FAMILY ADJUSTMENT AND SUPPORT INTERVENTIONS IN FOSTER CARE FAMILIES: EXPERIENCES OF CAREGIVERS AND SOCIAL WORKERS IN THE AMAJUBA DISTRICT

By

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DECLARATION OF ORIGINALITY

I, Winnie Buyisiwe Nkosi (Student Number 9607074) declare that this study entitled:

Family adjustment and support interventions in foster care families: Experiences of caregivers and social workers in the Amajuba District

is the result of my own investigation. I declare that this study represents my own research and it has not been submitted in part or in full for any other degree or to any other University.

Winnie Buyisiwe Nkosi

………………………………….2020

DECLARATION BY SUPERVISOR

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

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Dr Maud Mthembu

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DEDICATION

This thesis is dedicated to all the caregivers who gave up their own lives for the wellbeing of their nieces/nephews, grandchildren, and all orphaned children. Without their big hearts and their motherly love, orphaned children would be wondering the streets, not knowing what to do with their lives. I also dedicate this dissertation to my 82-year-old mother Hleziphi Sellinah Ndlozi, who is a caregiver to my late sister's two boys. I have great respect for her perseverance, resilience, and humbleness.

ACKNOWLEDGEMENTS

ACRONYMS

FC	Foster Care
FCC	Foster Care Children
SW	Social Worker
CA	Children's Act
CYCC	Child and Youth Care Centre
UNCRC	United Nations Convention on the Rights of the Child
WPFSA	White Paper on Families in South Africa
EMFCSA	Effective Management of Foster Care in South Africa
DSD	Department of Social Development
UNG	United Nations Guidelines
ACRWC	African Charter on the Rights and Welfare of the Child
SAC	South African Constitution
AAC	Africa Agenda for Children
CWLA	Child Welfare League of America
KZN	KwaZulu-Natal

ABSTRACT

Approximately 5.7 million children in South Africa are orphans. Many of these children are in foster care; a form of care for children in need of care and protection and without parental care. In South Africa, kinship care, also known as extended family care, is traditional feature and an essential child protection system in most African families. However, little research is available to understand foster care families' adjustment and available support. The motivation to conduct the research emerged from the researcher's ten-year experience working with foster care families and foster children. For the purposes of this study, a descriptive research design was chosen. This design complemented the qualitative approach as it was applied throughout the study. Descriptive designs are aimed at accurately describing phenomena (Terre Blanche, Durrheim, & Painter, 2006). The researcher observed their struggles in trying to live together and juggling external influences from society and their own extended families. The study incorporated qualitative research methods to explore child and families' adjustments and access to support interventions in foster care families that are used. Focus group and individual interviews were used to collect data from nine caregivers and three social workers at Amajuba District. The ecological framework provided a theoretical lens to explore the interaction between foster care families and different environmental systems that influence family adjustment and access and availability of support networks.

Findings revealed that in contemporary times, foster care families are confronted with a range of social and family difficulties. The need for social support programmes for caregivers and foster children were reported as one of the greatest needs to support the transition and adjustment process. Research also indicated the absence of programmes designed to support foster care families. There are no formal foster care groups for caregivers and support groups for foster children. The research further pointed out that there are no pre-and post-training sessions provided to caregivers as support mechanisms to deal with challenges. There was limited contact between caregivers and social workers; they would only communicate if it is time for a review of court order. Employment and training of social workers and provisionof adequate resources will enable them to render on-going support to caregivers and foster children for positive outcomes towards their psycho-social well-being. Additional social workers will help reduce high caseloads and eradicate foster care backlog. The study intends to provide a foundation for further studies as well as adding to the existing body of knowledge in social work practice, specifically in the field of child care and protection.

The researcher anticipates that the study results will contribute to child protection literature and improve child protection services delivered to children in need of care and protection.

Keywords: Foster care, foster child, caregiver, social worker, alternative care.

TABLE OF CONTENTS

LIST OF TABLES

CHAPTER 1

INTRODUCTION AND BACKGROUND OF THE STUDY

1.1 Introduction

The purpose of the introduction is to give a general overview of the context of the study, which includes: background and rationale for the study, research problem, aim and objectives of the study, theoretical framework, methodology, significance of the study, study assumptions, definitions of concepts as well as the structure of the dissertation and conclusion.

1.2 Background and Rationale for the study

In most African families, child circulation within the family networks is considered a traditional feature that serves to increase children's access to resources and care (Abebe, 2010). Therefore, children residing with non-biological families through traditional formal systems are familiar in most African family settings. However, in contemporary times, families that experience a range of psycho-social challenges that affect children necessitate social services intervention (Ince, 2009). The response of social services implies the placement of children in foster care with aunts, uncles, grandparents, friends, and or nonrelated families only if that is in their (children) best interest. Foster care has long been regarded as the form of care for children in need of care and protection and who are not living with their biological parents. Its advantage is that it allows children with no families, and it is the context within which the developmental needs of children can best be met (Perumal, 2011).

The placement of a child in foster care is actioned by an order made by a Children's Court (Section 56 of Children's Act 38 of 2005) or a transfer order issued by the Department of Social Development (Section 171 of the Act). And, often, when a child's parent(s) die, extended family members surrender themselves to the care of the child/children (Kiggundu & Oldewage-Theron, 2009; Pretorius & Ross, 2010). In 2017, 56% of orphaned children were placed in grandparents' care, and 32% were placed in the care of aunts, uncles, siblings, and other relatives (South African Child Gauge, 2018).

A child under the age of 18 years whose mother, father, or biological parents have died, including those whose living status is reported unknown but excluding those with unspecifiedstatus, is defined as an orphan (Statistics South Africa, 2018; General Household, 2017). According to the South African Child Gauge (2018), there are three categories of orphans. These are; maternal orphan (when only a mother died but the father is alive), paternal

orphan (when a father died but mother is alive), and a double orphan (when both parents have died).

The South African Child Gauge (2018) indicated that four million children are cared for by relatives in the absence of their parents, and one million are maternally orphaned. Further, it made a distinction between informal kinship care and foster care. On the one hand, kinship care is considered widespread, historical, and negotiated child protection system within the family. On the other hand, foster care is a form of alternative care provided by the State where children that are found by the courts to be in need of care and protection are placed with a foster family rather than in institutional care.

Statistics South Africa (2018) indicated that in 2017, there were 2, 8 million orphans in South Africa, equivalent 14% of all children in South Africa. Orphaning rates are high in former homeland provinces such as KwaZulu-Natal, Eastern Cape, and Limpopo (South African Gauge, 2018). About 54% of double orphans live in either of these Provinces. KwaZulu-Natal is reported as having the largest child population and highest orphan numbers, where 17% of the children are recorded as orphans. The statistics in the General Household Report (2016)indicate that there is an increased number of children placed in foster care with relatives than those identified in non-kinship care, and where there is a higher the number of placements.

Children in foster care face different psycho-social challenges that contribute to adjustment difficulties in foster care. These challenges may include parental loss, living in a new environment, going to a new school, and meeting new friends. Moreover, they carry the loss of relationships as well as connections (Post, 2014). Also, the psycho-social development and behavior of orphaned childrencreate adjustment difficulties in foster care placement. Therefore, caregiversmust cope with these challenges as some of them stem from the children's past experiences (Durand, 2007). However, Dunn, Culhane, and Tassig (2010) indicate that children in foster care adjust better when placed with more structured families.

Structured families are families with a married or unmarried couple living together with or without children. However, at times there will be other family members living in the same household. These families help children form closer relationships with their foster parents, making a living and adjustment experience better for children who have just been placedin foster care. Most completedstudies tend to focus on maladjustment difficulties faced by children and their caregivers in non-kinship foster care families (Jones & Tracy, 2012; Boning & Ferreira 2013). However, the literature on adjustment mechanismsand access to family

support interventionsinfoster families is limited. This is the research gap this study intends to contribute to.

1.3 Research problem

Foster care is perceived as the most widely applied form of alternative care for children in need of care and protection. One of the benefits is that, unlike institutional care, children in foster care are placed with families. Pretorius and Ross (2010) agree that foster care placements in South Africa are predominantly with family members and are advantageous because children's adjustment is easier, especially considering the environment's familiarity. Despite these inherent advantages, some challenges cannot be either ignored or trivialized.

Children that are incorporated in foster families create changes in family roles, marital relationships, and relationships between siblings and extended families (Hudson & Levasseur, 2002). Furthermore, children in foster care tend to display certain levels of emotional and behavioral disturbances due to past trauma experiences, deprived economic backgrounds, and exposure to HIV-related illnesses (Boning & Ferreira, 2013).Studies indicate that the negative impact of such vulnerabilities results in foster placement failure, and at times children are removed from one family to another. Children tend to change families within a short period, and that results in high-stress levels that affect their childhood adjustment (Chisolm & Morris, 2012).

The existing literature on the adjustment of children in foster families is discussed in chapter two. However, little is known about how these families are supported to adjust as well as the availability, accessibility, and suitability of support interventions for such families.In this light, the researcher aimed to understand service providers' perspectives (social workers) and the beneficiaries (caregivers).

1.4 Aim and objectives of the study

The study aims to understand family adjustment in foster care families and support interventions available for these families through the perspectives of social workers and caregivers. To achieve this goal, the following objectives have been formulated:

1) To explore how families adjust to transitions in foster care families;
2) To explore support interventions provided to foster care children and foster parents or caregivers.
3) To understand caregivers and social workers' perceptions on the support interventions designed for foster care children and foster parents or caregivers.
4) To recommend on strategies to improve support interventions for caregivers

1.5 Theoretical framework

The study adopted Bronfenbrenner's (1993) Ecological theory of family functioning. Urie Bronfenbrenner argues that to understand human development, it is essential to consider the entire ecological system in which growth occurs. Families function in a manner that can be understood as an interconnected system in which the word *system* refers to a complex rule-governed organization of interacting parts (Carr, 2008). According to White, Klein, and Martin (2014), the systems theory allows for a focus on the collaboration among, and the inclusion of all the parts of the foster care system. Furthermore, White et al. (2014) indicate that the system is concerned with structures, relationships, problems, and the interdependence of various parts within it.

The ecosystem theory implies that the behavior of individuals cannot be understood without reference to the system to which they belong. White et al. (2014) also aver that individuals, children and families do not exist in isolation but in the context of wider relationships within the society. This is also observed in foster care families where there are children, adults, the environment, and the society within which they live.

Earlier, the same sentiments were shared by Berk (2010) when he viewed a child as developing within a complex system of relationships affected by multiple levels of the surrounding environment. Similarly, Bogenschneider (1996) assert that the ecological model is a comprehensive, holistic, and context-sensitive means of understanding families and the systems in which they function. As such, children placed in foster care are placed in a family setting where most systems are functional.

The ecological systems theory consists of four socially organized subsystems that support and guide human growth. Subsystems are outlined by Berk (2010) as follows:*Microsystems:*this refers to the individual and focuses on the individual's needs, problems, and strengths. It becomes a relationship between a developing person within a family and the immediate environment such as school and family. This is followed by *macrosystems.* These refer to the institutional patterns of culture such as economy, customs and bodies of knowledge. Macrosystem further consists of cultural values, laws, customs, and resources and focuses on the social, political, and economic conditions and policies that affect people's overall access to resources and quality of life (Berk, 2010; Zastrow & Kirst-Ashman, 2007; Healy, 2005). It may be thought of as societal foot print of a particular culture or subculture.

Further, Berk (2010) argues that *the mezzo system,* which is the other sub-system, connects the structures of the child's microsystems such as the child's teacher and his/her parents or the church and the child's neighbourhood. The fourth subsystem, *exosystem* is the larger social system in which a child does not function directly. These may be the parent's workplace schedules or community-based family resources. It may further include health and welfare services as well as informal social networks that may provide support and possibly financial assistance to caregivers (Berk, 2010).

Within the ecological systems, which includes; micro, macro, mezzo or the exosystem, there is on-going interaction between the risks and protective factors, which can influence an individual's life either positively or negatively. The ecological systemic theory is therefore suitable for this study as it provides a framework to understand how the child and the child's foster family interacts with different systems within these different levels and the effect of these interactions on the child.

This theory provides the theoretical lens to understand that a foster child and his or her family cannot be understood in isolation from the complex systems that he or she is a part of.

1.6 Research methodology

Research methodology is a systematic way to solve a problem. Methodology is described by Rajasekar, S., Philominatha, P. & Chinnathambi, V. (2013) as a science of studying how

research is to be carried out.Authors further assert that the procedures by which researchers go about their work of describing, explaining and predicting phenomena are called research methodology. Methodology is also defined as the study of methods by which knowledge is gained. Its aim is to give the work plan of research (Rajasekar, S. 2013). This section of research methodology entails several aspects that assist researcher to give a full description of how the research will be carried out; the aspects include research approach,research design, sampling strategies,and data collection methods as well as data analysis. These aspects will be discussed in the following sections.

1.6.1 Research approach

The research approach used in this study was qualitative. De Vos et al. (2011) argue that qualitative research refers to the participants' account of meaning, experience or perception and the primary goal of this approach is to describe and understand rather than explain human behaviour. According to Denzin and Lincoln (1994) "the word qualitative implies an emphasis on processes and meanings that are not rigorously examined or measured in terms of quantity, amount, intensity or frequency". This study focuses on the narratives of the participants and their experiences, which are unique and context specific.

Terre Blanche and Durrheim (1999) further elaborate that the qualitative approach is important when the purpose of the research is to study phenomena as they occur in reality, as interconnected wholes rather than split up into discreet predetermined variables without manipulations. Therefore, qualitative methods are mostly suitable for this study since qualitative research is built on the ontology that there is no single reality and that reality is created by individuals and these are context specific. Therefore, this approach increases the chances of getting authentic findings that are produced by the participants themselves.

Kelly (2006) states that in most instances, qualitative researchers seek to make sense of feelings, experiences, social situations or phenomena as they occur in the real world and therefore, they want to study them in their natural settings.

In this study, the researcher's direct engagement with the participants was aimed into getting sense of how they feel about the placement of foster children into their care. It was also aimed at understanding their experiences about foster care placement and foster children. Qualitative

researchers tend to collect data at the site where participants experience the phenomena in question and information is gathered by directly by talking to people (Creswell, 2009).

Focus groups and semi-structured interviews that were adopted in this study permitted the researcher to elicit the subjective views of participants as information was gathered by talking directly to study participants. Direct engagements with the participants gave the researcher a chance to understand what the participants shared about their experiences and feelings about the topic. Social work interviewing skills applied by the researcher assisted in obtaining detailed and rich information from the participants' experiences.

Qualitative research is longer and more descriptive; it allows participants to freely engage in discussions so that the researcher can gain rich and detailed information (Delport & Fouché, 2005). Qualitative research methodology is therefore relevant in this study because it gives the reader a deeper understanding of family adjustments and support interventions in foster care families, explored through the experiences of caregivers and social workers in Amajuba district.

1.6.2 Research design

Barbie (2007) emphasizes that a research design is important because it involves a set of decisions regarding what topic is to be studied among what population, with what research methods and for what purpose. The research design focuses on the various steps undertaken to implement the planned project, including decisions regarding the type of sampling to be used, the data collection process and data analysis (Fouche, Delport, & De Vos, 2011).

The researcher chose a descriptive research design, which complemented the qualitative research approach that was adopted in this study as it describes records and reports phenomena in-depth (Marlow, 2007). Descriptive designs are aimed at describing phenomena accurately (Terre Blanche et al., 2006). They argue that the description of phenomena can either be through interviews with people about their experiences (narrative–type descriptions) or through documentations (classifications) or measuring relationships.

In this study, semi-structured face-to-face interviews with social workers and focus group interviews were used to understand the adjustment experiences in foster care families. Data

obtained from caregivers and social workers was used to identify patterns and themes to gain a deeper understanding of adjustment and support interventions in foster care families.

1.6.3 Sampling strategies

According to Barker (2003, p.:380), a sample is a "small portion of the total set of objects, or persons from which a representative selection is made." The sample population for this study consists of nine foster parents (three from Newcastle and six from Dannhauser) and three social workers. All the participants were all purposively selected. Purposive sampling is based on the judgment of the researcher in that a sample is composed of elements that comprise the most characteristic, symbolic or typical attributes of the population (Strydom, 2005).

Maree (2000, p. 38), clarifies that "purposive sampling can be used as a way of getting the best information by selecting items or people most likely to have the experience or expertise to provide quality information and valuable insights on the topic." Thus, purposive sampling involves the identification and selection of individuals or groups of individuals that are knowledgeable about or experienced with a phenomenon of interest (Creswell & Plano Clark, 2011).

A total of 176 caregivers were identified from the existing database in each of the two offices: 25 from Newcastle and 151 from Dannhauser. Each Social Worker had to select 5 caregivers from their caseload. Some of the caregivers pulled out on the eleventh hour and we ended up having to work with 9 caregivers instead of 15. The recruitment criterion for the caregivers was as follows:

   (i). Caregivers were recruited from the existing databases available at the service offices.
   (ii). Parents must be residents of Amajuba District, taking care of children or a child not older than 18 years and have participated in any support intervention provided by a social worker.

The second sample consists of three social workers who were also purposively selected from the Department of Social Development. The researcher recruited social workers from the same offices where caregivers and parents were selected. One social worker was selected from Newcastle and the other two social workers were recruited from Dannhauser Service Office.

Social Workers were requested from 4 offices but only 3 from the aforementioned offices showed interest and availed themselves. The reason for the researcher to select two social workers from Dannhauser Service Office is that the area is basically a rural area and has a larger population than Newcastle.

The recruitment criterion for the social workers was as follows:

1) Social workers as participants were recruited from two Social Development Offices; One from Newcastle and two from Dannhauser Service Office.

2) Social worker must have at least three years of work experience and have provided support intervention to foster parents/family.

1.6.4 Data collection methods

Two qualitative methods of data collection were used: focus group discussions with caregivers and in-depth individual interviews with social workers. Focus groups are group interviews; they are a means to obtaining a better understanding of how people feel or think about an issue of interest. Focus group participants are selected based on certain characteristics they have in common that relates to the topic of interest (De Vos et al., 2011). Focus groups are described by Morgan (1997) as a research technique that collects data through group interaction on a topic that is determined by the researcher. A focus group is also described as a method of data collection that involves a small number of people undergoing an informal discussion with particular focus on a specific topic, in order to acquire the shared perceptions and experiences of the group members (Silverman, 2011, p.168).

Wilkinson (2003) asserts that the advantages of focus group interviews are twofold: (i) participants are likely to recall memories, stimulate debate, facilitate disclosure and generally encourage the production of elaborate accounts of their experience; (ii) multiple voices can be studied at one sitting. A single focus group was held with nine (n =9) foster parents from Newcastle and Dannhauser. Each Social Worker selected 5 caregivers from their caseloads, but 6 pulled out on the eleventh hour and we continued with only 9 who could avail themselves.

Since the participants were from two service offices, the focus group was held at Osizweni Service Office which is central to these two locations (Newcastle and Dannhauser). All the service offices are not more than 50km away from each other.

The second data collection method was interviews. Interviews provide both the researcher and the participant the much-needed flexibility. For example, the researcher is able to follow up particularly interesting avenues that emerge during the interview process and where the participants are able to give a fuller picture (De Vos et al., 2011). The purpose of in-depth interviews is to obtain information and gain an understanding of the issues that are relevant to the aim and objectives of the research study (Gillham, 2000). During semi-structured interviews, the researcher uses a set of predetermined questions presented in the form of an interview schedule.

However, the interview was always guided rather than dictated by the schedule. Participants had a chance to view the interview schedule shortly before each interview begun, and those who were unclear or had something to ask were allowed to do so.

Interviews were conducted on a Sunday morning since participants were free on this day. They were conducted at Osizweni Service Office, less than 50 kilometres from Newcastle and Dannhauser. Selecting a neutral and convenient place to conduct interviews during the weekend allowed the participants to be flexible and meaningfully contribute to discussions. The researcher had a research assistant who read and explained the consent letter before the interviews commenced. All the participants were informed about the researcher's keen commitment to maintaining confidentiality by keeping their identity a secrete and ensuring that all records are kept in a secured place and in a lockable cabinet during their participation in the study. The participants agreed on the use of a digital voice-recorder to capture audio data for later transcription. The researchers also took some field notes during the interviews.

1.6.5 Data analysis

Data analysis is the process of bringing order; structure and meaning to the plethora of data collected (De Vos, 2005). The data that the researcher collected was analysed and interpreted using thematic analysis. Boyatzis (1998, p. 5) refers to thematic analysis as a process of "encoding qualitative information". When conducting thematic analysis, the researcher develops "codes", words or phrases that serve as labels for various data sections. Codes can be

in many shapes and sizes, depending on the methodology used and key research questions. Thematic analysis has six phases as highlighted by Braun and Clarke (2006).

These are; becoming familiar with the data, generating initial codes, searching for themes, reviewing potential themes, defining and naming themes and producing the report. Prior to the six phases described below, data were transcribed verbatim.

1.6.5.1 Familiarisation with the data

Becoming familiar with the data is common to all forms of qualitative data analysis and the researchers must immerse themselves in, and become intimately familiar with their data; reading and re-reading the data (and listening to audio-recorded data at least not once, if relevant) and noting any initial analytic observations (Braun & Clarke, 2013). The principal researcher read, analysed and interpreted field data more than once in order to familiarise herself with the information on the discussions. This also assisted in making up different codes.

1.6.5.2 Generating initial codes

Coding is also a common element in many qualitative data analysis approaches (Braun & Clarke, 2012). This involves generating pithy labels for important features of the data that is of relevance to the research questions guiding the analysis. Coding is not simply a method of data reduction; it is also an analytic process, so codes capture both a semantic and conceptual meaning of the data (Braun & Clarke, 2013). The researcher coded every data item and concluded this phase by collating all their codes and relevant data extracts.

1.6.5.3 Searching for themes

A theme is a coherent and meaningful pattern in the data, and it is relevant to the research question. If codes are the bricks and tiles in a brick and tile house, then themes are the walls and roof panels. Searching for themes is a process that is almost similar to data coding, which is done to identify similarity in the data. This 'searching' is an active process; themes are not hidden in the data, waiting to be discovered by the bold researcher; rather the researcher constructs themes (Braun & Clarke, 2006). The researcher also identified themes and subthemes during data analysis, which were supported by relevant literature. The researcher concluded this phase by collating all the coded data that were relevant to each theme.

1.6.5.4 Reviewing potential themes

Braun and Clarke (2006) indicate that the researcher should reflect on whether the themes tell a convincing and compelling story about the data, and begin to define the nature of each individual theme, and the relationship between the themes. It may be necessary to collapse two themes together or to split a theme into two or more themes, or to discard the candidate themes altogether and restart the process of theme development.

1.6.5.5 Defining and naming themes

Defining and naming themes requires the researcher to conduct and write a detailed analysis of each theme where they should ask "what story does this theme tell?" and "how does this theme fit into the overall story about the data" (Braun & Clarke, 2006). Themes and subthemes were named by the researcher and they were defined accordingly, for the purposes of this study.

1.6.5.6 Producing the report

Writing is an integral element of the analytic process mostly in qualitative research Braun & Clarke, 2006. Writing-up involves weaving together the analytic narrative and (vivid) data extracts to tell the reader a coherent and persuasive story about the data, and contextualising it in relation to existing literature. For any qualitative research to be accepted as trustworthy, it is imperative to demonstrate that the data analysis has been conducted in a precise, consistent and comprehensive manner (Braun & Clarke, 2006). The section below is devoted to a discussion on how trustworthiness was achieved in this study.

1.7 Trustworthiness of the study

Trustworthiness is one way through which researchers can persuade themselves and the readers that research findings are worthy of attention.

A criteria introduced by Lincoln and Guba (1985) was followed to enhance trustworthiness. It comprises; credibility, confirmability, transferability and dependability.

1.7.1 Credibility

Credibility is the alternative to internal validity where the goal is to demonstrate that the inquiry was conducted in such a manner as to ensure that the subject has been accurately identified and described (De Vos et al., 2011). According to Lincoln and Guba (1985), credibility refers to the ability of the researcher to produce findings from the study that are both believable and convincing. The truth value in qualitative research is obtained from the discovery of human experiences as they are perceived by the informants. During the study, the researcher allowed the participants to openly share their experiences on the topics discussed during the group discussions.

1.7.2 Confirmability

Confirmability refers to the extent to which the results of the study can be verified by others (Leung, 2015). Participants in this study represented different gender, cultural groups and language backgrounds. To enhance trustworthiness of the data when transcribing comments from isiZulu, a transcriber who was proficient in isiZulu and English reviewed the final transcripts.

Furthermore, both data collection methods and the process of data analysis are described in detailed. Since data collection was audio-recorded, on occasion, the researcher consulted the recorded material to ensure that the transcribed material best reflects the intended meanings. Adequate narratives from the participants are included in the findings chapter and effort was made to ensure that all the participants are reflected in the sum of quotations used.

1.7.3 Transferability

Transferability refers to how transferable or applicable the findings are to other cases or settings (De Vos et al., 2005). Generalizing findings in qualitative research may be challenging as the research takes place in real and natural settings where there are few controlling variables, but it is possible if the researcher could demonstrate that the study was guided by concepts, models and the use of multiple data-collection methods (De Vos et al., 2011).

During this study, there was one male and eight female participants, multiple data collection methods were used e.g. One-on-one interviews and a single focus group discussion were conducted, with field notes in an attempt to strengthen the transferability of the study.

Thus, qualitative research methods were used for data collection and the steps and processes taken are described in detail in Chapter 3.

1.7.4 Dependability

Babbie and Mouton (2007) argue that there can be no credibility without dependability; therefore, the presence of credibility is sufficient to establish the existence of dependability. In an attempt to add to the dependability of this study, different methods of data collection were used. In-depth interviews and a focus group were conducted, constituting data triangulation. It is emphasized that the use of different data collection methods helps to give consistent information. In simple terms, dependability refers to whether the findings will be consistence if the research were to be conducted with the same people or in a similar context (Shenton, 2004; Babbie & Mouton, 2007). The research processes used to conduct this study are reported in detail in chapter three. It is estimated that describing the process in-depth will enable other researchers to develop a thorough understanding of the methods used, and their effectiveness and report the study without necessarily obtaining the exact findings if conducted in a different context.

1.8 Ethical issues

Ethical clearance to conduct this research study was obtained from the University of KwaZulu-Natal's Humanities and Social Sciences Research Ethics Committee: Protocol reference number: HSS/0569/017M. The University's ethics guidelines stipulate that the researcher should be honest in gathering the participant's information about the research and participants should be psychological competent to participate (Strydom, 2011). As a result, the researcher ensured that the participants acquired all the relevant information about the research as the consent letters were read and the contents were clarified before participants signed them.

Strydom (2011) argues that researchers need to rectify any misunderstandings or false impressions that may have been formed by participants even after completion of the project. Participants were then asked to sign the informed consent form before the interviews or focus group commenced. Consent letters include the purpose of the research, process, benefits and the procedure to be followed during the research. De Vos et al. (2002) argue that obtaining

informed consent implies that all possible or adequate information on the goal of the study, the procedures to be followed, aims and objectives of the study are explained to participants.

To prevent participants from exposure to unethical practice, the researcher took the following into consideration:

1) Confidentiality and privacy
2) Voluntary participation
3) Avoidance of harm
4) Actions and competence
5) Deception of participants

1.8.1 Confidentiality and privacy

Safeguarding the confidentiality and privacy of participants is very important (Neuman, 2011). Privacy implies the elements of personal privacy, while confidentiality indicates the handling of information in a confidential manner. Some authors view confidentiality as a continuation of privacy, which refers to agreements between persons that limit others access to private information (De Vos et al., 2011).

To adhere to these two important research principles, the researcher did not use participants' real names in the research report. Instead, pseudonyms were used. The researcher also clarified that participants' information will be kept in a safe place where only the researcher and her supervisor will have access to the data. In line with the University's policy, data will be destroyed after a period of five years so that no one can access it.

1.8.2 Voluntary participation

When conducting social research, no participant should be forced or feel obliged to take part in the study, but should do so at their own free will (Padgett, 2008). Furthermore, the researcher explained to study participants that they had the right to choose not to participate in the study and could stop participating at any time should they wish. The fact that some of the participants were social workers, a profession to which the researcher belonged, posed a risk.

For example, could have felt obliged to participate in the study based on the background of the researcher. Therefore, the researcher further emphasized to them that they were free to decline, were not obliged and could withdraw from the study at any time without the fear for any negative consequences.

1.8.3 Avoidance of harm

Babbie and Neuman (2011) maintain that avoidance of harm is a critical issue. This is further clarified by Terre Blanche and Durrheim (1999:66) that "an obligation to do no harm requires the researcher to consider potential risks that the research may inflict physical, emotional, and social or any other form of harm on any person or creature that is involved in the study". Participants were informed that should they experience discomfort; the researcher would provide support through relevant referrals to experienced social worker and a psychologist, if necessary. However, the researcher found that the participants felt valued and were more than willing to participate and share their stories and experiences and thoughts as caregivers.

1.8.4 Actions and competence of a researcher

Any researcher is expected to maintain professional conduct throughout the study and must ensure that they are skilled enough to undertake the research study (Strydom, 2011). The researcher is a social worker with 17 years of experience in the profession. Further, the researcher works with children and families. Therefore, the researcher was competent enough to conduct the research study based on her professional experience and they maintained a professional relationship with the participants.

The researcher conducted both interviews and a focus group discussion in a professional and sensitive manner, under the guidance of a research supervisor as mandated by the University of KwaZulu-Natal.

1.8.5 Deception of participants

Deception of participants can be described as withholding information or offering incorrect information to ensure the involvement of participants when they would otherwise possibly have refused (Strydom, 2011). The researcher was transparent and did not withhold any information about the research study from the participants.

This was ensured through briefing the participants on aim and objectives of the study, which was clearly outlined in the informed consent letter that the participants signed earlier.

1.9 Limitations of the study

In every study undertaken, there is a possibility that challenges will occur during the process. Some of the challenges can be avoided while others are impossible to avoid. There were some limitations identified in this study and these need to be considered when looking at the results of the study.

Amajuba District in KwaZulu-Natal has a total number of 88 designated social workers. In this study, only four were able to participate. Social workers' participation in the study was based on their availability; however, the researcher was able to obtain a comprehensive data from them. This became a study limitation because they did not represent views of all social workers within the District.

Another limitation might be the number of interviews and focus group discussion which may not represent the views of the entire District since three social workers were selected and nine caregivers. Other areas within the District were not represented thus their perspectives on the issues discussed will remain unknown. However, this study has potential for expansion and replication in other areas within the District.

The focus group discussion and one-on-one interviews were conducted in isiZulu. A concern was that during the transcription of data maybe some of the valuable information was lost. In order to address this fear, the researcher did not destroy the original information recorded during the discussion.

She would always refer back to it in order to confirm trustworthiness of data as comments were simultaneously translated and transcribed, from isiZulu to English with the assistance of a translator.

1.10 Significance of the study

The study has the potential to enhance an in-depth understanding of foster families and their adjustment as well as the support interventions provided to them and how they use these support systems. It may assist the Department of Social Development to develop, strengthen or improve the support services they provide to foster families and children so as to preserve such families. The study is also intended to provide a foundation for further studies as well as adding to the existing body of knowledge in social work practice, specifically in the field of child care and protection.

1.11 Definition of concepts

The following concepts are defined according to how they are used in this study; child, foster care, foster child, social worker, foster parent, caregiver, and child protection.

1.11.1 Child

The Children's Act 38 of 2005 and the Constitution of the Republic of South Africa 2006 define a child as any person under the age of 18 years. This is in line with the United Nations Convention on the Rights of Children [UNCRC] (1989) and the African Charter on the Rights and Welfare of Children [ACRWC] (1990), which also defines a child as any person who has not reached the age of 18, unless a different age of maturity is specified in any country's law.

1.11.2 Foster care

According to the Children's Act (2005), foster care, refers to a situation when a child has been placed in the care of a person who is not the parent or guardian of the child as a result of either an order of the Children's Court or a transfer from a Child and Youth Care Centre or temporary safe care (Section 180 of the Children's Act 38/2005).

1.11.3 Foster child

Whenan, Oxlad, and Lushington (2009) define a foster child as a child who in all probability enters the foster care system with insecure attachments, developmental and or cognitive delays, behavioural disorders, psychiatric disorders and or chronic medical health problems.

They further state that such a child set a stage for a situation where much is required of the foster parent in re-parenting a child who has suffered many wrongs after the death of their parents.

1.11.4 Social worker

A social worker is a person who is registered or deemed to be registered as a social worker in terms of the Social Services Professions Act (Act 110 of 1978).

1.11.5 Foster parent

This refers to a person who accepts responsibility for a related or unrelated child who has officially been placed with them by an order of the Children's Court. This could also include or refer to an active member of an organisation operating a cluster foster care scheme and who has been assigned responsibility for the foster care of a child (Children's Act 38/2005).

1.11.6 Caregiver

The Children's Act 38 (2005) defines a caregiver as any person other than a parent or guardian, who factually cares for a child and includes;

1) A foster parent.
2) A person who cares for a child with the implied or express consent of a parent or guardian of the child.
3) A person who cares for a child whilst the child is in temporary safe care.
4) A person at the head of a child and youth care centre where a child has been placed.
5) The person at the head of a shelter.
6) A child and youth care worker who cares for a child who is without appropriate family care in the community.
7) The child at the head of a child-headed household.

1.11.7 Care and protection

According to the Children's Act 38 (2005), the concept of care and protection in relation to a child, includes, where appropriate (a) within available means, providing the child with a suitable place to live, living conditions that are conducive to the child's health, wellbeing and development and the necessary financial support; (b) Safeguarding and promoting the well-being of the child; (c) protecting the child from maltreatment, abuse, neglect, degradation, discrimination, exploitation, and any other physical and or emotional harm.

1.12 Structure of the dissertation

Chapter 1: Introduction to the study

This chapter contains the background and rationale of the study, research problem, aim and objectives of the study, theoretical framework, methodology, significance of the study, study assumptions as well as definition of concepts.

Chapter 2: Literature Review

This chapter contains a review of the existing knowledge on the broad topic and provides a contextual framework for the study.

Chapter 3: Methodology

The third chapter outlines the research methodology that was utilised in the study. It includes; research approach, design of the study, sampling strategies, data collection methods, data

analysis, reliability and validity, trustworthiness, conformability, ethical issues, as well as limitations of the study.

Chapter 4: Presentation of data

In this chapter, data elicited from a focus group discussion that was conducted with foster parents and semi-structured interviews with social workers are presented. Study findings, analysis and interpretation of the findings are featured in this chapter.

Chapter 5: Summary and recommendations

The concluding chapter contains a summary of findings, conclusions reached as well as recommendations that are made based on the study's key findings.

1.13 Conclusion

In conclusion, this chapter aimed to give a foundation to the dissertation. The research problem was introduced; Aim and objectives of the study were presented as well as the description of methodology. Limitations and definitions of concepts were presented. The theoretical framework, rationale and outline of chapters were discussed.

CHAPTER 2

LITERATURE REVIEW

2.1 Introduction

In this chapter, the critical review of literature on kinship foster care parenting and children's adjustment is presented. The chapter commences by providing a historical background to foster care internationally, regional and locally (in South Africa). Thereafter, the legislative frameworks, which underpin and regulate the implementation of foster care placement in South Africa, are discussed. These include the Children's Act 38 of 2005, Constitution of the Republic of South Africa (1996), United Nations Convention on the Rights of the Child (1989), United Nations Guidelines on Alternative Care of Children (2009) and African Charter on the Rights and Welfare of the Child (1990). Although it is not binding, international legislation has influenced the development of child-related legislation in South Africa. Considering the responsibilities that social workers have in the implementation of foster care, their role and responsibilities are critically discussed. In this chapter, the researcher identifies and discusses

the various challenges that are experienced by children in foster care and how these children adjust. Furthermore, the challenges and coping mechanisms of caregivers are also discussed. The chapter concludes by reviewing the literature on strategies that seem to improve the positive functioning of foster care families and positive child outcomes.

2.2. Historical background to foster care: a focus on the international, regional and localcontext (South Africa)

Foster care is reported to be practiced throughout the world even though it depends on the needs of the child or children who are in need of care and protection (Khoo & Skoog,2014). These authors assert that societies still remain with the overall responsibility to take care of children who cannot grow up with their parents. This is done to ensure that children receive the support and protection they need. Foster care is defined differently. However, all the definitions point towards the protection of children with inadequate parental care. In the United Kingdom (UK), foster care is defined as a way of providing a family life for children who cannot live with their parents (Johnson, 2005).

It includes long-term fostering in which children who cannot return to their families are adopted. This is different from most African continents, because adoption is not often considered for children who are cared for by their relatives.

Further, Johnson (2005) indicates that foster parents and foster children in the UK are offered social and financial support from the agency that the foster parent is signed up with.

The agency provides families with a support worker who always keeps contact with the family to offer support and advice. This worker further informs the social worker about issues that may arise in the foster family and need the intervention of social workers. Foster parents in this country are reported to have support groups where they meet and plan for what they will be doing the whole year, including assisting foster children to deal with life changing circumstances they must go through in foster care placement. Globally, foster care can take many forms. RosStat and UNICEF (2010) indicate that in North America, Australia and Western Europe, foster care is often a widely used option for the placement of children who require alternative care.

Foster care is defined in Zambia as the care offered to a child who is not your own, but has been placed in your care for a specific period of time by a social worker. Zambia has foster

care issues that are common to South African continent, hence it was considered among other countries. The foster care order expires only when a foster child attains the age of 19 years or is adopted as governed by the laws of Zambia. The Ministry of Community Development, Department of Social Welfare in Zambia 2016 (www.mcdmch.gov.zm/foster care, retrieved 05 May 2020) indicates that a prospective foster parents applies for a committal order from the District Social Welfare Officer within their district. The application and assessment report is then forwarded to the Provincial Office for further submission to the Commissioner for Juvenile Welfare. The Commissioner assesses the application and upon being satisfied, recommends through the Provincial Office for a committal process to begin and later the issuing of a committal order with the child's age stipulated to it. Foster parenting for children in need of care is also encouraged in Zambia as opposed to institutionalization for amongst other reasons, to encourage and foster the child's growth as it is being taken care of in a natural environment.

In Southern Africa as well, foster care is considered the chief option for alternative care to children in need of care and protection. Meintjies, Budlender Giese, and Johnson (2003) looked at foster care as the service extended to those children who are unable to remain with their families due to death of parents or temporary inability of the family to take care of their children or due to abuse and neglect. The term foster care is considered an umbrella term that covers a wide variety of situations in which vulnerable children whose families could not provide care for them are being taken care of in substitute family care, for a planned period (Meintjies, Budlender Giese, and Johnson 2003).

Guidelines for the Alternative Care of Children (2010) defines foster care as situations where children are placed by a competent authority for the purpose of alternative care in the domestic environment of a family, other than the child's own family, that has been selected, qualified, approved and supervised for providing such care. However, this definition is not, in any way, purported to be the universally accepted definition of foster care.

It is important to define the context in which the term foster care is used in order to avoid getting confused. For the purposes of this study, which reflects on the South African context, foster care is defined as the placement of a child in an alternative care, under the jurisdiction of a person who is not the parent or guardian of the child, either through an order of the Children's Court or a transfer in terms of Section 171 of the Children's Act of 2005. This

definition excludes care of a child in a Child and Youth Care Centre or in a temporary safe care.

Foster care has always been a very important part of the total child and welfare services programme especially for those children whose well-being is threatened. Unfortunately, in South Africa, foster care has a history that is coloured against the background of Apartheid and post-apartheid during which the welfare services were delivered unequally to racial communities. During the Apartheid era, social welfare services in South Africa incorporated both the residual and institutional approaches to welfare service delivery. On the one hand, the residual approach posits that individuals are responsible for their own needs, with limited State interventions. On the other hand, the institutional approach on the other hand identified social welfare as the role of the State, based on the assumption that the State should provide long term interventions on a large scale (Lombard, 2006). Both approaches were associated with colonialism, discrimination and Apartheid (Lombard & Klein, 2006). The family and private market were identified in residual approaches as interventions for meeting the individual's needs (Patel, 2015).

The two approaches above are criticized for not prioritizing specific programmes needed to protect the vulnerable groups at that time, hence the lack of sustainability and empowerment to its service users (Patel, 2005). The developmental approach materialised in 1995 when South Africa, together with 70 other countries participated in the World Summit for Social Development. During the summit, a declaration was signed as their commitment to adopt the social development approach to social welfare (International Council on Social Welfare, 2000).

The social development approach was in line with widespread socio-political change in the country, which included the introduction of a democratic government, precipitating a radical shift from the long-standing Apartheid system that oppressed Black South Africans. In line with the democratic values, the developmental approach aimed to enhance the empowerment of individuals, families, and communities to be self-reliant and be able to deal with their social conditions (Proudlock et al., 2013). The developmental approach emphasized the equality of all people, social justice, access to services, resources and opportunities, human rights and above all, as Oseihwedie (2007) puts it, a drive towards poverty alleviation. The new approach that was adopted (developmental approach to social service delivery) designated foster care services as a child protection social welfare service (Patel, 2005). Therefore, foster care services within the ambit of the developmental approach are considered as those child

protection programmes that place orphaned and vulnerable children in alternative care, and their approach is to integrate services at all levels of the foster care, with particular focus on the socio-economic development of the placed orphaned children. These approaches were also inclusive of a participation of poor and vulnerable in socio-economic development (Lombard, 2003; Dhludhlu & Lombard, 2017).

Prior to 1994, all types of services, including social welfare, were provided on racial lines. Therefore, the implemented changes intended to redress social injustices and inequalities brought by the implementation of unequal services during the apartheid era. Despite the positive intentions of the implementation of the social development approach to social welfare services, challenges of foster care services implementation remain an important issue to tackle. To mention but one, the challenges include the large number of social service users are reached through social grants, yet only a few benefit from developmental social welfare services. This means that after children have been placed in foster care, a foster child grant is received but there is no aftercare developmental welfare services rendered to foster care families.

During the transition from Apartheid to democracy after the watershed elections in 1994, the Constitution of South Africa was put into place and it enabled all the citizens to enjoy equal rights and services. In the country's efforts to ensure that the rights of children are not infringed, legislation, policies and Acts guiding the implementation of such rights were put into place (Constitution, 1996).

Foster care services in South Africa can be traced back to 1856 when the first Alternative Care Act (Masters and Servant Act) was implemented (Beukes & Gannon, 1996). This Act was repealed by the Children's Protection Act in 1913, which was then followed by the Children's Act of 1937, the Children's Act of 1960 and the Child Care Act 74 of 1983. These legislations remained in place until the initiation and implementation of the Children's Act 38 of 2005 as amended in 2007, the most current legislation which is located within the contours of the developmental approach (Patel, 2015). The Act clearly indicates that children who are placed in foster care are those children who are in need of care and protection. Chapter 9 of the Children's Act specifies the circumstances under which a child can be classified as being a child in need of care and protection.

Section 150 (1) of the Children's Act 38 of 2005 clearly spells that a child is in need of care and protection if they have been abandoned or orphaned and is without any visible means of

support. However, different interpretations of this section created challenges for presiding officers. Some presiding officers interpreted this section to mean that if a child is left in the care of a grandparent who receives an old age grant, that child is not without visible means of support therefore may not be eligible for a foster care grant.

A case held in Krugersdorp revealed that the presiding officer did not place a child in foster care as it was felt that the foster care application was merely to collect an income and this matter was to be decided after an appeal to the High Court (Hall & Proudlock, 2011). The Children's Act 38 of 2005 provides the purposes of foster care as outlined in section 181 (a) (b) &(c) of the Children's Act as follows; to protect and nurture children by providing a safe, healthy environment with positive support; to promote the goals of permanency planning, first towards family reunification, or by connecting children to other safe and nurturing family relationships intended to last a lifetime and; to respect the individual and family by demonstrating respect for cultural, ethnic and community diversity.

Section 167 of the Children's Act 38 of 2005 identifies different models of alternative care for children, which are; Child and Youth Care Centres, temporal safe care and foster care as one of the popular and trusted models for South African children.

There are different kinds of foster care. They include; related foster care, which is also known as kinship foster care, unrelated foster care, also known as non-kinship foster care and cluster foster care scheme. For the purposes of this study, the researcher will differentiate between related and unrelated foster care. It is important to note that even in the current Children's Act 38 of 2005 not much has been said about unrelated foster care. On the one hand, related foster care is whereby children are legally placed with relatives for example; uncles, aunts, grandparents or and even with elder siblings after the demise of biological parents (Ngwenya, 2011). On the other hand, unrelated foster care is the placement of a child with a family or a parent who is not related to that particular child but on the grounds that the child has no visible means of support other than the prospective foster parent. In most cases, such children include street children and children whose relatives are unknown (Hlatshwayo, 2008). The sections below present both local (South African) and international legislative frameworks that guide foster care.

2.3 South African and International legislative frameworks guiding foster care

South Africa has legislative frameworks that have a direct and indirect provision for the protection of children who are in need of care and protection. In this section, these legislative frameworks are discussed and specific sections that relate to children in need of care and protection are identified. The following mandates and treats will be discussed in this section: Children's Act 38 of 2005, Constitution of the Republic of South Africa (1996), United Nations Convention on the Rights of the Child 1989 (UNCRC), United Nations Guidelines on Alternative Care of Children 2009, as well as the African Charter on the Rights and Welfare of the Child 1990.

2.3.1. Children's Act 38 of 2005

The discussion below focuses on the Children's Act No. 38 of 2005 as the main regulator of foster care practice, which is grounded in the principles of the Constitution of the Republic of South Africa. This Act replaced the Child Care Act 74 of 1983 after the finalisation of its regulation in April 2010.

The Children's Act was established in order to give effect to the full constitutional rights of children, including; family care, alternative care, protection from abuse, neglect and maltreatment and to provide care and protection to children in need (South African Constitution of 1996).

The Children's Act provides the legislative framework that governs child protection work with children and aligns South African law with international treaties. South Africa's decision to adopt the Children's Act 38 of 2005 in April 2010 indicates the country's commitment to the protection of children. Contained in the Children's Act are the directives on how children who are in need of care and protection must be protected and managed. Section 150 (1) of the Children's Act stipulates how children who are in need of care and protection can be identified, including those who need alternative care, which includes foster care. Foster care is therefore defined in the Children's Act (2005) as the placement of a child by means of an order of the children's court, in the custody of a family member or an individual willing to act as a foster parent to the child, and a person who has the capacity to provide an environment that is conducive for the child's growth and development.

Section 10 of the Children Amendment Act 41 of 2007 focuses on children in alternative care which may be children in foster care, in Child and Youth Care Centres or children in Places of Safety. While all other foster care matters are discussed in Section 180-190 of Chapter 12 of

the Children's Act 38 (2005). This Section also provides definitions for cluster foster care, outlines the purposes of foster care, defines foster parent and outlines the responsibilities of foster parent's. Through the provisions of the Children's Act of 2005, foster care addresses two categories of children's needs: (i) Children that have been abused, abandoned and neglected who are then afforded protection through an order of the Court as stipulated in Section 150 of the Children's Act of 2005. (ii) Children who live with relatives due to death, incapacity, and or disappearance of their biological parents. The latter group is placed in foster care and they can access a foster care grant in terms of Social Assistance No. 13 of 2004. Furthermore, the caregiver also obtains a court order that legally recognises such placement arrangement.

Over and above the sections provided by the Act, social workers become part of a responsible support system to adequately prepare the prospective caregiver and provide sufficient information about the processes and procedures involved in foster care.

The procedures include the documentation required and the process involves an order to apply for a foster care grant in terms of regulation 66(6) of the Children's Act of 2005. A developmental approach is the key feature of the Children's Act and has been identified as a vital approach that promotes early intervention and the various prevention programmes rendered by social workers. Such programmes are outlined in Sections 143-149 of the Children's Act 41 of 2007 as amended.

The aim is to keep families together and minimise family disruptions. Prevention and early intervention programmes must involve and promote the participation of families, caregivers and children, ensuring that they also identify and seek solutions to their problems (Strydom, 2012). These programmes are part of support interventions that social workers provide in view of the holistic approach to the development of vulnerable families. The step by step phases that are followed in order to effectively implement prevention and early intervention levels during the foster care process are outlined in the Guidelines for Effective Management of Foster Care in South Africa (2014) document. However, it is essential to note that the foster care process is complex and overburdened with delays and backlogs, which are a result of different challenges that include the limited number of social workers compared to the influx of new cases in need of investigation and placement. Below is the discussion on the process of foster care as provided in the Guidelines for Effective Management of Foster Care in South Africa (2014).

Foster care process

The foster care process has eight phases and sub-phases, which are interlinked and need to be completed by social workers in order to, determine and influence the activities to be undertaken in the next phase. Another important point to highlight is that at the end of each phase, a decision must be taken before proceeding to the next phase. The following discussion will elaborate on the phases entailed in the foster care process:

Preparatory phase: It provides an opportunity for establishing a solid base for foster care management. This phase has the following core elements: recruitment, screening, and training of foster parents.*Reporting phase:*This phase aims to ensure that the correct processes of reporting are followed when a case is being reported to the relevant authorities, including designated social workers, South African Police Services, and other government departments.

*Assessment phase:*This is the first step that a social worker undertakes after a case has been reported. Assessment is done in order to determine the nature and extent of risk that the child may be exposed to, and to establish the developmental needs of the child. These phases of foster care form an important part during the adjustment and transition period of the family in a sense that when they are properly mastered by a designated social worker, they become part of initial programmes.

*Statutory intervention phase:*Statutory intervention phase is a legislative process that a designated social worker initiates by bringing the matter before a commissioner of child welfare to decide if a child is in need of care or not. Its purpose is to ensure that the safety and well-being of a child is secured through the issuing of a court order for placement of a child in alternative care including Temporal Safe Care or Child and Youth Care Centre. *Application for temporal safe care grant:*This is the monetary contribution awarded to the temporary safe caregiver to take care of the child pending investigation by a designation social worker and the finalisation of the Children's Court Inquiry.

*Investigation phase:*During this phase, a designated social worker undertakes an examination of the developmental and psychosocial circumstances of all parties involved in the case. The purpose of this phase is to outline the reasons for finding the child in need of care and protection as outlined in terms of Section 150 of the Children's Act of 2005. This section of the Act shifts focus from a fault or parent-based approach to a predominantly child-centred

approach.*Finalisation of statutory process phase:*The purpose of this phase is to bring the child before the Children's Court to initiate and finalise the judicial process of determining if a child is in need of care and protection or not. During this phase, the presiding officer is in a position to make a decision whether the child can be designated as a child in need of care and protection after hearing the evidence from the designated social worker's report. A court order may be issued to either place the child or not.

*Foster care placement phase:*This is when a child is found in need of care and protection by the presiding officer. The presiding officer issues a court order that legalizes the foster placement in terms of the Children's Act 38 of 2005 as amended, Section 155(8).*Application for foster child care grant phase:*This is a financial contribution from the state to the caregiver towards the upbringing of the child and this includes children with disabilities in foster care.

The purpose of the grant is to assist the caregiver to meet the needs of the child. Caregivers have the right to financial support in respect of the foster children in their care in accordance with the provisions of the Social Assistance Act. The management and administration of the foster care grant is the mandate of the South African Social Security Agency (SASSA) being regulated by the Social Assistance Act 13 of 2004.

*Supervision and aftercare phase:*Supervision and after care services refer to supportive and therapeutic services provided to the foster families and foster children after statutory placement. The purpose is to effectively address the reasons that caused removal of a child from his/her family of origin and work towards the promotion of the permanency planning goal. It is the researchers' opinion based on her experience as a social worker that there is injustice in the delivery of comprehensive foster care services and that foster care placement supervision and after care support is compromised. Lapsing of orders and the accumulation of backlog every year is as a result of lack of supervision and after care services. In most cases, fostered children and their families are visited when the court is due for review. Often, social workers are dealing with other administrative tasks.

*Reunification services:*These services are aimed at restoring the relationship between the foster child and other family members as well as the wider community (Children's Act38 of 2005, section 181:48; Guidelines for the Effective Management of Foster Care in South Africa, 2014). Reunification services involve the strengthening of families to be able to care for and protect their children through the implementation of a care plan and permanency plan. *Preparation for independent living:*When a young person reaches the age of 18, the formal

support system is terminated as he/she no longer has access to the statutory protection, no access to a foster child grant, free health and education. Upon the termination of these services, young persons may be faced with challenges that may have a negative contribution towards their efforts in establishing themselves as independent young adults.

The idea behind preparation of independent living for young persons' aims to provide those without families an opportunity to gain skills that will enable them to lay a foundation for a successful transition from foster care to adulthood. It is important to emphasize that the foster care process involves partnership and liaising with various stakeholders from different departments. The foster care process phases are an indication that support interventions for both children and foster families start as early as when the case is reported to the social worker until the child is being prepared for independent living after the age of 18.

All stakeholders are responsible for ensuring that challenges and barriers in foster care are overcome. The review of the Children's Act 38 of 2005 was initiated by the Department of Social Development in 2011 to address the Act's implementation gaps that include foster care challenges (Hall & Proudlock, 2011).

Several challenges were identified, which include the change-over to a court-based system for deciding on the extension of placements of children, and over-reliance on the foster care system to provide income support to families caring for orphaned children (Sibanda, 2013). Foster care adjustment is emphasized by Hall and Proudlock (2011) that it cannot be overcome by families only but stakeholders' involvement as well. The reality of voluminous and unnecessary documents required by presiding officers to be attached to Section 159 reports (extension of orders) compels social workers to run all over the place with little pieces of paper, which downgrade their performance to clerical duties (Loffell, 2011).

Performing clerical duties does not only lower the status of social work as a profession but it contributes to more delays in extending court orders, thereby prolonging the eradication process of backlog. Such challenges were observed by the researcher at the service office, where social workers spent more time collecting and certifying documents from caregivers and foster children while preparing for orders to be reviewed by court. If court orders were still provided administratively, the backlog would have been minimized because social workers would provide comprehensive reporting on the child and family's circumstances, then recommend extension to the Head of Department.

High caseloads that social workers must handle make it difficult for them to collect all the required documents and attachments on time for Section 159 reports and that definitely leads to lapsing of orders (Loffell, 2011). Such gaps are regarded as the shortcomings of the Children's Act 38 of 2005 with regards to pre-statutory, statutory and post-statutory processes (Sibanda & Lombard, 2015). In 2014, the Department of Social Development was received a court order to design a comprehensive legal solution to deal with foster care challenges by December 2014 (South African Gauge, 2016). Due to the Department of Social Development's failure to make meaningful progress towards eradicating backlogs, an order agreement between the Department and the Centre for Child Law provided an interim regime for the management of foster care orders, which lapsed on 28 November 2019 (Social Development September 2019).

Implementation of the Children's Act of 2005 is affected by several challenges. For example, the shortage of social workers employed by the Department of Social Development, high staff turnover experienced by NGOs and the overwhelming demand for foster care services were identified as having an impact on the implementation of the Act (South African Institute of Race Relations, 2012).

The shortage of social workers remains a challenge to date, yet there are more than 7 000 unemployed social work graduates registered on the National Social Development database (Department of Social Development, 2019).Clearly, the Children's Act, together with its amendments is a comprehensive piece of legislation with the purpose of affording children the necessary care, protection and assistance to ensure that they can develop to their full potential. Social workers play a critical part in ensuring that children in need of care and protection are placed appropriately by screening and selecting suitable caregivers and ensure that children are placed with appropriate caregivers. They also play an important role in the delivery of child protection services. However, they are faced with different challenges at the family, community, and organizational levels, which hinder the delivery of services to children (Sibanda, 2013; Strydom, 2010; Hope & Van der Merwe, 2013).

As social workers' challenges remain unattended, this will contribute to more challenges for foster children and families to adjust in their placement because it also means that there will be limited or no support programmes at all. Apparently, the challenges faced by social workers in families and communities place constrains upon the delivery of preventative and early

intervention services that are supposed to prevent the need for statutory services (Sibanda et al., 2013).

The Department of Social Development introduced a ward base system in seeking to address the challenges of foster children and foster families. Each ward is assigned a social worker within local and district municipalities to serve as foot soldiers and attend war rooms where they obtain a better understanding of community dynamics. Due to the challenges mentioned earlier that social workers are faced with, even this system has not been evaluated. The Children's Act of 2005 made a number of clear provisions in its different sections for the best interest of children to be catered for even though it has been criticized for many uncertainties in rendering child protection services. The next section focuses on the Constitution of the Republic of South Africa.

2.3.2. Constitution of the Republic of South Africa (1996) and other international instruments that focus on child care and protection

The Constitution of the Republic of South Africa Act No. 108 of 1996 as adopted by South African Government, aims to address the unfortunate situations of parentless children by ensuring that a full range of their rights as provided by instruments such as the United Nations Convention on the Rights of the Child (UNCRC) (1989), United Nations Guidelines on Alternative Care of Children (UN Guidelines) (2009) and African Charter on the Rights and Welfare of the Child (ACRWC) (1990) are applied for the purpose of ensuring that the protection of children is prioritised.

The South African Constitution (1996) is the main legislative document available for protection and guarding against any harm to children even though it does not cover all matters of child care and protection for children in need of care as it may be covered by the Children's Act. The basis for child protection measures are enshrined in Section 28 (1)(a) to (h) where it provides that (a) every child has the right to a name and a nationality from birth, (b) every child has the right to family care or parental care or appropriate alternative care when removed from the family environment, (c) every child has the right to basic nutrition, shelter, basic health care services and social services, and (d) every child has the right to be protected from harm, maltreatment, neglect, abuse or degradation, when quoting the few. The child protection measures emphasized in Section 28 (1) of the Constitution also consider children in need of care and protection. Thus, irrespective of being placed in alternative care or not, they have all

the rights mentioned in the Section 28 (1). In order to ensure commitment to the principles of the UNCRC and ACRWC, the Constitution prioritises that children should live with their families, but in the absence of a family, children are to be placed in alternative care within a family environment.

The principle of families having the primary responsibility of taking care of their children was emphasized in the Grootboom versus Republic of South Africa case (case citation 2001[1] SA 46 [CC]). During this case, the court found that Section 28 (1) (b) must be read in conjunction with Section 28(1) (c) of the Constitution. The two sections emphasize that parents have the primary responsibility to safeguard the economic and social rights of their children. The State only intervenes if a parent/guardian is unable or fails to provide for their children.

The Grootboom case demonstrated that, although Section 28(1) (c) provides that all children have the right to basic nutrition, shelter, health care and social services, this appears to only apply to children who are in alternative care (Gallinetti & Loffell, 2007). This then has implications for millions of children in South Africa who are living with their parents under poor circumstances, since in terms of Section 28(1)(c) the State cannot be held responsible for them.

The Constitution further provides minimum standards pertaining to socio-economic rights such as social assistance, social security and social services where foster care is aligned with more emphases on the best interest of a child. Lastly, the Constitution gives everyone mostly children the right to access social security as well as appropriate social assistance particularly those who are unable to provide for themselves and their dependents. South Africa has different legislative frameworks mainly referred to as international treaties. They have a direct or indirect provision for the protection of children who are in need of care and protection at the international level.

At the international level, the United Nations Convention on the Rights of Children (UNCRC) (1989) and the African Charter on the Rights and Welfare of Children (ACRWC) (1999) became the most widely known and ratified human rights instruments that outline the rights of all young persons who are below the age of 18. The UNCRC was adopted by the United Nations in November 1989 and is considered to be the cornerstone of children's rights globally. According to United Nations (1989), the UNCRC was adopted to address the responsibility of States, parents and caregivers to respect, protect and promote children's rights. The UNCRC and the ACRWC both recognise that the family has the first responsibility for the care of children.

Both the UNCRC and the ACRWC contain several articles that must be considered when determining alternative care for children. These are relevant to this study. For example, Article 20(1) of the UNCRC states that children, who are temporarily or permanently deprived of family environment or in whose best interests cannot be allowed to remain in that environment, shall be entitled to special protection and assistance provided by the State. Such a statement covers those children who are in need of alternative care, which could be foster care, placement in a Child and Youth Care Centre or adoption. According to Article 20 (2), State parties in accordance with their national laws shall ensure that alternative care is provided to all vulnerable children.

In the South African context, detailed provisions of child care are catered for in the Children's Act 38 of 2005. The UNCRC (1989) determines the importance of developing and implementing policies, programs and interventions to protect all children, and emphasize specific provisions for the most vulnerable children such as those without parental care.

It is indicated that vulnerable children have the best chance of developing their optimum potential in a family environment where the primary responsibility for their care rests upon their parents and legal guardians who are entitled to receive support from local government, as indicated under the provisions of the UNCRC (1989).

The second instrument is the Guidelines for the Alternative Care of Children, which was adopted by the United Nations in November (2009), hereafter referred to as UN Guidelines. These guidelines intend to improve the implementation of the UNCRC (1989) and other international provisions concerning the safeguarding and well-being of children deprived of parental care or at risk of being deprived (United Nations General Assembly, 2010). UN Guidelines (2009) make provision for different types of alternative care such as formal and informal care, which include kinship care, foster care, non-kinship care and other types of care. They provide definitions for both kinship care and foster care. Kinship care is defined in the UN Guidelines (2009) paragraph 29(c) (i) as a family-based care within the child's extended family or with close friends of the family known to the child, whether formal or informal in nature. This type of alternative care is the commonly used form of child care protection adopted by many African families. This study focus on what is happening in foster care families in kinship placements. However, kinship care is not supported through the Children's Act of 2005 as what would have been expected; hence it is considered as informal care.

The non-inclusion of kinship care in the Children's Act was strongly argued by Matthias (2010) as a serious deficiency, yet even after the Children's Act was reviewed, kinship care has never been considered. A formally regulated kinship care would provide better forms of child care services since this is taken as a traditional form of foster care. A definition of foster care which is considered a formal care, is briefly provided in paragraph 29 (c) (ii) of the UN Guidelines (2009) as situations where children are placed by a competent authority for the purpose of alternative care in the domestic environment of a family other than the child's own family that has been selected, qualified, approved and supervised for providing such care. In South Africa, formal care appears to be the preferred alternative care option that is supported through the Children's Act 38 of 2005.

Another noteworthy aspect stipulated in the UN Guidelines (2009) is that when a decision is made regarding the alternative care of a child, the permanency of that placement must be considered at the outset to prevent further disruptions to the child's life (United Nations General Assembly, 2010). This is in line with South African legislation especially in Sections 181(b) and 186 (2)(a)(b)(c)(d) of the Children's Act 38 of 2005 where permanency and long-term foster care are considered.

The third piece of instrument which caters for the best interest of children and their families is the African Charter on the Rights and Welfare of the Child (ACRWC) (1990). Both the ACRWC and UNCRC recognise a family as an institution with the primary responsibility for child care and protection. These two instruments have numerous articles that determine when alternative placement of children in need of care and protection should occur. They both emphasize that a child who does not have parents and deprived of his/her environment has the right to alternative care with placement in a family environment as the first option. It is clearly stated in Article 18 of the ACRWC that "the family shall be the natural and basis for child rearing in the society". The UNCRC (1989) and ACRWC (1990) indicate that in the absence of the family, the State has a responsibility to set up procedures for the alternative care of children.

Article 25 of the ACRWC (1990), mentions that any child who is permanently or temporarily deprived of a family environment, no matter the reason, shall be entitled to a special protection and assistance. The difference however between the two instruments is that ACRWC (1990) contains article 31 which outlines the responsibilities of children to their families, elders, communities and the State, which is not addressed in the UNCRC. It is also noted that not all

children in alternative care have a sense of responsibility towards families and elders considering the challenges they are faced with in the system. The disharmonized intergenerational relationships between children in alternative care and their caregivers were identified in a study conducted in South Africa by Nyasani et al. (2009). This study found that caregivers were complaining about disrespect, poor communication, laziness, substance abuse and teenage pregnancy amongst foster children, which turned out to be stressful for them.

Lastly, another difference between the two instruments is that, only the UNCRC contains Article 26 that makes provision for all children to access social security including children placed in foster care. South Africa is also a signatory to both these treaties and therefore commit to ensuring full recognition of children's rights (Office of the United Nations High Commissioner, 1989). However, in this country there is no provision for a child support grant to children who access foster care grant even though South Africa is a signatory to the treaties. The only children who benefit in both foster care and care dependency grants when placed in foster care are those living with disability (Social Assistance Act 13 of 2004). Foster care grant remains the source of income for children placed in foster care, which caregivers reported in a study conducted by Rhodes, Orme, Cox & , (2013) that it is not enough to cater for the needs of foster children.

In 2016, the African Expert Committee on the Rights and Welfare of Children in Africa adopted an Agenda 2040 titled; *Africa's Agenda for children: Fostering an Africa fit for children.*The Agenda sets out ten aspirations, to be achieved by 2040, in five implementation phases that are 2020, 2025, 2030, 2035 and 2040. State parties are expected to align their national implementation plan with their commitments and obligations under Agenda 2063, the Sustainable Development Goals and other international treaties. One of the aspirations is that every child should be protected against violence, exploitation, neglect and abuse and that every child should have a healthy childhood. To achieve this, it is important to ensure that children in alternative care receive adequate support and care, and the agents of change such as foster families and Child and Youth Care Centres, must be equipped with resources.

It can be noted in conclusion that ratification of the UNCRC and ACRWC precipitated regional and international obligations; hence countries that are signatories are compelled to comply with their provisions. The South African Constitution ensures commitment to the principles of the UNCRC and ACRWC by prioritising the rights and well-being of children. South Africa has

benefited from the developments of these treaties as it is reflected in the comprehensive Children's Act 38 of 2005, where Section 10 of the Children's Act is considered. The following section will provide an overview of the social worker's role and the challenges associated with the implementation of foster care in South Africa.

2.4 The Role of social workers and challenges in the implementation of foster care in South Africa

Social work is regarded as a professional helping activity for individuals, groups and families that restore their capacity for social functioning and create societal conditions that are favourable to their goals (Zastrow, 2008; Ambrosino, Hefferman, Shuttlesworth, & Ambrosino, 2007). Authors further emphasized that such a professional activity is best displayed by a social worker.

The social worker's role entails helping people move through their stressful life transitions in such a way that their adaptive capacities are supported and the environmental responsiveness to coping is increased (Perumal, 2010). Further, part of social workers' interventions, located within the ecological framework must ensure that the needs of both individuals and the system with which they interact are met.

The Children's Act 38 of 2005 emphasizes that designated social workers are the only group of social workers in South Africa that are mandated to protect children who are in need of care and protection by providing statutory services related to their vulnerability and that of their families. Designated social workers render services related to prevention, early intervention, children's court proceedings, statutory services, reconstruction and aftercare services. The role of designated social workers in the implementation of foster care services to children in need of care and protection is significant in the sense that they are the ones who inform the court first about all the circumstances of a vulnerable child for the Presiding Officer to make a determination on the child being in need of care and protection. Designated social workers provide many different reports to court, depending on the child's circumstances at that particular time.

A report in terms of Section 150 of the Children's Act 38 of 2005 provides the circumstances under which child protection interventions by designated social workers may be required. It

should be noted that the interventions begin even prior to the placement of a child in foster care and continue until the child is no longer in the system. Once it has been established that a child is in need of care and protection, social workers are required to render preventative, early intervention and statutory services as stipulated in Government policy directives (Constitution of the Republic of South Africa 1996; Children's Act 38 of 2005).

Designated social workers render child protection services as part of the focus on family preservation that entails the provision of preventative and therapeutic services. It is also the social worker's role to assist foster families and foster children to adjust in foster placement by rendering appropriate support services. Strydom (2012) emphasizes that families are assisted by social workers to improve their coping skills, strengthen their bonds and are empowered to utilise formal and informal resources through different programmes.

Section 143-149 of the Children's Act 38 of 2005 as amended deals with prevention and early intervention programmes rendered by social workers.

Prevention and early intervention programmes involve and promote the participation of families, parents, caregivers and children by identifying and seeking solutions to their problems. On the one hand, prevention services are the strategies and programmes rendered by social workers to children and families aimed at preventing the removal of children from their families, which lead to statutory intervention.

On the other hand, early intervention services are a set of supports, services and experiences rendered by social workers to prevent or minimise long-term problems (Mokhantso, Roberts, & Ward, 2012). In terms of statutory services rendered by designated social workers for the protection of children, Section 151 of the Children's Act 38 of 2005 deals with the removal of a child to a temporary safe care facility by a court order. A designated social worker continues with investigations to determine if the child is actually in need of care and protection, taking into account the child's safety and the well-being.

Other than the police officers, it is only a designated social worker who may remove a child without a court order upon believing that a child is in serious danger and the circumstances do not allow obtaining a court order in terms of Section 152 of the Children's Act 38 of 2005. Designated social workers provide a report and evidence to court for its determination on whether a child is in need of care and protection and through Section 156 of the Children's Act 38 of 2005, the court gives an order in accordance with the grounds listed in Section 50 of the Act. A range of interventions may be ordered by court based on the report and evidence

presented by the social worker and those include placing a child in foster care. A report presented by a social worker to court must include details about the child's need assessment, previous interventions that a family has undergone and must have a permanency plan for the child.

Donelly (2008) emphasized that in all the circumstances pertaining to children, the court must consider the best interests of the children, which entail ensuring their well-being, emotional and intellectual development. A designated social worker therefore compiles a Section 159 report to review a lapsed court order three months before expiry date and that report is submitted to the clerk of Children's court. The recommendations made by a designated social worker in a report are intended on extending the order for a period of two years (Children's Act 38 of 2005).

A report in terms of Section 171 of the Children's Act 38 of 2005 is compiled for the purposes of transferring a foster child from the current foster placement to the care of another person or placement. The report is compiled for the Department of Social Development. A section 175 report of the Children's 38 of 2005 is compiled by a social worker with the aim to discharge a foster child from placement and the report is compiled for approval by the Department of Social Development.

When a foster child turns 18 years whilst still in school, a social worker compiles a report in terms of Section 176 of the Children's Act 38 of 2005 to extend the placement order for one year and every subsequent year until the child turns 21 or completes his/her education. Reports that are compiled by designated social workers constitute part of the foster care process and foster care supervision phase. They ensure that social workers are in constant communication with foster families and most importantly, they safeguard the safety and well-being of children in foster care. All the decisions taken about the foster child require that a caregiver contacts a designated social worker who in turn compiles a statutory report.

While the Children's Act 38 of (2005) intended to bring a better law in respect of children in line with international charters, many challenges are being experienced by its implementers especially social workers. Inadequate training received by social workers for implementation of the Act resulted in different interpretations and this has had negative impact on service delivery (Perumal, 2011). The interpretation of Section 150 (1) (a) of the Children's Act of 2005, which states that a child may be found to be in need of care and protection if he/she has

been abandoned or orphaned and is without visible means of support, was interpreted by some presiding officers to mean that a child in the care of a grandparent who receives an old age pension is not without visible means of support. This means that that the child does not qualify for a foster care grant (Hall & Proudlock, 2011).

Lack of suitable specialist training in the field of child protection and statutory care was identified, hence a proposal that such training be provided during basic training of social work students or during in-service training of student social workers (Baldauf, 2007). Social workers are expected to have attachments and documentations for all reports they provide to court for extension of orders. However, due to the already existing high caseloads that they are faced with and the voluminous paper work, this has resulted in them not meeting due dates for submissions in courts, which results in the lapsing of placement orders (Loffell, 2011). Shortage of social workers as argued by Schmid (2012) resulted in poor implementation of the Children's Act 38 of 2005. In the early 2000s, majority of social workers left the country for improved and competitive salary packages and working conditions (Chibba, 2011).

Dating back to 2009, lack of resources, for instance office space, computers, telephones and vehicles, all contributed towards the inability of social workers to render professional and acceptable standard of service towards child protection (Chibba, 2011). Further, lack of resources contributes to failure of placement monitoring and provision of supervision by social workers, which include general support to foster children. Social workers assume the supporting role to foster children as early as during pre-placement as they consult with foster children and caregivers about the placement in foster care. This ensures that children are consulted on issues relating to their care, as it is outlined in Section 10 of the Children's Act 38 of (2005) where the child's right to participation is emphasized.

Social workers play a crucial role in informing foster children about what foster care entails so that they also familiarise with the procedures and outcomes of being fostered. Further, social workers provide therapeutic support to foster children in order to meet their emotional and psychological needs. Lastly, it is also a social worker's role to monitor the school performance and attendance of foster children to ensure that the child's basic needs are met by the caregiver. These are important roles that social workers undertake despite the fact that they may not be always available due to the outcry of their shortage and the administrative tasks they are

expected to perform. The next section will look at challenges faced by children who are placed in foster care.

2.5 Challenges experienced by children who are in foster care placement

Children placed in foster care also have challenges, which they must deal with while they are in the system. This section focuses on some of the challenges that foster children encounter, discuss the various hindrances to adjustment and explore coping mechanisms.

2.5.1 Coping with the death of a parent

Children get their sense of security from adults who love and care for them. As such, the deaths of either one or both parents make them feel vulnerable and scared even if their minds cannot make full sense of how they feel about it. Generally, losing a parent at any age is difficult, and for children it seems to be even unbearable. Death leaves children without parents, women/men without support to raise their children and families without income (Herbs & Strydom, 2013). Apparently, the death of any individual that one is close to impacts on everyone despite their age, gender, race or culture. In this section, a discussion on how children cope with parental loss is presented. In most cases psychosocial trauma and challenges faced by orphaned children include dealing with the loss of biological parents, coming to terms with their own identity as they are placed with other family members, coping with stigma associated with how their parents died (Petersen et al., 2010). Further, orphaned children are sometimes discriminated against. It is essential that the effects of death on children be acknowledged and more consideration be given to those who find it difficult to adapt to the death of a parent and whose social functioning is impaired by the experience (Drenth, Herbst, & Strydom, 2013).

When all the negative effects of parental deaths are left unattended, they eventually make it difficult for the adjustment process to occur in foster families. Research on children and grief suggests that children who have reached school going age are at times as capable as adults of comprehending death, expressing grief and experiencing mourning (Kubler-Ross, 2007; Partab, 2006). Children's reaction to parental death depends on their age, personality and ability to understand loss and its possible effects on their lives. Whitney and Hirsch (2007) shared some common ways that children in different ages respond to parental death, arguing

that babies and children under the age of 2 years do not understand death, although they can be aware of any changes in their environment.

Caregivers can notice changes in the eating, sleeping and toileting habits of a child and being upset most of the times. Pre-schoolers have a limited idea of death, and many of them have believed in magical thinking that they can cause someone to die or bring them back just by wishing for it.

They may even think they cause parental death because of their behaviour and bad thoughts. Most children in their school going age understand the finality of death. They may still be confused about its meaning, and also think death is contagious, then worry that they or another family member will die. At this age they also worry that their friends will look at them differently now that their parent died, they feel angry and responsible at the same time for the death of a parent.

Lastly, teenagers have the ability to reason logically and analyse complex situations. At this age, they know that everybody dies and death is permanent. However, they may have a lot of questions though, such as why did a good person have to die? They eventually take things seriously and focus on situations that will affect them. Often, teenagers strongly believe that they contributed to the death of a parent especially if they understand the role of stress in some illnesses or diseases. They may feel angry as well but not knowing how to express it, especially with friends as they also want to maintain being "cool" around them.

Findings in a study conducted by Petersen et al. (2010) indicated that about 80% of orphaned children shared that losing a parent is the most painful feeling one can go through. They further elaborated that this was due to the fact that after the death of their parents, they always thought that there will be no one to take care of them. The orphaned children in the same study further shared their thoughts that if their parents were still alive things would have been different in their lives. Sometimes they would feel left out of family activities and they would think of being discriminated for some reasons related to how their parents died.

In light of the above, such thoughts from foster children and the way they look at death might result in a high likelihood of not being able to cope with challenges of being placed in foster care when left unattended by relevant professionals. Schonfeld and Quackenbush (2009) maintain that children in general understand death differently from adults; therefore, their reactions remain dissimilar in a way that some of the things they say or do seem so puzzling

and they have strong feelings about loss. Grief remains the conflicting feeling caused by change and or an end in a familiar pattern of a foster child's behaviour, hence all children who have experienced parental loss experience grief (James & Friedman, 2001).

Kubler-Ross and Kessler (2015) presented the revised 5 Stages of Grief Model. These stages apply to everyone, including children who experienced the death of a loved one. They are reported not be sequential but overlap with one another:

The first stage is denial stage and it is reported to function as a sense of numbness after receiving unexpected or shocking news. This stage is known to be temporary and it is soon replaced by partial acceptance.

The second stage is anger, or resentment which usually replaces denial. At this stage, the grieving person asks why me questions and immediately after asking a why me question, the third stage begins, where one starts to bargain with an attempt to postpone the inevitable. The fourth stage is depression that identifies a person's numbness, anger or resentment; it is then replaced with a sense of loss.

The fifth stage is acceptance. This stage refers to when a person has worked through the previous stages and now has a clear vision of what he/she has lost (Gillette, 2003). Anderson (2000) also ascertain that grief experienced by children is in the form of disruption of the bond, which is easily identified also in children placed in foster care, as they become emotionally vulnerable.

Such disruption manifest itself in different ways, which may include change of a child's behaviour and attitude towards placement, having difficulties in interacting with others, not attending classes at school and even demanding foster care grant. Such behavioural patterns were some of the findings in a study conducted by Mdletshe (2008) in Ulundi. In light of the above discussion, one can conclude that the death of a parent is an extremely painful experience for children even though some of them are resilient and go on to lead full and productive lives as time passes by. In this study, the researcher could not get the feelings of foster children about death since there was no direct contact with them but, even the caregivers could not share those feelings from their foster children. In the many roles that social workers play in foster children's lives, provision of grief counselling should also be considered an important step in the transition life of foster children. Provided that caregivers are well empowered, they can help their foster children recover more quickly and thoroughly by offering steady and loving support (Hirsch, 2014). The next section focuses on the mental health challenges experienced by children in foster care.

2.5.2. Mental health challenges experienced by children in foster care

Children's mental health entails their developmental, emotional, and behavioural conditions as well as social skills (Centres for Disease Control and Prevention, 2017). Most studies on mental health issues for foster children indicate that quality services rendered to the children become an essential societal investment for them (Pecora, 2011; Dore, 2005; Nduwimana et al., 2018). Mental health challenges of children in foster care reveal that such children are at risk of having psychological, social and developmental delays as compared to other children in the general population (Polihronakis, 2010). Findings in this study further indicated that the regular and severity of emotional problems among children in foster care seem strongly related to their history of deprivation, neglect and abuse, and lack of security and permanence in their lives.

Lessing (2010) argues that as orphaned children seek emotional security, they may lack the ability to explore and make choices, and hence they may also show signs of aggression, helplessness, sadness, depression and negative self-concepts, disciplinary or behavioural problems. Rutter (2010) also added that insufficient provision of psychosocial care to orphaned children is expected to have severe consequences for their emotional well-being and mental health. The psychosocial well-being of orphaned children in Africa has not received adequate attention in terms of literature despite the experiences of orphan crisis in Sub-Saharan Africa that are precipitated by diseases, wars, and even natural disasters (Caserta, 2017). According to Gillborn (2010), indicate that positive psychosocial well-being of an orphaned child can be achieved when one's emotional state and social relationships are predominantly healthy and adaptive. However, negative psychosocial well-being will be found when one's emotional state and social relationships are mostly poor, unhealthy or maladaptive as it may have been observed in orphaned children.

Findings in a study conducted by Perumal (2011) on grandmothers who were caring for adolescent foster children indicated that children placed in foster care are more likely to live in poverty and insufficient resources than other children, and such factors contribute towards instability of psychosocial well-being and unstable emotional behaviour in some of them. Therefore, unattended mental, emotional, and behaviour problems in orphaned children is likely to manifest as anxiety disorder, obsessive-compulsive disorder, post-traumatic stress

disorder, learning disorders, conduct disorders and or eating disorder. Such challenges require the interventions of professionals and there are no much studies with clear literature on types of interventions that social workers provide to foster children.

Washington, Priester, and Williams and Coakley (2017) argue that many children who enter foster care have different historical experiences, which may include the death of a parent, child maltreatment, socio-economic hardships, and exposure to violence, parental substance abuse, incarceration and even mental illness. Whenever it happens that children are exposed to similar experiences in the hands of caregivers, it becomes easy for them to become unstable both psychologically and emotionally. In the extreme cases where these children feel that they are misunderstood in foster placement, some then abscond and quit school. Studies have revealed that orphaned children are more likely to show no interest in furthering their education mainly due to hardships that they are exposed to in foster care placement (Perumal, 2011; Msebenzi, 2017).

Over and above different contributors towards mental health challenges in foster children indicated earlier, the Child Welfare League of America (CWLA) (200) also added that the mental health challenges faced by foster children are often caused by biological and environmental factors or a combination of both. Biological factors include genetics, chemical imbalances, or damage to the central nervous system, while environmental factors include exposure to violence, extreme stress, or the loss of an important person. The researcher may not have come across literature specifically on biological factors that contribute to mental health challenges in foster children. However, environmental factors seem to be the common challenges that one has observed.

A study conducted in Rwanda by Nduwimana, Mukunzi, Kirk, Bizimana and Betancourt (2018) found that orphan children often face compound difficulties such as poverty, HIV and AIDS, hardships and stigma that further complicate the process of adjusting to the death of their biological parent(s). Furthermore, it may be difficult for a caregiver to adequately support the child to cope with these mental health challenges without professional intervention. Caregivers in this study did not have reports on mental health issues observed in their foster children; however, they shared difficulties in the findings chapter, which led to their health deteriorating.

In conclusion, it is important to note that whatever happens in the lives of orphaned children placed in foster care; their holistic developmental well-being remains the responsibility of the caregivers to nurture. Mental health interventions and family-based interventions implemented where the child is proved to be protective factors and prevent child mental health symptoms (Nduwimana et al., 2018). The next section is a discussion on the various strategies to support adjustment and coping mechanisms for children in foster care placement.

2.5.3. Strategies to support adjustment and coping mechanisms for children in foster care placement

Foster care remains the most widely used form of alternative care for children that are placed after a social worker, and the Children's court have determined that they are in need of care and protection (Rymph, 2012). Alternative care legislation and policies as indicated in the Children's Act (2005) are in place to ensure that children in need of care and protection are protected and supported through different forms of alternative care.

Then the appropriate placements of foster care children and supervision of caregivers occur to enable the adjustment and transition processes and enhance the well-being of children in foster families. Madavanhu (2008) argued that very few caregivers especially grandparents expect to raise children again on full-time bases, and if it happens that they do, they do not get enough time to adjust to the transition and deal with their own emotions prior to assuming the role of a caregiver.

Adjustment is defined as the reaction to the demands and pressures of social environment imposed upon the individual (Sharma, 2016). The demands to which the individual has to react are either external or internal and are viewed in two perspectives; for one, adjustment is an achievement and for another, adjustment is a process. The first point of view emphasizes the quality or efficiency of adjustment, and the second lays emphasis on the process by which an individual comes to terms with the external environment (Sharma & Godiyal, 2015). Some of the caregivers therefore come up with strategies to intervene and assist foster children to adjust while others find it challenging to do so.

Children's positive adjustment in foster placement is said to be enhanced by the involvement of caregivers and their family members. For example, the child could be welcomed and shown around the house while exploring and asking questions during the informal and open

conversation with the caregiver or member of the family (Dunn et al., 2010). Further, having such informal conversations gives an idea of what children think of the placement. Dunn et al. (2010) further argue that placing foster children with more structured families enables them to form closer relationships with their caregivers who make their living and adjustment experiences less stressful.

The involvement of caregivers' children in the initial processes of fostering as indicated by Hojer, Sebba and Luke (2013) plays a major role when the foster family adjusts to the placement of an additional member. Maintaining children's history and their past by keeping their personal and vital items such as familiar clothes or toys even if they are old, gives children a sense of belonging. Furthermore, it makes their transition easier. When the caregivers' children voluntarily share their bedrooms, friends and their parents with foster children, it contributes a great deal towards adjustment as a family.

Caregivers' children play an important role during the fostering process since they are the ones who have the most contact with the foster children and often become their main support network (Part, 1993). Again the emphasis is on the fact that foster children who are introduced to consistent household routines cope better with foster placement and they also get a chance to engage with the family at different levels.

The importance of training caregivers is emphasized by Durand (2007) who argues that it is an efficient form of support that enhances the adjustment of foster children in the foster care placement. Information and skills that caregivers receive through the training enable them to deal with adjustment issues and deal with foster care children's problems that arise in the placement. Caregivers use the skills acquired during training to meet the needs of foster children as well as to improve placement stability. Foster children remain the caregivers' responsibility until they age out of the system if the placement did not breakdown. The involvement of extended help by professional people such as social workers, teachers, and psychologists is valuable to assist the foster child, which becomes the caregivers' objective to stabilize foster children's lives, ensure their access to appropriate services, and assist with proper physical and mental health development. Such objectives are to be attained through all considerable adjustments that children in foster care must make (Henan, 2009).

Active involvement of caregivers and their children in the lives of foster children can also help them to adjust in the outside environment and that includes school and peer pressures. Before

a foster child walks through the doors of a new school, he or she has already experienced many traumatic and disruptive events. These events include the original abuse or neglect, separation from siblings, having to tell and retell the story to strangers, meeting caseworkers, and officially meeting the foster family.

Upon being enrolled in school they are faced with many disruptions concerning attending and finishing school, having limited resources to draw on, they may stop attending school regularly, which increases their risk of poor academic performance or even failure. Other barriers to regular school attendance include the challenge of making new friends and the different expectations that caregivers may have regarding education (e.g. the importance of attending school or working hard in school), which can be confusing for the child. Children who change schools also find it difficult to form relationships with school staff that could support their academic success and eases the adjustment process within the school environment (Ryan & Testa, 2005).

The effective collaboration among different systems that can help in meeting the educational, physical, and mental health needs of children in foster care is emphasized by Zetlin, Weinberg and Shea (2006) as being the most essential system caregivers can adopt.

A study conducted by Mosimege (2017) indicates that most caregivers are resilient, and they rely on the spiritual support they receive from the church. Mosemege study also emphasizes the importance of introducing foster children to church and let them participate in different activities, which makes them feel that they are part of the family, a feeling that assists in the adjustment process and coping with the placement. Caregivers consider spirituality as a strength that forges connections to the larger universe and provides meaning to them. Snyder and Loperz (2007) also assert that spirituality is when one has coherent beliefs about the higher purpose and meaning of life that provide comfort, and this was the feeling of caregivers during this study.

Adjustment in foster families is an essential process that social workers need to ensure it is occurring efficiently to avoid foster care breakdown due to intolerance, misunderstanding and stress among children and caregivers. There are several environmental factors reported to affect children's adjustment among foster families. Caregivers and their biological children were reported to play a significant role in assisting foster children in coping with the transition. There is no indication in the literature which confirms that caregivers are timeously empowered to assist foster children during the adjustment and transition period. Support from professionals

such as social workers was said to be minimal in these families. The next section explores the challenges and support networks available for caregivers.

2.6. Challenges faced by caregivers and available support networks

Pasztor, Hollinger, Inkelas and Halfon (2006) assert that raising foster children is not an easy task but can also be very rewarding for caregivers; hence deciding to be a caregiver requires a significant commitment. The rewards of being a caregiver include contributing and making a difference in a child's life. However, it becomes a challenge when it affects the caregiver's emotional, physical and financial well-being. While all the parents may face challenges but caregivers may have additional stresses (Pasztor et al., 2006). These stressors may include inadequate training and support to deal with foster children's specific needs; they may also feel that there is no one to talk to when they have any crisis and find it stressful to deal with children's complex needs. Janie and Woodward (2006) argue that foster care can become a challenge for most caregivers since children are placed in foster care due to different reasons, and they display unpredictable behaviours. The most common problems that caregivers deal with are challenging behaviours that include being antisocial, violent, or sexualized. Managing these challenges might be a new or out-of-practice skill for most caregivers.

Low incomes for caregivers were also identified as a challenge, especially for those who are caring for adolescent foster children (Critelli & Schwam, 2010). In this study, caregivers indicated dissatisfaction with the amount of foster care grant they are receiving in terms of Social Assistance Act 13 of 2004 since it is the only source of financial support available from the Government. This type of support they receive from the government is available to them, and they are not expected to pay it back later as long as it will benefit the foster child (Social Assistance Act 13 of 2004).

Kimuna and Makiwane (2014) argue that in countries such as South Africa, Namibia, Botswana, Mauritius and Lesotho, social pension for elders is also available; unfortunately, it has to be shared with foster children and extended unemployed family members. Caregivers feel that the financial implications of caring for foster children as well as community stigma and reaction towards them contribute towards their emotional stress and physical exhaustion (Alpasan & Mabutho, 2017).

Challenges related to emotional distress and poor-self reported health have been identified among caregivers caring for orphans, mainly in Botswana, Kenya, Zimbabwe, and Tanzania

(Littrell, Murphy, Kumwenda, & Macintyre 2012). The authors further assert that poor self-reported physical health is reported to be linked to several complications. These include accessing medical care, poor nutrition, unhealthy environments and general aging and to the burden of providing care again to foster children since they also have their own families to take care of. Over and above, the findings from studies in Sub-Saharan Africa, the physical health of caregivers may also be compromised as they minimise their health problems to meet the health needs of their foster children.

A study conducted by Perumal (2011) found that most caregivers face challenges such as illiteracy because they did not get an opportunity to receive an education. Consequently, they are unable to meet such educational demands as assisting foster children with homework and other school-related tasks. Studies have shown that caregivers have limited access to knowledge and resources to meet the demands of their newly acquired roles (Lorkovic et al., 2004; Petty, 2002). Further, they argued that while there is much emphasis on educating children about their rights and responsibilities, there seems to be limited education for caregivers on how to deal with foster children and this is often caused by the invisibility of supportive services from professionals and other stakeholders.

Pithouse, Hill-Tout and Lowe (2002) suggested that a support package for caregivers must include training for wider support networks and structures. They argued that trained and supported family members, along with caregivers; cope better with changes brought about by foster children in their homes. Caregivers' other children are often forgotten during the process of foster care. Yet, they provide necessary support to foster children than other people involved in the process (Durand, 2007). Caregivers' children gain a great deal of experience. At the same time, they may be required to make sacrifices at certain stages of their development to support foster children (Studer, 2014).

Further, if caregivers' children experience or cause problems, it might result in foster placement failure as they are the ones who spend most of the time and have more contacts with foster children. They become their sounding boards and main support networks. Caregivers' children develop a sense of being empathetic and sensitive towards foster children, enjoy their companionship, care for young children and babies, and can face challenges of helping. Caregivers' children who are involved during foster care placement can relate to the appreciation given to their families, and they also become aware of the difficulties that foster children experience while they are placed in the care of their parents. Caregiver's children

therefore become an essential part of foster children's support system. A study conducted in Botswana by Shaibu (2013) found that grandmothers as caregivers drew their coping strength from God to care for orphaned children. They referred to God and acknowledged Him as the one who sees them through hard times and guides them. Similar findings were also obtained in a study conducted by Mosimege (2017) where caregivers had put their trust to God while they did all that they knew on how to raise orphaned children. The study further indicated that foster children mostly follow the beliefs of the caregivers until such an age where they are exposed to external influences and peer pressures. Participants in this study also shared how taking foster children to attend church services on a regular basis assisted them in shaping some of the behaviours.

It is clear that caregivers are faced with numerous challenges while taking care of orphaned children and, at the same time, they seek to deal with their loss. Different studies cited above are an indication that foster care placement is not only about going to court for the legal placement of a child and then receiving a foster care grant, but there is a lot of support that needs to be given before and after the placement. Despite the challenges that caregivers face, which include not getting enough professional support, participants in this study reported unwavering commitment to the care of the orphaned children. The next section focuses on the various strategies that are adopted to improve the well-being and positive functioning of foster care families**.**

2.7 Support strategies to improve the well-being and positive functioning of foster care families

The White Paper on Families in South Africa (2013) describes a family as a societal group that is related by blood (kinship), adoption, foster care or the ties of marriage (civil, customary or religious), civil union or cohabitation, and go beyond a particular physical residence.

In support of the social development approach on families, Patel (2005) emphasized that the rational on families is that families should be supported and their capabilities be strengthened for the purpose of meeting the needs of its members. Further, certain families, including foster families, may require additional supportive services so that they can solve problems in human relations such as conflict, communication, parenting, substance abuse, family violence as well as addressing problems arising from life changes and events.

Caregivers are expected to care for foster children with increasingly demanding needs and from diverse cultures and backgrounds. In order to cope with children's demands and meet their needs, caregivers also need support from the professionals around them. The support may assume different forms. For example; training, regular social work visits, support groups, and financial support. Support and training of caregivers is identified as beneficial for the child's placement.

Findings in a study conducted by Levasseur and Hudson (2002) indicated that caregivers needed emotional and financial support, and crisis assistance. With the emotional backing, they meant someone to lean on rather than actual advice, direction or solution from an individual. This may mean having a professional worker who is emotionally present, shows appreciation for the efforts made by caregivers, someone with good communication skills and knowledge about the community, resources, and someone who also demonstrates professionalism at all times. Caregivers indicated a need for more money while caring for foster children in order to achieve their goals of fostering. By crisis assistance, they refer to having someone to talk to immediately during the time of crisis in order to keep the child at home and sustain the placement. Support provided to caregivers also allows for an increase in placement stability.

Geiger et al. (2014) argue that nurturing and supervision of children in foster care at any age remains critical to their healthy development. The authors further emphasized that foster families play a vital role in caring for foster children during difficult phases in life and also prepare them for a transition into adulthood. Children in foster care are motivated when caregivers allow them to play an active role in daily activities, decision making, and responsibility, thereby creating an active role in their development (Geiger et al., 2014).

Supportive relationships were found to influence self-esteem in foster children. Collins (2010) also shared that children who have supportive adults and ongoing social networks are likely to have improved psychological and social outcomes. Previous studies also found that communication between foster children and caregivers is related to behaviour in that the caregiver's behaviour can reduce, maintain, or worsen behaviour issues with foster children (Geiger et al., 2014). Theories surrounding the approach to families have recognised that families require a range of supportive services to promote family stability and development. Saunders et al. (2016) identify three levels at which functional families contribute to societal stability. These levels are the micro, meso and macro level. These three levels are briefly explained below, respectively;

Micro-level refers to the stability of the individual personality, and families here provide emotional gratification for adults and play a crucial role in the socialization of children. Families develop strategies to live together, to share domestic tasks, to resolve conflicts, and to adjust successfully to changes over time such as births and departure of children to form their own independent households. At the meso level, stability is attained at the level of the family unit and to continue with various family functions.

The third level is the macro level. It entails stability in the relations between the family and other social institutions. In addition to adjusting to internal changes and developments, families also adapt to changes in their environments, particularly to the economic sub-system, the political sub-system, and the community sub-system. Research conducted by Wilkins (2012) indicated that the involvement of government in family issues is designed to align the best interest of three groups, that is, the individuals, the family, and the community. The involvement of government is aimed at promoting healthy families, to preserve and nourish the large block of families whose quality of life is helping to prevent and reduce problems associated with family disintegration, and strengthen families (Wilkins, 2012).

The White Paper on Families (2013) concentrates on three strategic priorities that should be adopted to improve the well-being of families and that include foster care families. The first strategy is the promotion of healthy family life. This strategy focuses on efforts to prevent the breakdown of family life by promoting positive attitudes and values about the importance of healthy families and communities that support families. Social workers and social service practitioners, in this case, provide preventative services to families, especially foster families, to prevent the breakdown of foster care placements and to redirect foster children in case there is instability in the foster care family.

The second strategy is family strengthening. This strategy is a deliberate process of giving families and their members the necessary opportunities, networks, support, and protection, especially during times of adversity and change (Moor et al., 2002). The strategy put more emphasis on the fact that essential elements for family success include access to affordable housing, safe streets, supportive social networks, and the environment that promotes communities and strengthens bonds between families (National Human Services Assembly, 2004). The last strategy is on family preservation. This strategy is generally understood to mean keeping families together and the specific services and programmes which are intended to strengthen families in crisis and reduce the removal of family members from troubled families

(Department of Social Development, 2010). Family strengthening is based on the belief that people, including children in need of care and protection, need a family in which to develop. The Department of Social Development (2010), identified four core levels of service delivery for family preservation which are; prevention, early intervention, statutory intervention, reunification, and aftercare services.

Services that are delivered at these levels are aimed at integration and support services to enhance self-reliance and promote well-functioning families. The ultimate goal is that services on prevention and early intervention levels as well are delivered to keep families together, well-functioning and self-reliant. In concluding, the researcher believes that foster families are not different from other families except that there is an orphaned child that is legally placed in the care of an elder due to the absence of his/her parents for a particular reason. In this study, parental absence is due to death. Services for families outlined in the White Paper on Families are appropriate for foster families as they serve the purpose of improving the well-being and functioning of families.

2.8 Conclusion

The literature review in this chapter revealed that there is limited professional support provided to foster families, hence they struggle to assist foster children to adjust to transition in foster care placement. Lack of training and limited interaction between caregivers and social workers was identified as a challenge that caregivers are face with when they take care of orphaned children. There is also no clear indication in the literature in terms of programmes designed to specifically assist foster children and foster families.

Participants in this study indicated the lack of interaction amongst social workers and caregivers; they interact only when it is time to review children's orders or when there are serious challenges. It was indicated in most studies that children are placed in foster care due to different reasons which include abuse, neglect, maltreatment and parental deaths. The limited support to foster families lead to caregivers forging their own techniques to assist foster children to cope with the changes and transition in their lives while in foster care placement.

Studies also revealed that caregivers' biological children become the most essential support system in the lives of fostered children. They spend most of their time with them, they share their rooms with them, share friends, and most importantly their parents. Other than the caregivers' families that are available for support, they also indicated that they get support from

neighbours, and the church. Perumal (2011) and Mosemege (2017) conducted studies in South Africa, which indicated that most caregivers believe in God and they bring up their children including the foster children under the Christian religion as they strongly believe that He will give them wisdom while they take care of orphaned children. There is generally insufficient formal support provided to foster families mainly from social workers. Dissatisfaction with work and the attitude of social workers as well as insufficient financial support in terms of foster child grant was also revealed in the literature review as being one of the setbacks in the provision of support to caregivers.

Shortage of social workers, shortage of resources, lack of supervision and aftercare services were reported in the literature as contributing factors towards the many challenges that social workers are faced with in the implementation of foster care services. Difficulties related were to the eradication of the ongoing backlog was associated with such hindrances within the profession of social work. As a way of assisting social work professionals to cope with their overwhelming workloads, a digitalisation programme was recommended.

Digitalisation programme would make it easy for supervisors and social workers to minimise paper work that takes up more time as social workers are obliged to update them. Social workers will have ample time to plan for and implement relevant programmes to foster families and foster children.

CHAPTER 3

METHODOLOGY

3.1 Introduction

The purpose of this chapter is to provide an overview of the research methodology utilized in the study. De Vos et al. (2011) state that a research methodology is a way to systematically solve a research problem. Methodology can also be understood as the science of conducting research. The authors further assert that research methodology sets out the various steps to investigate a research problem and the logic behind them. According to Terre Blanche and Durrheim (2006:6), "methodology specifies how researchers may go about practically studying whatever they believe can be known". It is for such reasons that this study on family adjustments and support interventions in foster care families through experiences of caregivers and social workers in Amajuba District was conducted using a qualitative approach.

The chapter describes the specific procedures and techniques used to identify, select and analyse the data collected to understand the research problem. Data collection processes and analysis are discussed to enable the reader to understand how the study was conducted. In order to get a better understanding about family adjustments and support interventions in foster care families through experiences of caregivers and social workers in Amajuba District, a qualitative approach, located within the interpretivist paradigm was applied in this study. This chapter comprises the following: research approach, design, paradigm, sampling strategy, data collection, trustworthiness, ethical considerations and.

3.2 Research approach

The research approach used in this study was qualitative approach. De Vos et al. (2011) argue that qualitative research refers to the participants' account of meaning, experience or perception and the primary goal of this approach is to describe and understand rather than explain human behaviour. According to Denzin and Lincoln (1994:4) "the word qualitative implies an emphasis on processes and meanings that are not rigorously examined or measured in terms of quantity, amount, intensity or frequency". This study focuses on the narratives of the participants and their experiences, which are unique and context specific.

Kelly (2006) states that in most instances qualitative researchers seek to make sense of feelings, experiences, social situations or phenomena as they occur in the real world and therefore, they

want to study them in their natural settings. Qualitative researchers tend to collect data at the site where participants experience the phenomena in question and information is gathered by directly talking to people (Creswell, 2009).

Terre Blanche and Durrheim (1999) further elaborate that the qualitative approach is important when the purpose of the research is to study phenomena as they occur in reality, as interconnected wholes rather than split up into discreet predetermined variables without manipulations. Therefore, qualitative methods are mostly suitable for this study since qualitative research is built on the ontology that there is no single reality and that reality is created by individuals and these are context specific. Therefore, this approach increases the chances of getting authentic findings that are produced by the participants themselves.

Focus groups and semi-structured interviews that were adopted in this study permitted the researcher to elicit the subjective views of participants as information was gathered by talking directly to the study participants. Direct engagements with the participants gave the researcher a chance to understand what the participants shared about their experiences and feelings about the topic. Social work interviewing skills applied by the researcher assisted in obtaining detailed and rich information from the participants' experiences. Using focus groups and semi-structured interviews to collect data in this study, the researcher was able to obtain the subjective views of study participants. The researcher in this instance applied triangulation method, as it is stated by Denzin (2009) that no single method, theory or observer can capture all that is relevant. He further stated that triangulation is the method by which the researcher analyzes data and then present the results to others to understand the experience of a common phenomenon.Social work interviewing skills applied by the researcher such as exploration, open and closed-ended questions, explaining and non-verbal skills such as minimal encouragement all assisted the researcher to obtain rich and thick data directly from the participants. Moreover, it allowed the participants to freely engage in discussions (Delport &Fouché, 2005).

Qualitative research is longer and more descriptive; it allows participants to freely engage in discussions so that the researcher can gain rich and detailed information (Delport &Fouche, 2005). Qualitative research methodology is therefore relevant in this study because it gives the reader a deeper understanding of family adjustments and support interventions in foster care families, explored through the experiences of caregivers and social workers in Amajuba district.

3.3 Research design

To develop a research design, the researcher must study whether the aim of the study is exploratory, explanatory, evaluative or descriptive, as this has an impact on the type of study (Creswell, 2009). For the purposes of this study, a descriptive research design was chosen. This design complemented the qualitative approach as it was applied throughout the study. Descriptive designs are aimed at accurately describing phenomena (Terre Blanche, Durrheim, & Painter, 2006). Furthermore, the description of phenomena can either be through interviews with individuals about their experiences (narrative-type descriptions), or through documentations (classifications) or through measuring relationships.

Terre Blanche et al. (2006) emphasized that in qualitative research; the aim is to understand how people live, how they talk, how they behave, and what distracts or attracts them. Being qualitative, this research study is less controlled and structured than its quantitative counterpart. The study has provided the researcher with an opportunity to obtain holistic and profound perceptions of caregivers and social workers through focus group discussions and individual interviews on adjustment mechanisms and support interventions in foster care families. Moreover, a descriptive design complements the qualitative research approach, which describes the narratives of the participants (Marlow, 2007). For example, in the next chapter, the researcher will give more details on the narratives from the data obtained during the engagements with the participants of the study.

3.4 Research paradigm

Guba (1990) asserts that in any research study, clear adherence to the paradigm guiding the research is considered to be a good research practice. Further, Guba (1990) defined a paradigm as a basic set of beliefs that guides actions. Creswell (2009) asserts that in a Interpretivistparadigm, the researcher remains alert and focused on learning the meaning that participants have around the problem issue, not the researchers' perspectives. Babbie and Mouton (2001) maintain that qualitative researchers are most interested in describing the actions of participants deeper, and attempt to understand these actions in terms of the beliefs, history and context of participants. These authors further argue that this paradigm increases the chances of getting authentic findings that are produced by participants themselves.

The qualitative approach in this study permitted the researcher to obtain subjective views of the caregivers through focus group discussions and the views of social workers through one-on-one interviews. An interpretivist paradigm based on the above debates was a suitable method of inquiry for this study as it provided the researcher a chance to explore family adjustments and support interventions in foster care families through the experiences of caregivers and social workers in Amajuba District. According to the interpretivist paradigm, reality is a product of the participant's own interpretation of individual experiences.

3.5 Sampling strategies

According to Barker (2003:380), a sample is a "small portion of the total set of objects, or persons from which a representative selection is made". Monnette, Sullivan and DeJong (2011:135) also suggest that a sample allows us to "study a workable number of cases from a large group to derive findings that are relevant to all members of the group." This study used a non-probability sampling technique called purposive sampling. Non-probability sampling uses a non-randomized method to draw the sample and mostly uses the researcher's judgement.

Parahoo (1997:232) describes purposive sampling as "a method of sampling where the researcher deliberately chooses who to include in the study based on their ability to provide necessary data". In this study, the researcher selected social workers who had experience in the administration of foster care and the caregivers who participated in the study also had direct and rich information and experience on the topic. Social workers who formed part of the study were further selected based on their number of years of experience, which was 3 years and more as designated social workers, have rendered parenting programmes and they all possessed a degree qualification in Social Work. Caregivers on the other hand were expected to have been taking care of foster children for at least two years and more and be exposed to any type of programmes rendered by a social worker.

According to Maree (2007), purposive sampling is clarified as a way of getting the best information by selecting items or people most likely to have the experience or expertise to provide quality information and valuable insights on the topic. Therefore, purposive sampling is based on the judgement of the researcher, in that, a sample is composed of elements that comprise the most characteristic, symbolic or typical attributes of the sample population

(Strydom, 2005). For the purposes of this study, two databases were used to identify caregiver participants.

The database of 151 caregivers from Dannhauser Service Office and another database with 25 caregivers from Newcastle Service Office, KwaZulu-Natal Province were considered. Among the three (n=3 social workers, each identified at least five (n=5) caregivers from her database who met the recruitment criteria. The criteria for selecting caregivers was based on a number of years they have been taking care of foster children which was two years and more. Caregivers were also expected to have attended a parenting programme rendered by a social worker. A total of 15 participants were selected as a saturated number. This was agreed upon by social workers and a researcher in order to avoid having a larger group that could not be controlled. Of the 15 caregivers that were selected, six (n=6) caregivers did not participate due to personal reasons. Nine (n=9) caregivers who participated in the study were also acquainted with the social workers since they have been working with them for more than two years, while three (n=3) social workers who participated were recruited by the researcher.

Six caregivers and two social workers were recruited from Dannhauser Service Office under the Dannhauser Local Municipality (Amajuba District). Dannhauser Local Municipality is the deep rural locality and second largest area from Newcastle. Three caregivers and one social worker we recruited from Newcastle Service Office.

The inclusion criterion for the caregivers was as follows:

1) Must be listed on the database not less than five years.
2) Must be a resident of Amajuba District.
3) Must have a child and or children not older than 18 years.
4) Must have participated in some of the support interventions provided by a social worker.

The second sample consisted of three social workers who were purposively selected from the Department of Social Development (DSD) in Amajuba District Municipality. This district has six DSD services offices; four offices are in Newcastle, one in Dannhauser and one in Utrecht.

The inclusion criteria for the social workers were as follows:

1) Social worker employed by the Department of Social Development within Amajuba District.

2) Possess a minimum of three years of work experience.

3) A social worker that has provided support intervention to foster parents/families.

The Department of Social Development Amajuba District comprises three local municipalities, i.e. Newcastle, Dannhauser and Emadlangeni (Utrecht) local municipalities.

There are 88 social workers employed within Amajuba District. Four social workers indicated interest to participate, i.e. one from Newcastle, two from Dannhauser and one from Utrecht. They were telephonically invited to participate in the study. However, only three registered their willingness and availability to participate in the study. Most social workers did not have an understanding of what the researcher was going to gain out of the study and some even indicated to be scared of being quoted some day as participant in the study.

Upon the receipt of approval from the Department of Social Development to conduct the study (see Appendix 4), the researcher met with all the three social workers to discuss the objectives of the study and also provide copies of the consent letters (see appendix 2) for them to read and understand before the interview were conducted. The researcher requested to audio record interviews for later transcription, and the request was honoured.

3.6 Data collection methods

Two qualitative methods of data collection were used: focus group discussion with caregivers and in-depth individual interviews with social workers. Silverman (2011:168) describes a focus group as "a method of data collection that involves a small number of people undergoing an informal discussion with particular focus on a specific topic, in order to acquire shared perceptions and experiences of the group members". This method is a means to better understand how people feel or think about an issue. De Vos et al. (2011) suggested that participants must be selected based on certain characteristics they have in common that relate to the topic.

Wilkinson (2003) points out that the advantages of focus group interviews are two-fold: (i) participants are likely to recall memories, stimulate debate, facilitate disclosure and generally encourage the production of elaborate accounts of their experience; and (ii) multiple voices can be studied at one sitting (Smith et al., 2009).

Considering the above advantages, a focus group was held with nine (n=9) caregivers from Newcastle and Dannhauser. Since they were from two service offices, the focus group was held at Osizweni Service Office, which is central to both these locations. Below, the researcher discusses how the focus group discussions with the caregivers were facilitated.

3.6.1 Focus group discussion with caregivers

Before group discussions commenced, the researcher introduced herself and the research assistant (a social worker) and made a few general comments, simply to set the tone and build rapport with the participants.

Participants were informed of the research assistant role and were assured that none of their responses would affect the agreements they have with social workers and the presiding officersof taking care of orphaned children and that of the social grants that they were receiving on behalf of foster children. The research assistant was a social work supervisor with twenty years of experience as a social worker. She was doing a masters' degree in Social Work during the period of data collection. She was assisting the researcher during the session, to ensure that all the logistics were in order. She read and explained the informed consent letter that was written in IsiZulu to the participants before the discussions commenced. She was also responsible for the recording of the discussion using a digital audio recorder. The research assistant was also responsible for taking field notes. This helped to ensure a smooth flow of discussions since the researcher was not disrupted during the discussions through note taking when she was supposed to be moderating the discussion. While Wilkinson (2011) regards the focus group discussions an informal discussion, this interaction is not necessarily a haphazard platform for exchanging views and sharing lived or daily experiences. Instead, it is the normal practice in qualitative research to have a moderator steering the discussion in a particular direction to solicit salient views or capture experiences relevant to fulfilling the research objectives (Polkinghorne, 2005). In the current study, focus group discussions were guided by an interview guide and a moderator, hence the researcher argues that it cannot be "an informal discussion" as suggested by Wilkinson (2011).

All the participants were informed about the need to maintain confidentiality. After all the deliberations, the session started. How the confidentiality was maintained is discussed in detail under ethical consideration below. The discussions started on a low note as the participants were not familiar with each other and also not sure whether to talk about everything or to select

what they wanted to share until one of them openly spoke about her own experiences in response to one question that was posed by the facilitator (researcher). The discussions were initially dominated by participant number two. The participant had lost her younger sister who eventually passed away and left a child behind.

She never had a chance to share her experiences of being a caregiver with people who had the same understanding of what she was talking about. The participant's emotions were very high but she remained content and displayed a sense of maturity while sharing her experiences. The researcher also acknowledged the opinion of the participant and politely solicited other members' opinions. However, as the discussion continued, other participants became open and started sharing their stories.

A focus group guide (Appendix 6) was used as a data collection instrument. There were no difficulties, no chaos or dramatic experiences observed during the discussions. At times participants would show some emotions as they related stories about their loved ones and when they shared their experiences of pain caused by the orphaned children in their care.

In light of the above, a 62 years old caregiver constantly shared how disrespectful her grandchildren were, and how it became easy for them to be involved in criminal activities and destroy their own home. During the focus group discussion, the researcher noticed that there were lot of emotions amongst the participants as they opened up about their loss and pain. It was surprisingly commendable to notice that even though they had to tell their painful stories but they remained content and supported each other. Participants indicated that this was the first time they had to share their experiences as caregivers with other people who might have similar experiences. The researcher also did not hesitate to offer the counselling services to all the participants if they feel they needed that service, it may not be now but the services will be available to them at any timewhen they may indicate.

The researcher planned with another well experienced senior social worker to provide counselling sessions should these caregivers indicate a need as it was clear that they may be taken back to past experiences and they will have to be assisted. Just before the session ended, the participants requested and recommended thatdiscussion sessions of this nature be made part of the foster care process as they agreed that a problem shared is a problem solved. The session lasted for approximately 1 hour 40 minutes. The first part of the session took about 20 minutes. This part of the session began with introductions, explanations about the study and clarifications on why the study was conducted. The researcher went through the consent forms with the participants before the real discussions commenced. There was a 10 minutes break

where participants had refreshments and somebody stretch. The second part of the session began and lasted for about 70 minutes, which included the real discussions, summing up and closure of the discussions with participants. The duration of the actual focus group discussion was approximately 70 minutes.

3.6.2 Individual interviews with social workers

The purpose of in-depth interviews is to obtain information and understanding of the issues relevant to the aim and objectives of the research (Gillham, 2000). Interviews provide the researcher and the participants with the much needed flexibility.

Hagan (2018) highlighted the importance of considering the advantages and disadvantages of interviews when conducting research. Interviews provide an opportunity for personal contact between the researcher and the interviewee. During an interview, the researcher obtains richer data than what could be the case with questionnaires, which are quantitative. An interview schedule aligned to the objectives of the study was used (Appendix 5).

It served as a memory aid, ensuring that all important questions were posed. This set of predetermined questions was generated after thorough literature search was conducted to identify gaps in the body of language.

A face-to-face relationship between the researcher and the interviewee prevents misunderstandings or confusion, which may emanate from the research participants seeking to interpret questions. Interviews provide an opportunity for the researcher to observe the participant's body language during the interview process. Furthermore, the researcher is able to follow up particularly interesting avenues that emerge during the interview and where the participants provide a fuller picture (De Vos et al., 2011).

Scheduling of date, venue and time was discussed with social workers who were recruited for participation in the study. They consented to participate in the interviews. One-on-one interviews with social workers were held at a restaurant, a venue which was convenient to all the participants. The semi-structured interviews were conducted using an interview schedule as indicated above. Researchers use semi-structured interviews in order to gain a detailed picture of participants' beliefs, perceptions or accounts of a particular topic (De Vos et al., 2011). Individual interviews with each social worker took approximately 40 minutes. After each interview, participants were provided with refreshments. This was merely a gesture of appreciation and not a form of remuneration for participation. Similarly, transport costs that were incurred by the participants were reimbursed by the researcher.

3.7 Data analysis

Data analysis is the process of bringing order; structure and meaning to a plethora of data collected (De Vos, 2005). Each in-depth interview and the focus group discussion were audio-recorded, later translated and transcribed. The data were finally analysed.

Data interpretation and analysis were conducted through thematic analysis. Boyatzis (1998:5) refers to thematic analysis as a process of "encoding qualitative information". Thematic analysis has six phases as emphasized by Braun and Clarke (2006), namely; becoming familiar with the data, generating initial codes, searching for themes, reviewing potential themes, defining and naming themes and producing the report. These phases are detailed below as guided by Braun and Clarke (2006).

3.7.1 Familiarization with the data

Becoming familiar with the data is common to all forms of qualitative analysis and the researchers immerse themselves in, and become intimately familiar with their data; reading and re-reading the data (and listening to audio-recorded data at least not once, if relevant) and noting any initial analytic observations. The researcher listened to the recorded data more than once in order to familiarise herself with the information. Thereafter, reading of the transcriptions occurred. This process helped the researcher to identify different codes.

3.7.2 Generating initial codes

Coding is also a common element of many approaches to qualitative analysis. This involves generating pithy labels for important features of the data, which are of relevance to the research questions guiding the analysis. Coding is not simply a method of data reduction; it is also an analytic process, so codes capture both a semantic and conceptual reading of the data. The researcher derived initial codes and thereafter confirmed all the codes. In this study, narratives from the data were grouped together they and culminated into themes that were further grouped together. Only four themes were identified in this study.

3.7.3 Searching for themes

A theme is a coherent and meaningful pattern in the data, which is relevant to the research question. Searching for themes is similar to coding to identify similarity in the data. This

'searching' is an active process and the themes are not hidden in the data waiting to be discovered. Rather, the researcher constructs themes. The researcher identified themes and subthemes and supported these using relevant literatures. This phase was concluded by collating all the coded data relevant to each theme.

3.7.4 Reviewing potential themes

It is necessary that the researcher should reflect on whether the themes tell a convincing and compelling story about the data, and begin to define the nature of each individual theme, and the relationship between the themes. Occasionally, it may be essential to collapse two themes together or to split a theme into two or more themes, or to discard the candidate themes altogether and begin again the process of theme development. During the study, the researcher had initially derived six themes and more than twenty subthemes. As the researcher continued defining the themes, it was evident that some needed to be conflated and rephrased, and eventually, four themes were generated.

3.7.5 Defining and naming themes

Defining and naming themes requires the researcher to conduct and write a detailed analysis of each theme where the researcher should ask 'what story does this theme tell?' and 'how does this theme fit into the overall story about the data'. The themes and subthemes were defined accordingly for the purposes of this study.

3.7.6 Producing the report

Writing-up involves weaving together the analytic narrative and (vivid) data extracts to tell the reader a coherent and persuasive story about the data. It also involved contextualizing it in relation to existing literature.

For any qualitative research to be accepted as trustworthy, it is imperative to demonstrate that the data analysis has been conducted in a precise, consistent and comprehensive manner. The section below is devoted to a discussion on how trustworthiness was achieved.

3.8 Trustworthiness

Trustworthiness is one way researchers can persuade themselves and the reading public that their research findings are worthy of attention. A criterion introduced by Lincoln and Guba (1985) was followed. It comprises; credibility, confirmability, transferability and dependability.

3.8.1 Credibility

Credibility is the alternative to internal validity where the goal is to demonstrate that the inquiry was conducted in such a manner as to ensure that the subject has been accurately identified and described (De Vos et al., 2011). According to Lincoln and Guba (1985), credibility refers to the ability of the researcher to produce findings from the study that are both believable and convincing. The truth value in qualitative research is obtained from the discovery of human experiences as they are perceived by the informants. During the study, the researcher allowed the participants to openly share their experiences on the topics discussed during the group discussions.

3.8.2 Dependability

Babbie and Mouton (2007) argue that there can be no credibility without dependability; therefore, the presence of credibility is sufficient to establish the existence of dependability. In an attempt to ensure dependability in this study, different methods of data collection were used. In-depth interviews and focus group discussions were conducted, which constituted data triangulation. Further, all research procedures were diligently followed and changes made were documented. It is emphasized that the use of different data collection methods helps to give consistent information. In simple terms, dependability refers to whether the findings will be consistence if the research were to be conducted with the same people or in a similar context (Shenton, 2004; Babbie & Mouton, 2007).

3.8.3 Confirmability

Confirmability refers to the extent to which the results of the study could be verified by others (Leung, 2015). Participants in this study comprised of different gender, cultural groups and language. To enhance trustworthiness of the data when transcribing comments from isiZulu, a transcriber who was proficient in isiZulu and English reviewed the final transcripts. Thereafter, a copy of the transcripts was sent to some participants to verify that their words were accurately captured.

Confirmability was also enhanced through data triangulation, where individual interviews and a focus group were conducted, and notes were taken as participants shared their experiences. Once that data were analysed, it was shared with the supervisor who also was able to confirm that the narratives from the transcripts were appropriately reflected.

3.8.4 Transferability

Transferability is when the findings of a qualitative research study can be transferred to other contexts (Shenton, 2004; Elo et al., 2014). In ensuring that sufficient data were collected during group discussions and each interview, the researcher enhanced the accuracy of transferability through thick descriptions of data that respected the participants as experts. Lincoln and Guba (1985) emphasized that the researcher must provide thick descriptions to allow those who want to transfer findings to their own sites to judge transferability.

3.9 Ethical considerations

Ethical clearance for this study was obtained from the University of KwaZulu-Natal's Humanities and Social Sciences Research Ethics Committee: Protocol reference number: HSS/0569/017M. The ethics guidelines stipulate that the researcher should be honest in gathering the participant's information about the research and participants should be psychologically competent to participate (Strydom, 2011). As a result, the researcher ensured that the participants acquired the relevant information about the research when the researcher met with them and that the consent letters were read and clarified before participants signed them.

Strydom (2011) also supported that researchers need to rectify any misunderstandings or false impressions that may have been formed by participants even after completion of the project. Participants were provided with the opportunity to pose questions on any aspect of the study

before they signed the informed consent letters. In order to prevent exposure of participants to unethical practice, the researcher ensured that the following were considered: Confidentiality and privacy, voluntary participation, avoidance of harm, actions and competence and deception of participants.

3.9.1 Confidentiality and privacy

The safeguarding of privacy and confidentiality of participants is a vital aspect of ethics (Neuman, 2011). According to Marlow (2011), confidentiality implies that the researcher knows the identity of the participants and their associated responses but ensures not to disclose that information. The researcher shall maintain this aspect by ensuring all participants that their information shared during the session held will not be made available to any person without their consent and data collected will be kept in a lockable place. Violation of privacy is avoided through respecting and maintaining that the participants remain anonymous (Padgett, 2008; Strydom, 2011). To adhere to these research principles, the researcher used pseudonyms. The researcher dealt with this aspect by ensuring the participants that their real names will not be used anywhere during and after the discussion session and there will be no discussion held that will be related to any of the participants and that will further hide their identity. It was further made clear that the information will be kept for a period of 5 years in a safe place where only the researcher, research assistant and the supervisor will have access. After that period, the audio recordings and transcriptions will be destroyed.

3.9.2 Voluntary participation

Padgett (2008) points out that no participant should be forced or feel obliged to participate in the study, but they should do so at their own free will. The researcher also explained to participants that they had the option to choose not to participate in the study and that they were at liberty to discontinue at any time should they wish to do so. At times it is assumed that social workers as participants and in the same profession with the researcher, there existed the implicit obligation to participate. Therefore, the researcher further emphasized the voluntary nature of participation, which afforded participants the opportunity to decline, not feel obliged or withdraw from the study at any time.

3.9.3 Avoidance of harm

Babbie and Neuman (2011) maintain that avoidance of harm is a critical issue. This also is clarified by Terre Blanche and Durrheim (1999:66) that "an obligation to do no harm requires

the researcher to consider potential risks that the research may inflict physical, emotional, and social or any other form of harm on any person or creature that is involved in the study". Participants were informed that should they experience discomfort and require further services; the researcher would provide support through relevant referrals to a social worker or psychologist.

However, the researcher found that the participants felt valued; hence they were more than willing to participate and share their lived experiences as caregivers and social workers. It clearly will not be easy for participants to retell their stories but would be a golden opportunity to share experiences with people who understand exactly what each was going through.

The researcher arranged with a senior social worker to render counselling services for any participant who might require debriefing after the session. Participants were thankful that they had had an opportunity to share their experiences and knowledge, which they gained after accepting the responsibility of being foster parents. There was no harm caused, the questions and the actual topic discussed were not sensitive.

3.9.4 Actions and competence of a researcher

Any researcher is expected to maintain professional conduct throughout the study and ensure that they are skilled enough to undertake the research study (Strydom, 2011). The researcher is a social worker with 17 years of experience in the profession. She works with children and families. The researcher was therefore competent enough to conduct the research study based on her professional experience.

The researcher maintained a professional relationship with participants while attempting to conduct interviews in a professional and sensitive manner under the guidance of a research supervisor as mandated by the University of KwaZulu-Natal.

3.9.5 Deception of participants

Deception of participants can be described as withholding information or offering incorrect information in order to ensure the involvement of participants when they would otherwise possibly have refused (Strydom, 2011). The researcher was transparent and did not withhold any information about the research study from the participants. In particular, the researcher ensured that she discussed the aim of the study, which was also clearly outlined in the informed consent letter (Appendix 3). The participants were also afforded an opportunity to clarify any aspect of the study that did not seem familiar to them (Msebenzi, 2017).

3.10 Conclusion

This chapter described how data were generated. It also included the research approach, design of the study, sampling strategies, data collection methods, data analysis, trustworthiness, ethical considerations and concluded with the limitations of the study. The next chapter presents the findings and the recommendations of the study.

CHAPTER 4

PRESENTATION OF FINDINGS

4.1 Introduction

This chapter presents the findings of the study. The data were obtained from one focus group discussion and three individual interviews. This chapter has two sections; the first section presents the demographic profiles of participants, and the second section is a presentation of

the themes and subthemes that arose from the data. Themes are deliberated with reference to the narratives of the participants, which are presented verbatim and in italics.

4.2 Demographic profile of participants: caregivers and social workers

Nine participants, eight females and one male were identified from the Department of Social Development social work case files located in Newcastle and Dannhauser local municipalities. Caregivers took part in the focus group discussion while three social workers were identified from three Social Development Offices within Amajuba District. The social workers participated in the in-depth individual interviews.

The table below provides foster parents' biographical profiles. The number of foster children in each foster parent's care is also provided. To further give a contextual understanding of the participants, their respective family contexts are described in a narrative form and summarised in the table below. The confidentiality of the participants shall be maintained throughout the report as their names will not be indicated in the text so that responses cannot be linked to individuals.

Table 1: Demographical profile of the participants

Particip ant No:	Age	Sex	Dominant language	Education level	Employment status	Marital status	Number of fostered children	Years as a caregiver	Relationship with the child
1.	54	Female	IsiZulu, English	Grade 8	Unemployed	Single	1	10yrs	Grand mother
2.	44	Female	IsiZulu, English	Grade 12	Employed	Single	1	5yrs	Aunt

			Afrikaans						
3.	38	Female	IsiZulu, English Afrikaans	Degree	Employed	Single	2	6yrs	Aunt
4.	24	Female	IsiZulu, English Afrikaans	Grade 12	Unemployed	Single	4	6yrs	Aunt
5.	30	Male	IsiZulu, English Afrikaans	Grade 11	Unemployed	Single	5	7yrs	Brother
6.	62	Female	IsiZulu, English, Afrikaans	Grade 5	Unemployed	Widowed	4	8yrs	Grand mother
7.	56	Female	IsiZulu, English Afrikaans	Grade 8	Unemployed	Married	2	3yrs	Grand mother
8.	54	Female	IsiZulu, English Afrikaans	Grade 7	Unemployed	Married	2	5yrs	Grand mother
9.	33	Female	IsiZulu, English Afrikaans	Grade 9	Employed	Engaged	2	4yrs	Aunt

4.2.1 The biographic analysis of the participants' profiles

The study comprised eight females and one male participant who were all Black Africans residing in Amajuba District Municipality in North-Western corner of KwaZulu-Natal. The average age of the participants was 44 years; the youngest participant was 24 and the eldest was 62 years old.

Two participants were married and staying with their husbands and children. One participant was engaged and already residing with her fiancé whilst one was a widower. The rest of participants (five) were single or had never married.

Eight participantswere biologically related to their foster children. Three participants were employed and also in receipt of foster care grant while six were unemployed and in receipt of foster care grant. One participant was the only one above the age of sixty and was in receipt of both foster care and the old age grant. Social Assistance Act 13 of 2004 provides the statutory framework for the imbursement of social grants to eligible elders, children, people with disabilities and people in distress. Most participants in the study were grandparents. In sub-Saharan Africa, grandparents traditionally take custody of their grandchildren when they are unable to reside with their biological parents (Nyasani et al., 2009; Maradik Harris & Kim, 2011; Mantsho, 2015).

Table 2: Biographic profile of social worker participants

Participant	Age	Qualifications	Language (s)	Average caseload	Number of years as a social worker	Number of years as designated social worker
1.	28	Social Work Degree	IsiZulu English	121	06	03
2.	35	Social Work Degree	IsiZulu English	25	09	04
3.	30	Social Work Degree	IsiZulu English	30	07	06

4.2.2 Biographic analysis of social workers' profiles

Three social workers who participated in the in-depth interviews were black African females from two of the Social Development Offices in Amajuba District Municipality. They all had Bachelor's degree qualifications in Social Work, and more than three years' experience as social workers and providing foster care services. Two were identified from Dannhauser Service Office and the third one was from Newcastle Service Office.

The reason for identifying two social workers from Dannhauser is that this local municipality is in the deeper rural area where scarcity and inaccessible of resources hinders service delivery to many; this include instances where there is no access to transport, water, health care, schools, electricity and even social welfare services. The number of children placed in foster care in this local municipality was 1291. This indicated a higher caseload compared to Newcastle Local Municipality where only 913 children were in foster care placement.

4.3 Themes and sub themes that emerge from the interviews

Theme	Subthemes
Pre-parental death period: Shifts and changing patterns of parental roles	(a) Coping with parental illness (b) Assuming a care giving role for children (c) Post-burial dynamics

Adjustment and transitions in foster care families	(a) Personal adjustment of caregivers (b) Caregiver-child interactions (c) Child custody battles post-burial (d) Conflicts between foster children and caregivers
Sources of support for caregivers and foster children	(a) Spiritual support (b) Support from social networks
Caregivers' perceptions of interventions provided by social workers:The experiences of navigating the foster care placement process	(a) Pre statutory services experience (b) Post statutory services experience

4.3.1 Theme: Pre-parental death period: Shifts and changing patterns of Parental roles

In this study, many participants reported that biological mothers of the children in their care died after being sick for some time. The mothers' sickness significantly changed the family dynamics and the lives of children. Some of the caregivers assumed caregiving roles and responsibilities for the children and the ill mother at the time of the mothers' illness, thereby shifting the roles in the household. In such cases, caregivers and the children built a closer relationship prior to parental death. In South Africa, 62% children between the ages 0-17yrs are raised by mothers only (Statistic South Africa, 2018). Therefore, a mother's sickness is likely to impact child caregiving and parenting. Thus, children received support prior to parental death, which continued after parental death. Coping with parental illness, care giving roles for the child and ill-parent and post-burial dynamics were the key sub-themes that emerged under this theme.

4.3.2 Subtheme: Coping with parental illness

Most participants in this study were caring for children whose parent/s died after an illness. The participants shared their experiences of caring for an ill mother and their children. For most participants, the deteriorating health of biological parents had a significant emotional toil for them. Lack of mental preparedness for parental death and the experience of losing a family member were commonly shared experiences.

Manning and Gregoire (2008) assert that parental illness has been shown to affect attachment formation and the cognitive, emotional, social and behavioural development of children. These children are also at risk of developing psychiatric disorders in childhood, adolescence and later adult life. In view of the potential impact of parental illness, prevention and intervention at early stage are of great importance. Orphaned children are also no exception in these challenges and they are also exposed in many more stressful conditions due to them experiencing parental illness.

The children's emotional distress after seeing the ill health of their parents was a painful experience for most participants. In most shared narratives, both children and foster parent went through a painful emotional period of caring for a sick family member. Early grief and feeling of loss began as the illness worsened. Family members often play a critical role to provide care and support to the ill person and his/her children once they lose the ability and capacity to function as providers and as parents (Fouad,2005; Johnson-Moort, 2006). Some participants shared that images of their ill family members were still fresh in their minds:

> *"I still see her wasted body as no clothes could fit her. She eventually died*
> *after a week in hospital" (P2).*

Multiple responsibilities of caring for a sick person, providing emotional support for the children and managing the inward and outward emotional self was difficult for most participants as they reflected below:

> *"I took care of her as well as the children and this became hard for me as*
> *her illness became worse" (P1).*

> *"We did not have enough time to talk about the children's fathers because*
> *she passed away in the third week leaving the fifth child at the age of few*
> *months" (P6).*

> *"Sometimes their clinic appointments will be on the same dates, and then I*
> *will carry her child and ask for assistance from strangers to bring her*
> *(referring to the mother), along as she could not walk properly" (P2).*

Managing the emotional self at times required the ability to hide the open display of emotional pain and fear in front of children to minimise anxiety on children:

"As illness continues and you can see that she deteriorates, you get worried but remain positive for the sake of children" (P9).

This subtheme encapsulates the emotional and physical challenges that caregivers often experience prior to assuming children's care.

4.3.3 Subtheme: Assuming a care giving role for children

In most African families, the care of children who would have lost their parents is taken over by the extended families that include aunts, uncles, brothers, sisters and grandparents who are regarded as family members (Section 18 of the Children's Act No. 38 of 2005). In such contexts, children are therefore cared for by people who are already familiar to them and are aware of their circumstances (Haidar, M. 2013). In this study, caregivers were part of the extended family and as mentioned earlier, some were caregivers of the deceased parent as well.

"My daughter left me with five children. I never knew the different fathers of my grandchildren. She came back home from Johannesburg with the fifth child, and she was already sick" (P6).

Motivation to take child care giving roles and responsibilities was motivated by different factors. The major theme from all the participants was that they had a sense of personal responsibility, which is underlined by family bonds and closeness:

"I treated my niece as my own child from birth. Her mother as my younger sister was also my responsibility. At the time she became sick, her child became mine on a full time basis. We already had a bond and we became close as we continued to spend days and nights together while my sister was hospitalised" (P2).

Despite taking over parental responsibilities, caregivers had to support children to cope with the death of the parent. It was interesting to identify that for many participants, observing the impact of parental loss on children created a desire to provide them with home, security and attention.

4.3.4 Subtheme: Post-burial dynamics

This theme refers to the dynamics participants shared about their experiences that occurred after the parent's burial. Family conflicts stemming from child custody battles and disagreements that relate to financial management were commonly shared occurrences in most participants' households. The funeral that ensued after a long illness in a family was strenuous and most participants anticipated a space to recuperate from the loss, both psychologically and emotionally. Therefore, the conflicts and disagreements between the deceased children's maternal and paternal families, and at times with social services practitioners deepen the distress already felt:

> *"My sister was married and stayed with her husband and their two children (boy and girl). Before she died, she called me and gave me some documents which I could not understand at that time and asked me to take care of her children. She died first and her husband died after her. Immediately after the burial of the children's father, the paternal family came and demanded every document that was available, forcefully took the children and sold their parents' belongings including the house, they even left school. They did everything at gun point. Unfortunately, I was the only person available from the maternal side"* (P₃).

Seeking social services assistance from governmental organisations was a source of stress as caregivers' negotiated bureaucracy when applying for social assistance on behalf of the children. The participant below described her frustrations:

> *"My grandchildren did not have birth certificates; they always get no food parcels. I applied for a foster grant but I did not get it; social workers asked for their father. I reported the social worker to political leaders and they finally gave us foster grant"* (P₆).

Most caregivers were unsure and ill-prepared about children's reactions after parental death. Unfortunately, professional counselling was not available to help most of the children to cope with grief. Children would often exhibit anger and behavioural changes, a response that most caregivers were unprepared for. Burke (2010) also argues that people who experience sudden and unexpected and traumatic deaths are more likely to experience complicated grief.

For young children, death of a parent will always be sudden and traumatic and they are prone to complicated grief as well.

> *"After the death of her mother, my niece's behaviour changed. She even told strangers that I am not her mother and I treat her differently from other children. She went to her paternal family and told them that I maltreated her. They threatened to take her away and that broke my heart because she does not have a relationship with them"* *(P₂)*.

Pre- and post-parental death period is associated with instability, emotional and on-going pain in the family. The in-depth interviews with social workers indicated that counselling for families who had experienced loss through the death of a loved one was not provided. Despite being trained in grief and bereavement, social workers who participated in this study indicated that they do not get the time to spend with grieving families. The narratives below provide some insight into this reality:

> *"The supervisor usually sends us to visit families and assess them if they qualify for social relief of distress; we ask questions and request documents to open the file for social relief"* *(SW₁).*

> *"I am a member of the trauma response team in my office, but whenever families are traumatised, we concentrate on administrative duties instead of providing counselling to family members"* *(SW₃).*

From the above narratives, it can be noted that social workers do have the knowledge of what they need to do when families are grieving but they do not get enough time to spend with those families as expected. The study conducted by Boning and Ferreira (2013) also indicated that social workers were overburdened by high caseloads and this hinders interventions such as therapy for children in microsystems.

Furthermore, the increasing numbers of children placed in foster care, the demands that come with implementation of the Children's Act 38 of 2005 as well as lack of resources create .an overload to the available few social workers. Therefore, social workers fail dismally to provide therapeutic services to foster children and their families (Sibanda & Lombard, 2015).

4.4 Theme: Adjustment and transitions in foster care families

Adjustment as Sharma (2106) identified it is a behavioural process which a person maintains balance among various encounters at a given point in time. If the relationship between the individual and his/her environment is in accordance with the norms, then adjustment is

achieved and the behaviour of the individual will be considered normal (Sharma, 2016). This part of an individual's life is associated with the microsystems of the ecological systems theory adopted in this study. Whether the caregivers shared the household with the children or not, the transitioning process had its own unique set of challenges and these are discussed as sub-themes below.

Transitioning to another household and starting a foster child-caregiver relationship were key factors in the adjustment process of the child in placement. Foster families' involvement in the foster child's changing life plays a major role towards their adjustment with foster care placement as it is outlined by Friends of Wednesday's Child (2017). The following narrative indicates how one participant was reminded of how her foster child used to confuse her on what she considered as mood swings:

> *"There were times when I could not understand my grandchild; you know she would just be cross with everybody for no reasons. Change of moods or mood swings for her just happens within seconds, just when I think she is settling down, it's when I also realise that she struggling to cope" (P2).*

Open communication between foster children and caregivers was considered to be a useful transitioning tool by the participants since they shared their everyday experiences together. Three sub-themes emerged from this main theme are discussed below:

4.4.1 Subtheme: Personal adjustment of caregivers

According to Sharma (2016), adjustment is the behavioural procedure by which people and different creatures keep up a balance among their different needs or between their needs and the obstructions of their surroundings.

Personal adjustment refers to the dynamics and transition process associated with taking over foster care children. Whilst the role of being a caregiver was considered a personal responsibility, it did not minimise the difficulties which ensued as participants took over the

caregiving responsibilities. Participants could relate to some of the hiccups they went through in trying to adjust to a new setting:

"It has been years since I woke up at four in the morning, but now that my foster children are still going to school I have learnt to do it again. I remember that I had a back ache for two weeks but now I am used to waking them up and assist them before they leave for school" (P6).

"My fiancée could not understand that we have to share our bedroom with the foster children. They were very young when their mother left them, they became our own babies, and we went back to having sleepless nights. It was difficult for me too because I was also working and taking care of these children. At times I missed my brother (the children's biological father) because he used to take care of his children without complaining before he got sick" (P9).

Emotions associated with loss were experienced by both caregivers and children. Thompson (2016) argues that grieving and mourning processes are encouraged and considered necessary for a person to adjust to the reality of what they could have lost. These emotions facilitate an individuals' disengagement from the deceased so that a reinvestment in a new relationship can occur.

It is important to recognise that the transition process is challenging for caregivers too. Mental health challenges associated with adjusting to the caregiving roles was a shared experience for most caregivers. Financial, social, family and child-related challenges contributed to the emotional difficulties that most participants experienced and for some, the impact was severely felt. The next participant shared her feelings on the challenges associated with child adjustment:

"I was unable to meet my grandchildren's needs for more than two years, we all depended on the old age grant that was not enough, and their foster care grant was only paid in the third year. None of my family was able to assist financially. I later on develop heart related problems and the doctor said my heart will fail if my situation does not change" (P6).

Similar findings from the study conducted by Kuo and Operario (2010) and Kiggundo and Oldewage-Theron (2009) were reported where the stress that results from the increased burden

of caregiving, bereavement, tiredness, disappointment with unmet life expectations as well as the stress of combining families was key the several challenges reported by caregivers.

Moreover, social challenges such as lack of finances, food and inadequate social support affected caregivers' health negatively and it contributed to poor health outcomes. Participants shared the following narratives as they presented their feelings towards health related issues:

> *"My hypertension became uncontrollable for about half a year and the local clinic could not assist until they referred me to the hospital. They sent a social worker every day to talk to me, that is when I became better and they were able to give me treatment. Since then, my memory was never normal. I get worried a lot when a child is sick and it takes me back to the times when I took care of my own chid who eventually died"* (P6).

> *"I was suffered mild stroke on two occasions since I have become a full time foster parent to my niece. At some stage, the doctor told me that I need some time off even from work to take care of my health issues. Later in 2016, I was diagnosed as having diabetes and I am the only person in the family with such diagnosis"* (P2).

Caregivers further stated that they anticipated possible behavioural problems from foster care children as they felt the children's past experiences could have affected them negatively when compared to other children in general.

As caregivers forge to deal with other issues such as substance abuse, inappropriate sexual behaviour that foster children present, their own health deteriorates, which creates tension within the foster family. Such findings were also identified in a study Mnisi and Botha (2015) on factors contributing to the breakdown of foster care placements:the perspectives of foster parents and adolescents.

Most caregivers therefore describe managing behavioural problems of foster children as tiring, stressful and relentless. A study conducted by Morgan and Baron (2011) identified a significant positive relationship between children's behavioural problems and caregivers' level of stress, anxiety and depression. During a focus group discussion in this study, some of the participants reported that they were presenting with similar mental health challenges:

> *"My health is deteriorating and I am weaker than I used to be. I do take my treatment for diabetes and hypertension"* (P1).

"You know my left knee and back are failing me, especially when I have to go to the clinic and back home because I walk to the next ward for the clinic. I get my medication for my knee and my BP (hypertension)" (P6).

"My weight is a big issue for me; I am now struggling with heart problems. When my foster children do something wrong and we quarrel, my heart reacts. Now and then I am at the hospital" (P8).

It therefore appears that caregivers are not fulfilling a professional role but rather a parental role when taking care of orphaned children. Despite having health challenges, all participants appreciated being able to provide for their foster children and being alive to care for them.

With or without the challenges that caregivers are faced with, it is important to recognise that fostering children can be fulfilling for them. Fostering for some caregivers meet their own personal desires of having a family especially for those who are unable to have their own families (Riggs et al., 2009). They hold on to the notion that no child can be an orphan in Africa.

As such, it is presumed that no man or woman who believes in cultural values and morals will allow a child to be an orphan (Pavlovich, 2013). In the study conducted by Adsera and Tieda, (2012), foster care parents believed that fostering is an efficient process to help children become independent adults with proper values.

The participants narrated different reasons that contributed to personal fulfilment of caring for children beyond the provision of care and protection:

"It was enough for me to be able to provide a home for my grandchildren. Later on, I received a foster care grant that assists me to provide food and their basic needs" (P7).

"Today I can sit down with my siblings and share memories of our parents. I am able to share with them the little we can afford with the foster care grant and they show appreciation" (P5).

"You could see his face when we look at the old faint album with black and white photos of his parents and other family members" (P1).

"I do not regret taking care of my grandchildren, the elder child is now able to assist me with house chores and assisting with her younger siblings as well. When I am not feeling well they take care of me" (P6).

"We struggled without social assistance but I could not leave my siblings with another person, I cannot consider them as a burden. Now that they are in receipt of foster care grant and I am able to meet their basic needs, our lives changed for the better" (P5).

Safeguarding and nurturing children in need of care and protection by providing them with a safe, healthy and supportive environment is regarded an important purpose of foster care (Children's Act 38 of 2005). Caregivers perceived their role of providing care to orphaned children as a way of giving back to the younger generation. They felt that, through foster care, they get a chance to teach the future generation some humanity and values, which can be passed on to the next generation. The roles played by the caregivers in this regard are in relation to the exosystem of the theoretical framework of the ecosystem theory where the child does not directly take part even though involved in the process. This part of the system becomes a bigger part for the child or individual to play a role alone. The following narratives give an insight on how caregivers perceive what was happening:

"Looking after my sister's child is giving me an opportunity to spare another life. She will live longer than her mother if she takes care of herself as I advise her" (P2).

"I am raising my grandchildren without my daughter that makes me a mother all over again. May be I will get a chance to teach them one or two things about life before my days are over" (P6).

"Foster care to me is about Ubuntu. Sometimes you are not obliged to do but because it brings life back for children, then I do it" (P2).

Various authorsassert that caregivers' motivation to take care of children is also related to internal variables (Daniel, E. 2011; Smith, J.N. 2014; Khoo, E.& Skoog, V. 2014). For example, love of children, the desire to help those in need, wanting to take in children who needed loving parents, save children from further harm and to do good deeds is similar to what this participant reported:

"The fact that they go to school, have uniforms and there is food at home, I feel good for being able to provide for them. I nurture them and fill the void left by their mother; they know that I am here for them" (P₃).

One of the caregivers emphasized the issue of caring for children to be about Ubuntu. Nyaumwe and Mkabela (2007) argue that 'Ubuntu' is a reciprocal belief that an individual's humanity is expressed through personal relationships with others in a community and in turn other people in the community recognise the individual's humanity. 'Ubuntu' is rooted in the spirit of mutual support and the principles of caring for each other's well-being. In the next section focus will be on the interactions between foster children and caregivers, child custody battles, and conflicts between foster children and foster care parents**.**

4.5 Theme: Caregiver-child interactions

In foster care, some placements are non-related, but in related foster care it becomes a common understanding that there are blood relations between the foster child and caregiver. Moreover, there is a common expectation that a relationship exists between foster children, caregivers and the extended family prior to legal placement of foster children. The dynamics surrounding these relationships will be discussed through the lens of the following sub-themes: Child custody battles, negative labelling of foster parents and child disciplinary challenges and their impact on foster care placement.

4.5.1 Subtheme: Child custody battlespost-burial

Care and protection of children in the South African context entails safeguarding and promoting the well-being of the child, protecting the child from maltreatment, abuse, neglect, degradation, discrimination, exploitation and any other form of physical, emotional or moral harm (Ndonga, 2016).

The care and protection of all children is clearly laid out in Section 1 of the Children's Act 38 of 2005. Caregivers' capacity to have the child with them and to control and supervise his/her everyday life is what Cronje and Heaton (2004) refers to as child custody.

Custody responsibilities include caring for the child, supporting and leading the child, assuming responsibility for the child's upbringing, health and education as well as his /her physical and emotional safety and well-being. Filangeri-Parashar (2007) asserts that in cases

where children must be placed with other people other than their biological parents, welfare agencies would often explore related care as an optimal placement and thus aunts, uncles; grandparents are seen as particularly suitable. Such arrangements can cause minimal disruptions to the children's lives as they have close relationships with their caregivers. However, as this study shows, such as arrangement, although it is the most suitable for children, can be characterised by serious child custody battles after parental death. Often, child custody battles are more prevalent in families where children had assets. The battles were a common occurrence prior to the statutory intervention, which confirmed the person who had parental rights and responsibilities of the child in line with Section 18 of the Children's Act 2005. The conflict was often between paternal relatives, maternal relatives and other extended family members.

The painful experience for most participants was the act of violence and condescending manner in which the disputes were handled. Since most of the children which the foster parents cared for were born out of wedlock, the rightful person with rights and responsibilities was often contested as reflected below:

> *"You become so helpless when a group of men come to you violently so and have demands over your late sister's children. My parents passed away a long ago, I am the only surviving child with no elder support, I just had no power" (P$_2$).*

> *"The paternal family appeared after the funeral. They made their demands and forced the child to visit them. The child's father made a number of promises that he would fulfil, if the child would come and stay with him. He promised to pay damages to my family, which he never did so that he could change the child' s surname claiming that he has all the rights as the only surviving parent" (P$_1$).*

> *"I applied for a foster care grant; relatives came forward and put ideas into the children's minds about who can take good care of them. The children were influenced in such a way that the elder child attempted to leave home in order to stay with another relative who had claimed to be the elder within the family clan and has the right to their custody" (P$_5$).*

> *"After the burial ceremony for their father, their mother also left to live her life without them and later was reported to have passed on. The children were later placed in my care. We went to court, after that the extended family wanted to take them away*

claiming that I could not take them to my fiancé's home. The social worker spoke to them and the children remained in my care" (P₉).

It became clear that in most cases, caregivers who take the responsibility to protect and care for orphaned children are faced with multiple challenges caused by extended families but they do not give up or lose interest in taking care of children. When the conflicts between the families continue, children are affected negatively and the child's best interest is often ignored. Sometimes conflicts arise between a child in foster care and the caregiver, and below is a discussion on such conflicts.

4.5.2 Subtheme: Conflicts between foster children and caregivers

When children cannot grow up with their parents, extended family and society have an overall obligation to ensure the support and protection of children in need of care and protection (Khoo & Skoog, 2013). Foster care placements are often characterised by problems such as dysfunctional relationships between foster children and caregivers (Roux, Bungane, & Strydom, 2010). Others have emphasized that various factors that contribute to miscommunication and conflicts in foster placement (Mnisi & Botha, 2016). These include conduct problems, emotional difficulties, aggressions, over-activity and inappropriate sexual behaviours.

Most participants were of the opinion that sometimes there was interference from the extended family, which contributed to conflicts between them and foster children. The use of foster care grants was a major source of conflict between some of the caregivers and their foster children:

> *"It was a pension payout day when my older foster child requested to see a slip. When I asked what she was going to do with it, it was when she told me I misuse the grant instead of getting them branded name clothing. On that day I was called a liar, a deceiver and a bad foster mother who cannot fulfill the needs of an orphan. Those are painful moments you want to forget and move on" (P₄).*

> *"My siblings (the foster caregiver is an older sibling) at times wanted to leave home and stay with my elder cousin, they were unhappy that I don't understand that as teenagers I must let them spend time with boyfriends. They also demanded that I give them a certain amount of money on a monthly basis so they will spend on their specific needs" (P₅).*

Pasztor (2006) argued that all parents face challenges but caregivers with foster children may have additional stresses such as dealing with foster children's complex disciplinary issues, isolation and sometimes lack of adequate support to help them deal with the specific needs of foster children. The participants indicated that child discipline has become a challenge on its own since the children have or know their rights. According to section 28(1)(d) of the Constitution (1996), every child has a right to be protected from harm, maltreatment, neglect, abuse or degradation. They also shared that the only type of discipline they knew was corporal punishment, which is prohibited by the Government.

Participants indicated that corporal punishment was the type of discipline they used with their own children but now they cannot do that because the children have rights and they tell them that they will report that they are being abused. This makes it difficult for caregivers to correct bad behaviours displayed by their foster children. A study conducted by Nyasani (2009) found that there was a disharmonized intergenerational relationship linked to disciplining because most caregivers are from old school of thought where corporal punishment was common. They shared the following concerns regarding disciplinary issues with their foster children:

> *"I really do not know anything else I can use if a child does not listen except hitting him, when they tell me it is abuse then I don't know" (P6).*
> *"My foster child told her teacher at school that I slap her. I was called at school and told that I will go to jail for hitting a child. I did not understand, what else can you do if they do not listen to what you tell them?" (P7).*

The prohibition of corporal punishment has been proposed by the Department of Social Development in the draft Children's Amendment Bill in clause 139 (2018). The Department proposed a number of changes to the Children's Act, which includes a proposal to outlaw corporal punishment at home, parenting issues, and many other topics. Section 144(1)(b) in particular, emphasizes the need for parents and care-givers to safeguard the well-being and best interests of their children, including the promotion of positive, non-violent forms of discipline. A ruling on the banning of corporal punishment was officially announced on 18 September 2019 by Constitutional Court in National Assembly.

> *"I experienced disciplinary challenges that are related to peer pressure, early involvement in sexual activities, teenage pregnancy, as well as poor school*

performance. I did not realise the foster child was already sexually active until I noticed an unusual behaviour, which suggested she was pregnant at the age of seventeen (17) years. The child's behaviour changed completely and the school performance was affected" (P₃).

Children (teenagers mostly) make decisions about sex and friendships in the absence of accurate information and without access to relevant support system. They usually lack confidence and skill to negotiate issues (Coleman, 2009). The general discipline of foster children cannot be treated differently from the general discipline that every other child within the family is subjected to.

Generational differences between caregivers and their foster caregivers also proved disciplining difficulties; this was evident as this 62-year-old participant reported:

"Each time I tell my grandchildren that all house chores are done by children, the answer I get from them is that they are abused if they work and have to do their school work at the same time. The house remains untidy until I shout and even hit them. These children always have something to say when you talk to them, some of the things they say I also do not understand because of language as well" (P₆).

In terms of the South African legislation, disciplining children has changed to include making corporal punishment illegal. Parents are now encouraged to use other forms of disciplinary measures such as taking away their privileges and detaining them. Caregivers shared child related hardships, which at times were caused or aggravated by the extended family perceived to be supporting children's ill-discipline.

Participants revealed that it becomes stressful and hard when they do not get support from extended family as they anticipated. Broady et al. (2010) also discovered that the behaviour of foster children affects the well-being of caregivers and it creates tension within foster family. One participant recounted the negative influence her foster child received from the extended family to leave her home and stay with a boyfriend:

"I was deeply hurt and stressed when my niece's behaviour changed. I was not aware that she had a boyfriend. When I question her about misbehaviour, she preferred to pack her bags and go to her boyfriend's home being helped by my cousin. My cousin

and my niece did everything behind my back; I caught her with all her bags at the back yard as I came from work. Confrontation became a huge argument on that day" (P₂).

"I became so helpless each time my nieces and nephews gang up on me with the help of extended family and friends. They take turns in making demands on their foster care grant. Sometimes when I report the matter to the elders, they give an indication that I am wrong by not doing what the children demand I do. We often have meetings with the social worker in order to sort out such issues. I am happy that at least they do listen to her" (P₄).

Children's discipline was reported as one of the challenges that caregivers experienced. However, lack of support, disagreements between families about disciplinary measures they could use as well as generational differences between caregivers and children further contributed to poor management of children' ill behaviour.

4.6 Theme: Sources of support for caregivers and foster children

Foster families function in a manner that can be understood as an interconnected system in which they belong (Berk, 2010), hence the systems theory was the adopted framework for this study. During the discussion of the themes in relation to support mechanisms for foster parents and foster children, the focus will be on micro, macro, mezzo and exo levels of the theoretical framework. The subthemes that emerged were as follows: Spiritual support and support from social networks.

4.6.1 Subtheme: Spiritual support

Participants' religious beliefs were the first support structure they identified. All participants reported that they were Christians and they attended different congregations regularly. Resilience and spirituality were found to be the most critical support strategy employed by caregivers. Spirituality is regarded as a strength that forges connections to the larger universe and provides meaning (Snyder& Lopez, 2007). The active involvement of some of the participants in church activities assisted them to derive strength to cope:

"I lead praise and worship during the church service, which assisted me in getting my foster child involved in youth activities and prayer sessions. We have a family prayer session twice a week, where we take turns to read the bible and analyse verses. Such

activities at home keep us together spiritually. They help me to stay in touch with God. Prayer has been a source of strength for me" (P₂).

"There is not much you can do; you believe in God to help you with everything you need. I prayed a lot while my daughter was sick. When she died, I cried but also said thank you Lord she is no longer in pain" (P₈).

"As we go to church together every Sunday, I encourage my niece and my own children to participate in church activities and encourage them to talk to church elders about issues that bother them" (P₂.).

The above indicate an important interaction between foster families and institutions in communities that facilitate improved coping and adjustment. Moreover, the involvement of families can offer opportunities for children to participation in community activities, thereby contributing to positive development. The in-depth interviews held with social workers further confirmed that most of their foster parents were committed members of different church denominations. This social worker could relate her experiences with her client:

"Whenever I meet with my clients, whether at their homes or at the office, they always pray before we commence with our discussions" (SW₁).

Feldman and Kubota's (2015) findings indicated that hope is a virtue that proves people's lives in the absence as well as in the presence of a problem. This is observed as caregivers put their hope in God for every situation they go through with foster children, they hope God will intervene and see them through.

4.6.2 Subtheme: Support from social networks

In the African context, extended family is important for emotional and instrumental support especially during difficult times in families (Penyane, 2015). Extended family systems of care have positioned sub-Saharan African families to protect the millions of orphaned children by ensuring family-based care even in the face of large scale loss of young parents (Littrell, Murphy, Kumwenda & Macintyre, 2012). It has been evidenced in this study when one participant shared how her daughter died.

"My daughter left me with five children, she never mentioned their biological father/ fathers to me, and there were no birth certificates. I was assisted by a community care

giver (CCG) to go to Home Affairs because they were not getting a grant since there were no documents" (P₆).

Although there was no mention of the deceased's age, but one could tell that the daughter was still young and active when she passed away, she left her mother and children without visible means of support. Boning and Ferreira (2013) argued that families were under severe strain and were unable to extend themselves further as this participant indicated:

"My elder brother is always there when I need someone to talk to but he never gives me money because he also has his financial challenges" (P₁).

"My extended family is there, but they come and look at us then go back to their homes without saying anything" (P₅).

"I consider myself and my family lucky because my biological mother is the source of my strength. Being a foster mother herself, when I need a shoulder to cry on or short of anything in the house, I go to her and she would know exactly what I am talking about or what to do" (P₇).

Social workers concur with caregivers that in most cases, the extended family support is unable to offer financial support. Therefore, the financial support they receive through the foster care grant is critical to help them cope. Participants expressed their concerns about their extended family members:

"My client suffered humiliation from extended family when asking for help in order for her sister's children to go back to school after the death of their parents. At that time, she was unemployed and waiting to go to court for the first time" (SW₃).

"I am taking care of two foster children, I am unemployed and so is my husband, and we have not reached the appropriate age for pension. We rely on foster care and it is so not enough to cater for the whole family" (P₇).

Sometimes, lack of support from families was as a result of unresolved child custody disputes, which prevented positive interaction between families and it further inhibit provision of support. Participants could attest to the lack of support from extended families; another participant indicated her experience as follows:

"My niece and nephew were forcefully removed from my care, taken out of school, their assets were sold and they were taken in to an unfamiliar place with no nearest schools around. The death of their parents created a dispute between paternal and maternal families and it negatively impacted on children's lives" (P₃).

"It was a few days after we buried my sister, and the father of her child and his family came to demand that my niece be removed from my care to be raised by her paternal family. When reminded about paying of damages, they caused a serious fight claiming that their son does not afford to pay since he is unemployed" (P₁).

Durand (2007) describes family as the most available and used form of support that foster families can have, however, this study also revealed that support from the extended family is not always available. At times, emotional support is all families can provide. Perumal (2011) found that foster families tend to receive emotional support and less financial support from extended family. This indicates the inability of family to cope with the financial demands of their own families and those of their extended family members. Similarly, participants in this study did not indicate any financial support they ever get from their extended families. Most of the participants reported feelings of comfort and support from the community and neighbours. They even indicated that at times when the foster child is sick at night, they ask for assistance from neighbours. One participant shared her recollection on how her neighbour assisted with a sick child.

"My foster child had an attack in the middle of the night; I approached my neighbour who had a car to take us to the hospital because we could not wait for an ambulance. He did not ask many questions because he knew I would not approach him if it was not an emergency" (P₂).

"A community health worker from our community used to assist me and the children during health mobile days. She would come early in the morning and help me get the children ready for school while we (myself and the younger child) prepare for a clinic visit" (P₆).

"My foster children are twins, and one of them is sickly; I am in and out of hospitals. I have learnt to rely on my neighbour for assistance with the other twin since my husband cannot look after a child his age" (P₈).

Caregivers indicated that emotional and financial support was important to help them cope with the challenges of being foster caregivers. Previously, they indicated that financial support specifically from families was poor;therefore, foster care grant was their main source of income since most were unemployed. During the discussions around support mechanisms for foster parents, participants also indicated their own desired support which is; emotional and financial support. According to Janie and Woodward (2006), when a child is placed in foster care, foster family takes responsibility for feeding and clothing the child, getting the child to school and to other appointments.This family also do any of the usual things a child's parents might be called to do. The authors further assert that a caregiver usually receives money for taking care of the foster child and is expected to use the money to buy the child's food, clothing, school supplies and other incidentals.

Participants indicated earlier that they were receiving support from different levels including their family and community, but it is too minimal, especially emotional support. It was worse with financial support, which they did not receive at all except the foster care grant they received per child. Moreover, the emotional support was often minimal, yet the need for this support was great. The initiation of support groups that could offer on-going support was recommended.

Williams and Bringewatt (2016) argue that a great way to help provide stability for children in foster care is to support the foster parents who care for them. The authors further assert that the more supported a parent feels, the better they will be able to care for a foster child and that might mean one less foster care placement breakdown.

Three social workers who participated in the study indicated that there were no support groups available for foster parents.

> *"Sometimes children get sick and they need to go to the doctor. When you ask for help even from family members, they always don't have money as well. Sometimes they come to ask for money from you and expect to get it just because the children receive foster care grant" (P₅).*

Some of the participants shared that sometimes they miss important appointments to social workers or clinics because they cannot afford transport fees. It is clear in this study that financial support is a big issue for foster parents and they have shared its impact.

4.7 Theme: Caregivers perceptions of interventions provided by social workers: The experiences of navigating the foster care placement process

Social workers are expected by all involved in the placement of a child in foster care to also provide adequate support to the caregivers. Participants indicated in this study that there was not much support from their social workers. There were two subthemes that emerged while this issue was discussed: Pre statutory services experience and post statutory services experience.

The Children's Act (2005) mandates that foster care and foster care services are provided by designated and registered social workers. Social workers are expected to offer different services to foster parents, foster children, and the community at large. When working with vulnerable groups, social work interventions begin even before the child is placed in foster care, needed during the placement, until the child is discharged (Patel, 2015). Furthermore, it is worth noting that the systems theory also emphasizes a holistic and interdependent view of the individual and how they function (Berk, 2010). As such, foster families function in a manner that is interconnected with other systems from the community. In a study conducted by Penyane (2015), participants described social workers as lazy, corrupt, disrespectful and inaccessible. They went on to state that social workers did not monitor foster care placement and refused to assist foster parents. Similar findings emerged from previous research (Warwick, 2013; Gerrand & Ross, 2009). However, grandparents in a study conducted by Perumal (2011) had a different view on social workers and the services they provided. They indicated satisfaction with their behaviour towards them as well as their services.

In a study conducted by Msebenzi (2017), participants described social workers' scope of work as being merely administration. They said that this was due to the fact that the interaction with social workers was only when they needed to review foster care grant and had to submit documents. Few participants in Msebenzi's (2017) study confirmed collaborative interactions with social workers on issues such as interventions on children with behavioural challenges. These findings are however similar to those identified in this study.

> *"Social workers do not even do home visits. I last saw the social worker when we went to court and she promised to come and visit us but she never did" (P₁).*

> *"It was once that we were called by our social worker to go to a community hall, we were told that we must talk to the foster children like our children and assist them with school work. We must also notice if they are not happy and ask them and help" (P₅).*

These findings suggest that the participants were dissatisfied with the services received and apparently, social workers were indicted. During the discussions with the caregivers, only one participant could remember being called to a meeting by a social worker long ago. This further indicated that there was not enough ground work done, for example, recruitment, assessment, pre and post placement trainings. Section 65(6) of Consolidated Regulations in the Children's Act (2005) emphasize that foster parents have the right to on-going training and support from a social worker in order to be able to effectively deal with foster children and this has been proved not to be the case. During this study, social workers confirmed what was said by the caregivers was true.

> *"Most of the times, when I plan to go out to meet my foster parent clients, something else comes up, I am usually asked to do other work at the office and I will end up not honouring my appointments with my clients" (SW₃).*

> *"Every Friday I submit a weekly plan for the following week to my supervisor, but I don't work according to the plan. Each time there is something else that is urgently needed to be submitted, and I end up not keeping my appointment with foster mothers as per our plans. It is not easy to reschedule over the phone; I have to resend a ward community care giver (CCG) with new invitation letters" (SW₁).*

Previous research also demonstrated that social workers do not keep appointments made with caregivers due to other work commitments. Further, they do not even have time to update them and reschedule meetings. Social workers need to adequately prepare and inform caregivers about all the procedures and documents required for foster care placement and review (Pretorius & Ross, 2010).

4.7.1 Subtheme: Pre statutory services experience

This subtheme refers to foster care services that foster families and caregivers receive from social workers prior to the formalisation of foster care placement through the Children's court. As outlined in the Guidelines for Effective Management of Foster Care in South Africa (2014), the foster care process forms part of foster care supervision and aftercare services. Foster care process as discussed in detailed in Chapter Two has the following steps that social workers are expected to follow when dealing with foster families, caregivers and children in need of care and protection:

Preparatory phase, reporting phase, assessment phase, statutory intervention, application for temporal safe care grant, investigation phase, finalisation of statutory process phase, foster care placement phase, application for foster child grant phase, supervision and after care phase, reunification services and preparation for independent living (Guidelines for Effective Management of Foster Care in South Africa 2014).There are various South African Departments that play a central role in the execution of the foster care process. They include; the Department of Social Development; Department of Justice and Constitutional Development; Department of Education; Department of Health; South African Social Security Agency and the South African Police Services. All these departments work in collaboration with one another to reflect the integration of stakeholders, in which holistic integration is an aspect of the developmental approach (Lombard & Kleijn, 2006).

The foster care process ensures that social workers are in constant communication with the foster families and most importantly, that they safeguard the well-being and safety of children placed in foster care. It is essential to note that all the stages are equally important for social workers to master and then inform the caregivers as well. However, participants in this study indicated that they were not clear of what to expect before they go to court. The following narratives were shared among the participants:

> "I never attended training or a class called by a social worker to learn about what is foster care" (P2).

> "I don't remember signing a form with a social worker in order to show that I can work with children" (P1).

> "A social worker came to my home and told me that we will go to court with a child and I must ask for permission from school but I did not know about the report" (P5).

> "I went to apply for a grant as the magistrate told me, but I did not know what to bring, yet the social worker did not say anything" (P8).

Social workers also indicated during one-on-one discussion with them that they real do not give much attention to the processes as they are not familiar with them and do not have that much time to spend with prospective caregivers.

"I waited for two years until the social worker come to my house, she only asked for my ID and the certificates and said I have to make copies for her and bring them to the office and there was no further explanation" (P₆).

"I had to report the social worker to the manager because she was refusing to take me to court with twin babies" (P₈).

"Long ago, we used to be called by social workers and they would teach us about how to get along with foster children and encourage us to talk to them if we had problems, we no longer get that chance with these young social workers" (P₁).

"I was never invited to a programme even my foster child never said any about programmes at school, I never knew that I can report all challenges I am having with my foster child and the social worker will come to assist" (P₂).

"It will help us if we meet together with foster children so that we will hear what they expect from us, we will understand them better" (P₁).

In concluding, the information shared by participants is an indication that support services prior to statutory intervention are inadequate. This can contribute to caregiver's demotivation in nurturing children in need of care and protection as their caregivers; if this is not professionally attended to, it might result in to uncertainties about foster care in many families.

4.7.2. Post-statutory services experience

Social workers have been reported to be overburdened by high caseloads with limited resources; hence they fail to cope with the demands of social work services (Boning & Ferreira, 2013). A costing report that was completed in 2010/2011 indicated that 16 504 social workers were needed to deal with the social services needs of vulnerable individuals and groups, yet such a gap still exists. The reality of not having enough social workers, as indicated in the research by de Jager (2011) and Mokomane and Rochat (2010), compromises the ability of the few social workers available to do thorough supervision of aftercare services to foster children and families, and they end up dealing with crisis management.In the context of supervision and aftercare service, social workers confirmed that they only contact or visit caregivers and foster children when it is towards review of the placement so as to extend the court order. According to Schofield and Ward (2011), maintaining contact with the foster family is extremely important for social workers in order to ensure that the child is safeguarded at all times. This point is also made clear in section 156(3) of the Children's Act (2005) where it is indicated that

the supervisory role by a social worker in a foster care placement may be posed by court as a condition of the foster care placement. In this study, one on one interviews with social workers revealed that they were not complying with the stipulated section. During the interviews with the social workers, they indicated that supervision and aftercare services were not done due to other competing tasks that they were assigned. The following comments were made by social workers during this particular study:

> *"I only talk to the caregiver during the court date, if there are few issues I did not cover during the home visit like opening an account for the foster child" (SW$_1$).*

> *"The foster care process is there but I never had time to follow all the steps that it requires due to other work commitments" (SW$_3$).*

> *"Most of my foster care placements are visited towards the end of a second year when they are due for review, that is when I ask how the child and caregiver are doing and if they need further referrals" (SW$_1$).*

Caregivers play an important role in the provision of family-based care that have complicated histories which sometimes lead to troubled and challenging behaviours. Situations at their homes become more strenuous if they experience difficulties in seeking to access social workers. During the discussions with caregivers, they indicated that they do not get to know about the visits of social workers at home or at the children school. They usually meet social workers if the child has a problem or if the court order is about to or has lapsed. Chipungu and Bent-Goodley (2004) also stressed that caregivers encounter various problems as they try to take care of foster children with limited support from social workers.

At the same time, caregivers are expected to have a deeper understanding of the needs of the children they are fostering. Apparently, they need on-going support from their social workers.

4.8 Conclusion

This chapter presented the findings of the study commencing with **Biographic profile and analysis of participants: caregivers and social workers.** This was followed by a discussion of five emerged themes, namely: Pre-parental death period; shifts and changing patterns of parental roles, adjustment and transitions in foster care families, caregiver-child interactions, sources of support for caregivers and foster children and lastly the experiences of navigating the foster care placement process was discussed. Subthemes that emerged during engagements

with participants were also discussed. Narratives discussed in this chapter indicated as per the main themes important findings from the participant's point of view.

Pre-parental death period through shifts and changing patterns of parental roles was illustrated in three subthemes in this chapter which are coping with parental illness, assuming a caregiving role for children and through post burial dynamics. Participants shared their experiences and challenges they encounter as they narrate in these subthemes but still theywere able to forge a way of living and taking care of orphaned children.

Adjustment and transition in foster care, sources of support for caregivers and foster children and lastly caregivers' perceptions of interventions provided by social workers through experiences of navigating the foster care placement process were also the themes discussed in this chapter. Narratives shared by the participants indicated that they remained resilience through all the odds they encounter through the journey of caring for children in need of care and protection. Participants indicated how unsupportive their own relatives and or extended families as well as social workers are throughout the process of placing children in foster care. The chapter show that in all the struggles thatcaregivers and children are faced with in foster care, they find a way of dealing and coping with.In the next chapter, conclusions will be drawn based on the findings presented and discussed above. It will also include recommendations for practice and policy pertaining to foster care.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

The aim and objectives of the study are revisited in this final chapter. A summary of the key themes that emerged are presented in order to draw conclusions that are in line with the aims and objectives of the study. The limitations of the study and recommendations on strategies to improve support interventions required by foster children, caregivers, and foster care families, are discussed in this chapter. Lastly, the implications of the findings for social work practice and further research are presented.

5.2 Aim of the study

The study aimed to explore strategies that are adopted by foster care families to adjust after the placement of a foster child and support interventions they receive. To achieve this aim, the perspectives of social workers and caregivers were sought. A qualitative research method using an exploratory descriptive research design was utilised to gather data from nine (n=9) caregivers and three (n=3) social workers from two Social Development Offices within Amajuba District, KwaZulu-Natal Province. Moreover, their perceptions on strategies that foster care families use to adjust after the placement of a foster child and support interventions received were explored. One focus group discussion with caregivers and one-on-one interviews with social workers were methods used to collect the relevant data. The ecosystems theory was used as a theoretical approach to understand the phenomenon of interest and its relationship and interaction with the different environments.

5.3 Theoretical integration

In an attempt to understand the strategies that foster care families use to adjust after the placement of a foster child and support interventions they receive, Bronfenbrenner's (1993) ecosystems theoretical framework, commonly used in Social Work provided a theoretical lens for the study. The framework indicates that to understand human development, one must consider the entire ecological system in which growth occurs. Ecosystem's theoretical framework emphasizes the individual and the interrelationships with his/her environment.

The interrelationships that exist between the individual and others in a particular geographic and socially constructive environment include the individual, groups, families, community,

institutions, class and policies. This is premised on the fact that individuals and families do not exist in isolation, but in the context of wider relationships within the society (White et al., 2014). As such, foster families function in a manner that can be understood as an interconnected system wherein the system refers to a complex, rule-governed organisation of interacting parts (Carr, 2008). The focus of this study is on the coping mechanisms for foster care families, which involved foster children, extended family, caregiver, and caregiver's family.

White, Klein and Martin (2014) emphasize that the ecosystems theory allows for a focus on the collaboration among, and the inclusion of, all the parts of the foster care system. Findings and conclusions on this study were based on the information gathered about the families and the influence of the environment on them.

There are four interrelated types of environmental systems in Bronfenbrenner's classic rendition of ecological systems theory, namely, the micro, meso, exo, and macrosystems. These levels range from smaller, proximal settings in which individuals directly interact to larger, distal settings that indirectly influence development (Ettekal & Mahoney, 2017).

5.4 Summary and overview of the study's aim and objectives

The aim of the study is to understand family adjustment in foster care families and support interventions available for these families through experiences of social workers and caregivers. The aim was accomplished by achieving the following key objectives of the study:

1) To understand how foster care families adjust after the placement of a child;
2) To identify support interventions provided to foster care children and foster parents/caregivers;
3) To understand the perceptions of caregivers and social workers of the support interventions provided to foster care families;
4) To recommend on strategies to improve support interventions for caregivers

5.4.1 Summary of the key findings and conclusion

5.4.1.1 The adjustment of foster care families after the placement of a child

In this study, child and caregiver-related challenges were evident. According to Nicoleau (2017), one of the contributing factors to the strained child-caregiver relationship could be

related to the reasons that led to the child's removal and placement in foster care in the first place. These challenges include child maltreatment, abuse and death of parents, poverty and even substance abuse.

One of the key findings from this study was that despite the existing biological relationship children had with their caregivers, numerous negative influences from the extended family contributed to a range of challenges that foster care families experienced. For example, in the findings chapter, a caregiver indicated how her cousin convinced the foster child and influenced her to move in with a boyfriend behind her back.

Another caregiver also revealed that his siblings (foster children) were influenced by an extended family member to lie about how he treated them and how he misused the foster care grant. In a study conducted by Mosimege (2017), findings revealed that extended family may also encourage foster children to misbehave and then advise the caregiver to take them to the Child and Youth Care Centre (CYCC).

This indicates that the influence of extended family members is not always in the best interest of the child. In such cases, a caregiver may need to be advocate for the child's best interests even if at that time the child does not see it. The influences of extended family members appeared to intensify the psychological, mental and sometimes financial challenges of caregivers. This was identified by Pasztor, Hollinger, Inkelas and Halfon (2006) as they found that such family dynamics impact on the family adjustments and how families cope with foster care placement.

The basis of this study is the ecosystems theory, which encourages interdependence and interaction between the components of a system and also shows interest in what makes social systems (in this case a foster family) adaptive or maladaptive, and their understanding of family dynamics (Greene & Ephross,1991). This theory suggests that to understand a family, each member should be viewed in terms of their relationships with other family members rather than being viewed in isolation.

If the caregiver and foster child do not have the same understanding of the foster care placement, other family members will be affected as well, and the interaction amongst all of them will be disrupted until such time where they receive relevant services. On the other hand, the child-caregiver relationship and well-being may be affected either negatively or positively by other factors operating in their system, such as the extended family.

It is important to note that at times caregivers and foster children may simultaneously experience loss and grief since they both lost a loved one, as evidenced in this study. This is an important finding as it reflects on the unique emotional state of a foster child who is in need of care and a caregiver who might be grieving while expected to assume custody of a child. This may be different from non-kinship foster care where the caregivers have no knowledge or relationship with the child's family; therefore, less likely to deal with the same emotions as the child. Thompson (2016) argued that grieving and mourning processes are encouraged and they are considered necessary for a person to adjust to the reality of his/her loss; however, in this study, most participants reported little or no support received during the grieving process.

Child behavioural problems such as emotional instability, signs of aggression, depression, sadness as well as ill-discipline, appeared to be some of the challenges that caregivers observed and assumed that parental death and changes that ensued may have contributed to such behavioural changes. Morgan and Baron (2011) found that behaviour problems displayed by children in foster care are also associated with family disruptions and the fact that foster children often manifest internalising and externalising behaviour problems. Therefore, such disorders may have begun before parental death, when the biological parent was still sick. Participants in this study did not indicate if their foster children had behaviour problems prior to the death of their biological parents and none of the children were reported to be hailing from what could be characterised as a troublesome family.

 In worse cases, behavioural problems may prove to be chronic, therefore making adjusting to foster care a long-term challenge (Schofield & Beek, 2005). According to the Friends of Wednesday's Child (2014), children placed in foster care face numerous barriers, which may include a new home, new school, and new friends and carrying of the loss of relationships and connections.

Further, they indicated that when parents of foster children die, children experience a sense of loss and confusion; as a result, they come to the placement with little to no sense of belonging. Some of the participants in this study shared similar experiences where children failed to adjust in their new foster care environment after being removed from their parents' home.

Previous research indicated that the involvement of caregivers' children in the initial processes of fostering is important to enhancing foster children's adjustment to the new environment (Hojer, Sebba, & Luke, 2013). Thus, caregivers' children play a major role during the time

when the foster family must adjust to the placement of an additional member while the foster child is also adjusting to the placement.

Some of the caregivers allowed foster children to participate in different activities in and outside the household. These include taking responsibility for some of the household chores, participate in decision making, be part of family gatherings, attend church services, and involvement in community activities. Such inclusivity assisted during the adjustment period as children perceived themselves forming part of the collective.

The adjustment process as experienced by the foster family is characterised by multiple social, psychological and financial challenges as well as family disputes. During the period of adjustment in foster families, there was no report on the visible involvement of social workers to support the new siblings and foster family. Warwick (2013) argued that the main challenge experienced by the foster family is the unhelpful relations with social service professions (social workers), difficulty in accessing high-quality services, and lack of training and support for caregivers. This indicates that foster families are left on their own to adjust to the placement of a foster child.

This study also revealed that social workers were working under pressure and unable to cope with high caseloads, a situation that was precipitated by the limited number of employed designated social workers. Sibanda and Lombard (2015) argued that heavy caseloads disabled social workers from providing quality social work service and implement the Children's Act (2005) and other relevant policies as expected.

During this study, it emerged that the shortage of social workers, which was also long documented by such scholars as Mokomane (2012) and De Jager (2011) contributes to the burdens that social workers currently face. The section below reflects on other support interventions that are available for caregivers and foster children, apart from social work support.

5.4.1.2 Support interventions provided to foster care children and caregivers

The collective extended family structure that is common in most African societies was evident in this study. Foster care families relied on their extended family members for social and emotional support. Further, also benefitted from community existing resources such as churches. Spiritual support is important in African families because it is considered not to be

117

individualistic but communal. It also teaches people to listen and specifies a state of mind that enables us to open our hearts to listen to God as He is the one who gives meaning to our lives (Amanze, 2011). By definition, social support is defined by Lin and Ensel (2018) as the process by which social resources provided by informal and formal networks allow instrumental and expressive personal and family needs to be met in everyday situations as well as in crisis conditions. Formal and informal social support networks are those elements with an impact on family resilience (Licitra-Kleckler & Waas, 1993). Caregivers indicated that support from their extended families and the broader community was important to helping them cope and adjust in their role as care providers and legal guardians to foster children.

Caregivers in this study also revealed that they received support from their respective churches and neighbours. The spiritual support from caregiver's religious institutions was considered as being critical to helping caregivers in their efforts to cope with a range of challenges. Snyder and Lopez (2007) emphasized that spirituality is the strength that forges connections to the larger universe and provides meaning. Caregivers' strong belief in God was found to be the cornerstone in their families and foster children's lives as they strongly believed that only God will guide them in taking care of foster children.

Social support for foster children and foster families is considered an important protective factor for families in a social risk situation (Del Valle et al., 2010; Del Valle et al., 2011 Montserrat, 2014).

While none of the caregiver participants reported getting support from professionals such as social workers, this was also confirmed by the social workers as participants in this study.

During one-on-one interviews with social workers, they indicated that they did not always honour appointments they made with their clients due to other competing work activities. Therefore, this implied that their clients did not get the support and supervision they required and there were no aftercare services to foster care families. Notably, social networks such as churches, extended family, and neighbours were an important source of support for caregivers.

This study also found that caregivers' financial support was not always available mainly from extended families. The foster care grant that caregivers received on behalf of foster child was not enough to cater for all the needs of the child. There were concerns that caregivers' families would believe that since they were receiving the foster grant, they were not supposed to be supported financially.

At this point, it is essential to indicate that the main financial support available for foster children is a foster child grant that is received by a caregiver on behalf of a child, which is legislated in terms of the Social Assistance Act 13 of 2004.

Both caregivers and social workers indicated that the Department of Social Development does not have specific programmes custom made for children placed in foster care except those that generalise among all vulnerable children below the age of eighteen. There are no support groups for caregivers and focus groups for children in foster care, which could have assisted in harmonizing the adjustment and coping process in the placement.

Support groups can facilitate healing and can serve as an important source of support for both children and caregivers; however, none of the participants reported to be part of any support group.

5.4.1.3 The perceptions of caregivers and social workers about the support interventions

Most caregivers appeared to have a good understanding of their parenting roles and responsibilities, which mainly entailed the provision of care and protection to foster children. Caregivers also assumed the responsibility to provide the basic needs of the foster children and to take over financial responsibility, which includes the management of foster care grant while working with social workers.

The narratives from the participants painted a negative and complicated relationship between social workers and caregivers. Lack of support from social workers was both a recurring them and a key finding from the caregiver participants. Similarly, in other studies, the perceptions of caregivers about social workers also indicated a negative perception of social workers as corrupt, disrespectful, lazy, and unavailable to monitor foster care placements and describe their work as being too administrative (Penyane, 2015; Warwick, 2013; Gerrand & Ross 2009).

In this study, social worker participants identified the main problems that prevented them from executing their duties. They perceived their work as overwhelming, since they were often compelled to deal with crisis management. Findings from several studies indicated that a lot of effort is directed to administrative responsibilities due to the amount of time and paperwork that social workers put to each case file (Gerrand & Ross, 2009; Perumal, 2011; Warwick, and Msebenzi, 2017). Therefore, social workers spend more time in their offices updating records rather than rendering service through support programmes among families that fall within their sphere of influence. Another study conducted by Boning and Ferreira (2013) in Stellenbosch

University, South Africa revealed that social workers were reported to be overburden by high caseloads with limited resources; hence they failed to cope with the demands of social work services.

Based on the findings, it may imply that if the challenges faced by social workers are not resolved, they will always hinder service delivery as it emerged that they were not supportive to caregivers. Consequently, social workers were unable to provide comprehensive pre and post statutory services to caregivers, foster children and foster families due to other competing work demands. Further, the findings also pointed to poor understanding of Guidelines for Effective Management of Foster Care in South Africa (2014); hence they do not follow proper procedures for pre and post statutory processes.

Lack of supervision and aftercare services to foster care placements were evident. Consequently, an on-going backlog of lapsed foster care orders for children mainly under the age of 18 years was reported. The study also found that there was no effective interaction between caregivers and social workers; they only interacted when the order of the Children's court was due for review. The importance of supervision is recognised in Section 156(3) (i) of the Children's Act 38 of 2005, where it is emphasized as a role of a social worker in alternative care placement.

Due to the lack of aftercare services in foster care placements, some of the caregivers develop mental health challenges caused by behavioural, emotional challenges and disruptions displayed by foster children, although most of them were able to recover due to maturity and experience (Lopez, Pedrotti, & Snyder, 2015).

5.4.1.4 Recommendations on strategies to improve support interventions for caregivers

In view of the findings discussed above, recommendations on strategies to improve support interventions for caregivers are presented below. Lack of training programmes before and after placement of a child in foster care was reported. Durand (2007) asserts that training of caregivers is crucial because it provides them with information and skills, which will ensure that they can manage challenging issues that foster children present with.
Department of Social Development (2009) emphasised that social workers should coordinate training programmes and the involvement of other social services professionals when providing training and support to caregivers. Training programmes that are normally expected

from social workers include parenting skills for caregivers that have several modules, grief and bereavement workshops as well as life and financial management workshops. Social workers and caregivers recommend specific programmes designed for foster children instead of using the available programme that suits all vulnerable children.

Home visits by social workers are recommended as a key strategy to minimise conditions that lead to severe challenges foster children and their families' experience. Winter and Cree (2015) assert that home visits are at the heart of social work practice with vulnerable children and families. It is what children and families' social workers do more than any other single activity (except for recording), and it is through the home visit that assessments are made on a daily basis about risk, protection and welfare of children. Home visit is more than any other activity, it happens behind closed doors, in the most secret and intimate spaces of family life. Home visits are a key strategy in social work and through assessments conducted during the visits, risks could be identified. Ferguson (2018) defines home visit as part of everyday working life of staff across professions filling needs related to healthcare, well-being and ageing.

One of the most important aspects of home visits is that they give social workers a glimpse into the lives of foster children and foster families (Challan, 2018). The author further asserts that home visits *offer a perspective on each family's struggles,* what they are lacking, and what they find to be the most difficult challenges in their lives. When social workers see the harsh realities for themselves in foster families, they become better equipped to provide each foster family with the exact support they need. Home visits are part of maintaining contact with foster families. According to Schofield and Ward (2011), maintaining contact with foster family is extremely important for social workers to make sure that the child's well-being is safeguarded at all times.

Section 181 (b) of the Children's Act 38 of 2005 states that while children are in foster care, a designated social worker should promote and enhance goals of permanency planning, which means connecting a child to other safe and nurturing family relationships intended to last a lifetime for the child. Formal and informal social support networks are important for foster children and families. However, informal social support networks appeared to be more available than formal support from professionals. Therefore, a recommendation to establish intervention programmes to assist foster care families deal with issues such as grief and loss, child development and behavioural issues, HIV and AIDS and foster care, relationships and teenage pregnancy was made.

In this case, social workers can initiate group interventions for caregivers and children. Group interventions can assist social workers to address a larger group at once and will help them deal with their high caseloads more efficiently. Establishment of support groups for caregivers and focus groups for children was identified as a strategy that could benefit both groups in providing support to each other as they share circumstances at their different levels.

5.5 Recommendations

In considering the findings from this study, the following recommendations are offered in terms of social work practice and future research.

5.5.1 Recommendations for future research

The Department of Social Development should consider undertaking research on the implementation of the Children's Act 38 of 2005 as the main legislation governing the work of child care and protection.

This will assist in evaluating the effectiveness of the policies and programmes informed by relevant legislation for their impact on beneficiaries. A coordinated and collaborative research approach must be considered to provide a better understanding of the association between caregiver-foster child relationships and child behaviour problems in foster care. Such research would allow policy developers within the Department to develop deliver and evaluate programmes that effectively combine these two components.

This study was only conducted with three (n=3) social workers and nine (n=9) caregivers from two Social Development Offices within Amajuba District. To draw comparative conclusions of the status quo on foster care within the district, there is a need for a continuous research in other districts so as to get insight on dynamics of different life styles in different municipalities on how foster families cope with placement of children in foster care. In this study, the voices of foster children were not heard instead, conclusions were only drawn from caregivers and social workers. It is recommended that further research be done with foster children.

5.5.2 Recommendations for social work practice

In view of the challenges that children and caregivers are faced with in foster care placement, it should be taken into consideration that such challenges are based on feelings of loss they

both went through. It is recommended that well trained designated social workers provide grief and bereavement counselling to both children and caregivers.

As the counselling intensifies, it will assist them in coping and dealing with the change that was caused by the death of a family member. As Palmer (2018) puts it, bereavement and grief are not illnesses – they are a normal part of the human experience. However, bereavement can sometimes become complicated and lead to mental health difficulties. Therefore, providing support to those who are bereaved requires basic counselling along with an appreciation of the process of grief.

It is recommended that the Department of Social Development designs programmes specific to adjustment and transition for caregivers and foster children. Joint support programmes and workshops for caregivers and foster children are recommended in order for social workers to observe interaction between them and promote healthy relationships. Trainings and workshops for caregivers should be conducted to empower them with important skills that will assist them to cope with the challenges of providing foster care.

It emerged that caregivers were not getting adequate support from the social workers; there was also a lack of interaction between these two parties. Caregivers felt that social workers only interacted with them when they needed to review the court orders. It is recommended that social workers must regularly conduct home visits to assess the situation under which the foster child lives and remind caregivers about the importance of reviewing the child's order while he/she is still in school until the age of twenty-one. The establishment of foster care groups for caregivers and focus groups for foster children is recommended to create a platform where these groups will support and share common issues.

The shortage of social workers and such resources as vehicles were also identified as reasons for lack of support to foster families. Therefore, employment and training of social workers and provision of adequate resources will enable them to render on-going support to caregivers and foster children to improve their psycho-social well-being. More additional social workers employed will help to easy the challenge of high caseloads and help to clear foster care backlogs.

Further, the strengthening of family ties through family programmes that are already provided by the Department of Social Development is recommended to assist caregivers in keeping good

relations with their families as they indicated that they do get emotional support from them. Unfortunately, caregiver indicated having no source of income and that they were not even getting financial support from their families, except the foster child grant they receive on behalf of foster children in terms of the Social Assistance Act 13 of 2004. It is therefore recommended that caregivers are linked with the Development and Research division within the Department of Social Development as well as Department of Economic Development so that they will be introduced to, and equipped with the requisite skills to embark on income-generating projects.

The provision of on-going training and updates on the implementation of Children's Act 38 of 2005 for social workers and the Children's Courts Commissioners is recommended on a quarterly basis. It is recommended that the Department of Social Development and the Department of Justice and Constitutional Development collaborate on evaluating the implementation of the Children's Act 38 of 2005 in order to identify and address barriers and gaps at the local level.

Lastly, the Department of Social Development should consider adopting a digitalised system for social workers to minimise paperwork and for the supervisors to effectively trace cases that are not attended on time. Lack of a digitalised system results in unnecessarily high caseloads and backlog. It can benefit the Department in that possible litigation of the Department by its clients and oversight bodies may be mitigated.

5.6 Limitations of the study

Babbie & Mouton (2001) maintain that even though researchers strive to ensure truthful valid, reliable and objective studies, it is also true that they will not ever be able to completely attain this. In this study as well efforts were tried to rollout the study in an ethical manner yet frequent limitations remained inevitable.

Amajuba District in KwaZulu-Natal has a total number of 88 designated social workers. In this study, only three were able to participate. Social workers' participation in the study was based on their availability; however, the researcher was able to obtain a comprehensive data from them. This became a study limitation because they did not represent views of all social workers within the District.

124

Another limitation might be the number of interviews and focus group discussion which may not represent the views of the entire District since only three social workers and nine caregivers could participate. Other areas within the District were not represented thus their perspectives on the issues discussed will remain unknown. However, this study has potential for expansion and replication in other areas within the District.

Throughout the data collection phase, the researcher was constantly aware of the existing power dynamics and the potential impact on the data. The researcher in this study is the principal researcher and the sole moderator of focus group discussions; this assisted in ensuring the careful consideration of feelings of participants and remaining conscious of being bias. The focus group discussion and one-on-one interviews were conducted in isiZulu. A concern was that during the transcription of data maybe some of the valuable information was lost. In order to address this fear, the researcher did not destroy the original information recorded during the discussion. She would always refer back to it in order to confirm trustworthiness of data as comments were simultaneously translated and transcribed, from isiZulu to English with the assistance of a translator.

5.7 Conclusion

The study provided insight into the dynamics of family adjustment and support interventions in foster care families through the experiences of purposively selected caregivers and social workers in Amajuba District. According to the study's findings, caregivers face multiple challenges, which at times start before the death of the parent and sometimes these challenges persist even after the formalisation of foster care placement. Therefore, social workers must be aware of the multiple difficulties experienced by foster care families.

The study revealed that foster families and foster children do not receive professional interventions from social workers during the adjustment and transition period. In the absence of programmes provided by social workers, caregivers' children in foster families were

reported to be the ones who play a major role in assisting foster children to adjust to the new conditions of the placement.

During the researcher's engagement with caregivers, they indicated that they received very minimal support from social workers, and their own families. Broader community, churches and at times neighbours were the primary sources of support to the caregiver participants. However, this support was often inadequate to help them resolve complex issues.

Placing children in foster care was perceived by most caregivers in this study as the best form of child care protection that can be provided to orphan children. Most caregivers were clear about their roles, but they lacked support. Furthermore, they perceived social workers' conduct as unacceptable. The study indicated that at times social workers were unable to keep the promises they made to caregivers.

For example, not keeping appointments, and not visiting foster children and foster families unless they needed them to submit documents or if there was a problem at hand. Even social workers themselves agreed to not keeping their promises to their clients/customers, and they blamed that to burdens they are faced with which include, high caseloads, shortage of resources, and the general shortage of social workers.

Caregivers and social workers as participants in this study recommended that there should be specific programmes for children and families in foster care, which will empower them to deal with challenges of everyday living. They also recommended support groups for caregivers and focus groups for foster children where they will both get a chance to discuss common issues and this will assist social workers to maximise their interaction with caregivers and foster children and also to keep up to date with relevant programmes.

Social workers recommended the use of digital tools to minimize paperwork, which takes up most of their time at the office. The researcher anticipates that these findings will add to the existing body of knowledge in the field of child care and protection and social work practice, therefore, the Department of Social Development will make effort to focus on the needs of children placed in foster care as well the caregivers of these foster children.

The final conclusions of the study are based on the fact that caregivers lack support from social workers and their own extended families before and after the placement of children in foster care. There were several recommendations made by the caregivers and social workers which they believe will assist families and children in foster care to adjust much better in foster

families. Creation of support groups, employment of more social workers and implementation of digital tools were recommended as a way of working smart and having a paper free environment.

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APPENDICES

Appendix 1: Ethical Clearance Certificate

UNIVERSITY OF ™
KWAZULU-NATAL

INYUVESI
YAKWAZULU-NATALI

30 June 2017

Ms Nkosi Winnie Buyisiwe (9607074)
School of Applied Human Sciences – Social Work
Howard College Campus

Dear Ms Buyisiwe,

Protocol reference number: HSS/0569/017M
Project title: Family adjustments and support interventions in foster care families: Experiences of caregivers and social workers at Amajuba district

Approval Notification – Expedited Application

In response to your application received on 31 March 2017, the Humanities & Social Sciences Research Ethics Committee has considered the abovementioned application and the protocol has been granted **FULL APPROVAL**.

Any alteration/s to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through the amendment/modification prior to its implementation. In case you have further queries, please quote the above reference number.

PLEASE NOTE: Research data should be securely stored in the discipline/department for a period of 5 years.

The ethical clearance certificate is only valid for a period of 3 years from the date of issue. Thereafter Recertification must be applied for on an annual basis.

I take this opportunity of wishing you everything of the best with your study.

Yours faithfully

Dr Shamila Naidoo (Deputy Chair)

/ms

Supervisor: Dr Maud Mthembu
Cc Academic Leader Research: Dr Jean Steyn
Cc School Administrator: Ms Ayanda Ntuli

Humanities & Social Sciences Research Ethics Committee
Dr Shenuka Singh (Chair)
Westville Campus, Govan Mbeki Building
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Appendix 2: Gate Keepers Letter

social development
Department:
Social Development
PROVINCE OF KWAZULU-NATAL

Fax	: (036) 634 1696	Midlands Cluster Office
Telephone/ Ucingo /Telefoon	: (036) 634 6612	108 Rolihlahla Drive: P/Bag X 9917
Enquiries / Imibuzo / Navrae	: Mrs. PM Mhlongo	Ladysmith
E-mail	: maphil.mhlongo@kznsocdev.gov.za	3370

SUBMISSION

TO   :   THE HEAD OF DEPARTMENT
                     MS. NG KHANYILE

FROM   :   THE CHIEF DIRECTOR
                     MRS. PM MHLONGO

DATE   :   14th March 2017

SUBJECT   :   REQUEST TO CONDUCT RESEARCH AT 3
                     OFFICES WITHIN AMAJUBA DISTRICT OFFICE

PURPOSE

The purpose of this submission is to request authority and approval from the Head of Department :-

- for Social Work Supervisor : Osizweni Service Office, Mrs. WB Nkosi, to conduct research within 3 service offices within Amajuba District.

BACKGROUND

Mrs. WB Nkosi, Social Work Supervisor based at the Osizweni Service Office within Amajuba District was awarded a Departmental Bursary to persue her studies towards a Masters Degree in Social Work.

Mrs. Nkosi is requesting permission to conduct an academic study to the topic relating to **"Family Adjustment and Support Interventions in Foster Care Families : Experiences of caregivers and Social Workers at Amajuba District."**

Appendix 3: Informed Consent for a Focus Group Interview and Individual Interviews

My name is Winnie Buyisiwe Nkosi a post graduate student at the University of Kwa Zulu Natal Howard College. I am currently registered for a Master's Degree in Social Work (MSW). I would like to request you to participate in a research study with a topic titled **"Family adjustment and support interventions in foster care families: Experiences of caregivers and Social Workers in Amajuba District".**

The research study aims at getting in depth of what foster families go through when a new member joins in through involvement of Social Workers and court. How do they adjust to changes brought about by the foster child if there are any, as well as how do they help the foster child to fit in without him/her feeling the transition from biological parent/s to foster care placement.

The results of this study will contribute to the development of relevant policies from what foster parents and Social Workers may indicate as best interventions for foster families. The information could also be used by Social Development for further planning service delivery when it comes to adjustment issues in foster families as well as support interventions for them. You have been selected to be part of the research because of your expertise in this type of work. The fact that there are children in your care makes you an expert in the field of study.

You will be protected on matters concerning confidentiality. Your real name as well as the names of those you are taking care of will not be used during the reporting of the research findings. Confidentiality will be maintained in that only the researcher will be aware of the names of participants and completed interview schedules will not be linked to any specific participants and no personal identifying information will be requested. All completed interview schedules will be managed, analyzed and processed by the researcher and will be kept in a safe place accessible to the researcher only for a period of five years. Interviews will be audio-taped.

Participants can at any time ask to review the audio-tape. The audio-tape will be kept in a safe place in a lockable cabinet.

Please indicate (by ticking as applicable) whether or not you are willing to allow the interview to be recorded by the following equipment:

	Willing	Not willing
Audio equipment		
Photographic equipment		
Video equipment		

You can choose whether to be in this study or not. If you volunteer to be in the study, you may withdraw at any time without consequences of any kind.

If you have any questions or concerns about the research, please feel free to contact my Supervisor: Dr Maud Mthembu at the University of KwaZulu Natal, Howard College tel. 0312602358 or 0828121761. You can also email her at Mthembum@ukzn.ac.za.

I can also be contacted at 0828257070 or 0829553290
Email: nkosiwb@gmail

If you have questions regarding your rights as a research subject, you can contact the division for Research and Higher Degrees Office at:
031 260 2615/3341

Your contribution to this research study is highly appreciated.

DECLARATION BY THE PARTICIPANT

I…………………………………………………………………… (Full names of participant) hereby confirm that I understand the contents of this document and the nature of the research study, and I consent to participating in the research.

I understand that I am at liberty to withdraw from the project at any time, should I so desire.

Signature of participant   Date

………………………………   …………………………………

Appendix 4: Consent Form (isiZulu)

Igamalamingingu Winnie Buyisiwe Nkosi ofundaezingenilemfundoephakemeesikhungwenisemfundoesibizwangokuthiiNyuvesiyaKwa Zulu Natali eseThekwini. Laphongenzakhonaiziqu 'Masters' zosoNhlalakahle.

Ngicelaukuthinibeyinxenyeocwaningweniengilwezayongaphansikwesihlokoesithi **'Ukulungiselelakwemindenikanyenokuxhasaizinhleloezibhekeemndeninienezintandane: izimvozosingamzalikanyenoSohlalakahleesifundenisaseMajuba.'**

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Uma unemibuzonomaukucaciselekangocwaningo, ukhululekileukuxhumananoMphathi: Dr Maud Mthembu esikhungwenisemfundoephakemeiNyuvesiyaKwaZulu Natali, Howard College, ucingo. 0312602358 noma 0828121761. Ungakwazinokumthumelelaimeyiliithi :Mthembum@ukzn.ac.za

Ungakwaziukuxhumananomcwaningikulenomboloyocingo: 0828257070 noma 0829553290

Imeyili: nkosiwb@gmail.com

Uma   unemibuzomayelananamalungeloakhonjengomuntuocwaningwayo, ungakwaziukuthintaiHovisiLocwaningokanyenamaQhuzuAphezuluezemfundokulenombolo:

Ukubayinxenyekwakhokulolucwaningokungathakaselakakhulu.

UKUZIBOPHEZELA KOMCWANINGWA

Mina_____
(amagamaapheleleomcwaningwa) ngilaukuqinisekisaukuthingiyaqondaindikimbayalomqulukanyenokuhlelekakocwaningo, futhingiyavumaukubayinxenyeyocwaningo.

Ngiyaqondaukuthingikhululekileukuyekaukubayinxenyeyocwaningonomaniniumangifisa.

SayinaMcwaningwaUsuku

…………………………….   ……………………………

Appendix 5: Interview Guide for Designated Social Workers

1. <u>**How do foster care families adjust with foster care placements?**</u>

    1.1. How many foster children are in your caseload?
    1.2. How do you introduce a foster child to the foster family?
    1.3. What was your experience in the first six months of placing a child to foster care?
    1.4. Have you been made aware of behaviour challenges displayed by foster children? if yes, what type of challenges have been reported and how have you dealt with them?
    1.5. What are the most challenging aspects of your role as a designated social worker responsible for foster care services?
    1.6. What are the main issues do you discuss with foster parents?
    1.7. How do you think the impact of losing parents affect the foster children's psychological functioning?
    1.8. What are the common challenges presented by foster children in your caseload?

2. <u>**What support interventions are provided to foster care children caregivers?**</u>

    2.1. Are there specific support interventions for children and foster care families?
    2.2. Are you providing support to families and children in foster care? If your answer is yes,
        2.2.1. Describe type of support interventions you are proving? if your answer was no,
        2.2.2. Then what type of support would you like/ prefer to provide?
    2.3. What impact does the intervention have on the child and foster family?
    2.4. What do you think can be done differently when it comes to support interventions?

3. <u>**What are the perceptions of foster parents and social workers about the support interventions?**</u>

    3.1. How often do you provide support to your foster parents?
    3.2. Do you think there is improvement in the foster family since your intervention?
    3.3. What kind of support do you normally provide to children in foster care?
    3.4. How does the foster family and the foster child perceive the support you provide?
    3.5. How does the support you provide impact on the foster child's life and the foster family?
    3.6. Would you recommend the same support interventions to be provided by other social workers to foster families and children and why?

4. <u>**What recommendations would you make to improve support interventions?**</u>

4.1 What support services would you recommend can be provided specifically to foster families and foster children?

4.2 What improvements can the Department of Social Development make to the existing services to benefit caregivers and foster children?

4.3 What would you recommend can be done to improve foster care services in general?

Appendix 6: Interview Guide for Caregivers

How do foster care families adjust with foster care placements?

- ❖ How many children are in your care?

- ❖ How did you become a foster parent?

- ❖ How did you introduce a foster child into your family, neighborhood, etc.?

- ❖ Tell me about your experience about the first 6 months of living with this child in your household?

- ❖ Have you observed any challenging behavior from your child, if yes, what are those behaviors and how have you dealt with them?

- ❖ What are the most challenging aspects of your role as a foster parent

- ❖ What are the main issues do you discuss with the foster children?

- ❖ How do you think the impact of losing their parents affect their psychosocial functioning?

- ❖ What challenges are presented by children in your foster placement

- ❖ What do you like about staying with this child?

- ❖ Is there anything that has changed now that you are living with this child?

What support interventions are provided to foster care children and foster parents/caregivers?

- ❖ Are there Social Workers involved in supporting you and your family while taking care of a foster child?

- ❖ Are there specific support interventions for children that are in you foster placement?

- ❖ Are you getting support from Social Workers? If your answer is yes,

    1. Describe type of support interventions you are getting, if your answer was no,

2. Then what type of support interventions would you like to get?

❖ What impact does the intervention have on the foster child as well as in your family?

❖ What can be done differently when it comes to support intervention?

What are the perceptions of foster parents and social workers about the support interventions?

❖ How often do you receive support from your Social Worker?

❖ Do you think there are things that have changed/ improved since the intervention of this Social worker?

❖ What kind of support do you normally receive from your Social Worker?

❖ How do you perceive the support provided by Social Workers?

❖ How does the support interventions from your Social Worker impact on your foster child?

❖ Would you recommend the support interventions you received from your Social Worker to another person/family with foster children and why?

Appendix 7: Editors Letter