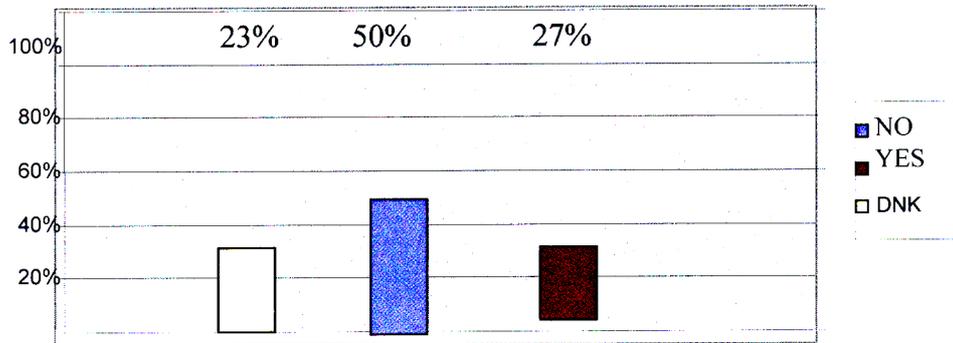
(child support grant /disability grants) because of their illnesses and for their own children. Most families appeared to rely on state grants for survival.

Despite battling to make ends meet, most of the respondents (83%) were not interested in the loaning of monies and in fact, most of the responses indicated that they do not understand the how interest on loans work. One of them even commented that you borrow R100 and you will end up paying R100 times three which they see as "robbery". Most of the respondents (77%) do not even trust any one with their monies. They prefer to do the shopping on their own, and with their grandchildren. It would thus seem that state support is being used carefully to meet the needs of the family.

Safety and security

The data from several sources indicate that kinship placements are more settled than those of non-kin (Hegar and Scannapieco, 1995 as quoted by Martin, 2000). It is further highlighted that the children living in family foster care were more likely to say they were loved and safe as compared to their counterparts living in group care arrangements (Wilson and Conroy, 1999 as quoted by Martin, 2000).

Figure 10: Safety and security



Half of population (50%) is not experiencing any violence in the area and some (23%) have not heard about it at all. Twenty seven percent of the respondents were aware of violence in the area which they said was due to high level of substance abuse by the youth. However, most of the respondents (77%) are not aware of any use of substance abuse around their residential area and there were the same people who did not know or have never experience any violence in the surrounding area. Although the results indicated that some people are known to be abusing drugs, respondents believe that the area is safe to raise children as most people have never seen any person abusing drugs in the streets. This is illustrated in the table below.

Table 2: Raising of children

	Number %
Yes	3%
No	90%
DNK/NR	7%
Total	100%

The results indicated in the above table illustrate that the area is conducive to raising children as almost all the respondents have no fear in the area and the least number of respondents who feel the area dangerous to raise a child in it. Most of the respondents (90%) said the area is conducive for raising of children, they have no fear of danger/violence in the area. Eighty three of the respondents have no member in the family who has a gun and 17% have no idea of any

member in the family who has a gun. There appeared to be very few fights in the homes - only 3% of the responses indicated minor or rare fights in their homes. The majority (97%) do not have problems of fights in their homes. The findings indicate that the children are kept in safe home environments.

Table 3: Child in trouble with the police

	Number %
Yes	7%
No	77%
DNK	3%
N/A	13%
Total	100%

The table illustrates that most of the respondents (77%) do not have children in trouble with the police and only 7% of the respondents have such problems. Three percent said they do not know about anything concerning their children in trouble with the law. When one looks at the family members getting trouble with the police the results indicate that 80% of the families have never experience such problems and 90% respondents have no family member who had ever hurt the child.

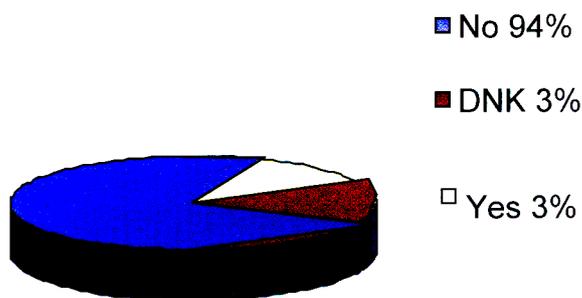
Ninety percent of the respondents have never experience any trouble of a family member who hurt the child. The results indicated that children are in the safe environment as their living with their family members who have been with them even prior to the death of their parents.

Table 4: Child running away from home

	Number %
Yes	3%
No	94%
DNK	0%
N/A	3%
Total	100%

The table illustrates that most of the participants have no children who have a problem of running away from home. Ninety four percent of the respondents have never experienced any problem of child running away from home and three percent (3%) who indicated "is not applicable" meant they have never experience it in their homes, the children are always safe.

Figure 11: Child left alone overnight



The pie chart above indicates that most of the children (94%) are not left alone overnight which is very pleasing for the children as they are always safe.

4.4. PSYCHO-SOCIAL NEEDS OF THE CHILDREN

According to Martin (2000), foster parents face the responsibility of guiding the family through the many changes incumbent in adding new member to the household. To some extent, children's adjustment depends upon their goodness to fit with their foster parent. This is an unfolding process in which children and family members work together to eventually find some kind of comfortable level of adaptation to another (Martin, 2000). With this study in relation to the above section the roles and relationships in the family, discipline, education and school as well as recreational activities will now be presented and discussed.

Roles and relationships in family

A study conducted by the Casey Family Program (2004) found that relative caregivers, by virtue of their blood ties to the child, tended to have a different type of relationship with, and investment in, the children in their homes. The relatives found that things like shaping the spiritual life of the child were easy for them as blood relatives and sometimes because of cultural or religious similarities within the family. In this study most of the caregivers had no problems with attachment or bonding with their grandchildren.

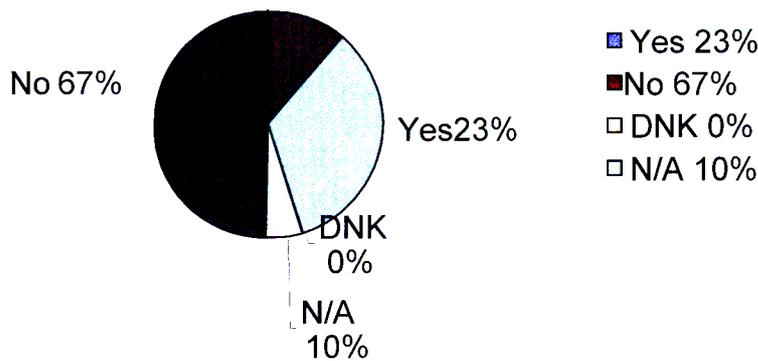
The majority of respondents (74%) are grandparents. The children were emotionally attached to them as they have been with them prior to the death of their parents. However, the results indicate that 50% of them got sickly because of the old age which means that taking over the responsibility for children is strenuous for them.

Table 5: Hurt to child by family member

	Number %
Yes	7%
No	90%
DNK	0%
N/A	3%
Total	100%

The table shows that almost the majority of the kinship carers have no problem of children being hurt by other family members. This might be because the children are related to all the family members by blood and also the fact that they have been with the same family even prior to the death of their parents. They have bonded to their family members and understand well all family members' mood swings.

Figure 12: Problem in taking care of the child

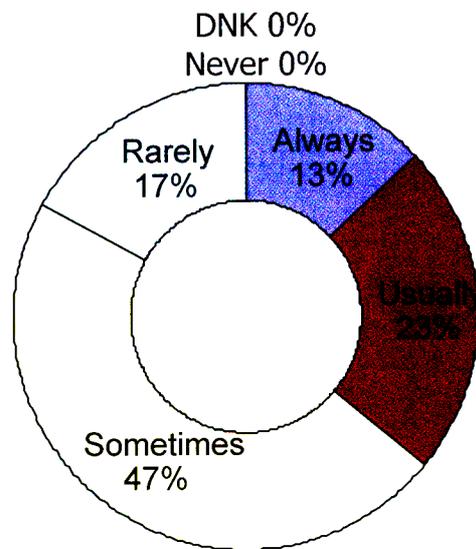


The kinship cares who are older persons have experienced the loss of their own children (daughters/sons) and at the same time they have had to assume new roles of parenting. The good thing about them is that however strenuous the role reversal is, they are always willing to take care of their grandchildren. Most of the responses showed that 67% of respondents have no trouble in taking care of their children. The 23% of respondents who have a problem in taking care of their children reported that it was because of their ill health, for example they are unable to attend school meetings.

Discipline

In Chapter 5 of the Children's Bill of Rights it is emphasized that discipline should mean raising the children to be responsible, caring and self-disciplined adults.

Figure13: Rules Enforcement



All the respondents enforce rules but to different degrees. Only 13% enforce rules consistently and this may create problems as children do not always know what is expected. Sixty percent of the respondents said that they reinforce good behaviors by praising the children. Most of the respondents (73%) have family members who agree with the rules enforced to children.

The results also indicate that more than half of the respondents (64%) do discipline the children by explaining the reason although not all the time. Some also punish them non-verbally at times e.g. just ignoring their presence or not speaking to them. This is of concern because the child might experience this as rejection, but many children in this community accept this is the way older people do things.

The results also show that 67% of respondents spank their children when they do wrong, and this is still considered be a normal means of discipline in this community. Forty percent (40%) of respondents said they do speak badly to the children when they have done wrong, but it is of concern that 60% do call the

children names as a form of indicating their displeasure. This is not good for the children as they could be emotionally affected.

Table 6: Doing things with children

Question	Always	Usually	Sometimes	Rarely	Never	DNK/Nr
1. Child's Choice of wear	6%	27%	47%	20%	0%	%
2. Decide what outdoor games the child to engage her/himself to	0%	30%	30%	13%	20%	7%
3. Explanation on instruction acceptance	20%	17%	50%	10%	3%	0%
4. Talk with the child about the day when wants to	0%	37%	50%	13%	0%	0%
5. Find why child feel depressed/unhappy	30%	27%	23%	17%	3%	0%
6. Praise when child done extra nicely/helpful	13%	23%	23%	33%	7%	0%
7. Talk about child's parents	3%	23%	57%	10%	7%	0%
8. Know child's friends	13%	23%	23%	33%	7%	0%
9. Know about plan of the child when she/he is going	30%	20%	37%	13%	0%	0%
10 Tell the child if he/she goes out when expected to be back	30%	20%	37%	13%	0%	0%
11. Make sure that the child does house chores	17%	23%	37%	17%	6%	0%
12. Watching TV limits	10%	13%	33%	7%	10%	27%
13. Listen to child's opinions on what happens to him/her	27%	30%	23%	13%	7%	
14. Leave the child alone overnight	3%	13%	3%	17%	63%	0%

The table shows that the majority of kinship carers do not usually do things with children with only 37% usually do things with the children. Most of them (50%) sometimes do things with children and the other 17% rarely. However the majority do apply strict rules to children and do not leave them alone. It is good that most of the responses (63%) indicated that the children are not left alone. The caregivers are always in the home as they are too old to visit relatives or friends and most of them are always protective of their grandchildren, which is pleasing also to the children as they are not left alone. The kinship carers especially the grandmothers are committed to their grandchildren despite difficulties they are faced with.

The majority of respondents (74%) are grandparents to the children which helps the children to adjust more easily after the death of their parents and also adapt to the rules of their new families.

The study findings indicate that most of the kinship carers do find a way to talk about why the child in their care may feel unhappy or distressed, although this is not all the time.

Not many of them always talk with the child about herself/himself or anything surrounding him/her because the children are raised like that in the surrounding communities. While it might look good for the parents to know whom or who the child communicates with especially the teenagers, in rural areas it is very difficult and the children understand as they are aware of the culture and norms in the surrounding community.

Education and school

In a Casey National Alumni Study (CNAS, 2004) the most promising mechanism to mitigate risks like school dropouts or homeless children is likely to be good education. The CNAS research showed that education is a leading indicator of successful youth development and adult self-sufficiency.

Table 7: Is the child schooling

	Number %
Yes	93%
No	7%
DNK	0%
N/A	0%
Total	100%

In this research, the results as illustrated above show that 93% of the respondents have children who are attending school. Seven percent have children who are not attending school due to mental handicap. Moreover in respect of the 93% who are attending school, the respondents reported that there were problems in the children getting adequate school supplies. Only thirty percent (30%) usually have sufficient school supplies, sixty three (63%) sometimes have sufficient school supplies and 3% never have school supplies at

all. This is of concern because it may affect the child's performance at school. The results also indicated that the children do not have enough or quiet space for studying which is disruptive to the child's school home work or studying. Due to illnesses related to old age 67% of respondents are not able to attend school meetings at all times. The respondents (50%), which are half of the study population, do not regularly check the children's school card. This is of concern as parental supervision of children's school work is necessary.

Recreational activities

Sixty seven (67%) of responses indicate that most of the families do not have enough lighting in their homes due to no electricity and as a result they have no television in their homes. But those who have television watch it with no parental supervision which is dangerous to the children as most of the caregivers are too old especially in families where there are no other adult. Most of the respondents also refuse to release their children for outdoor games as the area they are living in is rural and recreational facilities are in town. This means that they have to take a taxi to town which means they have to give them money for transport to town which is also not always available.

Table 8: Elder teenager to play with the child

	Number %
Yes	90%
No	3%
DNK	0%
N/A	7%
Total	100%

The results (90%) indicate that the younger children have older teenage siblings in the home to play with which is always an available source of recreational activities. Thi enables the child to learn other indoor or outdoor games rather

than those she/he is used to at school. This also indicates that most of the kinship carers are caring for more than one child.

4.5. PHYSICAL AND EMOTIONAL PROBLEMS OF THE CARE GIVERS

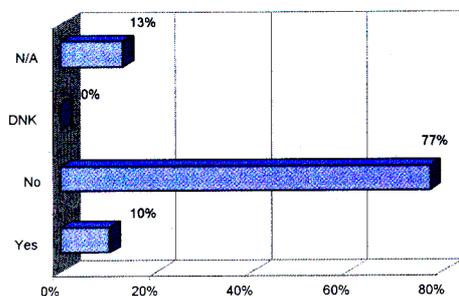
In this section, I will present and discuss the results in relation to health, emotional problems, alcohol and drug abuse in the home. According to Martin (2000), foster children may also have unmet medical and dental needs.

Table 9: Health: Immunization of children

	Number %
Yes	13%
No	87%
DNK	0%
N/A	0%
Total	100%

It was of concern to note that most of the children (87%) did not have up to date immunization records. Only 13% responded positively. This is not good for the children as they are not getting immunized and they may develop illnesses that can disable them physically which could have been prevented if it was discovered earlier.

Figure 14: Dental and Optician Care

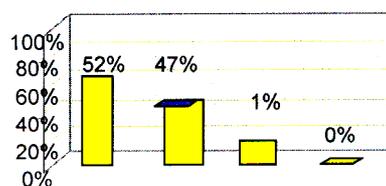


The above graph indicates that most of the kinship carers (77%) are unable to take children for special services and 13% have no children with dental or eye problem. Only 10% that take children for eye or dental care. Most of them (93%) as indicated in graph two indicated that they consult the local clinic for health services in the event of a problem. According to Dubowitz et al.(1994 as quoted by Shlonsky and Berrick, 2001), timely and appropriate medical and dental care is both a necessary and quantifiable indicator of the quality of care a foster child receives.

Emotional problems

Alpaslan and Mabutho (2005) state that the emotional strain resulting from negative community reactions towards fostered grandchildren and worries about the cost of childcare are also challenges faced by the old people caring for the orphans. Wild (2001:10-11) commented that the most common reactions to the terminal illness or death of a parent include hopelessness, depression, anger, loneliness, anxiety, fear of abandonment and confusion especially to children.

Figure 15: Have you had any physical or emotional problems in the last six months?



Fifty two percent of the respondents have experienced emotional and physical problems and were unable to do household chores as they are too old to take care of the young children (toddlers/babies), assuming new roles (cooking and cleaning for the children) which is reported to be too strenuous for the old people. This also impacts on their contacts with the child's teachers. This is not

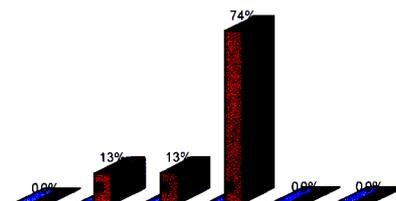
good for the children under their care as they have to spend more time on house chores, but the majority is from the extended family and there is sometimes an adult member (50%) to assist as Figure eleven indicated.

Table 10: Someone available to talk to you in an agency

	Number %
Yes	43%
No	33%
DNK	0%
N/A	23%
Total	100%

Despite the challenges they face, only 43% said they could talk to someone professional. Fifty seven percent (57%) either do not consult or they are not aware of the service as the findings indicate in the table above. A small number of respondents (3%) miss work because of emotional or physical problems but most of the respondents were older people who are no longer working.

Figure 16: Drugs/alcohol to calm your nerves?



The figure shows that most of the kinship carers do not use drugs to calm their nerves. Only 26% of the respondents drink alcohol, and 74% do not take either drugs or alcohol. There are people (23%) in their homes who were indicated to be abusing drugs prescribed by doctors especially the sleeping tablets and flu syrups. Seventy four percent (74%) of them who are not taking drugs do not even take those prescribed by doctors to calm their nerves. Seventy seven (77%) of the responses showed that there are no people in the home who take drugs, which create a safer environment for raising the child.

With regard to the children in their care taking drugs, 83% of them have never suspected any problem. It might be because they are too old to notice the changes in the child's behavior or it may be due to the fact that teenagers, especially the boys, really do not have close contacts with their grandmothers.

4.6. SUPPORT SYSTEMS AVAILABLE FOR KINSHIP CARERS

The family cannot function adequately without the availability of the support system to assist it to be fully functional. Alpaslan and Mabutho (2005) highlighted the fact that grandparents need supportive relationships with others within the communities to manage the role demands of child rearing tasks and to cope with role transitions and stresses that emerge. In this section, the results will be presented in relation to the assistance from the extended family, health system and the Department of Social Development or Welfare Agency.

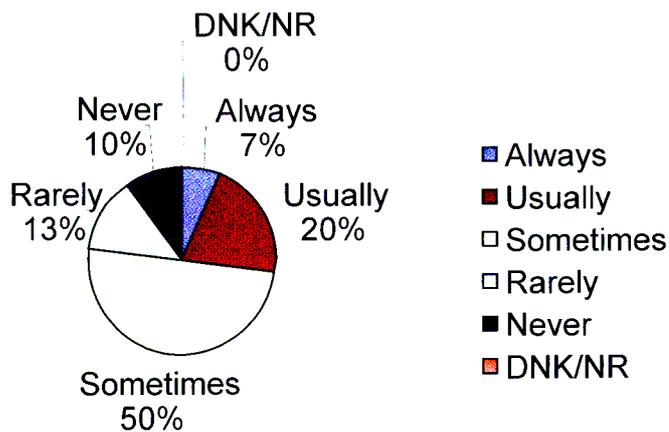
Extended family support

In rural areas most of people are living within the extended family. Even the welfare agencies have no problem of kinship placement as there are always people available to take care of the children who have lost parents. In a study conducted by Mabutho and Alpaslan, (2005) the majority of grandmothers felt it is the high priority to provide a better life for grandchildren than the children's parents could have provided.

It is also highlighted that the relationships between grandparents and their grandchildren is described as having an interesting blend of closeness and distance, at one generation removed and with a substantial difference in age between the two parties (Finch, 1989:41). With this study the majority of

respondents were kinship carers, 74% being the children's grandmothers as indicated in Figure one.

Figure 17: Count on relatives and friends in an emergency



The pie chart indicates that 90% of the kinship carers do rely on the family members (though not all the time) to help in caring for the family. Ten percent (10%) have no relatives or friends at all to assist in an emergency especially when the older person is sick which then places a burden on the child as the child has to take over the adult responsibilities. This seemed to be the case particularly when a grandparent had lost more than one son/daughter and is taking care of children from more than one mother.

Although 52% have experienced severe sicknesses while taking care of the children, they expressed willingness to continue taking care of the children. No kinship carer wanted the child/children in their care to be removed. Some respondents commented that it was very bad that some of them were too old to take care of the children but they nevertheless felt that it was good for the children to remain in their biological families.

Health system

The research findings and literature verification conducted by Alpaslan and Mabutho, (2005) revealed that elderly grandmother caregivers are the only ones left to be economically active, but own health problems challenge and prevent them from earning a decent income. The responses in table seven indicated that 93% of kinship carers have a clinic in the area which is within easy reach for all the people around this area. As a result only a few of them (7%) had experienced financial problems when needing health services. Ninety three percent (93%) use the local clinic for their chronic sickness. Seven percent of the respondents who had a problem of finances were from those who had experienced severe sicknesses that needed the General Practitioner's attention or the hospital which is far from their area.

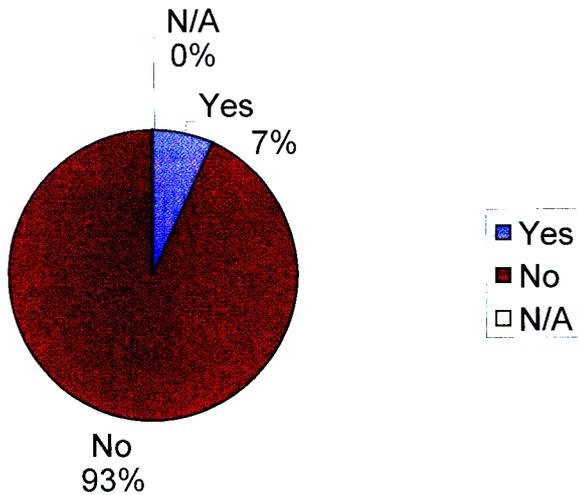
However, the findings also indicated that 57% do not consult for special services like counseling or therapy.

Department of Welfare/Welfare Agency

Figure 18: Knowledge about contacting a doctor or counselor for professional therapy

Department of Welfare/Welfare Agency

Figure 18: Knowledge about contacting a doctor or counselor for professional therapy



Ninety three percent of the respondents have no knowledge about professional therapy or counseling services either because the welfare agency is in town so they have to travel with a taxi to get to the agency or they do not feel the need for counseling even when they have emotional problems. They only consult social workers for the foster care grant. Only seven percent of the respondents were aware of the professional services.

Some respondents indicated that they were questioned by a Social Worker about the use of foster grant and were asked why they were not saving for the child. From this discussion, problems were revealed and the social worker had to render indepth professional assistance.

These results indicate that welfare services are seen mainly in terms of social grants. Social Workers are not seen as a resource to help families in coping with possible problems or as a support system.

4.7. CONCLUSION

This chapter has presented the results and interpretation of data collected from kinship carers at Ekukhanyeni area. Thirty respondents participated in the study. The results indicated that most of the caregivers are older persons who have medical problems associated with old age. However there is a lot that is positive with placing the children in kinship care with the older persons as they are always available in the homes to provide safe environment to the children. It is even easier for the children to adjust to the family values after the death of their parents as there are their biological extended families. Challenges in respect of schooling are evident.

In the next and final chapter, I will present a summary of the findings and conclude with recommendations.

CHAPTER 5: CONCLUSION AND RECOMMENDATIONS

5.1 INTRODUCTION

The overall results show that most of the kinship placements involve the placement of children with grandparents. These older persons assume parental duties during their old age and this presents financial, emotional and physical challenges to them.

In this final chapter, the researcher summarises the main findings of the research and provides recommendations for practice, policy formulation and further research.

5.2 SUMMARY OF FINDINGS

The above research was a descriptive study on the care of children placed in kinship care and its findings illustrate the challenges faced by kinship caregivers in terms of their physical, material and psycho-social needs as well as support systems available for the kinship carers. Based on the research findings and literature verification, the conclusions below can be drawn:

5.2.1 THE PHYSICAL AND MATERIAL CIRCUMSTANCES OF THE FAMILY

The first objective of the study was to investigate the physical and material circumstances of the family. The major findings in this regard are:

- More than half number of population (57%) has not enough space for the family members.

- The majority of families (93%) are able to send their children to a local clinic as it is easily reached when necessary and the 7% are unable to do so due to old age illnesses. The large majority (93%) is not aware of special professional services (counseling, therapy etc.).
- Beside of all the challenges the older persons face, they make sure that the food is always available. A large number of families (87%) indicated that they have problems of rats, pests etc. in their houses
- Seventy four (74%) are older persons who receive old age pensions, only 3% iare in piece jobs, and 23% is receiving either Child Support Grant or Disability Grant, which means that the kinship carers live in poor financial conditions.
- Most of the respondents (90%) said the area is conducive for the raising of children

5.2.2 THE PSYCHO-SOCIAL NEEDS OF THE CHILDREN

The second objective was to investigate the psycho-social needs of the children.

The main findings in this regard are:

- Seven four (74%) are grandparents; as a result the children are always emotionally attached to them as they have been with them even before the death of their parents.
- 50% of them got sickly as result of old age which might be the strenuous role or responsibility to take over after the death of the children’s parents.
- Sixty three percent (63%) of responses indicated that the children are seldom left alone. The caregivers are always in the home as they are too old to visit relatives or friends and most of them are always protective of their grandchildren which is pleasing also to the children as they are not left alone.

- The majority of kinship carers do not usually do things together with children. However the majority do apply strict rules to children and do not leave them alone.
- Ninety three percent (93%) of the respondents have children who attend school while the remainder do not attend school due to mental handicap.
- Six seven (67%) of responses indicated that most of the families do not have enough lighting in their homes due to no electricity and as a result they have no television in their homes.
- Ninety percent (90%) indicate that the children have older teenage siblings in the home to play with.

5.2.3 PHYSICAL AND EMOTIONAL PROBLEMS OF THE KINSHIP CARERS

The third objective was to explore the physical and emotional problems of the kinship carers. The main findings in this regard are:

- Most of the kinship carers (87%) were reported to have no up to date immunization records of the children under their care.
- The majority of kinship carers (77%) which is more than half of respondents are unable to take children for the special services.
- Fifty two percent (52%) have experienced emotional and physical problems and were unable to do households chores.
- Very few respondents (43%) seek professional therapy, 57% either do not consult or their not aware of the service.
- Only 13% of the respondents consume alcohol, 87% do not take either drugs or alcohol.

5.2.4 SUPPORT SYSTEMS AVAILABLE FOR KINSHIP CARERS

The fourth objective of the study was to identify support systems available for kinship carers. The main findings in this respect are:

- The Welfare Agency or Department of Social Development should play the lead in providing professional service in kinship carers but they are not always available for other services other than placement of children (statutory). The vast majority (93%) are not aware of any therapy or counseling services by professionals to support them as kinship carers or as children in kinship.
- Ninety percent (90%) of the kinship carers rely on the family members to assist in caring for the children.
- Ninety three percent (93%) of respondents use the local clinic for their chronic sickness.

The underlying assumption of the study that kinship carers were experiencing challenges and difficulties in raising children in kinship care is therefore supported. The results confirm that care giving is an extremely complex experience as grandmothers have conflicting emotions and attitudes engendered by the combination of labor and love involved in their new role (Gibson, 2002).

5.3 RECOMMENDATIONS

Based on the above conclusions, the recommendations as stated below are made:

- Integrated Service Delivery and development of tailor made programmes

The care of orphans is the core business of the Department of Social Development and child welfare agencies and they should ensure the engagement of all the relevant stakeholders at the initial stage of their intervention. This would help to instil the sense of support for the benefit of the kinship carers and their foster children (support system). The social workers from the Department of Social Development should develop tailor made programmes to address the specific areas of concern to the children in foster care and their caregivers. This may include the quality care programmes to be implemented differently for kin and non-kin caregivers as they tend to have varied strengths and weaknesses.

- Parental Programmes

The implementation of these programmes should be monitored and evaluated and a strategy should be in place for these programmes to be sustainable and of benefit to the kinship carers and their children. Particular issues that may require intervention are those concerning discipline and involvement with children.

- Professional Social Work

The government should also look at the number of social workers versus the number of orphans to come up with a strategy to retain social workers in the country, to attract more young people to the field of social work and further advise the academic institutions on the relevant or practical programmes/modules needed by social workers.

Counselling to the caregivers, children and their families should be offered as a matter of procedure to assist in their feelings of loss, bereavement, adaptation to new life, adjustment of children, conflicts that might arise due to the placement of children etc.

- Incorporation of children's opinions in programme development

There should be structured forums where children in kinship/foster care can give their experiences in living with grandmothers or their extended family members. As they are the ones who are being cared for, they are best suited to shed light on the nature of orphan care programmes and how they should be operationalised. The opportunity to meet with other young people in similar situations would also be beneficial. These programmes should also be monitored to ensure that they are sustainable.

- Community Participation

Communities and local leaders should be involved in all programmes around the issue of kinship or foster care. This would help to increase support for such families.

- Revision of Foster Children's Grant

The cost of living is very high and the government should consider increasing the foster children's grant to accommodate all the children's basic needs.

- Children's Act No.38 of 2006

The implementation of this Act should be fast tracked as it is addressing the change on children's placement court orders and their renewal procedures. Furthermore, social workers should advocate for kinship care to be a special placement option.

5.4 FURTHER RECOMMENDATIONS

The present study only focussed on the kinship carer. Therefore the following recommendations are also made:

- Research focusing on the experiences or challenges facing children in kinship care should be placed on the agenda for future research.
- The present research should be replicated on a larger scale and it should be extended to other areas and also urban areas. This would enable the Department of Social Development to develop relevant programmes to support kinship care programmes.
- A follow up study should be done in this particular area to monitor quality of care.

5.5 CONCLUSION

This research study was conducted in a rural area and sheds light on the challenges facing kinship carers. However, it also affirms the strength of family bonds and the determination of family members to care for orphaned children. Social workers need to support and help families to provide the best quality of care to children.

REFERENCES

1. Alpaslan, A.H. and Mabutho S.L. 2005. *Challenges experienced by elderly grandmothers in caring for AIDS orphans: Social Work: A professional Journal for the Social Worker*. Volume 41 No.3.
2. Alreck, P. L. and Settle, R. B. 1995. *The survey research handbook: guidelines and strategies for conducting a survey*. New York. McGraw-Hill.
3. Babbie, E.R. 2001. *The practice of Social Research*. 6th edition. Belmont, California:Wadsworth
4. Bailey, D.K. 1987. *Methods of social research*. 3rd edition. New York: Collier Macmillan
5. Bilson, A. & Ross, S. 1999. *Social Work Management and Practice: Systems Principles (2nd edition)*. Philadelphia, PA: Jessica Kingsley Publishers.
6. *Casey Family Programs*. 2004. A Caregiver's Handbook. Accessed on July 2007. <http://www.aecf.org/publications/data/caregiver2.pdf> .
7. Chambers, R. 1989. Editorial Introduction: *Vulnerability, Coping and Poverty*. IDS Bulletin, Special Issue on Vulnerability 20(2)
8. Child Welfare League of America. 1998, Washington, D.C.: *Kinship Care, Fact Sheet*. December.
<http://www.cwla.org/programs/kinship/factsheet.htm>.

9. Child Welfare League of America. 2003, Washington, D.C.: *Standards of Excellence for Kinship Care Services*.
<http://www.cwla.org/programs/kinship/factsheet.htm>.
10. Child Care Act, No.74 of 1983
11. Children's Act No.38 of 2005,
12. Children's Amendment Bill, 2006
13. Children's Rights Resource Handbook. Part Two. *Practising Children's Rights*.
14. Chipungu, S., E. Everett, M. Verduik, and H. Jones. 1998. *Children Placed in Foster Care with Relatives: A Multi-State Study*. Washington, D.C.: U.S. Department of Health and Human Services, Administration for Children and Families.
15. Constitution of the Republic of South Africa, 1996
16. Convention on the rights of the child, 1995
17. Compton, B.R., Galaway, B., Cournoyer, B.R., 2005. *Social Work Processes: Seventh Edition*. United States of America. Thomson Brooks/Cole.
18. Cross, C. 2001. *Sinking deeper down: HIV/AIDS as an economic shock to rural households*. *Society in transition*. 32(1).

19. Department of Social Welfare, South Africa, 1997: *White Paper for Social Welfare, 10 point plan, 5 year plan National plan of actions*. Pretoria
20. Department of Welfare, South Africa, 2000. *National Strategic Framework for children affected by HIV/AIDS*
21. Dubowitz, H., Feigleman, S., Harrington, D., Starr, R., Zuravin, S., and Sawyer, R. (1994) *Children in Kinship Care: How Do They Fare?* Children and Youth Services Review. 16(1/2), 85-106.
22. Dane, F.C., 1990. *Research Methods*. Pacific Grove. California: Brooks/Cole. Publishing Co.
23. Ehrle, J., and Geen, R. 2002. *Kin and non-kin foster care—Findings from a national survey*. Children and Youth Services Review, 24, 25-35. Washington, DC: The Urban Institute.
24. Ehrle, J., Geen, R. and Clark, R. 2003. "Children Cared for by Relatives: Who Are They and How Are They Facing?" Assessing the New Federalism Policy Brief B-28. Washington, DC: The Urban Institute.
25. Finch, J. 1989. *Family Obligations and Social Change*. Southampton: Camelot Press.
26. Geen, R. 2003. *Kinship care: Making the most of a valuable resource*. Washington, DC: Urban Institute.
27. Geen, R. 2004. *The Evolution of Kinship Care Policy and Practice. The Future of Children*. 14 (1), 131-149. The Woodrow Wilson School of Public

and International Affairs at Princeton University and The Brookings Institution.

28. Gibbs, D., Kasten, J., Bir, A., Duncan, D., and Hoover, S. (Currently in press, online as of July 2005) *Between two systems: Children in TANF child-only cares with relative caregivers*. Children and Youth Services Review.
29. Gibson, P.A., 2002. *African American Grandmothers as Caregivers: Answering the Call to Help their Grandchildren*. Families in Society. Volume 83. Families in International, Inc.
30. Gleeson, J. P. and Hairston, C. F. 1999. *Kinship Care: Improving Practice through Research*. Child Welfare League of America
31. Gordon, A.L., McKinley, S.E, Satterfield, M.L. and Curtis, P.A. 2003. *A first look at the need for enhanced support services for kinship caregivers*. Child Welfare League of America. Los Angeles: Miami, FL.
32. Guidelines for establishing Child Care Forums. 2004. *White Paper for Social Welfare: proposed policies and programmes for developmental social welfare in South Africa*. Pretoria: Government Printers.
33. Hegar, R. L. and M. Scannapieco (Editors). *Kinship Foster Care: Policy, Practice, and Research*. New York, N.Y.: Oxford University Press, 1999. For ordering information, visit <http://www.oup-usa.org> or contact 800/451-7556 or custserv@oup-usa.org.
34. Hegar, R., and Scannapieco, M. 2005. *Kinship care*. In G. Mallon and P. Hess (Eds.) *Child Welfare for the Twenty-first Century: A Handbook of*

Practices, Policies and Programs (pp. 488-503). New York: Columbia University Press.

35. Jamieson L. and Proudlock P. 2005. *Children's Bill Progress Update: Report on amendments made by the Portfolio Committee on Social Development*. Children's Institute, University of Cape Town.
36. Jane Addams College of Social Work. *The Kinship Care Practice Project*. Chicago, Ill.: University of Illinois. Visit <http://www.uic.edu/jaddams/college/kincare/index.html>.
37. Kapoor, S. 2000. *A needs Assessment of Orphan Children and their Caregivers*, in the KwaZulu-Natal Province of South Africa
38. Leos-Urbel, Bess, J.R. and Geen, R. *State Policies for Assessing and Supporting Kinship Foster Parents*. Washington, D.C.: The Urban Institute, May 2000. Available at <http://newfederalism.urban.org/html/discussion00-05.html>.
39. Mckendrick, B.W. (1990:249). *Introduction to Social Work in South Africa*. Pretoria: Haum Tertiary.
40. Main, R., Ehrle, M., and Geen, R. 2006. "Trends in Service Receipt: Children in Kinship Care Gaining Ground." Assessing the New Federalism brief B-68. Washington, DC: The Urban Institute.
41. Mattaini, M. A. 1993. *More Than a Thousand Words: Graphics for Clinical Practice*. Washington, DC: NASW Press.

41. Martin, J. A. 2000. *Foster family care. Theory and practice*. Needham Heights; Allyn and Bacon.
42. Marlow, C. 1998. *Research Methods for generalist Social Work*. Pacific Grove, California: Brooks/Cole.
43. Meyer, C. H. & Mattaini, M. A. 1998. *The Ecosystems Perspective: Implications for Practice*. In M. A. Mattaini, C. T. Lowery, & C. H. Meyer (Eds.), *The Foundations of Social Work Practice* (pp. 3-19). Washington, DC: NASW Press.
44. Neuman, W.L. 1997. *Social Research Methods: Qualitative and Quantitative Approaches*. 3rd Edition. University of Wisconsin: Allyn and Bacon.
45. Shlonsky, A.R and Berrick, J.D., 2001. *Assessing and Promoting Quality in Kin and Nonkin Foster Care*. *Social Service Review Journal*. Volume 75. University of Chicago Press.
46. International Social Service and UNICEF, 2004. *Improving Protection for Children without Parental Care: Kinship Care:an issue for international standards*. NewYork Geneva, Switzerland
47. Smart, R. 2003. *Children Affected by HIV/AIDS in South Africa: A Rapid Appraisal of Priorities, policies and practices*. Save the Children (UK) Arcadia, South Africa.
48. Struwig, F.W. and Stead, G.B. (2001). *Planning, Designing and Reporting Research*. Cape Town: Pearson Education S.A.

49. *The UN Convention on the rights of the Child*. 1989.
50. The Financing Policy for Development Social Welfare Services in South Africa. 1999. White Paper, South Africa.
51. The National Integrated Policy for Children infected and affected by HIV/AIDS (1999). Pretoria
52. Van Delft, W.F. 2005. South Africa, in *Global Perspectives on Foster Care: A comparative international analysis of Foster Care Family Systems*, edited by M. Williams and M. Colton. Vancouver: Russel House
53. Wells, S.J and Agathen J.M. 1999. *Evaluating The Quality of Kinship Foster Care: Final Report*. University Of Illinois At Urbana-Champaign: Illinois
54. Wild, L. 2001. *The psychosocial adjustment of children orphaned by AIDS*. Southern African Journal of Child and Adolescent Mental Health 13 (1):3-22

APPENDIX

APPENDIX A

Questionnaire – English Version

Child Name _____ Child ID: _____
Caregiver Name _____ Family ID: _____
Caseworker _____ Name Agency/Office: _____
Child Name _____ Child ID _____
Caregiver _____ Name Family ID _____
Caseworker Name _____ Agency/Office _____

CAREGIVER INTERVIEW ON KINSHIP FOSTER CARE

Instructions for completing questionnaire:

If the caregiver refuses to answer a question, or simply does not say anything, or says (he/she) doesn't know, circle "d/nr/dk," which stands for "declines/ no response/ doesn't know."

If any question is not applicable, indicate the reason in the space after the "not applicable" option.

The line underneath the set of answer options following each question is for a brief notation of any comment the caregiver makes about the question or about the answer or any observation the interviewer makes.

INTRODUCTION

Good morning/afternoon

My name is _____ and I'm from _____ Social Development Service Office. I am also a student at the University of KwaZulu Natal and I am doing my masters degree in social work. My supervisor at the university is Dr Barbara Simpson and you can contact her at 031-260208. I am doing a study of children who live with their relatives who are currently served by the Department of Social Development. We are trying to determine whether kids are getting good care, and whether the families need any help. I am interviewing about 35 people who are looking after children that are related to them. I would like to ask you some questions. Depending on your answers, this interview should take about 45 minutes to complete. Let me explain how we're going to do this interview. I have a list of questions that covers many different topics. Some of the questions may not apply directly to you or your family, because the questions have been written to cover a very wide range of situations. For example, there are questions that ask about how the adults living in this house get along. If you're the only adult living in your house, you should just tell me that the question doesn't apply to you, for that reason.

If you don't understand a question, be sure to ask me to explain it. And if you think any of the questions are too personal, you don't have to answer them. But if you do answer a question, please do the best you can. Perhaps you might be worried that if you tell me about things that are not going well in the family, we will take away your grant. I want to tell you that is not the purpose of the research. We want to understand how things are for you so that we can help make things better. However, I need to make sure you understand that if your answers to the questions suggest that (CHILD) is being abused or neglected, we will need to make another appointment to discuss this and see how we can help your family. I would also like to tell you that when I write the report on the research, I will not use your name or identify you in any way. Do you have any questions now? (NB. Allow enough time to fully answer any questions). If you want to take a short break at any point during the interview, that's no problem. Just let me know, and we'll take a break. Okay, do I have your permission to conduct the interview?

May we proceed? Yes _____

No _____

Please will you sign/make a mark here to show you understand the above? First, let me ask you what you usually call (READ CHILD'S NAME). Do you call (him/her) by (his/her) name, or do you call (him/her) (grandson/granddaughter), (or)nephew/niece), or what ...?

I'll use that name during the rest of this interview when I ask you questions about (CHILD'S NAME), OK?

1. Let me ask you two questions about your relationship to (CHILD) before we get started.

Are you related to (CHILD)'s mother or father?

Mother _____

Father _____

Someone else _____

2. How are you related to (CHILD)?

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

Section 1

The first questions are about your house and your utilities and appliances. Please answer Yes or No to these questions.

3. Right now, how many rooms are there in your house?

.....

4. When it's cold outside, is there enough heat in every room in your house?

Yes.....1

No.....2

D/NR/DK.....3

Not Applicable.....4

Comment: _____

5. Is there a working light or lamp in most every room in your house?

Yes.....1

No.....2

D/NR/DK.....3

Not Applicable.....4

Comment: _____

6. Are there any serious problems in your house that need to be fixed, like a leaky roof, broken windows, or holes in the steps?

Yes.....1

No.....2

D/NR/DK.....3

Not Applicable.....4

Comment: _____

7. Where do you put your garbage?

.....

Comment: _____

8. Do people buy or use drugs on the streets near your house?

Yes.....1

No.....2

D/NR/DK.....3

Comment: _____

9. Is there violence in your neighborhood, like fights or shootings?

Yes.....1

No.....2

D/NR/DK.....3

Comment: _____

10. Do you feel it is dangerous to raise (CHILD) in your neighborhood?

Yes.....1

No.....2

D/NR/DK.....3

Comment: _____

11. Do you have a problem with rats, mosquitoes or cockroaches in your house?
 Yes.....1
 No.....2
 D/NR/DK.....3
 Comment: _____

12. Is there enough space for everyone staying in your house?
 Yes.....1
 No.....2
 D/NR/DK.....3
 Comment: _____

13. Do more than three children share a bedroom?
 Yes.....1
 No.....2
 D/NR/DK.....3
 Not Applicable.....4
 Comment: _____

14. Does a child older than four ever share a bed with another child of the opposite sex?
 Yes.....1
 No.....2
 D/NR/DK.....3
 Not Applicable.....4
 Comment: _____

15. Do children older than four ever sleep in the same room with an adult of the opposite sex?
 Yes.....1
 No.....2
 D/NR/DK.....3
 Not Applicable.....4
 Comment: _____

16a. Do you (or your spouse/partner) own a gun?
 Yes.....1
 No.....2(SKIP TO SECTION 2)
 D/NR/DK.....3(SKIP TO SECTION 2)
 Not Applicable.....4(SKIP TO SECTION 2)
 Comment: _____

16b. Is it kept locked somewhere where (CHILD) can't get at it?
 Yes.....1
 No.....2
 D/NR/DK.....3
 Not Applicable.....4
 Comment: _____

Section 2

Now we're going to focus on (CHILD), and (CHILD)'s health, and habits, and clothing.

17. Does (CHILD) have clothes for rainy or cold weather?
 Yes.....1
 No.....2
 D/NR/DK.....3
 Not Applicable.....4
 Comment: _____

18. Are you able to keep enough food in the house so that the child doesn't go hungry?
 (THE ABILITY TO KEEP FOOD IN THE HOUSE INCLUDES THE ABILITY TO OBTAIN GROCERIES - FOR EXAMPLE, HAVING THE TRANSPORTATION TO GET THEM - AND THE INCOME TO BUY THEM.)
 Yes.....1
 No.....2
 D/NR/DK.....3
 Comment: _____

19. Are you able to make sure that (CHILD) usually has clean clothes to wear?
 Yes.....1
 No.....2
 D/NR/DK.....3
 Comment: _____

20. Do you make sure that (CHILD) gets to the clinic when (s/he) needs to?
 Yes.....1
 No.....2
 D/NR/DK.....3
 Not Applicable.....4
 Comment: _____

21a. Has a doctor ever prescribed medicine for (CHILD)?
 Yes.....1
 No.....2(SKIP TO Q.24)
 D/NR/DK.....3(SKIP TO Q.24)
 Not Applicable.....4(SKIP TO Q.24)
 Comment: _____

21b. Did (CHILD) get the medicine prescribed by the doctor?
 Yes.....1
 No.....2
 D/NR/DK.....3
 Not Applicable.....4
 Comment: _____

22. Are (CHILD's) immunizations up to date?
 Yes.....1
 No.....2
 D/NR/DK.....3
 Not Applicable.....4
 Comment: _____

23. Does (CHILD) go back to the same clinic or doctor's office when (s/he) needs treatment?
 Yes.....1
 No.....2
 D/NR/DK.....3
 Not Applicable.....4
 Comment: _____

24. Since (CHILD) has been living with you, has (s/he) gone to the dentist once a year?

- Yes1
- No2
- D/NR/DK3
- NA (CHILD is an infant)4

Comment: _____

25. If (CHILD) needs a pair of glasses, does (s/he) have them?

- Yes1
- No2
- D/NR/DK3
- NOT APPLICABLE4

Comment: _____

Now there are a couple of general questions concerning (CHILD)'s health.

26a. Does (CHILD) have any mental or emotional problem, like being very sad or withdrawn?

- Yes1
- No2 (SKIP TO Q.27a)
- D/NR/DK3 (SKIP TO Q.27a)
- Not Applicable4 (SKIP TO Q.27a)

Comment: _____

26b. Is (CHILD) seeing a counselor, a reverend, traditional healer or doctor about it?

- Yes1
- No2
- D/NR/DK3
- Not Applicable4

Comment: _____

27a. Does (CHILD) has any kind of learning problem, like not being able to read as well as other children (his/her) age?

- Yes1
- No2 (SKIP TO Q.28)
- D/NR/DK3 (SKIP TO Q.28)
- Not Applicable4 (SKIP TO Q.28)

Comment: _____

27b. Is (CHILD) getting help from anyone, like the school or a tutor?

- Yes1
- No2
- D/NR/DK3
- Not Applicable4

Comment: _____

Section 3

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

- a. Let (CHILD) decide what to wear? Would you say 1 2 3 4 5 6
- b. Let (CHILD) decide what activity you will do for fun—like go to a movie, or foot ball game or play a game together? Would you say 1 2 3 4 5 6
- c. Explain to (CHILD) why it is important for (him/her) to do something you asked him/her to do when (he/she) doesn't want to do it? (Would you say)1 2 3 4 5 6
- d. Talk to (CHILD) about (his/her) day when (s/he) wants to? (Would you say)1 2 3 4 5 6
- e. Try to find out why (CHILD) seems depressed or unhappy? (Would you say)1 2 3 4 5 6
- f. Praise (CHILD) when (s/he) has done something extra nice or helpful? (Would you say) 1 2 3 4 5 6
- g. Talk to (CHILD) about (his/her) parents when (s/he) wants to? (Would you say)1 2 3 4 5 6
- h. Know who (CHILD'S) friends are? (Would you say)1 2 3 4 5 6
- i. Know where (CHILD) is going and what (s/he) plans to do when (s/he) goes out? (Would you say)1 2 3 4 5 6
- j. Make sure when (he/she) goes out that (s/he) knows when (s/he) needs to be back home? (Would you say)1 2 3 4 5 6
- k. Make sure (CHILD) helps out around the house—like cleaning up after spilling something and keeping (his/her) room clean?

(Would you say)	1	2	3	4	5	6
l. Set some limits on how much TV (CHILD) can watch? (Would you say)	1	2	3	4	5	6
m. Listen to (CHILD'S) opinions about things that have happened to (him/her?)	1	2	3	4	5	6
n. Leave (CHILD) in the house overnight without an adult? (Would you say)	1	2	3	4	5	6

Section 4

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

29a. Is (CHILD) enrolled in a school of any kind right now - preschool, primary or high school, college?

Yes.....1 (go to 29b)

No.....2SKIP TO SECTION 5)

D/NR/DK.....3SKIP TO SECTION 5)

Comment:

29b. What grade is (CHILD) in?

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

Always.....1

Usually.....2

Sometimes.....3

Rarely, or.....4

Never?.....5

D/NR/DK.....6

Not Applicable.....7

Comment:

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

Always.....1

Usually.....2

Sometimes.....3

Rarely, or.....4

Never?.....5

D/NR/DK.....6

Not Applicable.....7

Comment:

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

Always.....1

Usually.....2

Sometimes.....3

Rarely, or.....4

Never?.....5

D/NR/DK.....6

Not Applicable.....7

Comment:

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

Always.....1

Usually.....2

Sometimes.....3

Rarely, or.....4

Never?.....5

D/NR/DK.....6

Not Applicable.....7

Comment:

Section 5

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

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

Always.....1

Usually.....2

Sometimes.....3

Rarely, or.....4

Never?.....5

D/NR/DK.....6

NA ((CHILD) is an infant).....7

Comment:

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

Always.....1

Usually.....2

Sometimes.....3

Rarely, or.....4

Never?.....5

D/NR/DK.....6

NA ((CHILD) is an infant).....7

Comment:

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

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

Always.....1

Usually.....2

Sometimes.....3

Rarely, or.....4

Never?.....5

D/NR/DK.....6

NA ((CHILD) is an infant).....9

Comment:

46. If you need a ride to go somewhere, does a friend or a family member give you a lift? (Would you say...)

Always1
Usually.....2
Sometimes.....3
Rarely, or4
Never?5
D/NR/DK.....6
Not Applicable7

Comment:

47. When you need to borrow some money to get something you need, like food, are you able to borrow it from friends or relatives? (Would you say...)

Always1
Usually.....2
Sometimes.....3
Rarely, or4
Never?5
D/NR/DK.....6
Not Applicable7

Comment:

48. If you'd like a little help with a chore like shopping or cleaning, is there someone you can call on? (Would you say...)

Always1
Usually.....2
Sometimes.....3
Rarely, or4
Never?5
D/NR/DK.....6
Not Applicable7

Comment:

49. Is there someone in your neighborhood who would help you out in an emergency? (Would you say...)

Always1
Usually.....2
Sometimes.....3
Rarely, or4
Never?5
D/NR/DK.....6

Comment:

Section 7

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

50. If your family needed services like a doctor's care, counseling, would you know how to get them? Yes or no?

Yes.....1
No.....2
D/NR/DK.....3
Not Applicable4

Comment:

51a. Have you needed any health care or other services like counseling in the past 12 months?

Yes.....1
No.....2(SKIP TO Q.55)
D/NR/DK.....3(SKIP TO Q.55)
Not Applicable4(SKIP TO Q.55)

Comment:

51b. How often have you gone without health or mental health care, or services like counseling when you needed them because you could not get there? Would you say...

Always1
Usually.....2
Sometimes.....3
Rarely, or4
Never?5
D/NR/DK.....6
Not Applicable7

Comment:

51c. How often have you gone without health or mental health care or social services like transportation or a homemaker because you couldn't afford them? Would you say...

Always1
Usually.....2
Sometimes.....3
Rarely, or4
Never?5
D/NR/DK.....6
Not Applicable7

Comment:

52. When there is a serious emotional or mental health problem in your family, how often have your family or family members gotten counseling to resolve the problem? Would you say...

Always1
Usually.....2
Sometimes.....3
Rarely, or4
Never?5
D/NR/DK.....6
Not Applicable7

Comment:

53a. Have you ever had a hard time understanding a doctor or social worker? Yes or no?

Yes.....1
No.....2(SKIP TO Q.57)
D/NR/DK.....3(SKIP TO Q.57)
Not Applicable4(SKIP TO Q.57)

Comment:

53b. How often has this kept you from going to see that doctor or social worker again? Would you say...

Always1
Usually.....2
Sometimes.....3

Rarely, or4
 Never?5
 D/NR/DK6
 Not Applicable7

Comment: _____

54. In the last six months, did your caseworker tell you to contact any doctors, social workers or counseling centers? Yes or no?

Yes1
 No2(SKIP TO SECTION8)
 D/NR/DK3(SKIP TO SECTION 8)
 Not Applicable4(SKIP TO SECTION8)
 Comment: _____

Section 8

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

A. In the past 12 months... Yes No DK NA (If Yes...)

(a) Have you needed

advice about getting a service for CHILD? 1 2 3 4

(b) Have you had question

About the plan for child? 1 2 3 4

Has CHILD had a serious illness? 1 2 3 4

(d) Has the school told you CHILD is misbehaving? 1 2 3 4

(e) Has CHILD failed a subject in school? 1 2 3 4

(f) Has CHILD gotten in trouble with the police? 1 2 3 4

(g) Has CHILD told you that she/he was feeling really bad about (him/herself) or (his/her life)? 1 2 3 4

(h) Have you thought that CHILD might be taking drugs? 1 2 3 4

(i) Have you thought that CHILD might have been drinking? 1 2 3 4

(j) Has CHILD gotten a part-time job? 1 2 3 4

(k) Has CHILD run away from home? 1 2 3 4

(l) Has CHILD been gone overnight without your permission? 1 2 3 4

(m) Has CHILD gotten a very good report card? 1 2 3 4

(n) Have you took CHILD out of state for a visit? 1 2 3 4

(o) Has a friend or relative moved in with you for a while or started to sleep in your house? 1 2 3 4

(p) Has someone living in your house gotten in trouble with the police? 1 2 3 4

(q) Have you gotten sick and needed to get someone else to take care of CHILD? 1 2 3 4

(r) Have you had any trouble taking care of CHILD? 1 2 3 4

56. When you have tried to contact the caseworker or someone else at the agency when you needed help or wanted information, was someone available to talk to you?

Yes1
 No2
 D/NR/DK3
 Comment: _____

Section 9

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

57. Do you have a spouse or partner who is currently living with you?
 Yes1
 No2
 D/NR/DK3
 Comment: _____

58. Since you took (CHILD), has your relationship with any adult in the house gotten bad?
 Yes1
 No2
 D/NR/DK3
 Not Applicable4
 Comment: _____

59. Has anyone living in the house ever hurt (CHILD) physically—for example, done anything that caused bruises, even if they didn't mean to?
 Yes1
 No2(SKIP TO Q.82)
 D/NR/DK3(SKIP TO Q.82)
 Not Applicable4(SKIP TO Q.82)
 Comment: _____

60a. Did you need to do anything to keep (CHILD) from being hurt again?
 Yes1
 No2
 D/NR/DK3
 Not Applicable4
 Comment: _____

60b. Since that happened, has that person spent time alone with (CHILD)?
 Yes1
 No2
 D/NR/DK3
 Not Applicable4
 Comment: _____

61. Since (CHILD) came to live with you, has any adult who lives in your house had, or continued to have, a problem with drugs or alcohol?
 Yes1
 No2
 D/NR/DK3
 Not Applicable4
 Comment: _____

62. Is there anyone living with you who is available to help you care for (CHILD) or play with (CHILD), like another adult or an older teenager?
 Yes1
 No2
 D/NR/DK3
 NA (No other adults/teenagers)4
 Comment: _____

63. Are there other family members or friends who don't live with you who are available to help you care for (CHILD) or play with (CHILD)?
 Yes1
 No2
 D/NR/DK3
 Not Applicable4
 Comment: _____

Section 10

Now we're going to talk about your financial situation.

64 a. In the last 12 months, have you ever not been able to pay the rent or mortgage on time?

Yes1
 No2
 D/NR/DK3
 Not Applicable4
 Comment: _____

64 b. Are you getting Foster Child Grant?

Yes1
 No2

64c. Are you getting any other form of income?

Yes1 (go to 64d)
 No2

64d. What other form of income do you get?

65a. In the past year, have you been without heat/light in your house because you couldn't make a payment?

Yes1
 No2
 D/NR/DK3
 Not Applicable4
 Comment: _____

65b. In the past year, have you been without running water in your house because you couldn't make a payment?

Yes1
 No2
 D/NR/DK3
 Not Applicable4
 Comment: _____

65c. (In the past year,) has your telephone been cut off because you couldn't pay the bill?

Yes1
 No2
 D/NR/DK3
 Not Applicable4
 Comment: _____

65d. Since (CHILD) has been living with you, have you had any other financial problems that have affected your ability to take care of (CHILD)?

Yes1
 No2
 D/NR/DK3
 Not applicable4
 Comment: _____

66. In the past year, have you been able to pay for all of the child care you needed?

Yes1
 No2
 D/NR/DK3
 Not applicable4
 Comment: _____

Section 11

Now I have some questions about how often in the last six months you might have experienced any physical or emotional problems.

67a. In the last six months, have you had any physical or emotional problems?

Yes1
 No2(SKIP TO SECTION 12)
 D/NR/DK3(SKIP TO SECTION 12)
 Not Applicable4(SKIP TO SECTION 12)

Comment: _____
 67b. In the past six months, how often have any physical or emotional problems kept you from preparing meals for (CHILD)? Would you say ...

Always1
 Usually2
 Sometimes3
 Rarely, or4
 Never?5
 D/NR/DK6
 Not Applicable7

Comment: _____
 67c. In the past six months, how often have any physical or emotional problems kept you from doing routine household chores, like cleaning? Would you say ...

Always1
 Usually2
 Sometimes3
 Rarely, or4
 Never?5
 D/NR/DK6
 Not Applicable8

Comment: _____
 67d. In the past six months, how often have any physical or emotional problems kept you from talking with teachers at (CHILD)'s school? Would you say ...

Always1
 Usually2
 Sometimes3
 Rarely, or4
 Never?5
 D/NR/DK6
 Not Applicable7

Comment: _____
 67e. (In the past six months, how often have any physical or emotional problems kept you) from spending time doing things with (CHILD)? (Would you say ...)

Always1
 Usually2
 Sometimes3
 Rarely, or4
 Never?5
 D/NR/DK6
 Not Applicable7

Comment: _____

Section 12

Now I'll ask some questions about drug and alcohol use by everyone living in your house since (CHILD) has been with you.

68a. Some people enjoy using drugs or alcohol. Since (CHILD) has been living with you, how often have you had a drink to calm your nerves? Would you say ...

Always1
 Usually2
 Sometimes3
 Rarely, or4
 Never?5
 D/NR/DK6

Comment: _____
 68b. How often have you had problems, like missing work, missing appointments, or getting into fights, as a result of your drinking? Would you say ...

Always1
 Usually2
 Sometimes3
 Rarely, or4
 Never?5
 D/NR/DK6
 Not Applicable9

Comment: _____
 68c. How often has drinking by someone else in the household caused any problems, like missing work, missing appointments, or getting into fights, for that person? Would you say ...

Always1
 Usually2
 Sometimes3
 Rarely, or4
 Never?5
 D/NR/DK6
 Not Applicable7

Comment: _____
 68d. Since (CHILD) has been living with you, how often have you used drugs not prescribed by a doctor to make yourself feel better? (Would you say ...)

Always1
 Usually2
 Sometimes3
 Rarely, or4
 Never?5
 D/NR/DK6

Comment: _____
 68e. How often have you had any problems, like missing work or getting into fights, as a result of drug use? (Would you say ...)

Always1
 Usually2
 Sometimes3

Rarely, or4
 Never?5
 D/NR/DK6
 Not Applicable7

Comment: _____

68If. How often has drug use by someone else in the household caused any problems, like missing work or getting into fights, for that person? (Would you say. . .)

Always1
 Usually.....2
 Sometimes.....3
 Rarely, or4
 Never?5
 D/NR/DK6
 Not Applicable7

Comment: _____

Section 13

Now, we're just about done, and I want to ask you two questions about dates.

69. First, please give me your date of birth: _____

(month / day / year)

70. Second, what month and year did (CHILD) come to live with you?

 (Month / Year)

71. Is there anything you want to add?

THANK YOU FOR COMPLETING THE QUESTIONNAIRE.

APPENDIX B

Questionnaire – Zulu Version

Igama lengane _____ umazisi wengane _____
Igama lombeki ngane _____ umazisi wakhe _____ Unonhlalakahle _____ Igama lehovisi alisebenzelayo _____
Igama lengane _____ umazisi wayo _____
Umbheki mtwana _____ Name Family ID _____
Igama lononhlalakahle _____ Igama lenhlangano ayisebenzelayo/ ihovisi asuka kulo _____

Uhlelo lwemibuzo ebhekene nababheki bezingane abahlobene nazo

Imigama ezolandelwa uma kugcwaliswa imibuzo:

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

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

ISINGENISO

Sawubonga, igama lami ngingu ngiqhamuka Emnyangweni wezenhlalakahle, eNkanId. Ngiphinde ngibe umfundi eyunivesithi yaKwaZulu Natal ngenza izifundo zami ze Masters degree in Social work. NginoSupervisor khona eyunivesithi uDr. Barbara Simpson uvumelekile ukuthi unqandisa naye kulezizimbobo 031-2601208. Ngenza ugwawano ngezingane ezihlala nababheki ababonwa inhlango ayisebenzelayo. Sizama ukuthola ukuthi abantwana bathola umakekela olugculisayo yini futhi sifuna ukubona ukuthi umndeni udinga usizo yini. Ngizobona imindeni engu 35 ohlala nalezizingane futhi oyizilobu nabomntwana. Bengicela ukukubiza imibuzwana nje. Kuzoya ngezimpendulo zakho, kodwa uhlelo lwemibuzo kufanele luthathe u 45 minutes ukulqeda. Mangiqale ngikwazi ukuthi uhlelo lokubuzana luzohamba kanjani. Nginothlala lwamibuzo oluzobe lubheka izahluko ezingafani. Eminye yalembuzo ngeke ibheke kuwe ngo noma kumndeni wakho, ngoba imibuzo ibhalwe ukuthi isabalale ukuze ikwazi ukubhekela izimo eziningi. Isibonelo, kunemibuzo ebuza ukuthi ngabe abantu abadala abahlala lapha ekhaya baphilisa kanjani. Uma kunguwe wedwa ohlala lapha ekhaya vele ungitshele ukuthi lowo mbuzo awungeni kime. ngalezizizathu. Uma ungowuqondi umbuzo, ngibuze. Futhi uma ubona ukuthi umbuzo usungene kakhulu empilweni yakho eyimfihlo, asikho isidingo sokuthi uyipheduke. Kodwa uma uphendule ubuzo uphendule ngokukhulu ukwethemba. Kekunye angaba nokungabaza ukuthi ukungitsheke izinto ezenzekayo emndenini, usabela ukuthi ngingathatha imali yempesheni yengane. Ngifisa ukukwazisa ukuthi lokhu akusiyona inhloso yocwawano. Sifisa ukwazi izinto zinjani kuwona ukuze sikusize lapho ongasizwa khona, ukuze izinto zibengcono kuwona. Kodwa, ngifisa ukwazi ukuthi uyaqonda yini ukuthi uma impendulo zakho zveza ukuthi umntwana uyahlukumezeka nanoma ngayiphi indlela, kuzomela senze esinye isikhathi ukuthi sixoxe ngakho bese siyabona ukuthi umndeni wakho ungazizakala kanjani. Ngifisa ukukwazisa ukuthi uma sengibhala umbiko wocwawano, angeke ngilisebenzise igama lakho langempela noma ngibike ngento okuzabalula ukuthi kusheshe kubonakale ukuthi ngikhuluma ngawe. Ngabe unayo yini imibuzo? (NB. Nikeza isikhathi esanele ukuthi umbuzo ngamunye uphenduleke ngokuphelele). Uma ufuna ukuthatha ikhefu noma ngasiphi isikhathi sisabuzana imibuzo, ngazise, lokho akusiyona inkinga. Singaqhubeka? Yebo
Cha

Ngicela ukuthi ungisayindele lapha/ noma ufake imaka oshoyo ukuthi uyakuqonda lokhu okungenhla. Okokuqala, ngicela ungazise ukuthi umntwana uvamise ukumbuzo ngokuthi ungubani kuwona
Ngizolisebenzisa leligama uma ngikubiza imibuzo, kungabe kulungile lokho? Akesiqalise. Okokuqala ngizokubiza imibuzo elandelayo ngendawo ohlala kuyo, indlu ohlala kuyo kanye nomphakathi owakhelene nawo uma ngisebenzisa igama elithi indlu kulembuzo njusike ngichaza umuzi wakho nakuthi uhlalaphi.

Isigaba sokugala

Umbuzo wokuqala ngomuzi wakho kanye nezinsiza kusiza nezinto zikagesi Ngicela ungingendule ngo Yebo noma Cha kulembuzo.
3. Okwamanje mangaki amagumbi akhona endlini yakho?

4. Uma kubanda phandle ingabe kufudumala ngokwanele endlini yakho/

Yebo 1
Cha 2
Akusebenzi 4
Chaza:

5. Emagumbini asendlini ingabe ukukhanya kukagesi noma amalambu kwanele kuwona wonke amagumbi endlu?

Yebo 1
Cha 2
Awekho 4
Chaza:

6. Kukhona yini endlini okuyinkinga okudinga ukulungiswa njengokuvuza ophahleni, amawindi afile noma izigodi kuzitebhisi?

Yebo 1
Cha 2
Akukho 4
Chaza:

7. Ulibeke ngakuphi igaraji?

.....
Chaza:

8. Ingabe abantu bayazithenga noma bazisebenzise izidakamizwa eduze nomuzi wakho?

Yebo 1
Cha 2
Chaza:

9. Ingabe lukhona ud lame emphakathini wangakini njengokulwa noma ukudubulana?

Yebo 1
Cha 2
Chaza: 4

10. Ucabanga ukuthi kuyingozi yini ukukhulisa umntwana emphakathini wangakini?

Yebo 1
Cha 2
Chaza: 4

11. Ninayo yini inkinga yamaphela, omiyane noma amagundan endlini yakho?

Yebo 1
Cha 2
Chaza: 4

12. Indawo yanele yini kulabo enihlala nabo endlini yakho?

Yebo 1
Cha 2
Chaza: 4

13. Ingabe zingaphezu kwezintathu yini izingane ezilala egumbini lokulala elilodwa?

Yebo 1
Cha 2
Akwenzeki 4
Chaza:

14. Ingabe ingane engaphezu kweminyaka emine ingakwazi yini ukulala neye enobulili okungafani embhedeni owodwa?

Yebo 1
Cha 2
Akwenzeki 4
Chaza:

15. Ingabe ingane engaphezu kweminyaka emine ingalala yini embhedeni owodwa nomuntu omdala onobulili obungafani?

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

ISIGABA 2

Manje sizokubiza ngengane ngempilo ukuziphatha nanokugqoka.

17. Ingabe ingane inazo yini izingubo zamakhaza noma lina?

Yebo.....1
 Cha.....2
 Akwenzeki.....4
 Chaza.....

18. Ingabe unalho ukudla okuchinile ukuze izingane zingalambi?

(Indlela yokuchina ukdla endlini ngezinye izindlela zokuthola igrosa okunjenge-moto yokukulanda nanokuthola imali yokuya uyokuthenga.)
 Yebo.....1
 Cha.....2
 Chaza.....4

19. Uyakwazi ukubhekelela ukuthi umtwana njalo unezingubo ezihlanzekile zokugqoka

Yebo.....1
 Cha.....2
 Akwenzeki.....4
 Chaza.....

20. Uyakwazi ukuqikelela ukuthi umtwana uya emtholampilo uma edinga ukuya khona?

Yebo.....1
 Cha.....2
 Akwenzeki.....4
 Chaza.....

21a. Ingabe udokotela wakhe wayenzela umthi ukumele iwusebenzise njalo ingane?

Yebo.....1
 Cha.....2(Yeqa uye kumbuzo 24)
 Akwenzeki.....4(Yeqa uye kumbuzo 24)
 Chaza.....

21b. Ingabe ingane iyawusebenzisa njalo lomuthi eyawunikwa udokotela?

Yebo.....1
 Cha.....2
 Akwenzeki.....4
 Chaza.....

22. Ingabe imigomo yengane iyagcinwa?

Yebo.....1
 Cha.....2
 Akwenzeki.....4
 Chaza.....

23. Ingabe ingane iya emtholampilo owdwa yini noma kudokotela uma idinga imithi

Yebo.....1
 Cha.....2
 Akwenzeki.....4
 Chaza.....

24. Njengoba ingane ibingahlali nawe iyayiswa yini kudokotela wamazinyo njalo ngonyaka?

Yebo.....1
 Cha.....2
 Akwenzeki.....4
 Chaza.....

25. Ingabe ingane iyazidinga noma iyazifaka yini izibuko njalo?

Yebo.....1
 Cha.....2
 Ayizifaki.....4
 Chaza.....

Manje ngizokubiza imibuzo emibhalwa mayelana nempilo yengane.

6a. Ingabe ingane inenkinga ngokwenqondo noma ukuhlukumezeka njengokuba ibe nomzwangedwa noma iphatheka kabi?

Yebo.....1
 Cha.....2(Yeqa uye kumbuzo 27a)
 Akwenzeki.....4(Yeqa uye kumbuzo 27a)
 Chaza.....

26b. Ingabe ingane yake iyaya kumfundisi udokotela, usonhla'akahle noma inyanga ngaleninga?

Yebo.....1
 Cha.....2
 Akwenzeki.....4
 Chaza.....

27a. Ingabe ingane inayo yini inkinga yokufunda njengokufunda incwadi njengazo zonke izingane ezingontanga bayo?

Yebo.....1
 Cha.....2(Yeqa uye kumbuzo 28)
 Akwenzeki.....4(Yeqa uye kumbuzo 28)

27b. Ingabe ingane iyaluthola yini usizo esikoleni?

Yebo.....1
 Cha.....2
 Akwenzeki.....4
 Chaza.....

Isigaba 3

28. Ngicala ukwazi ukuthi kukangaki nixoxa nengane ngezinto nokuthi izinto zenziwa kanjani naye. Izimpendulo engizilindelekile 1. Njalo, 2. Kaningana 3. Ngezinye izikhathi, 4. nje 5. akeze. 6. anginampendulo

a. Uyekel ingane ibone ukuthi izogqokani? ungathini.....1 2 3 4 5 6

- b. Imiphi imikhala noma izinto athanda ukuzenza njenge esithombeni ukuyodla ibhola lezinyawo nomanidlale imidlalo ndawonye?
Ungathini.....1 2 3 4 5 6
- c. Chaza engani ukuthi kungani ukuthi umbuze ukuthi ufuna ukwenzani?Ungathini wena.....1 2 3 4 5 6
- d. Ukukhuluma ngokuthi usuku lwakhe belinjani?Ungathini wena | 2 3 4 5 6
- e. Uzama ukuthala ukuthi ujabule noma uphatheke kabi yini?
ungathini wena.....1 2 3 4 5 6
- f. Umkhuthaze uma enze okuhle noma esizile ?
Ungathini wena..... 1 2 3 4 5 6
- g. Khuluma nengane ngabazali bayo uma ithanda?
Ungathini wena 1 2 3 4 5 6
- h. Ukwazi abangani bengane?(ungathini wena).....1 2 3 4 5 6
- i. Ukwazi ukuthi iyaphi iyokwenzani uma izikhipha?
(Ungathini wena).....1 2 3 4 5 6
- j. Ukwenza isiqiniseko ukuthi izobuya nini uma izikhipha ekhaya?
(Ungathini wena).....1 2 3 4 5 6
- k. Akwazi ukusiza endlini nanokuthi akwazi ukuthi uma echithile asule nanokuhlaza igumbi lakhe lokulala?(Ungathini wena).....1 2 3 4 5 6
- i. Akwazi ukuthi uzogcina ngasiphi isikhathi ukubona umabonakude?
(Ungathini wena).....1 2 3 4 5 6
- m. Ukumlalela ngezinto ezenze kuye nanemibono yakhe?
(Ungathini wena).... 1 2 3 4 5 6
- n. Ukumshiya yedwa ngaphandle komuntu omdala?
(Ungathini wena).....1 2 3 4 5 6

Isigaba 4

- Manje sengizokubiza imbuzo ngengane mayelana nemfundo nanomsebenzi wesikole
- 29a. Ingabe iyafunda ingane esikoleni kulamabanga enkulisa, primary high school noma ekolishi?
Yebo1 (yiva ku 29b)
Cha2 (yeqa uye kwisigaba 5)
Chaza:
- 29b. Kuluphi ibanga ingane?.....
30. Ingabe ingane inazo izinsiza kufundisa ezanele njengama peni, notebook?Ungathini.
Njalo.....1
Sonke isikhathi.....2
Nje.....3
Akaze.....4
Akwenzeki.....7
Chaza:
31. Ingabe ingane inayo yini indawo ethile yokufunda nokwenza umsebenzi wesikole isekhaya?
Ungathi.....
Njalo1
Ngasosonke isikhathi.....2
Nje3
Akaze.....5
Akwenzeki.....7
Chaza:
32. Uyaya emhlanganweni wengane nothisha uma bekubizile?
Njalo.....1
Sonke isikhathi.....2
Ngezinye izikhathi.....3
Nje.....4
Akaze?.....5
Akwenzeki.....7
Chaza:
33. Uyaxoxa nengane nge report layo/ungathi..
Njalo.....1
Sonke isikhathi.....2
Ngezinye izikhathi.....3
Nje.....4
Akaze.....5
Akwenzeki.....7
Chaza:

Isigaba 5

- Lemibuzo elandelayo esengizokubiza ngayo imayelana nokuziphatha kwengane nanokuthi abadala abasendlini bamphethe kanjani.
34. Kukangaki ugqizelela imithetho oyibekile ukuthi ingane iyilandele?Ungathi..
Njalo.....1
Sonke isikhathi.....2
Ngezinye izikhathi.....3
Nje.....4
Akaze?.....5
Akwenzeki(ingane) isewusana.....7
Chaza:
35. Uyayingcoma yini ingane, uyikhuthaze, umbheke noma umnike into uma enze kahle?
Ungathi..
Njalo.....1
Sonke isikhathi.....2
Ngezinye izikhathi.....3
Nje.....4
Akwenzeki.....5
Akwenzeki (ingane)isewusana.....7
Chaza:
- Uma bengakho abadala enihlala nabo endlini yeqa uyophendula umbuzo 37**
36. Ingabe abadala endlini yakho bayavumelana nemigomo yokuthi ingane iziphethekanjani?Ungathi..
Njalo.....1
Sonke isikhathi.....3
Ngezinye izikhathi.....3
Nje.....5
Akwenzeki.....6
Akwenzeki(ingane)isewusana.....9
Chaza:
37. Uma uzomjezisa umtwana ingabe uyamchazela ukuthi yiiphi ithuba alenzile?

Ungathini...
 Njalo.....1
 Sonke isikhathi.....2
 Ngezinye izikhathi.....3
 Nje.....4
 Akaze.....5
 Akwenzeki (ingane)isewusana.....7

Chaza:
 38. Ingabe uma uzokwahlulela ingane uyaxoxisana yini nayo? Ungathini...
 Njalo.....1
 Sonke isikhathi.....2
 Ngezinye izikhathi.....3
 Nje.....4
 Akaze.....5
 Akwenzeki(ingane)isewusana.....7

Chaza:
 39. Ingabe uyavala endlini uma uzomgweba? Ungathini...
 Njalo.....1
 Sonke isikhathi.....2
 Ngezinye izikhathi.....3
 Nje.....4
 Akaze.....5
 Akwenzeki(ingane)isewusana.....8

Chaza:
 40. Uma ingane ingalandeli noma ingahloniphi imigomo oyibekile yakho noma yalowo enihlala naye endlini niyaye nimbize ngamagama anjengo ivila. isidomu noma nangamanye amagama? Ungathini...
 Njalo.....1
 Sonke isikhathi.....2
 Ngezinye izikhathi.....3
 Nje.....4
 Akaze.....5
 Akwenzeki(ingane)isewusana.....7

Chaza:
 41. Uma umtwana engakuhloniphi uyamtshela ukuthi uma engahloniphi uxoxsha aye komunye umuzi? Ungathini...
 Njalo.....1
 Sonke isikhathi.....2
 Ngezinye izikhathi.....3
 Nje.....4
 Akaze.....5
 Akwenzeki(ingane)isewusana.....7

Chaza:
 Manje sengizokubza ukuthi ezinye zezinto zike zenzeka yini ezinyangeni eziyisithupha ezedule. Ngicela uphendule u **1. Yebo 2. Cha 3. Anginampendulo**

42. Abantu abaningi bayadinwa yizingane eziziphatha kabi. Ezinyangeni eziyisithupha ezedule...
 a. Uyaye umtshela umtwana ukuthi uzomshaya noma umlimaze uma yena engahloniphi? 1 2 3
 Akwenzeki(ingane)isewusana.....
 Chaza:
 b. Uyaye udinge ukumshayauma engahloniphi?.....1 2 3
 Akwenzeki(ingane)isewusana.....
 Chaza:.....

Isigaba 6

Manje sesizoya kolunye uhla lwemibuzo. ngizokubza mayelananokuthi uyaluthola yini usizo kubangani nabomndeni nanokuthi wena wenzenjani uma unezinkinga noma isimo esiphuthumayo. Abomndeni nabangani sisuke sisitho ohlala nabo endlini noma abahlala emphakathini wakho.

43. Ungathembela kubangani nasebomndeni wakho uma kunesimo esiphuthumayo? Ungathi...
 Njalo.....1
 Sonke isikhathi.....2
 Ngezinye izikhathi.....3
 Nje.....4
 Akaze.....5
 Chaza:.....

44. Ingabe abantu bayazinakekela izingane emphakathini wakho? Ungathi...
 Njalo.....1
 Sonke isikhathi.....2
 Ngezinye izikhathi.....3
 Nje.....4
 Akaze.....5
 Chaza:.....

45. Uma udinga umuntu ozokugadela ingane uma uphuthuma. uyaye umthole umuntu?
 Ungathini...
 Njalo.....1
 Sonke isikhathi.....2
 Ngezinye izikhathi.....3
 Nje.....4
 Akaze.....5
 Akwenzeki.....7
 Chaza:.....

46. Uma udinga ukuhanjiswa endaweni ingabe umngani noma owomndeni wakho uyakunika usizo lwemoto.
 Njalo.....1
 Sonke isikhathi.....2
 Ngesinye isikhathi.....3
 Nje.....4
 Akaze.....5
 Akwenzeki.....7
 Chaza:.....

47. Uma ufuna ukuboleka imali uma udinga izinto ezinjengokudla. uyaye uyiboleke kubangani noma ezihlabeni? Ungathini...
 Njalo.....1
 Sonke isikhathi.....2
 Ngezinye izikhathi.....3
 Nje.....4
 Akaze.....5
 Akwenzeki.....7