

**APPLICATION OF DEVELOPMENTAL STRATEGIES IN  
UPGRADING FOSTER FAMILIES: ULUNDI REGION**

**By**

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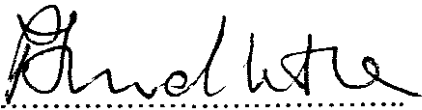
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**KwaDlangezwa**

**October 2008**

## DECLARATION

I, Primrose Funani Mdletshe declare that the dissertation stated in this study as the **“Application of Developmental Strategies in Upgrading Foster Families at Ulundi Region”** is the outcome of my research at the University of Zululand, conducted among social workers of the Department of Social Development of Ulundi Region in KwaZulu Natal between 2006–2008. The study has never been submitted for any other degree. All work done by other researchers has been duly acknowledged.

A handwritten signature in black ink, appearing to read 'Primrose', written over a dotted line.

**PRIMROSE FUNANI MDLETSHE**

## **DEDICATION**

This document is dedicated to all service providers in the Social Service Profession whose daily activities are aimed at promoting the welfare of children and their families.

## **ACKNOWLEDGEMENT**

The completion and final success of this research document cannot be attributed to the researcher alone. It was through the contribution and encouragement of different people who aspired to see it being a success. I humbly and gratefully extend my sincere thanks to:

- My supervisor, Dr N.H. Ntombela for her guidance and support which made it possible for this research study to be completed,
- the Department of Social Development for granting me authority to conduct the study among the social workers of Ulundi Region,
- all social workers who participated in the study, and
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## ABSTRACT

Social workers are expected to bring about changes in the lives of individuals groups and communities. The post 1994 era brought many changes in the South African welfare policy. Among the changes envisaged was the need for the adoption and implementation of the developmental approach in terms of the White Paper for Social Welfare (1997), which strives to promote basic human rights, dignity and self reliance. The developmental approach to Social Welfare:

- recognizes the need for integrated and strength-based approaches to service delivery;
- ensures and promotes sustainability of intervention efforts;
- emphasizes appropriate services to all, particularly the poor, the vulnerable and those with special needs; and
- recognizes that social work amongst other social service professions plays a major role in addressing developmental needs of society.

*This research intends to:*

- determine the application of a developmental model in working with foster families;
- address any challenges experienced by service providers and seek to get their opinions of what could be regarded as the best practice model in handling foster families.

## **CHAPTER 1**

### **1.0 ORIENTATION TO THE STUDY**

#### **1.1 INTRODUCTION**

Children in South Africa may have to live without parental care for a number of reasons. One of them is essentially the death of their parents. This is not a new phenomenon. South Africans have traditionally had fluid arrangements concerning the care and residence of their children, who move relatively easily among the extended family. Children whose parents have died or disappeared are similarly absorbed in the extended family.

More recently the HIV/AIDS pandemic has contributed increasingly to the number of children living without parental care. South Africans have continued to absorb such children into extended families and communities. However, their capacity to do that is being eroded by a dramatic increase in the number of maternal and double orphans and the reduction in the number of prime-age care givers such as aunts and uncles (Bower in Foster 2004).

Attempts by the government to respond on these have focused mainly on children in foster care system. People are encouraged to foster vulnerable children, and are eligible for a foster care grant if they do so. This includes members of the extended family. However, the situation is becoming increasingly unrealistic. There are simply not enough people who are able or willing to become foster parents in the traditional sense and for members of the extended family, the process of applying to foster the child and receive the grant is often prohibitively expensive and time consuming. Very often family members are unable to take on the responsibility of additional children or their circumstances exacerbate the vulnerability of children. Placing such children in institutional care is not a viable option either.

The post 1994 era brought major changes in South Africa. The most significant changes were those that are found in the White Paper for Transforming Public Service Delivery (1997). These changes were aimed at improving service delivery and making services more accessible and responsive to the needs of the vast majority of South Africans. The principles of the White Paper for Public Service Delivery are the same as those which are found in the White Paper for Social Welfare (1997), which include consultation with the people, openness and transparency, giving people information about the services that are rendered, participation, self reliance, accountability, appropriateness, empowerment, social integration, effectiveness and efficiency.

Midgley (1995:25) in his perspective on the social development sees social development as a process of planned social change designed to promote the well-being of the population as a whole in conjunction with a dynamic process of economic development. The same view of the developmental approach is evident in the Integrated Service Delivery Model for the Department of Social Development (2006) that also emphasizes strengths of individuals, groups and communities for the promotion of the goals for sustainable development and to redress the imbalances of the past. The White Paper for Social Welfare (1997) promotes the idea of the facilitation of social developmental services to all South Africans especially those living in poverty, those who are vulnerable and those with special needs. These services should be rehabilitative, preventative, developmental and protective. In this instance it would often be expected that services involving foster families be flexible enough to allow a room for empowerment, capacity building, participation, skills transfer as well as family preservation.

## **1.2 BACKGROUND INFORMATION ON THE STUDY**

According to the White Paper for Social Welfare (1997) a major contribution to family problems and breakdown in family functioning, is the increasing economic

stress facing the households and those living below poverty line as well as poor single parent families which are predominantly female-headed households, are the worst affected. The financial, social and emotional resources of families are taxed when they have to care for members with special needs and problems. When one is looking at the well-being of children, it depends on the families to function effectively. Children are vulnerable; they need to grow up in a nurturing and secure family that can ensure their survival, development, protection and participation in family and social life.

### **1.3 STATEMENT OF THE PROBLEM**

With the increasing number of children orphaned by HIV and AIDS seeking foster care, the HIV and AIDS epidemic is placing enormous pressure on South Africa's child welfare system. An estimated 18% of the country's children are orphaned and according to the Medical Research Council, at least 5, 7 million children could lose one or both parents by 2015 (UN Integrated Regional Information Network: 2004).

The South African Medical Research Council in its report that was provided in 2004 on the social security for children in the context of AIDS argues that there is currently much debate regarding appropriate social security provision for children in the context of HIV and AIDS in South Africa. Poverty in the country is widespread and argued it is argued to be deepening 2,3 with household income based estimates of children living in poverty gauged at over 10 million children under the age of 18.4. Appropriate social security provision stands to play a critical role in supporting children and their households. There is much argument whether this approach is adequate, pragmatic, equitable, cost effective and appropriate. According to the South African Research Council (2004) research which was conducted at the University of Cape Town by the Children's Institute in collaboration with the Actuarial Research-suggests that this is not the case.

The South African Medical Research Council (2004) believes that given the pervasiveness of poverty across South Africa's child population, social security, such as that currently in place and which directs interventions on the basis of children's orphanhood mis-targets crucial resources. These are inequitable. They also rely on questionable assumptions about children's circumstances; the risks of further overburdening the child protection system. Besides, the interventions are not as a whole a cost efficient means of adequately supporting the largest possible number of poor children who require care.

One of the developmental strategies of the Department of Social Development as emphasized in Chapter 2 of the White Paper for Social Welfare (1997) is to ensure that social welfare policies and programs are developed targeting poverty prevention, alleviation and reduction and the development of people's capacity to take charge of their own circumstances in a meaningful way. The vision of the Department of Social Welfare and Population Development emphasises beating poverty among communities and fosters self reliance. The researcher is of the opinion that developmental strategies for social welfare services are not utilised enough in foster care placements by social workers.

#### **1.4 MOTIVATION OF THE STUDY**

Brink (1996:71) mentions that motivation is perhaps the most essential precondition for undertaking research and seeing it through. Motivation and enthusiasm are indicative of a person's positive disposition and the ability to persist with a task. Successful investigations are dependent upon a positive disposition: a mere incidental, indifferent, passive attitude towards work normally leads to failure. Research, even if it is a relatively simple project, takes time and requires much thought and organization. It is, therefore, of utmost importance that the researchers are genuinely interested in the topic or project they select for research, because without enthusiasm, it will be difficult to see the project through or to make a success of it.



The researcher's motivation in this study stems from the fact that the researcher is employed in the Department of Social Welfare in the field of child care. As an employee in the place of care; the researcher encounters children admitted in the institution who have failed in the foster care system. These children end up moving from one child care system to another, showing adjustment problems. Foster placement is a challenge to social workers in South Africa due to an increasing number of orphans.

## **1.5 DEFINITIONS OF TERMS**

### **1.5.1 Foster Care**

In terms of the Information Guide for Social Workers on the Practical Application of the Child Care Act 74 of 1983 as amended (1996), foster placement is the placement of the child by an order of the children's court, in the custody of a suitable family or individual willing to act as a foster parent to the child. The child is generally maintained with the aid of a foster child grant paid by the State, with a corresponding duty on the part of the parent to contribute towards the child's maintenance.

In terms of the Children's Amendment Act (2007), a child is in foster care if the child has been placed in the care of a person who is not the parent or guardian of the child as a result of:

- i) An order of the court or a transfer to an alternative care.
- ii) Foster care excludes placement of a child in temporary safe care or in the care of a child and youth care centre.
- iii) A children's court may place the child in foster care with a person who is not a family member or with a family member who is not the parent or guardian of the child or in a registered cluster foster care scheme.

According to Triseliotis, Sellick and Short (1995:1) fostering itself could be defined as the undertaking by the family to look after someone else's child for a few days, weeks, months even sometimes many years, for an allowance or fee. The basic idea behind fostering is to offer the experience of family life to children whose parents cannot do so, until parents are able to have their child back. As an instrument of social policy, fostering is meant to be a service to families and children who, either because of a crisis in their lives or because of a child's behaviour require a break or respite. Equally, foster care may be used for children removed from neglectful or abusive environments or removed from the community by the courts.

### **1.5.2 Development**

According to Thomas (2001:23) development is viewed as synonymous with "progress." Development means "good change." It may also mean disruption of established patterns of living or else increased living standards, improved health and well-being for all and the achievement of whatever is generally good for the society. The word "good" in this definition implies a vision of a desirable society and "change." On the other hand, is a process which may entail disruption, which may or may not be possible to direct.

Thomas (2001) further states that development is not a once off process but a process that builds on itself where change is continuous and where change builds upon previous improvements. Development may mean different meanings to different people, but one of the important conditions in development is the realisation of human potential. This realisation of human capital in development means that development should be guided by justice, sustainability and inclusiveness thus participation and empowerment are part of development.

### 1.5.3 Developmental Social Welfare

Patel (2005:156-157) when conceptualizing developmental welfare services sees these services as involving the transformation of welfare services that require the adoption of new principles and values that are pertinent to organizational change and development in the new context and building the right based culture in the organization. The developmental statutory services according to Patel (2005), relate to the protection of vulnerable groups through the promotion of rights, provision of education about peoples rights and duties, educational opportunities, health care services, application for social assistance, challenging policies and practices that do not uphold such rights and advocacy.

Developmental approach means that individuals and client populations are not the passive receivers of rights but active partners with those working for the realization of rights and having shared interests. Developmental welfare services hold the view that clients should be involved in decisions affecting their rights and honoring their responsibility.

The views of Potgieter (1998:116) on the developmental welfare model emphasize that services and programmes should be developed to solve problems connected with the unmet needs of people. This approach accepts that it is possible and desirable to use income maintenance to provide quality of life and to promote and enhance human development. A programme based on such a philosophy should be universal and embrace human needs from a preventive and growth-potential perspective.

The developmental model is according to Gray (1996:10) as quoted by Potgieter (1998), affirms the social worker's profession's commitment to eradicate poverty. It links social welfare and economic development and construes welfare as an investment in human capital rather than a drain on human resources. Developmental social welfare model promotes a people-centered philosophy, in

which universal access to welfare services constitute a basic human right and also relies on active participation of people on all levels of service planning and delivery and accepts multisectoral team work as an essential ingredient.

#### **1.5.4 Developmental Strategies**

According to the White Paper for Social Welfare (1997) developmental strategies have been conceptualised as the facilitation of the development of human capacity and self reliance within a caring and enabling socio-economic environment. Social services, facilities, programmes, and social security are seen as a way of promoting social development. The goal of developmental social welfare is to facilitate the provision of developmental welfare services to all South Africans with particular emphasis on those living in poverty who are vulnerable and those with special needs.

This is to promote and strengthen partnerships between governments, the community, and the organizations in civil society and in the private sector, who are involved with delivery of social service. Another goal of developmental social welfare as stated in the White Paper for Social Welfare (1997) is to promote social development intrasectorally, both within the welfare department and other government departments and non-governmental stake holders.

Developmental welfare as a strategy is based on certain principles such as securing basic welfare rights, equity, non-discrimination, democracy, improved quality of life, human rights, people-centered policies, investment in human capital, sustainability, partnerships, intersectoral collaboration, decentralization of service delivery, quality of services, transparency and accountability, accessibility, appropriateness and 'Ubuntu'. (Ubuntu is a Zulu saying which essentially means that a person is recognised as an individual on the belief and understanding that one is reliant and communicates well and fully with other individuals in society).

Some of the strategies emphasized in the White Paper for Social Welfare (1997) include “war on poverty” which must be done through providing a social security net, support services designed to enhance restoration of dignity and self esteem, the promotion of competence and empowerment programmes, capacity building, literacy, creation of skills and nutritional programmes that will contribute to household food security. The views of Patel (2005:158) on strategies for developmental services include family centered and community based programmes such as home based care, community care and development, volunteerism, capacity building and mobilization of grassroot people to address community needs.

## **1.6 OBJECTIVES OF THE STUDY**

Brink (1996:58) mentions that the research purpose is generated from the problem and identifies the specific aim and goal of the study. The purpose gives the specific reason why the study was carried out. The current research is a baseline study that provided information on the developmental welfare services to foster families. The main aim of the study was to explore and assess the application of developmental strategies by social workers.

- i) Determination of whether there are any developmental programmes rendered by social workers in developing foster parents.
- ii) Determination of the feasibility of the application of developmental approach in developing foster families.
- iii) An investigation of the problem encountered by service providers and their impact on service delivery.
- iv) Determination of whether social workers are capacitated enough in terms of the developmental approach to deal with the challenges in foster care, and
- v) The suggestion and recommendation of strategies that would help social workers provide best services to customers.

## **1.7 VALUE OF THE STUDY**

Nardi (2006:11) is of the opinion that the information collected in the study could help to make informed decisions about what dimensions need to be changed, enhanced or removed. *One goal of research is also to estimate what might happen after the research is completed, that is to make forecasts about the company's future earnings or to estimate the impact certain social policies will have or to guide us in making informed decisions. The findings of this research study would help service providers to get knowledge about the implementation of developmental model and thereby necessitating a situation of future planning for the Department of Social Development to render programmes effectively.*

## **1.8 THEORETICAL FRAMEWORK**

The study is underpinned by the social development approach which forms major views in the work of Patel (2005), Midgley (1995) and The White Paper for Social Welfare (1997).

The major thrusts of the study is dated back after the national democratic elections in 1994 when the racial, paternalist and residual apartheid system was abolished and a new dynamic approach suited to the demands of the global era was adopted. The South African Government adopted a new policy framework in the White Paper for Social welfare which emphasized a developmental approach. (Patel 2005:1) The following features distinguish the developmental welfare service delivery model:

- (i) Rights -based approach to service delivery.
- (ii) Integrated family- centred and community based services
- (iii) Generalist approach to service delivery; and
- (iv) Community development and developmental welfare services.

The major strategies of the developmental approach reflected in the White Paper for Social Welfare (1995) as included in the policy framework, reflects that about 35.2 % of all South African households, amounting to 18 million people live in poverty. African households in rural areas, especially those headed by women in rural areas are the worst affected. Over half (54%) of all South Africa's children live in poverty. The situation is even made more difficult by the increase of HIV and AIDS.

The major thrusts of the policy framework as emphasized in the White Paper for Social Welfare (1997) involves brining about sustainable improvements in the well-being of individuals, families and communities. Social welfare services and programmes are therefore part of a range of mechanisms to achieve social development, such as health nutrition, education, housing employment, recreation, rural and urban development and land reform. Appropriate programmes should among others involve support and assistance (restoring dignity and self esteem, the promotion of competence and empowerment programmes) for individuals and families to assist them to break out of the structural barriers which keep them in poverty.

In addition to the above, innovative strategies should be designed for vulnerable individuals and families to increase their capacity to earn a living through employment creation, skills development, access to credit, and where possible, through the facilitating the transition from informal to formal employment. The strategic focus of social welfare departments should appropriate incorporate nutritional objectives and activities into their relevant components. The welfare departments should according the developmental framework collaborate with other government departments to ensure that these programmes are effectively targeted at those who are vulnerable to malnutrition and at the socio-economically deprived in the form of supplementary feeding, public works, capacity building and other developmental programmes which will contribute to household food security. (White Paper for Social Welfare: 1997)

In the theoretical framework of Midgley (1995), the social development strategies that form part of the study involves social development strategies that place primary responsibility for promoting social development on individuals, the role of local communities in fostering social development as well as strategies that rely on government initiatives.

## **1.9 METHODOLOGY**

In this study the following procedure was followed:

### **1.9.1 Research Design**

A research design served as a blueprint for the project and was detailed for proposing a topic for a thesis or applying for a grant. The research design involved several stages which among others included:

- 1) Developing concepts that are derived from ideas, theories or prior research;
- 2) Operationalizing concepts;
- 3) Selecting the most appropriate method for gathering data that was based on the goals of the project;
- 4) Choosing a sampling strategy for deciding whom or what we wanted to study and over what period of time;
- 5) Planning how to collect the data and who would collect it;
- 6) Deciding on the relevant statistical and analytical tools to make sense of the findings and observations and
- 7) Describing plans for interpreting and analysing the results and writing a final report, or policy recommendations.

A detailed budget was also included as part of the research design and specified everything from the costs of duplicating questionnaires to phone calls, supplies,



salaries for researchers and those doing the data collection, computer data entry and software, traveling expenses and other related items (Nardi, 2006:42).

It was therefore, logical in this study to explore all the strategies that were applied by social workers as part of support services to foster families prior to receiving a social security grant and after the approval of a grant. In this research study the researcher chose the exploratory study in order to get a sense of what is happening in the field of foster care.

Babbie (1996:84) mentions that much of social research is conducted to explore a topic; to provide a beginning familiarity with that topic. This purpose is typical when a researcher is examining a new interest or when the subject of study is itself relatively new and unstudied.

According to Babbie (1996) *exploratory research is most typically done for three purposes:*

- 1) To satisfy the researchers curiosity and desire for better understanding,
- 2) To test the feasibility of undertaking a more careful study, and
- 3) To develop the methods to be used in a more careful study.

The researcher has in this study gained an understanding of what is taking place the field of foster care. Identified gaps in service delivery and provided recommendations based on the findings of the study.

### **1.9.2 Sampling**

The definition of a sample as given by Arkava and Lane (1983:27) cited in De Vos et al., (2002:199) comprises the elements of the population considered for actual inclusion in the study. Sometimes, it can be reviewed as subsets of measurements drawn from a population in which we are interested. The

researcher studies the sample in order to understand the population from which it was drawn. And as such, the researcher is interested in describing the sample not primarily as an end in itself but rather as a means of helping to explain some facet of the population (Powers et al., 1985:235). The population that has been considered for the actual inclusion in the study is social workers that are handling foster care in the Department of Social Development, Ulundi Region.

For the purposes of the study, the researcher selected a simple random sampling to select respondents among the population under study.

Kerlinger (1986:110) as cited by De Vos et al., (2002) succinctly states that random sampling is the method of drawing portion or sample of a population so that each member of the population has an equal chance of being selected. It is, nevertheless, important that all novice researchers master the very simple practical technique of drawing a random sample using a table of random numbers of which most methodological text books usually have list as appendices.

The sampling frame comprised of social workers of Ulundi Region who are handling foster care. A list of social workers was compiled using the given names as per District Office. Each social worker was assigned with a number starting from 001 to 115. A number of 47 respondents were selected for the study using the table of random numbers.

### **1.9.3 Data Collection**

Brink (1996:148) mentions that there are five important questions when the researcher is planning the process of data collection. These factors include:

1) What data is collected, 2) How data is collected, which involves choosing a data collection instrument, 3) Who collects the data, 4) Where data is collected

and 5) When the data is collected. There are also a variety of data collecting techniques.

In this research study, the self report technique was used to collect information from respondents. The questionnaires were used, in order to find out what respondents believed, thought or knew. Open and closed ended items were used.

#### **1.9.4 Data Analysis**

In the research study both qualitative and quantitative methods were chosen for analysing the available data.

#### **1.10 OUTLINE OF THE STUDY**

In its final form, the report of the study has been organized as follows:

**Chapter 1:** Introduction to the study.

**Chapter 2:** Theoretical framework and literature review.

**Chapter 3:** Scope and Methodology.

**Chapter 4:** Analysis and interpretation of data.

**Chapter 5:** Findings, conclusion and recommendation.

#### **1.11 CONCLUSION**

In this chapter which entails the introduction to the study, the researcher has covered an introduction which gives clarity on the present circumstances of orphans in South Africa and its impact on the social security system. In the statement of the problem, the researcher has given an indication of the statistical information of the South African Government on the issues of the impact of HIV

and AIDS and the increasing number of orphans. Motivation of the study, definitions of terms related to the study, objectives, value of the study as well as methodology forms part of this chapter.

## **CHAPTER 2**

### **2.0 THEORETICAL FRAMEWORK AND LITERATURE REVIEW**

#### **2.1 Introduction**

Triseliotis, Sellick and Short (1995:1) in their work on theory and practice in foster care give evidence of fostering dating back as antiquity and possibly beyond. The formal, legal-sanctioned fostering is of a more recent origin. Though the whole concept surrounding fostering is its temporary nature, but for a number of reasons care for many years, perhaps never returning to their families.

According to Meintjies et al, (2004) foster placement is primarily aimed at targeting neglected and abused children which were generally associated with the *child protection practices*. Provisions made in the *Children's Act (2005)* for placements are based on the notion that such placement of the child should be subjected to supervision by the social worker or authorised officer. The child shall be placed in temporary safe care until such time as effect can be given to the court's order. Placement of the child should be subjected to reunification services being rendered to the child and the child's parents.

The *Children's Act (2005)* also gives an indication that before any child is placed in foster care; the court must obtain and consider a report by a designated social worker on the conditions of the child's life which must include:

- i) an assessment of the developmental, therapeutic and other needs of the child;
- ii) details of family preservation services that have been considered or adopted, and

- iii) a documented permanency plan taking into consideration the child's age and developmental needs aimed at achieving stability in the child's life and containing the prescribed particulars.

## **2.2 THE SOUTH AFRICAN CHILD WELFARE SYSTEM**

### **2.2.1 The Development Paradigm**

Cocoko Pakade in his presentation on the 18<sup>th</sup> October 2005 at the provincial budgets and expenditure review for the Department of Social Development for 2001/02/ to 2007/08 financial year mentioned that the developmental challenges facing the country are many and varied. The country inherited a social welfare system that has a unique combination of historical forces that significantly impact on and hamper the capacity of the current system to address poverty and related issues such as *unemployment and HIV/AIDS*.

Potgieter (1998) Midgley (1995), the White Paper for Social Welfare (1997) and the Integrated Services Delivery Model (2006) all give an indication that the developmental approach transcends the residual approach that has dominated the welfare thinking in the past. The social development approach which started from 1994, aims at collective empowerment, facilitating the processes that help the poor, vulnerable and marginalised to regain power and control over their lives. However, the Integrated Service Delivery Model (2006) indicates that despite South Africa having adopted a developmental approach, the focus over the past decade has been predominantly on social security, to the detriment of other developmental services. Social service practitioners were thus forced to adopt a 'make do approach,' dictated by resource limitations rather than need, priority or statutory or internationally ratified obligations.

Guest (2001:57) presents the South African Child System as caught between the two worlds. Under the apartheid a formal fostering and adoption, imitating the

British and American practices, was developed for needy children among the five million Whites. Guest (2001) further mentions that since the first democratic elections in South Africa, 1994, the system has had an influx, of children who need assistance, the services, are now in theory, at least available to 42 million South Africans. Guest (2001) is of the opinion that even without AIDS, the system would not be able to cope. Child care legislation is being reviewed; cheaper, more flexible and cheaper ways of caring are sought. The process is fraught with ethical and practical problems. He further believes that many South African social workers are stressed by all changes. They did a four year degree which prepared them to do 'casework' identifying child abuse, counseling individuals, processing the statutory requirements for fostering and adoption placements and so on.

The government states that this ought to shift from the old First World style services to a more developmental approach. There is confusion on what this means but in practice, it is about encouraging poor people to help themselves and not wait for welfare grants and services that are not going to materialize. In the context of AIDS epidemic Guest (2001) believes that development work is about spreading welfare services thinner, in order to reach more orphans and getting communities to take care of children so that they can be taken out of orphanages. College courses are changing to accommodate the new approach, but not fast enough. Many professionals rapidly leave the profession for less stressful better jobs or emigrate. Social workers often feel overwhelmed by the number of children needing their help and are ill-equipped to help them. Some have tried to resist change because they resent what they see as the lowering of standards.

The United Nations Office for the Coordination of Humanitarian Affairs November 2004 (Integrated Regional Information Networks) gives an indication of the South African welfare system, leaving many AIDS orphans stranded. This report further argues that the increasing number of children orphaned by HIV/AIDS in South Africa places an enormous pressure on the child welfare

system. According the UN Integrated Information Networks (2004) a report made by the Medical Research Council; estimated that 18 percent of the country's children are orphaned. At least 5.7 million children could lose one or both parents to AIDS by 2015. Social workers are grappling with caseloads, while caregivers applying for foster care grants have sometimes been known to wait for as long as two years for their submissions to be processed. A social worker, for example, in KwaZulu Natal Province is dealing with a caseload of four hundred children, which is increasing day by day. In order to perform adequately, a social worker should be handling a maximum of 50 cases. (UN Integrated Regional Information Networks: 2004)

Ideally, a social worker should monitor a child in foster family every three months, but heavy caseloads means a social worker could only visit foster families once every two years when a case has to be re-evaluated in court. The report further mentions that being a social worker has now become 'like factory processing' as there is no time to deal with other requirements such as counselling and community work. The situation is even made more difficult by the inadequate transport such as one car which is shared among thirteen colleagues in an office. There is also an insufficient number of social workers. The report from the UN Office for Coordination of Humanitarian Affairs (2004) further observes that the foster care system is missing the point and that a more systematic approach from the government is needed.

The then Provincial Minister for the Department of Social Welfare in KwaZulu Natal, INkosi N.J. Ngubane in his policy speech for the 2006/2007 financial year as presented in parliament on 11 April 2006, indicated that there has been a realisation that social security provides short term relief to people and that what is required is a long term sustainable development initiatives. This is in order to promote self reliance and beat poverty. He further indicated that the transfer of the social security function to the South African Social Security Agency has resulted the need for the Department of Social Welfare to reposition itself for the



expansive, effective, and efficient service delivery for the future. The new strategic focus is to create mechanisms that protect, empower and give a voice to most vulnerable citizens, so that they become effective participants in the development system and architects of their own future.

## **2.2.2 Factors Associated with Placement of Children in Alternative Care**

The challenges facing children are multiple and complex. It is not a single factor that leads to placement of children in alternative care. Some of these factors include poverty, child abuse, neglect, exploitation, violence, HIV and AIDS and the lack of access to services (KwaZulu Natal Province Provincial Care Policy-Final Draft). The researcher will discuss some but not all of all of the above factors.

### **2.2.2.1 Poverty**

Research conducted by Loening – Voysey, Wilson (2001) for the Department of Social Development in South Africa, as cited in the Guidelines for the Establishment of Community – Based Multi-Purpose Centres; as part of creating approaches for children infected and affected by HIV and AIDS, indicates that approximately 61% of South Africa's 28 million children live in poverty. According to the report on the Guidelines for the establishment of Drop-In Centres (2001), the above figure equates to 3.2 million children age 0-5 years, and 10.2 million children age 0-18 years. This has necessitated a paradigm shift in the definition of orphanhood. The general definition of orphan depends on the death of one or more parent(s), children born to HIV infected adults experience vulnerabilities equated with orphanhood in the years before their parents die. This leaves them with a burden of responsibilities including caring for the ailing parents, looking after other siblings and the household, earning money and accessing health care for the ailing parents, siblings and themselves. The basic rights of these children are made vulnerable due to stigmatization and social

isolation, destitution and homelessness, illness, school drop-out, malnutrition, crime and all forms of child abuse including child labor.

Schwabe (2004) in the Human Sciences Research Council's fact sheet on poverty in South Africa mentions that the proportion of people living in poverty in South Africa has not changed significantly between 1996 and 2001. Those households living in poverty have sunk deeper into poverty and the gap between the rich and the poor has widened. It is estimated by the Human Sciences research Council (2004) that approximately 57% of individuals in South Africa were living below the poverty income line in 2001, unchanged from 1996. Limpopo and Eastern Cape provinces had the highest proportion of the poor with 77% and 72% of their populations living below the poverty income line. The Western Cape had the lowest proportion of 32% in poverty, followed by Gauteng with 42%. The Human Sciences Research Council estimated poverty rates for each municipality. The majority of municipalities with the lowest poverty rates are found in the Western Cape. The major city with the lowest poverty rate is Cape Town. Pretoria and Johannesburg have somewhat higher rates of 35% and 38%, respectively, while Durban has a rate of 44%. The HSRC study has shown that the poverty gap in South Africa has grown from R56 billion in 1996 to R81 billion in 2001, indicating that poor households have sunk deeper into poverty over this period. With its large, poor population the KwaZulu Natal province has the biggest poverty gap of R18 billion.

The White Paper for Social Welfare (1997) when looking at the issues of poverty in South Africa gives an indication that South Africa has experienced declining economic growth rates over the last two decades, with the average annual growth rate of the Gross Domestic Product falling below the annual population growth rate. The situation has resulted in decreased per capita income and increase in poverty and pressure on the welfare system to meet basic human needs.

#### **2.2.2.2 HIV and AIDS**

The South African Information on HIV and AIDS (2006) gives an indication that the prevalence of HIV and AIDS in South Africa poses major challenges for both government and civil society groups which are doing utmost to curb the spread of the disease and help those affected by it. It is estimated that six million South Africans are expected to die from AIDS related diseases over the next ten years.

In countries with large HIV burdens like South Africa, children are distinct groups made vulnerable by their exposure to HIV and AIDS. Their plight represents a grave concern for health, education and social development organisations and their needs must be addressed during programming at national level. This information has been revealed by Bradshaw and Brudlender (2002) as cited in the Guidelines for the Establishment of Community based Multi-Purpose (Drop-in Centres) in their research conducted on behalf of the Department of Social Development on HIV/AIDS profile of provinces of South Africa. It gives clarity that the South African pandemic is such that the majority of the HIV infected people (75%) are in stage 1 and 2 of disease progression. This has serious implications for children and while statistics are not always reliable, they are consistently alarming and suggest that the number of South African children orphaned by HIV/AIDS increased by 400% between 1994 and 1997.

Furthermore, the South African Mandela / HSRC study of HIV and AIDS found that 13% of children aged 2-14 years had lost a mother, father or both parents. In addition, 3% of households were found to be headed by a child between 12 and 14. It is estimated that there were over 885000 orphans in South Africa in July 2002, 38% of who were orphaned by HIV/AIDS. HIV/AIDS accounted for 73% of new orphans in 2002, and 81% in KwaZulu Natal.

Dorington and Johnson (2002) in their study on the impact of and interventions of the HIV/AIDS epidemic and children of South Africa as entailed in the

Department of Social Development Guidelines for the Establishment of Drop-in Centres, mention that the above figure is predicted to rise to a peak of 18500 around 2015. Other estimates suggest that 30% of all children between the ages of 15 and 17 may have lost their mothers by the year 2015. The total number of children who will have lost their parents to HIV/AIDS and any other causes (paternal, maternal and double orphans) could reach staggering figure of 3.6–4.8 million children (9–12% of the total; population) by 2010 and 5.7 million (14% of the total population) by 2015. The majority of these children will be children over 4 years of age.

### **2.2.3 Social Security for Children in the Context of AIDS**

The South African Information (2005) when giving an indication of the spreading of social security net in South Africa, mentions that the state injects over R3 billion a month into the budgets of poor household through social security grants, providing support to over 10 million South Africans – a number that is growing as the drive to register eligible recipients gains momentum. The provision of social grants in the government's most effective projects to address the income poverty of the people. The annual expenditure on grants increased 3.5 times in the 10 years between 1994 and 2004, from 10 billion to R34.8 billion. This number has grown to over 10 million people with the budget for social assistance at over R55 billion in a financial year. The child support grant and foster care grants contributed significantly to this increase. Currently over six million South African children benefit from social grants.

Meintjies et al, (2004) in the South African Medical Research Council's paper on the social security for children in the context of AIDS argue that the existing state security provision is not sufficient mechanism to support the poor orphans and vulnerable children. The authors critically assess the effectiveness of the foster child grant in addressing the impact of AIDS on children and their families. Further to the discussion the authors see the implementation of the foster grants to

children as an inappropriate response to addressing the socio economic vulnerability in the context of AIDS. There is a belief that government should seek for an alternative that is adequate, equitable and accessible for all children needs as the present one is not. In the context of AIDS, the paper emphasises the full extension of the support grant to all children up to eighteen years for the reasons that the child support grant does not require a court order and the social worker's services. The process involved in foster care grant is far more complex than those of the child support grant. There should also be the removal of the means test when one is applying for the child support grant. The child support grant is intended as a poverty alleviation grant of poor children under the age of eleven in South Africa and is available to any primary caregiver who qualifies in terms of the income – based means test.

Meintjies et al, (2004) put emphasis on the fact that when established, foster placement was primarily aimed at children who had been abused or neglected and as a result is generally associated with child protection practices, including removal of the child from the home context and ongoing monitoring of the placement by a social worker. Provisions made in the Children's Amendment Act (2007) for placements are based on the notion that the purposes of foster care are (1) to protect and nurture children by providing a safe and healthy environment with positive support; (2) promote the goals of pregnancy planning; (3) first towards family reunification or by connecting children to other safe and nurturing family relationships intended to last a life time and (4) respect the individual and family by demonstrating a respect for cultural, ethnic and community diversity.

There exists an agreement among Meintjies, Budlender, Giesel and Johnson (2004) that children orphaned by HIV and AIDS in South Africa are in need of money and not in need of care. The results of the 2002 General Household Survey reveal that roughly 90% of orphans are in the care of relatives, while the majority for those who are not, are living with non-kin. The minority of children find that they are living without an adult in child-headed households or require

placement in residential facility. Research conducted on children in South Africa indicates a contradiction between the law and the social context within which it operates. This is because foster care placements and the grants that are associated with them are not generally required because children are without adult care or protection. In the majority of instances, arrangements are facilitated through kinship and other social networks without the intervention of the social worker or the court. Research conducted by Meintjies, Budlender, Giesel and Johnson (2004) revealed that the purpose of foster care is *de facto* shifted from one of child protection to one focused on poverty alleviation. The application of foster care placements to orphans through which to provide them grant-based poverty relief raises a series of important issues of consideration taking into account that the uptake of foster grants has increased by 42% in the past few years.

#### **2.2.4 The Case of Child – Headed Household in South Africa**

Bower in Foster (2004) indicates that more recently, the HIV and AIDS pandemic has contributed increasingly to the number of children living without parental care. South Africans have continued to absorb such children to extended families and communities. However their capacity to do this is being eroded by a dramatic increase in the number of maternal and double orphans and the reduction in the number of prime – age care givers such as aunts and uncles. Although the government focus has been on foster care system where people including members of the extended family have been encouraged to foster vulnerable children, the situation is becoming increasingly unbearable. Very often extended families are unable to take on the responsibility of additional children or their circumstances exacerbate the vulnerability of children. Apart from the lack of sufficient facilities, institutional care is often unnecessary.

One of the protective measures in the child care legislation of the South African Government which is directed towards the protection of children in families headed by children (The Children's Amendment Act (2007), is the recognition

that a provincial head of department may recognize a household as a child-headed household if: (1) the parent or caregiver is terminally ill; (2) no adult family is available to provide care for children in the household; (3) a child over the age 16 years has assumed the role of caregiver in respect of the children in the household and (4) it is in the best interest of the children in the household.

The act has made a determination that the child heading the household or an appointed adult to look after the children may collect and administer for the child headed household any social security grant or other grant in terms of the Social Assistance Act, 2004 (Act no 13 of 2004). A child – headed household may also function under the supervision of the adult as designated by the children’s court or an organ of the state or non governmental organization determined by the provincial head of social development.

One of the objectives of the Department of Social Development as presented in the National Guidelines for Social Services to Children Infected and Affected by HIV/AIDS (2002:2) is to (1) provide information on the establishment and implementing social programmes, including the home / community based care and support programmes focusing on delivering services to children who are affected by HIV/AIDS; (2) to provide more clarity on the community-based structure by:

- Identifying family, community strengths and resources, as well as weakness to help themselves through prevention programmes, counselling and support to those who have been traumatized.
- Assist children, families, communities and provinces to identify the most vulnerable, to help prioritize resources and to preserve family life.
- Support families and communities and other stakeholders to identify and implement strategies that promote children’s well being for example medical care, substitute care, nutritional needs, educational needs and protection from abuse and exploitation.

- Establish and strengthen poverty alleviation programmes in affected areas.
- Develop training for professional community workers; child and youth care workers, community leaders, families, Non-Governmental Organizations and Community Based organizations.
- Make information available on welfare services and grants.

Bower in Foster (2004) further states that children are increasingly living in situations where there is no adult in the home. Children taking on caretaking role may suffer significant negative consequences such as to drop-out from school, seek employment to support their younger siblings or get married in the hope that this will provide greater security. Since the child-headed household is a growing reality, the right of children living this way must be protected and realized. The international guidelines on the protection of such children involves ensuring that the planned provision of a range of alternate care options, with priority given to family and community – based solutions, securing permanency for the children without undue delay reunification with the family or in an alternative stable family setting and ensure protection from abuse, neglect, exploitation in all care settings.

When looking at the community safety nets Bower in Foster (2004) mentions that the South African Government has adopted a national integrated plan for children and youth infected and affected by HIV and AIDS. This endorses a community and home based care model based on the child's rights approach. The model is based on a multi-disciplinary support including volunteers and it requires a level of professional and financial support. The support being given to children includes material support, psychosocial support, food gardens and income generating projects. The home-and community based model has shown to be highly successful if it is linked with the Department of Health, Education, resource and training for those implementing the programme and recognition on the need to provide holistic support focused on addressing basic needs to food, shelter, health care, emotional support and education.



### **2.2.5 The Impact of HIV and AIDS to the Education of Children**

Case and Ardington in the Cape Times of May 9 (2005) mention that one of the lasting effects of HIV/AIDS is the devastating impact it has on the education of children. Throughout the sub-Saharan Africa – orphans regardless of how they were orphaned, are less enrolled at school. If they are in school they lag behind children of the same age. Research conducted in the Umkhanyakude District Northern of KwaZulu Natal by the Africa Centre for Health and Population Studies among the 90 000 people (school-age children and their households) living in the area, indicated that whether they are from poor or from relatively well-off homes, children who have lost their mothers are at risk of not benefiting from schooling in a multitude of ways.

Orphans are less likely to be enrolled in school at all. Less is spent on education considering the cost of uniforms, school fees and transport cost too. Some policy makers argue the free universal education as the fairest way of dealing with the gathering storm. While this is a laudable goal, it seems unlikely to become reality any time soon. In Case and Ardington's study of Umkhanyakude's orphans although the foster care grant is currently available, the study revealed that caregivers experience enormous difficulty in accessing the grant as only 9% of double orphans received the grant of any kind and fewer than 2% received the foster grant. Case and Ardington (2005) remain convinced that the special grants are the best policy to the risks of orphans at least with respect to their schooling. The research suggests that cash given to caregivers is unlikely to close the gap in school achievement.

### **2.2.6 Developmental Social Welfare Services**

Patel (2005) mentions that the developmental welfare services embrace a paradigm shift from a social treatment model to a developmental model. The

character of developmental services encompasses the overall conception of social development which among other things includes the right based approach to service delivery, integrated family centered and community based services, generalist approach to service delivery, community development and development services.

When looking at the generalist approach to service delivery (Patel, 2005:159) mentions that the generalist approach to service delivery incorporates multiple levels of intervention including work with individuals, families, groups, organizations and communities. The generalist approach to service delivery is based on the planned change model which is designed to work with client system of different sizes and diversity of client populations. The generalist approach also requires that those employed in social service organizations to assume a wide range of roles and require a variety of skills to work with all client systems and in a variety of practice skills. Development services also emphasise the empowerment of individuals, families groups and communities to manage human relations, social problems and needs optimally whilst building on the strengths of clients.

Patel (2005) further mentions that the concept of empowerment is central to the ethos of generalist services in that it focuses not only on individual pathology but it draws on instead on peoples strengths. The strengths perspectives focuses on challenges and opportunities presented by situations; the achievement of goals and aspirations, collaboration with client systems and the full utilization of environmental resources and opportunities.

The Inter-Ministerial Committee on Young People at Risk (1996) issued the first draft policy recommendations whereby emphasis was placed on the need for the transformation of child and youth care system. Among the issues that are discussed in the policy document as part of transformation, stems the need for service providers in the child and youth care system to move away from a medical

model which previously focused on weakness, categorizing and labelling customers towards a developmental and ecological perspective which focuses on refraining problems as strengths, competency building and to empower children families and communities. This view is confirmed in the White Paper for Social Welfare (1997), in the Integrated Service Delivery Model (1996) as well as in the literature that relates to social development.

In the context of the developmental approach services provided should be rehabilitative, preventative and developmental including social relief programmes, social care and the enhancement of social functioning (White Paper for Social Welfare 1997). For the purposes of the study, the researcher here gives an overview of the preventative services and early intervention services.

#### **2.2.6.1 Prevention and Early Intervention Programmes**

Some of the national norms and standards of prevention and early intervention programmes as outlined in the children's Amendment Act (2007) include among others outreach services; education, information and promotion; therapeutic programmes, family preservation, skills development programmes; diversion programmes; temporary safe care and assessment of programmes.

The Interim Policy Recommendations on the Children and Youth at Risk (1996) emphasizes that prevention should be viewed as a set of strategies that are set to strengthen the young person and the family and prevent any further deterioration in circumstances or development of problems for the young person and the family. The strategies that should be provided as part of prevention services involves parenting skills which should be compulsory to all parents, sufficient day care for all children, after school care, child care services for working parents, overnight support and shelter for youth where these services are needed.

There should be an emphasis on early education with a range of childhood care and development programmes in each community. Formal education should be accessible to all young people. There should be a facilitation of discussions on the issues of morality and norms that should take place in a context of rights and responsibilities. Accountability should be encouraged. Teachers should be empowered to recognise when children and youth are at risk and to deal with problems appropriately. Life skills training programmes for young people need to be developed to supplement their formal education. The curriculum for life skills programmes should include emotional and self development programmes, sexuality, social skills, self awareness programmes, relationship development programmes, sex education, AIDS education, leadership training, peer education, parenting awareness and responsibility programmes. The training should also include problem solving, anger management, conflict management, working in teams, gender education and a number of other skills.

Community development should also be a part of a prevention programmes in order to enhance the capacities of communities to respond to their own needs and improve their capacity for development through community mobilization, strength based approaches and empowerment programmes (Integrated Service Delivery Model 2006). Patel (2005:161) confirms the idea of community development in developmental welfare services in that she emphasizes that community development is widely recognized in social work and in social service professions as the intervention strategy most suited to addressing poverty, community participation and empowerment, social and economic development. The developmental welfare services promote community development interventions such as planning and development of community based services and community care, self help and mutual aid, community building, building of local institutions, economic development, and civic engagement through participation in volunteerism and community service, social relief and advocacy.

On the critical aspects of early intervention programmes as presented in a pilot study on family preservation model conducted at Inanda ( Inanda Family Preservation Pilot Project; Durban – KwaZulu Natal:1996) includes the use of techniques such as intensive family support, family re-unification services; youth mentor services and community conferencing. The techniques that were used in intensive family support include an assessment on the family in terms of a developmental perspective, holding of case conferences, organizing a meeting with the family and meeting all members of the family as a team, develop goals and contracts together with the family to work on identified issues, help family members learn new skills as identified by family members during the contact such as decision making skills, parenting skills, behaviours management and anger management. A monitoring service should also involves follow up on school work and school progress. At every meeting with the family, feedback is provided, progress evaluated and new contracts made.

According to the findings of the pilot study on family preservation undertaken at Inanda after the political violence that disturbed family lives, the techniques that were found useful in family reunification services involve visits to families and to residential facilities, where children are kept. This also involves ongoing needs assessment for children and families, facilitating contact between children and families, evaluation of the services, preparation and linking with after care support. In youth mentorship services the applied techniques involve case conferences to discuss risks factors, meeting with young person concerned. There is individual goal setting and identification of significant people to assist in addressing needs identified jointly with the young person, family group conferencing is done together with the members of the family, services are rendered in a variety of settings such as home, school, sports field as well as in a variety of settings. Young people should also be connected to local youth services. They should also participate in workshops that cover life skills curriculum. There should be constant monitoring of the services, feedback, evaluation and termination of the services.

### **2.2.7 Social Work Services in Foster Care**

In this section of the literature review a number of activities that need to be undertaken by social workers in foster care services will be discussed.

#### **2.2.7.1 Choosing Placement for Children**

Nigel (2005:88) mentions that choosing placement for the child or young person in care is arguably one of the most important decisions that social workers regularly take. The right placement can ensure that a child is happy and fulfilled and create a social basis for the child's development into adulthood. The wrong placement can leave a child unhappy or emotionally stuck which can trigger educational or other developmental difficulties or can lead to a pattern of instability and movement that at worst may last through childhood and beyond. Some of the important facts that a social worker should consider in placements involve among other things the sort of placement the social worker is seeking for the child, the type of care that will meet the child's priority needs, the main tasks of the carers in order to meet the aims of care, length of stay, proposed contact between the child and the birth parents and many others. In this section, the researcher classifies the main types of placements and gives distinctive attention to their qualities.

Nigel (2005:91) mentions that research reveals that the overwhelming majority of children and young people in care remain with their families of origin throughout their childhood and for most children who come into care this would be a preferred option. He further believes that keeping children with their own families should be the aim in every case where this is consistent with the child's interest and this is emphasized by much of the legislation. There is good evidence that the right kind of family support services could be very effective in enabling children to remain successfully at home. A proportion of children and young people remain legally in care while actually placed with their own parents. There

is some research evidence that suggests that failure rate for this type of placements are relatively high but there are always likely some children for whom this is the most appropriate arrangement while their parents are unable to take full responsibility for them.

The second type of foster care includes the respite or relief foster care which means that the child goes to a foster parent on a regular or occasional basis. Much of this type of care is provided to children with severe multiple disabilities. There is less common scheme for this type of programme to non-disabled children in need.

The third type of care is short term foster care, in which the majority of admissions in the care system involve children and young people going to some form of short term family placement. This type of placement is also called kinship placement. The placement must be eight weeks or in other instances six months. The short term foster placement may be used in an emergency, for assessment, for a defined short term need such as parent's illness or to provide care for the child during the time when a longer term placement is sought.

The fourth type of foster placement involves long term foster care. These placements may be with relatives or friends but they are more likely to be with strangers. There is also specialist foster care for fostering adolescents displaying unusual challenging behaviours such as children with disabilities, secure care and baby placements.

#### **2.2.7.2 Supervision**

According to Ellis, Dulmus and Vordaski (2003:116), the duties of a social worker in foster care supervision requires regular visits to the home to both children and foster parents. The visits are intended to accomplish several things

such as adjustment to the new environment, how effectively the problems identified during assessments are being addressed; to what degree are the strengths being utilized and what progress the family is making towards the goals identified in the case plan. Regarding foster parents, the practitioner should determine whether they are in need of resources to support either themselves or children in their care. If needs are identified, the case worker should identify resources to meet those needs, provide referral to resources and arrange transportation or financial assistance where it is needed.

Nigel (2005:127) maintains that in supervision foster care reviews should be done at least at intervals prescribed by law and guidance but it should be remembered that these are maximum intervals and reviews should be held more often if the child's needs require it.

#### **2.2.7.3 Assessments in Foster Care**

Ellis, Dulmus and Vordaski (2003:53) when viewing assessment services in foster care see assessment as one of the earliest responsibilities of child welfare agencies. The assessment considers every aspect of the child's life but focuses primarily on the strengths and needs of children and their families. The primary goal of assessments is the identification of problems that have caused or contributed to maltreatment and the strength that can be built upon to prevent its recurrence. Another important goal of assessments is to recognize specific needs of the child and to provide a basis for planning ways in which these needs can be met.

#### **2.2.7.4 Recruiting Foster Parents**

Research conducted by Cox et al, ( 2002:151) at the University of Tennessee in the United States of America (USA) on recruitment and foster family service, discovered that three fourths of the 568,000 children in United States of America



live with foster families. Despite the fact that some children are placed in kinship care, there is still a chronic shortage of foster families. This is due to the fact that many foster families quit fostering within the first year of service and also the fact that many families are not willing to foster children with special needs. There is also an existing argument that very little research exists on recruiting foster parents which then leads to difficulty for agencies to know how to recruit foster families effectively.

Recruitment campaigns have two goals: (a) to raise public awareness about fostering and the need for foster families and (b) to recruit qualified foster parents. To accomplish these goals agencies primarily use four venues to publicize information about foster care and need for family foster homes. These include among others (a) mass media such as newspapers, television, radio, billboards, printed material, (b) personal contacts with foster parents, (c) Churches and community or civic organizations.

#### **2.2.7.5 Training in Foster Care**

Foster is more recognized as a skilled task, needing training and support and foster parents have an important role in the professional team concerned with a child's care. According to Triseliotis, Sellick and Short (1995) one of the hurdles a training programme should overcome is the possibility that foster carers may have false impression about the fostering task, what it entails and their capacity to carry it out. Agency workers want prospective carers not only to know what they may face in practice but also able to do it well. To design and organize a training programme for foster carers a number of questions require answers. This involves:

- i) What do foster carers need to know
- ii) What it is that needs to be put into a basic programme
- iii) What teaching methods will be appropriate and effective

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- i) What do foster carers need to know
- ii) What it is that needs to be put into a basic programme
- iii) What teaching methods will be appropriate and effective

- iv) What material will promote understanding, enhance and maintain the participants interests
- v) What organizational issues need to be taken into account

Triseliotis, Sellick and Short (1995) further mention that some of the topics that foster parents need to know include child development, the causes of low self esteem and building self esteem, attachment theory, socialization and or institutionalization, the effects of separation and loss, managing difficult behaviour, the child care system, working and planning as part of the team, the role of the social worker, the role and significance of the child's parents including the importance of racial and ethnic identity, the role of foster carers, awareness with regard to child's sexual abuse and HIV and AIDS.

#### **2.2.7.6 Services to Children Leaving Care and After Care**

Nigel (2005:153) mentions that leaving care means a number of different things such as returning home to birth family, it can mean adoption or it can mean some kind of independent living. Triseliotis, Sellick and Short (2005:133) when looking at issues pertaining to leaving foster care mention that preparation to leaving foster care should be a continuous process of preparatory work undertaken before entering care and be part of an ongoing work. Criticism has often been made that much less attention is paid to preparation of children returning to their own families as compared to children moving in adoption or from residential care to foster care. There are a number of issues to be considered as part of preparation which can be carried in groups or individually such as choices when leaving foster home, how certain outcomes can be achieved such as getting a job, making friends, buying new clothes, being healthy, how unpleasant consequences can be avoided such as unwanted pregnancies, alcohol and HIV/AIDS, making financial plans and employment.

Nigel (2005:153) argues that the first research to focus strongly on what happens to young people when they leave care was conducted by Mike Stein and colleagues in the 1980's. This research drew attention to many difficulties faced by young people who were pushed out of the care system often at a surprisingly young age without education, life skills or experience necessary to them to succeed. This research has led to many projects aimed at improving services for care leavers and a series of changes in legislation aimed at giving them stronger entitlement to support and assistance.

#### **2.2.7.7. Financial Assistance in Foster Care**

The National Guidelines for Children Infected and Affected by HIV/AIDS (2002) gives an indication of the financial assistance offered to South African Children whose parents are unable to support. Among the grants that are provided in terms of the Social Assistance Act no 59 of 1992, include the child support grant, the care dependency grant and social relief. The social relief is the grant which the Department of Social Development will pay to those persons who have absolutely no money and who would not survive without immediate help from the government. The assistance given by the Department of Social Development will either be money or food. Persons eligible for this assistance include:

- i) People who have applied for another grant and the grant is being processed;
- ii) people who are too sick to get work but who will get better within six months and have medical proof.
- iii) a single parent struggling to get maintenance from the other parent.
- iv) a single parent whose partner has died and left nothing for the family to leave on.
- v) a person who has experienced a disaster and

- vi) a person whose partner has been sent to a government institution for less than six months if the partner was a breadwinner.

According to the National Guidelines for Children infected and affected by HIV/AIDS, Social relief can only be issued for a period of three months but can be extended under exceptional conditions for another period of three months.

#### **2.2.7.8 Challenges in Foster Care**

The American Academy of Child Adolescent Psychiatry (2005) when conceptualizing facts for families with regard to children in foster care mentions that some of the challenges experienced by children placed in foster care include among others:

- i) Children blaming themselves and feeling guilty about removal
- ii) Wishing to return to birth parents even if they were abused by them
- iii) Feeling unwanted in awaiting placement for a long time
- iv) Feeling helpless about multiple changes in foster parents over time
- v) Having mixed emotions about attaching to foster parents over time
- vi) Feeling insecure and uncertain about their future and
- vii) Reluctantly acknowledging positive feelings for foster parents.

Foster parents often open their homes and hearts to children in need of temporary care but often find that it is both rewarding and difficult task. The important challenges for foster care as stated by the American Academy of Child and Adolescent Psychiatry include among others:

- i) Recognizing the limits of their emotional attachment to the child
- ii) Understanding mixed feelings toward the child's birth parents
- iii) Dealing with complex needs

- iv) Dealing with the child's emotions and behaviour.

Ellis, Dulmus and Wordaski (2003:102) views on the challenges in foster care is that although foster parents receive compensation for their expenses, the amount received is often inadequate. Some of the common problems experienced by children in foster care include poor self esteem, anxiety and depression. Many children also experience a strong distrust of others or older children. They may lack age appropriate social skills and find it difficult to relate to both adults and peers. Children in foster care also suffer from attachment disorder which is a result of frequent, extended or traumatic separation from their primary care givers during early childhood.

#### **2.2.7.9 Innovation and Good Practice**

Patel (2005:234) when conceptualizing innovation and good practice from a social development perspective sees innovation as the design, adoption, implementation and evaluation of new ideas and new priorities. This innovative role involves the conception, implementation and evaluation of new ideas of practice and service delivery that are authentic and appropriate in a changing local and global context. Innovation is also about the blending of new knowledge, skills and values and evolves from real life situations and experience that takes place in organization where a learning culture and renewal is valued.

Nigel (2005:178) is of the opinion that one of the aims of the system in working with children and young people is to offer stability and continuity to children who in many cases are desperately in need of this. Nigel (2005) further argues that major studies like those conducted by Beridge and Cleaver (1987) and Fratter et al, (1991) showed what a complex factors are involved in placement disruptions. It is possible that some causes of instability are improving whilst others may be worsening. Nigel (2005) believes that as long as children are moving around it is

difficult to ensure that the ordinary needs of children and young people are met. The most ordinary needs of children include health needs and their education.

According to Nigel (2005) research consistently shows the educational attainment of care leavers falling far below that of the general population. It is not uncommon to find studies that report more than 75% of young people in care leaving school with no qualifications at all. Other studies reveal that 60 percent of looked after children do not attend school regularly. This leaves them with less chance of finding suitable or satisfactory employment and this can have negative effects on all aspects of their lives. Nigel (2005) indicates that research conducted by Sonia and Jackson in 1980's suggests that the chief problem in this regard is the low priority given to education by social workers and social work managers coupled with failure for social services and education authorities to work together for the benefit of the children.

Although children and young people in care do much worse than the general population their performance is comparable to that of children in similar circumstances who remain with their families. The question becomes one of why the care system is failing to raise children's level of educational success even when they spend many years in stable placements. There is evidence that suggests that children in adoption may do rather better than those in foster care or residential homes.(Nigel:2005) Young people leaving care system are still at an exceptionally high risk of unemployment, homelessness and relationship difficulties and despite improvement made in living care entitlements, these problems have not gone away.

Good practice in foster care means that the social workers and their agencies are expected to be good parents to the children and young people who have been entrusted to their care. This means providing supervision of a high standard, ensuring that children are in stable situations, looking after their health, supporting their education and giving them love. The assumption is that this

should be done as part of the team with colleagues and with outside agencies in order to promote the interest of the child or young person.

#### **2.2.8 Summary**

This chapter has given an indication on the origins of foster care and also places emphasis on the present South African Child Welfare System and the challenges faced by the country and service providers. The researcher's discussion in this section has given a picture of the impact of HIV/AIDS, unemployment and poverty on the South African Child Welfare System. There is emphasis on the developmental model. The chapter also has discussed statistics pertaining to the provisions of grants in South Africa and social work interventions and approaches useful in working with children and young people in care.



## **CHAPTER 3**

### **3.0 METHODOLOGY**

#### **3.1 INTRODUCTION**

This section explains how the study was conducted. This section includes the research design, the population of concern, the sampling procedure, the measuring instruments and any other information relevant to conduct the study. According to Arry et al (2006:573), in the methodology part of the proposal, the author shows how the study was carried out in answering the research question in or the hypothesized relationship that was observed. This section also informs the reader what was planned by the researcher as the best procedure for investigating the problem at hand.

#### **3.2 Research Design**

Babbie (2007:87) mentions that the research can serve many purposes and the three of the most common and useful purposes are exploration, description and explanation. In this study, the researcher examined the use of exploratory research design.

##### **3.2.1 Exploratory Research Design**

Babbie (2007:88) believes that much of social research is conducted to explore a topic to provide a beginning of familiarity with the topic. The purpose is typical if the researcher is examining new interest or when the subject of the study is itself relatively new and unstudied. The purpose of exploratory research is to satisfy the researcher's curiosity for better understanding. The second one involves testing the feasibility of undertaking a more careful study. The third one

is aimed at developing methods to be employed in a more careful study. Exploratory studies are useful in breaking a new ground and they can almost yield new insights into the topic for research. The shortcoming of the exploratory studies is that they seldom provide satisfactory answers to research questions.

Foster care is not a new subject in research. The researcher selected the exploratory design in the study in order to get an understanding of the characteristics of the approach to foster care since the developmental model was adopted. Linking the developmental approach to the services of foster placement is regarded as a new approach to service delivery. In this instance it would be expected that the exploratory design be a fresh ground for exploring the present methods adopted to handle huge caseloads brought about by the impact of HIV/AIDS. It is therefore expected that this research yields grounds for more insights into future research.

### **3.3 Sampling**

This part of research methodology covers the issues of deciding the participants in the research project. It covered issues of population, sampling frame, sampling technique and sample size. The first stage in this process was to define the population that was surveyed; depending on its size the researcher then took a sample, a selected number of cases from the population to survey (David & Sutton, 2004:149).

#### **3.3.1 Population and Sampling Frames**

The population sample was defined by the nature of enquiry. The individual units within a population were defined by the research question. When a population is too large to undertake a census that is survey individual case, then a representative group called a sample needs to be selected. As long as the group is the

representative of the population, surveying only a fraction of the entire population can still yield results that would on the whole, be found if the entire population was surveyed. While the population is every individual case, the sampling frame is inevitable defined by specific criteria and has the possibility of being out of date.

### **3.3.2 Types of Sampling**

Arry et al (2006:168) mention that there are two major types of sampling; the probability and the non probability sampling. Probability sampling involves sample selection in which the elements are drawn by chance procedures. The main characteristic of probability sampling is that every member or element of the population has a known probability of being chosen in the sample. Non-probability sampling includes methods of selection in which elements are not chosen by chance procedures. Its success depends on the knowledge, expertise and judgement of the researcher. There are various types of probability sampling but for the purposes of the study the simple random sampling was used.

### **3.3.3 Simple Random Sampling**

According to Babbie (2007:202), simple random sampling is the basic sampling method assumed in the statistical computations of social research. Once a sampling frame has been properly established, to use simple random sampling the researcher assigns a single number to each element in the list, not skipping any number in the process. A table of random numbers (Appendix C) is then used to select elements for the sample.

The social workers handling foster care formed the population under study. There were 115 social workers that were selected for the study. Questionnaires were sent to 48 social workers randomly selected and 27 were returned.

### **3.4 Data Collection**

Brink (1996:148) mentions that the process of data collection is of critical importance to the success of the study. Without high quality accuracy data collecting techniques, the accuracy of research conclusion is easily challenged. It is, therefore, of utmost importance that the researcher should be well aware of the various data collection techniques including the advantages and disadvantages so that the most appropriate technique for the study can be selected. There are various techniques of data collection and for the purpose of the study; the primary data collection technique which is the interview is briefly discussed.

#### **3.4.1 Questionnaires**

Gray (2004:187) is of the opinion that questionnaires are an important tool for gathering data and one of the most widely used primary data gathering techniques. Questionnaires should be used when they fit the objectives of the research; hence in a case study seeing the in-depth opinions and perspectives of smaller number of respondents, a highly structured questionnaire might be completely in appropriate.

An interview schedule may contain open-ended questions adopting a descriptive approach but where the audience is large and where the standardized questions are needed; the questionnaire is an ideal and will allow an analytical approach exploring relationships between variables. The advantage of open questions is the potential for richness of responses some of which may not have anticipated by the researchers. Closed questions are also used when collecting data using questionnaires. They are easier to analyse but may restrict the richness of alternative responses. A list questionnaire provides the respondents with a list of responses which they can select. There are also category questions, ranking questions as well as scale questions (Gray 2004). Questionnaire may be self

administered or there may be structured involving face to face contact or there may also be done through a telephone.

### **3.4.2 Quantitative Data Collection Methods**

Quantitative data collection methods often employ measuring instruments. It is thus essential to understand certain concepts and principles that are fundamental to measurement, before considering the specific measuring instrument, namely questionnaires, checklists, indexes and scales (De Vos et al, 2000:165). There are briefly discussed in terms of the concepts and principles that are involved.

#### **3.4.2.1 The Concept of Measurement**

According to Huysamen (1994:110) as cited by De Vos et al (2000:166), measuring involves the assignment of numbers in terms of fixed rules to individuals or objects to reflect differences between them in some or other attribute. It is important to note that the researcher measures particular characteristic of individuals or objects rather than the individuals or objects themselves. Naturally, the adequacy of the scores obtained depends on the adequacy of the rules according to which these numbers are assigned. The examination of definition of measurement in this regard means that measurement consists of rules for assigning number to objects so as to represent quantities or attributes numerically. In order to obtain valid and reliable data, one must ensure, before implementing the study that the measurement procedures and the measurement instruments to be used have acceptable levels of reliability and validity. Validity and reliability are two of the most important concepts in the contexts of measurement.

#### **3.4.2.2 Validity**

A valid measuring instrument has been described by Gray (2004:90) as the one that ensures it measures what it is intended to measure. This may sound like an obvious statement but many researchers make the mistake of asking spurious questions in a misguided attempt to collect as much data as possible just in case some of it may be needed at the analysis stage. In other instances only part of the research instrument covers the subject areas that have been operationally defined. Some operationally defined subjects may not be addressed by the instrument, while other parts of the instrument may cover issues of no direct relevance to the study at all. In order to achieve validity, the research instrument subject area and operationally defined subject areas must exactly match. At a basic level, there are seven types of validity which is internal, external, criterion, construct, content, predictive and statistical.

The questionnaire was constructed and used to collect data among the respondents. The instrument was divided into seven sections and covered areas such as identifying particulars, social work methods, developmental model to social work practice, supervision and monitoring, challenges, policies and training. It contained relevant details of what was intended to measure. The instrument yielded more similar results on the majority of responses. It is reasonable to conclude that the measure was a little bit longer.

#### **3.4.2.3 Reliability**

According to Babbie (2007:143), reliability is a matter of whether a particular technique, applied repeatedly to the same object, yields the same results each time. In Brink's view (1996:124), reliability in qualitative research requires that a researcher using the same or comparable methods should obtain the same or comparable results every time that he uses the methods on the same or comparable subjects. It further requires that the researcher should have developed

consistent responses or habits in using the method and scoring or rating its results and the factors related to subjects and testing procedures should have been managed to reduce measurement error.

A test –retest method was used to test stability and reliability. The information was collected in one District Office among social workers handling foster care. Four social workers were selected. The test –retest method was done prior the measurement being used to 27 respondents.

### **3.5 Data Analysis**

Once data is collected, it needs to be analysed and the results presented. Of course plans and designs for analysis should have been completed long before this stage. Data that is collected should be presented in a way that enhances credibility and impact. In this section, the researcher discusses data analysis for both qualitative and quantitative methods.

Gray (2004:285) mentions that the first step in data analysis of quantitative method is to classify data into one of two categories, categorically or quantifiable. Categorically data cannot be quantified numerically but are either placed into sets or categories (nominal) or ranked in some way (ordinal data). Quantifiable data can be measured numerically which means it is more precise. Within the quantifiable classification there are two additional categories of interval and ration data.

Qualitative data, on the other hand, can take many forms and results from the use of data gathering instruments such as observations, interviews, questionnaires and document analysis. While qualitative research is often regarded in some quarters as less valid and reliable as its quantitative cousin. Qualitative data can be powerful source on analysis. First, qualitative research is highly contextual, being

collected in a natural real-life setting, often over long periods of time. Hence it goes beyond giving a snapshot of events and can show why and how things happen-also incorporating people's own motivation, emotions prejudices and incidents of interpersonal cooperation and conflict (Gray, 2004:320).

In this research study close items were used to collect quantitative data. Open items were also used to give a narrative description. Tables and graphs were used to analyze quantitative data. Open –ended items used to give a descriptive analysis of data.

### **3.6 Ethical Imperatives**

Every researcher has the responsibility to conduct research in an ethical manner. Failure to meet this responsibility undermines the whole scientific process and may lead to many unfortunate and problematic consequences (Brink, 1996:38). To conduct research in an ethical manner means that the researcher must carry out the research completely, manage resources honestly, and knowledge fairly those who contributed guidance or communicate the results accurately and consider the consequences for research for the society. Important ethical issues involve voluntary consent, justification of research for the good of society with appropriate balance of risk and benefit, adequate protection of subjects from risk or harm, the subjects' right to withdraw from experimentation and adequate scientific qualifications for researchers. There are also other ethical principles such as honesty and integrity in conducting research, responsibilities of the researcher, sharing and utilising data, truthful reporting of results and assigning authorship on scientific publications describing research.

In this research study, a written request was forwarded to the Department of Social Development and authority to conduct the study was granted. The questionnaire preserved confidentiality as it gave the respondents a chance not to



reveal their personal details. Respondents were also assured that the questionnaire will be for the benefit of the studies.

### **3.7 Limitations**

The following limitations in the present study need to be placed on record. The children and parents were not part of the study. This was due to limited funding and time constraints. It is normally expected that respondents ought to interpret questions in their own way which may sometimes be different from the intentions of the researcher when questions were developed. A high response rate may not be assured.

### **3.8 Summary**

In this chapter, the researcher has indicated the methodology that was used in this research study from the initial stage of the research design to the final phase of data analysis.

## **CHAPTER 4**

### **4.0 DATA PRESENTATION, ANALYSIS AND INTERPRETATION**

#### **4.1 INTRODUCTION**

The social work services in the area of foster care were subjected to scrutiny by the researcher. The exploratory research design was used to determine the feasibility of the application of a developmental approach in helping foster families. Questionnaires were sent to 47 respondents and 27 were returned for analysis. Open ended questions as well as closed items were used to get information from respondents. In this section, data is presented in the form of figures, tables and graphs. The presentation comprises seven sections, which include the identifying particulars, the social work methods, the developmental model, supervision and monitoring, challenges, policies and lastly training.

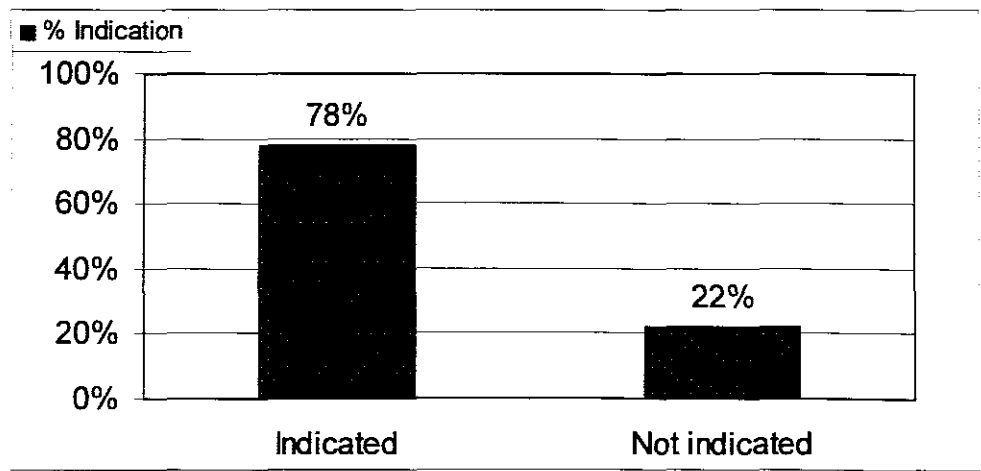
#### **SECTION 1**

#### **4.2. IDENTIFYING PARTICULARS**

Identifying particulars were obtained from respondents in the Department of Social Development in the Ulundi Region. Only aspects of office where social workers are employed, the type of area served, the present designation, the years of service and caseload in foster care were covered and regarded to be the important factors in influencing the views of the respondents.

**4.2.1 Number of Offices Indicated in the Study**

**Figure 4.1**



As reflected in Fig 4.1 above, the majority of respondents 78 percent (21 responses) named the offices where they render services, whilst a small number of 22 percent (6 responses) did not indicate office names. The rationale for making respondents indicate office names is to ensure representative of offices per District Municipality.

**4.2.2 Number of Areas Served**

In this subsection, factors which classify the number of areas served by each respondent are presented, interpreted and analysed as a way of exploring the impact of number of areas served in relation to effective and efficient service delivery.

**Figure 4.2    Number of Areas Served**

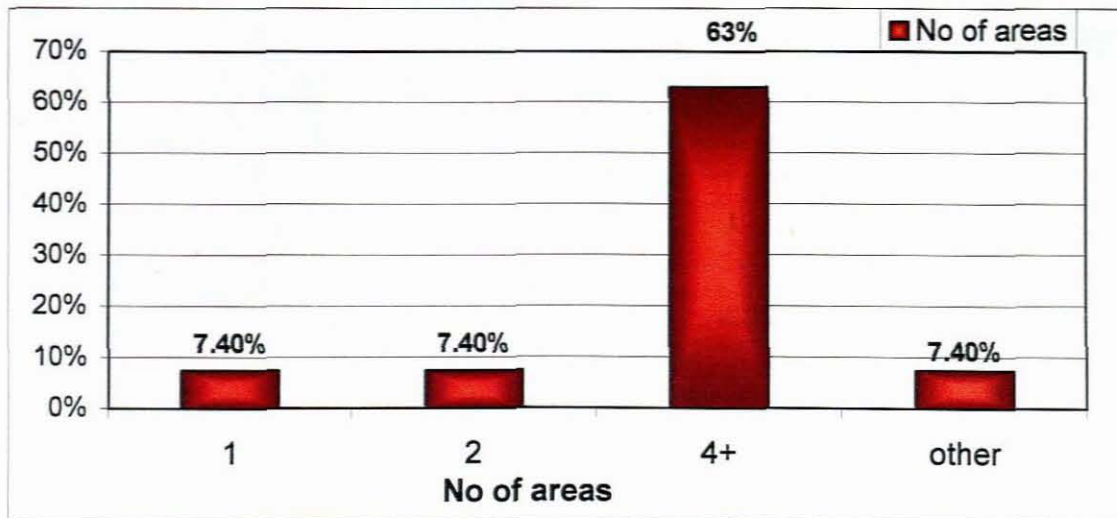
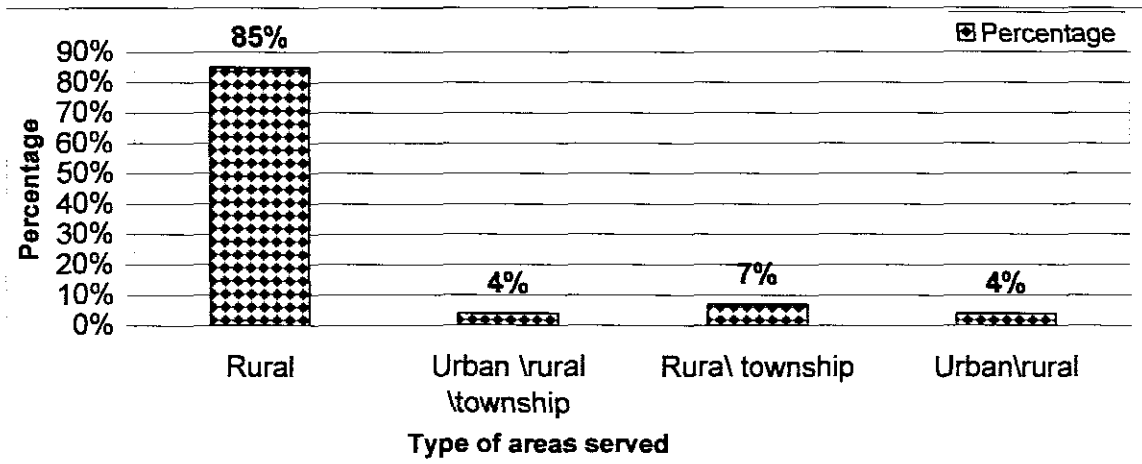


Figure 4.2 above indicates the 63 percent of respondents (17 responses) are serving areas which are four and above and the rest indicated 7.4 percent (2 responses). The majority of respondents were found to be serving more than four areas per individual social worker.

#### **4.2.3    Type of Area**

The question of the type of area served by each respondent was asked in order to establish whether respondents' views differ according to their area of work.

**Figure 4.3 Type of Area**



As reflected in figure 4.3, the majority of 85 percent (23 respondents) provided services to rural areas whereas a very small number of 4 percent (1 response) provided services to urban, rural and township. Although there are indications that some social workers render services in the townships, the study revealed that the services are done concurrently with the rural areas served.

#### **4.2.4 Present Designation**

The question of present designation of respondents was asked in order to establish whether respondents' views differed according to them.

**Table 4.1 Present Designations**

Rank	Number	Percentage
Principal	0	0
Senior	3	11
Production	22	81
Other	3	8
<b>Total</b>	<b>27</b>	<b>100</b>

Table 4.1 above indicates that the majority of respondents handling foster care services are at a production level as they formed 81 percent (22 responses) in the study, senior social workers formed 11 percent (3 responses) of the study. There were no respondents handling foster care at principal level.

#### 4.2.5 Years of Service

The respondents were requested to indicate years of service in the Department of Social Welfare in order to determine their experience in the field of social work practice.

**Figure 4.4     Years of Service**

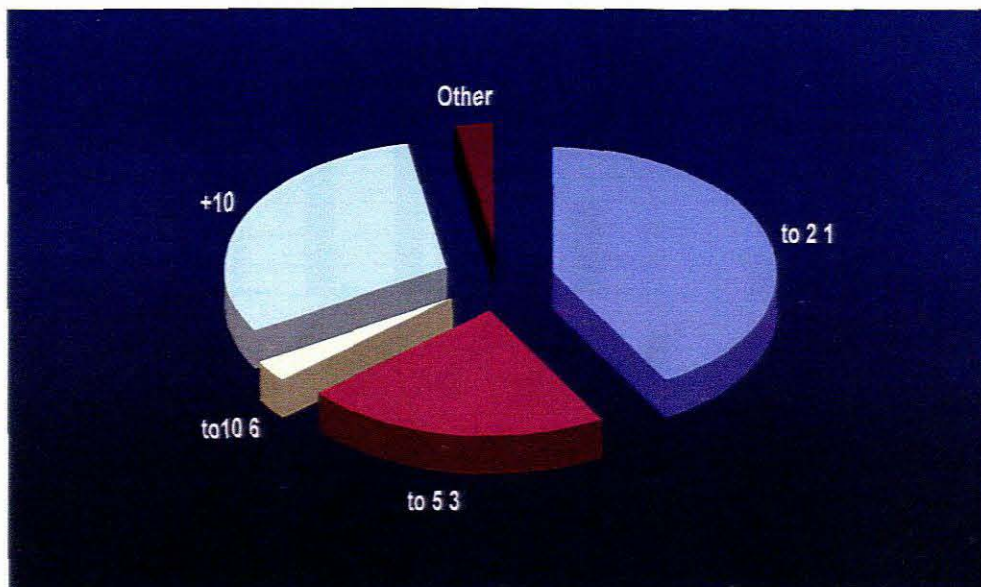


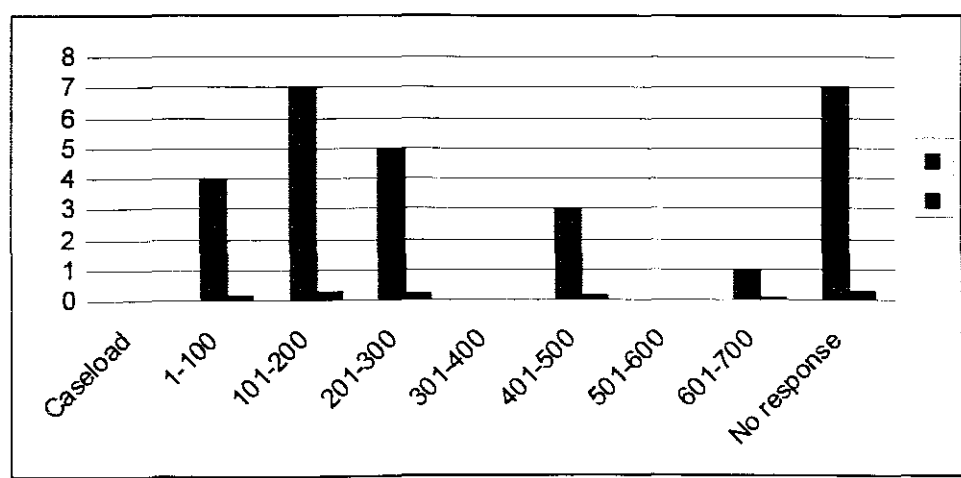
Figure 4.4 revealed that the majority of respondents handling foster care cases have only 1 – 2 years experience in the field. The results of the findings reflect that social workers with 1 – 2 years experience in the field had the highest number of responses which is 56 percent (15 respondents). The lowest percent of responses was found among social workers whose experience in the field is between 6 – 10 years which was 2 responses (4%). The findings in figure 4.4

above reveals that the experience of social workers at production level has yielded much similar results with Table 4.1 above where the majority of social workers were found to be at production level.

**4.2.6 Present Caseload in Foster Care**

Respondents were requested to indicate caseloads handled by each social worker in order to establish the number of families each social worker handles in line with the areas served. The study also aimed to find out whether social workers are overloaded with foster care files.

**Figure 4.5 Present Caseload in Foster Care**



From figure 4.5, it is noted that the majority of respondents (26%) were those that have a caseload between of 101 – 200 while an equal number of non responses was also received from 7 respondents (26%). The smallest number of 1 response (4%) was received from the respondents with a high caseload between 601 and 700. The study revealed that there were zero responses of caseload between 301 – 400 and 501 – 600 case files.

In this section, the study revealed that the majority of social workers are handling huge caseloads. In terms of the Integrated Service Delivery Model for the Department of Social Development (2006); a caseload size to a case manager is 1 – 60. The study above indicates that social workers are grappling with caseload. This view on high caseloads is in agreement with the South African Medical Research Council's report where it is mentioned that a social worker in KwaZulu Natal Province is dealing with a caseload of 400 children which is increasing day by day. This report further mentions that in an ideal situation, a social worker should monitor a child in a foster family every three months, but heavy caseloads means a social worker could only visit foster families once every two years when a case has to be re-evaluated.

## **SECTION 2**

### **4.3 SOCIAL WORK METHODS**

In section 2 the questionnaire, the researcher intended getting information on the methods of social work that are particularly applied by social workers when handling foster families. The researcher also intended to find out what makes respondents apply certain methods when rendering services.

#### **4.3.1 Social Work Methods Frequently Used**

Patel (2005:154) when looking at the concept of developmental welfare services in South Africa mentions that the welfare services delivery model inherited from the past was based on social treatment approach to service delivery that was informed by the medical model with its sole emphasis on remediation, social pathology and clinical practice. The values and attitudes underpinning this approach were paternalistic, and the approach was piecemeal in its interventions; this tended to disempower and isolate individuals from the mainstream of society. In this section, the researcher wanted the respondents to indicate the methods they



use in handling foster families in order to establish whether a multi-disciplinary approach is adopted in working with individuals, families, groups, organizations and communities.

**Table 4.2 Social Work Methods**

<b>Method</b>	<b>Number</b>	<b>Percentage</b>
Case work	12	44
Case work / Group work	7	26
Case work/group work/Community Work	7	26
Case work\ Community work	1	4
<b>Total</b>	<b>27</b>	<b>100</b>

The number of social workers in the study representing the use of casework method in handling foster families was 44 percent (12 responses) of the total population and the number of social workers practicing both casework and group work was 26 percent (7 responses). Among the 27 respondents 26 percent (7 responses) were social workers who apply casework, group work and community work in handling foster families and a small percentage of 4 percent were social workers rendering casework and community work. The research revealed that 44% of respondents are using case work in handling foster care as compared to other methods.

The highest percentage of social workers rendering casework services are in line with the views of Guest (2001) where it is estimated that the South African Child Welfare System is caught between the two worlds. Under the apartheid there was a formal fostering and adoption imitating the British and American practice which was developed for needy children among five million whites. There is a belief that many social workers are stressed by all changes brought by the democratic elections in 1994. They did a four year degree which prepared them to do 'casework' identifying child abuse, counseling individuals, processing the statutory requirements for fostering and adoption placement. The government

says they must shift from the old First World style to a more developmental approach. Social workers are often overwhelmed by the number of children needing help and ill equipped to help them. There is also resistance to change.

#### **4.3.2 Usefulness of Social Work Methods**

In this sub-section respondents were requested to give their opinion on what makes them select the social work methods as in Table 4.2 above. Among the 27 respondents, 44 percent (12 responses) preferred casework for the following reasons:

- i) One has to deal with individual person or an individual family.
- ii) There is no time for other methods due to an increase in the number of applications and less time to handle foster care.
- iii) Casework is the best form of method in social work as it stresses confidentiality.
- iv) Casework helps one to identify individual problems at an individual level and thus able to be specific in handling the situation.

Among the 27 respondents, 26 percent (7 responses) confirmed to be using casework and group work in handling foster families. The study revealed that casework is used at individual level and group work is used for training, when screening and reviewing and to serve a group of clients with similar problem at the same time.

Among the total population, 26 percent (7 responses) indicate the application of the three methods in handling foster care which is case work, group work and community work. The use of all the three methods is preferred for the following reasons:

- i) Individuals that are handled from the family and they are also part of the larger community.

- ii) The client is seen at an individual level and groups are useful for support groups as some problems of foster families are similar.
- iii) Community work is good for community awareness campaigns.

There was only 4% (1 response) on the use of case work and community work. The study revealed that both methods are used to verify given information and also handling individual problems.

### 4.3.3 Usefulness of The Three Social Work Methods

In this sub-section respondents were asked whether they consider the three social work methods as useful in handling foster care services. The following chart reflects the social workers responses on this question.

**Figure 4.6     Usefulness of Social Work Methods**

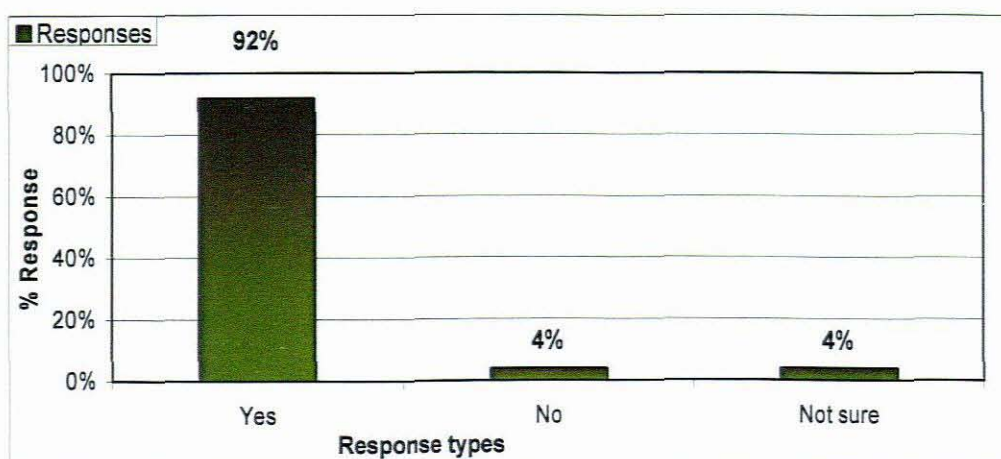


Fig 4.6 above indicates that 92 percent (25 respondents) agreed that all the three methods, which are case work, group work and community work, are important in handling foster care. Only a smaller number of 4 percent did not agree and other 4 percent said that they were not sure. The study gives an indication that although not all respondents apply the three approaches all the time, all three methods are regarded as useful in working with foster families.

The views of the study on the usefulness of social work methods are in agreement with Patel (2005:159) on the issues of generalist approach to social service delivery where it is mentioned that the generalist approach to social service delivery incorporates multiple levels of intervention including work with individuals, families, groups, organizations and communities. The generalist service delivery is based on the planned change model which is designed to work with client systems of different sizes and diversity of client populations and context in an integrated manner.

#### **4.3.3.1 Opinions on the Usefulness of the Social Work Methods**

In this sub-section the respondents were requested to give their own views concerning why they feel the three social work methods are useful or not useful in providing services to foster families. There was consensus among 92 percent of respondents that all the three methods are important when one has to provide a holistic service. The study also revealed that although foster care starts at an individual level, one cannot handle it holistically without referring it to the larger group or larger community. The study gave indications that although all the three methods are not applicable in practice; the need for all of them can hardly be underestimated.

#### **4.3.4 Application of Community Work Strategies**

On the question of what community work strategies do the respondents apply in developing foster families in order to achieve the goals of developmental social welfare; there was general consensus among the respondents on the following issues:

- i) Capacity building is rendered by providing educational talks on financial management.

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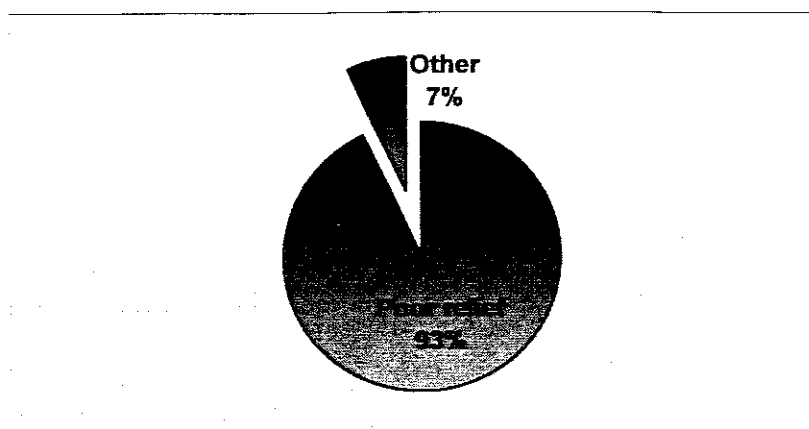
- ii) There is a link of casework and community work in order to assist foster families to join available projects in the community such as beadwork, gardening, knitting etc. Other foster parents are members of luncheon clubs.
- iii) Community awareness programs on foster care are also conducted.

The findings of the study are in line with the developmental welfare strategies as found in the White Paper for Social Welfare (1997) where it is emphasized that as part of the strategies for war on poverty in South Africa; services and programmes should be directed towards helping the vulnerable sectors of the community by providing programmes aimed at enhancing social integration. Such programmes should, among others, involve building self esteem, promoting competence and empowerment, literacy classes, capacity building, facilitating access to resources through creative strategies and promoting self sufficiency and independence.

#### 4.3.5 Temporary Financial Assistance

Social workers were asked about the type of financial assistance given to families in order to establish whether families are assisted whilst waiting for the foster grant to be approved.

**Figure 4.7 Temporary Financial Assistance**

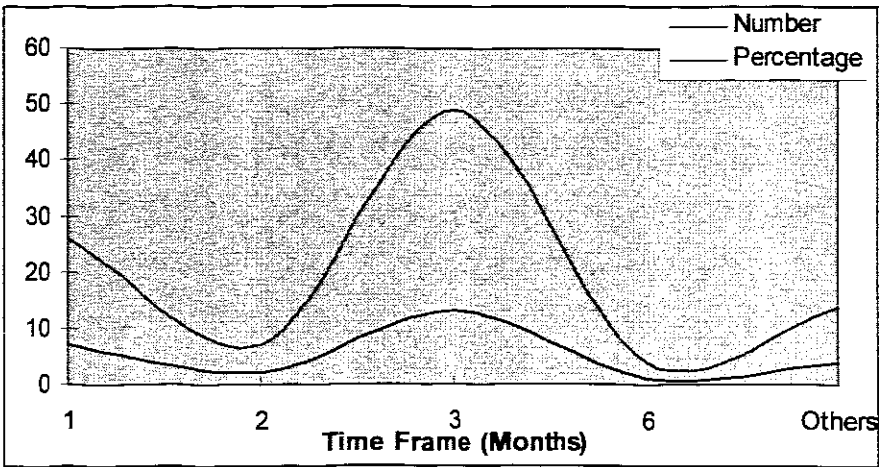


As indicated in figure 4.7, the majority 93 percent of social workers indicated that they provide social relief to clients waiting for assistance.

**4.3.6 Time Frame for the provision of Financial Assistance**

Respondents were asked to state for how long they provide temporary assistance to families in order to establish the procedure that is followed in all the offices.

**Figure 4.8 Time Frames for the Provision of Temporary Assistance**



As reflected in figure 4.8, the majority of 13 respondents (49%) reported that social relief is provided for three months, 7 respondents (26%) mentioned that assistance is provided for one month whilst 2 respondents (7%) said that it is provided twice. The small number of one response (4%) came from the respondents who said that assistance is provided for six months. The study came with various responses from respondents.

The Guidelines for Social Services for Children Infected and Affected by HIV and AIDS (2002:27) indicates that social relief can only be provided for a period of three consecutive months but can be extended under exceptional conditions for another period of three months. The majority 49 percent of the respondents was

in line with the procedure and there were also different responses, which indicated not all respondents were in line with procedure.

**4.3.7 Profile of the Areas Serviced**

In this sub-section the researcher requested the respondents to indicate whether they do keep the profile of the areas serviced.

**Table 4.3      Community Profile of Areas Served**

Response	Number	Percentage
Yes	24	89
No	11	11
<b>Total</b>	<b>27</b>	<b>100</b>

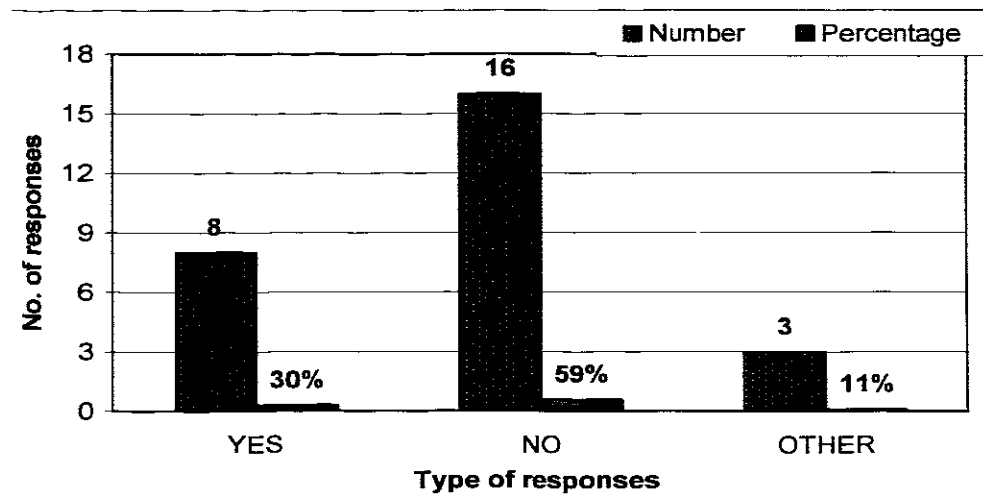
Tables 4.3 above indicate that 89% of the respondents confirmed to be keeping profile of the areas serviced. Only 11% were found not keeping any profile. The study shows that the majority of respondents have knowledge of the needs of the area(s) serviced.

**4.3.8 Needs Assessment**

Respondents were asked to give information whether they have ever conducted a need assessment of the area(s) served during the past two years.



**Figure 4.9 Needs Assessment**



The researcher discovered that among the 27 respondents, 16 social workers (59%) had not done any needs assessment. There were 8 respondents which give 30% of the respondents who reported to have done the needs assessment in their areas of operation and only 3 respondents (11%) of the study were neutral. Overall, the study revealed that the majority of respondents had not done a need assessment.

**4.3.9 Needs for Foster Families**

The respondents who agreed that they had done needs assessments were asked to stipulate what has been identified as foster parents needs. Among 30 percent respondents that confirmed to have conducted the needs assessment the following responses were received:

- i) Respondents felt that there was a need for education on HIV and AIDS, life skills and special programmes to keep families occupied.
- ii) There was also a concern for training on financial management, parenting skills, support groups and drop-in centers.

- iii) The respondents also identified housing, electricity, support groups and educational talks as one of the needs of foster families.
- iv) There was also a concern that there need to be a programme for children older than eighteen years of age who are still at school.

4.3.10 Among the respondents that said they have not conducted any needs assessment, the responses showed that the respondents felt that they are confronted with high caseload, shortage of staff, foster care backlog and shortage of transport. There was also a concern that some respondents are newly employed as social workers.

### **SECTION 3**

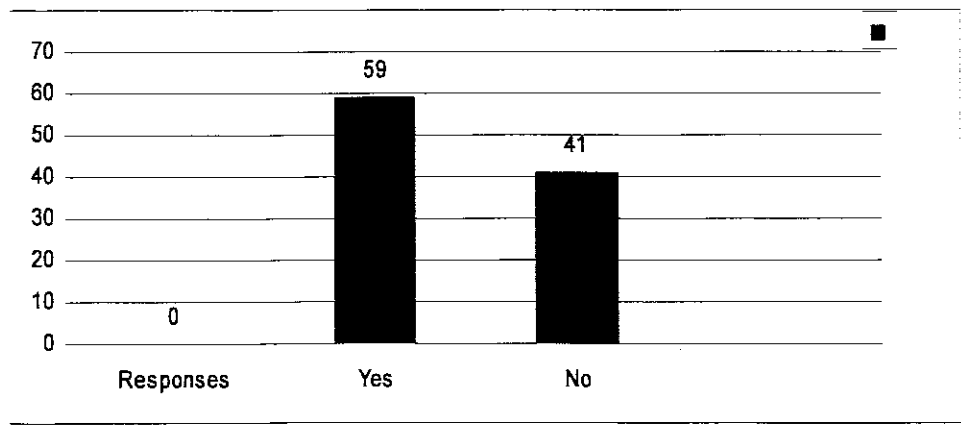
#### **4.4 THE DEVELOPMENTAL MODEL TO SOCIAL WORK PRACTICE**

The philosophy underlying the developmental model is that services and programmes should be developed to solve problems connected with unmet needs of the people; foster grant being one of those programmes. The idea of developmental social welfare is that such programmes should be universal and embrace human needs from a preventive and growth potential perspective (Potgieter 1997:119). One of the critical aims of developmental social welfare is to help people help themselves. In the following discussion, the researcher intends giving details of the study how the developmental model would be utilized by social workers of the Department of Social Development, Ulundi Region.

##### **4.4.1 Implementation of a Developmental Model**

In this sub-section, the question was asked whether respondents have ever adopted a developmental model to social work practice in their daily encounter with foster families in order to establish whether the developmental strategies were fully utilised to improve the lives of foster families.

**Figure 4.10    Implementation of Developmental Approach**



From figure 4.10 above, it is noted that the majority 59 percent (16 responses) the developmental model in their practice and 41 percent adopted (11 responses) were not.

Patel (2005:154) mentions that the transformation of welfare services as from 1994 was marked by a change of welfare service delivery from the treatment model to a developmental service delivery. This new paradigm shift refers to a set of issues, interests, practices and institutional arrangements that characterize professional welfare services delivery in a particular historic period. A paradigm shift also refers to the knowledge base and values that inform a particular approach in this case to welfare services. The developmental model to social welfare services emphasizes themes such as a right – based approach, economic and social development, participation welfare pluralism (social development partnerships and bridging the micro – macro divide in the conceptualization of social problems and social service practice.

From figure 4.10 above, it can be deduced that at least more than half of the social workers do apply the developmental approach in working with foster families.

4.4.2 Developmental Approaches Adopted

The question of what developmental approaches were adopted was asked in order to establish which approaches were adopted when working with foster families. A list of approaches was given for respondents to select among many.

Figure 4.11 Developmental Approaches Adopted

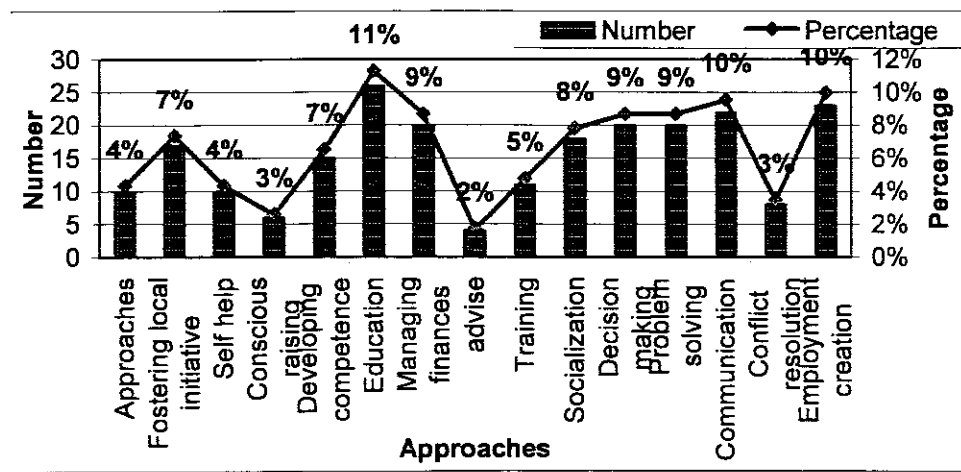


Figure 4.11 above indicates that the highest responses went to managing finances which was 11 percent. The second highest selection in the list was awareness programmes and communication that took equal responses of 10 percent. It was followed by problem solving, advice and conflict resolution with an equal response of 9 percent each. Decision making was the fourth in the selection list with 8 percent, followed by self help and education in the fifth place with 7 percent. The following approaches were rated as follows in the list; socialization, conscious raising 4 percent, developing competence 3 percent, employment creation 3 percent, and training 2 percent. All in all, the study revealed that there are nine (9) developmental approaches that are regularly used by social workers which involve managing finances, awareness programmes, conflict resolution, communication, decision making, advice, problems solving, self help and education.

4.4.3 Foster Families Linked to Projects

Respondents were requested to indicate the number of foster families linked to poverty alleviation programs in order to establish how many foster families among the individual caseload are linked to poverty alleviation projects.

Figure 4.12 Foster Families Linked to Projects

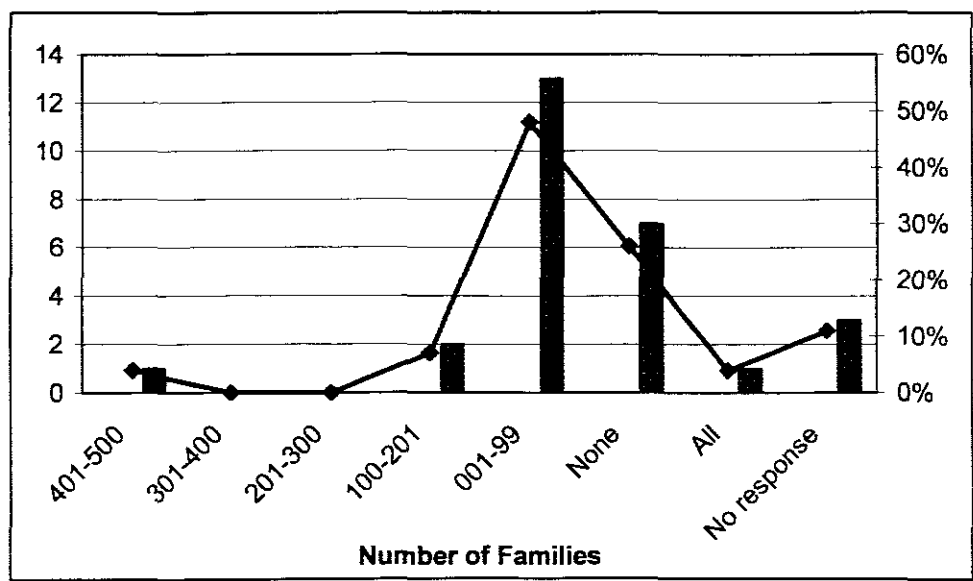


Figure 4.12 above indicates families linked to poverty alleviation programmes. The study revealed that between 01 – 99 families, there were 13 respondents (48%). Among 27 respondents, the study revealed very few responses for foster care families linked to poverty alleviation projects. The lowest figure was 4 percent and in another instance there were no families linked to projects at all.

In 2006, the Department of Social Development in the Republic of South Africa introduced a discussion document on linking social grant beneficiaries to poverty alleviation and economic activity. In this discussion document government realized that social assistance has been the biggest poverty alleviation measures in South Africa aimed at achieving the better life for all. There is the realization that

the social assistance programme was not specifically designed with exit strategies for beneficiaries, other than a change in their living circumstances and income levels. The government believes that the macroeconomic policies over the last decade have contributed to improved economic growth performance. Driven by demand-side stimuli and fueled by low interest rates and accessibility to credit and financial markets. However, the labour market has not been equally responsive to the increasing demand for the creation of work opportunities, especially from the social grants population. The South African government proposed strategic intervention model is a more holistic one aimed at linking social grant beneficiaries with poverty alleviation and economic activity.

#### 4.4.4 Life Skills Programmes

In this sub-section the respondents were requested to select among the given list in order to establish which life skills programmes are used.

**Figure 4.13 Life Skills Programme**

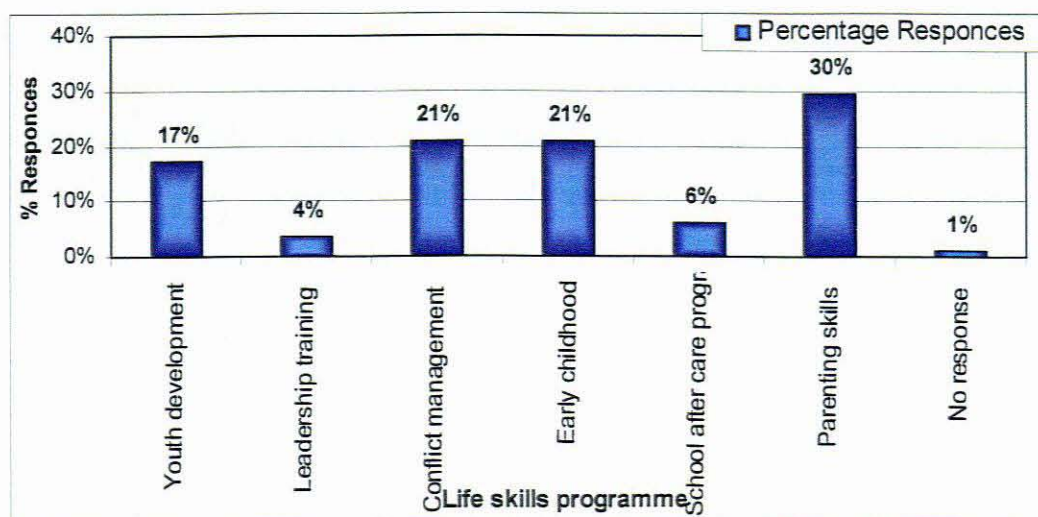


Figure 4.13 above indicates that among the six life skills programs that were presented in the research questionnaire for selection, parenting skills is the one

that had the highest responses of 30 percent followed by an equal percentage of responses of 21 percent from conflict management and early childhood development. Youth development became the third in the selection list with 17 percent responses follows by school after care programme with 6%, and leadership with 4%. There was a 1 percent response from social workers who did not say anything. The study revealed that the life skills are implemented such as parenting skills, conflict management, early childhood development and youth development.

4.4.5 Early Intervention Programmes

In this sub-section, the researcher intended getting information from the provided list of early intervention programs in order to establish which of the early intervention programmes are at use in handling issues pertaining to foster care.

Figure 4.14 Early Intervention Programmes

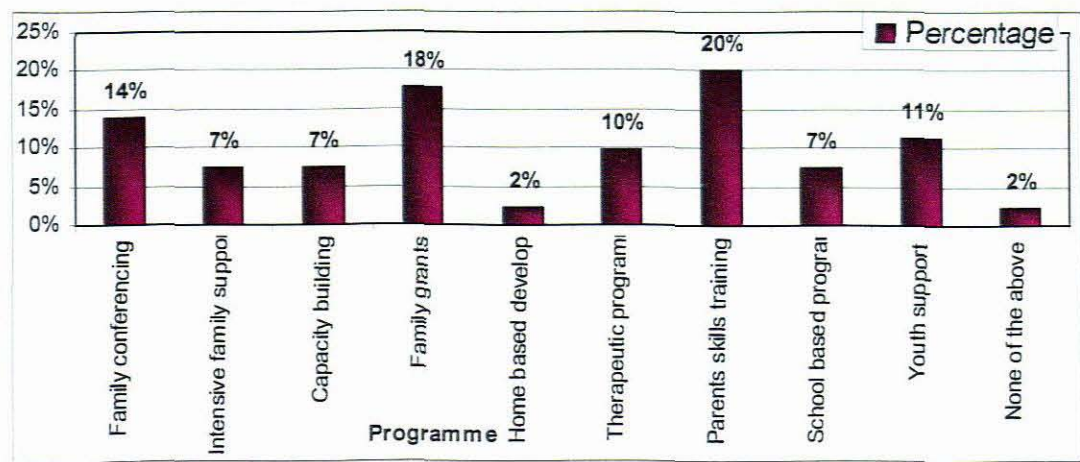


Figure 4.1 above indicates that 20 percent of social workers are conducting parents skills training, 18 percent family grants, 14 percent family conferencing, 11 percent youth support, 7 percent intensive family support, capacity building and school based programmes and 2 percent home based development.

The results of the study are in line with the South African Interim Policy Recommendations (1996), research conducted by the Centre for Development in Durban on family preservation services as well as the Children’s Amendment Act (2007). The techniques that are specified for early intervention programmes include intensive family support, family reunification services; youth mentor services and community conferencing. There is also a range of techniques such as school based support services, after school programmes, child and youth development programmes in school and communities, capacity building programmes, early childhood and where poverty is the key issue; financial support to families in crisis should be combined with a programme of development and self help. The results of the study revealed that among the ten programmes listed in this study, the majority of selections went to parenting skills, family grants, family conferencing and youth support.

**4.4.6 Developmental Assessment of Children**

Respondents were requested to mention the number of children in their caseloads that have gone through the development assessment in order to establish whether children entering the system were assessed.

**Table 4.4      Number of Children Assessed**

<b>Figures</b>	<b>Number of Assessments</b>	<b>Percentage</b>
1-10	3	11
11-20	4	15
21-30	2	7
40-50	1	4
51+	0	0
100+	5	18
All	1	4
None	8	30
Others	3	11
<b>Total</b>	<b>27</b>	<b>100</b>



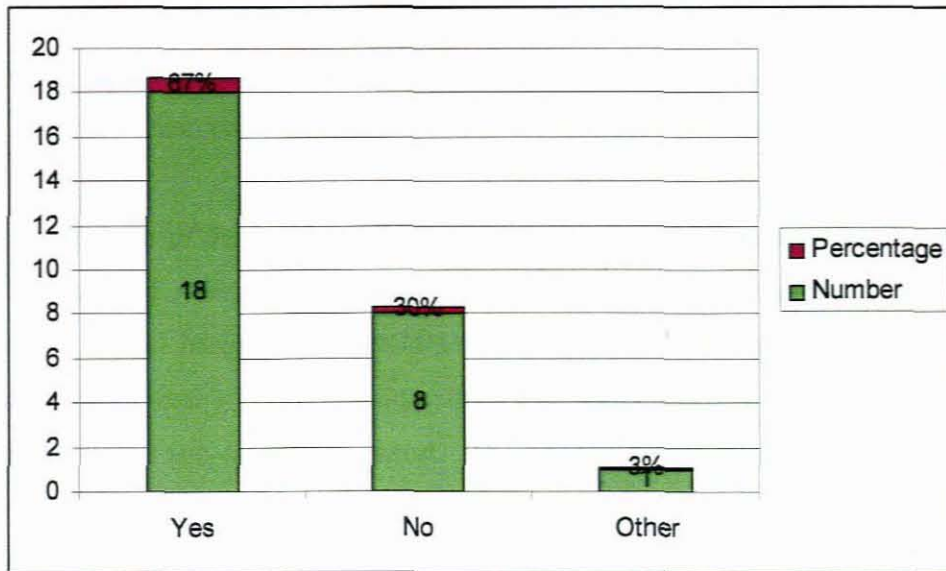
Table 4.4 above indicates that from 1 – 10 case files only 3 assessments were done (11%), from 11 – 20 only 4 assessments were done (15%) and from 21 – 30 only 2 assessments were done (7%). Among 40 – 50 case files only 1 assessment was done (4%). The other responses were as follows: 51 and above case files had no assessments, 100 and above case files had 5 assessments (18%), and there was one respondent who indicated that all his children in case files have been assessed. There were 8 non-responses (30%) and 3 other responses (11%). The study indicated low percentages in all the figures which indicated that developmental assessment was not fully implemented. The highest response was 30 percent of those social workers who have not done any assessments.

The assessment of children is in line with the views of Ellis, Dulmus and Vordarski (2003:53) who have noted that when children are taken into state custody, one of the responsibilities of child welfare agency is to conduct an assessment of the case's essential persons and social systems. This assessment becomes the basis of virtually every decision made after adjudication. Ideally the assessment considers every aspect of the child's life but focuses primarily on the strengths and needs of children and their families. The primary goal is the identification of problems that have caused or contributed to maltreatment and the strengths that can be built upon to prevent its recurrent.

#### **4.4.7 Foster Families Headed by Children**

##### **Figure 4.15 Foster Families Headed by Children**

Respondents were asked to indicate whether they do have foster families that are headed by children.



The study above indicates that there were 18 responses (67%) who mentioned that they do have foster families headed by children and 8 responses (30%) said no. There was 1 other response (3%). The results of the study are in line with the findings of Bower in Foster (2004) where it is indicated that the HIV and AIDS have contributed to the number of children living without parental care.

#### 4.4.7.1 Intervention Strategies for Families Headed by Children

In this sub-section the researcher wanted the respondents who confirmed that they do have foster families headed by children to specify the intervention strategies that they normally apply to sustain adequate family relationships. The research revealed that among the 'Yes' responses the strategies that are applied involve the following:

- i) Parenting skills and capacity building
- ii) Fostering oneness and respect
- iii) Food parcels
- iv) Supervision in order to monitor state funds
- v) Group work life skills

- vi) Counselling
- vii) Financial management
- viii) Problem solving, communication and decision making

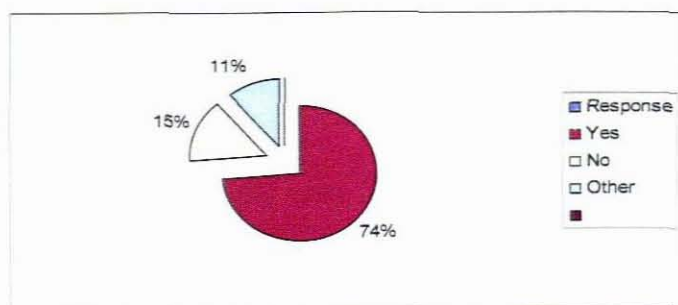
The findings of the study are in line with the National Integrated Plan for Children Infected and Affected by HIV and IDS, which endorses a community and home based model based on the child's right approach. The model is based on the multi-disciplinary support including volunteers and it requires a level of professional and financial support. The support being given to children includes material support, psychosocial support, food gardens, and income generating projects. The home and community based model has shown to be highly successful if it is linked with the Department of Health, Education, resource and training for those implementing the programme and recognition on the need to provide a holistic support focused on dressing basic needs to food, shelter, health care, emotional support and education.

## SECTION 4

### 4.5 SUPERVISION AND MONITORING IN FOSTER PLACEMENT

The study requested the respondents to indicate whether they do provide supervision to individual children.

**Figure 4.16 Supervision and Monitoring**



The findings of the study showed that 74 percent (20 respondents) provide supervision to foster families, while 15 percent (4 responses) did not. There were 11 percent (3 respondents) of other responses.

Ellis, Dulmus and Vodarski (2003:116) are in agreement with the findings of the study in figure 4.16 as they state that case managers are responsible for the overall supervision of the case. Supervision requires regular visits to home to both children and foster parents. The findings of the study are also confirmed by the views of Nigel (2005:127) where he mentions that the process of supervision in foster care entails regular visiting and regular reviews to ensure that children and young people are being properly looked after. The visits serve a number of purposes including keeping contact with the children and supporting or advising carers. According to Nigel (2005) the visits have also the purpose of ensuring that the child is being well cared for and not being ill-treated.

#### **4.5.1 Usefulness of Supervision in Foster Care**

The researcher asked the question of usefulness of supervision in foster care and among the 74 percent respondents that provide supervision. The findings of the study were as follows:

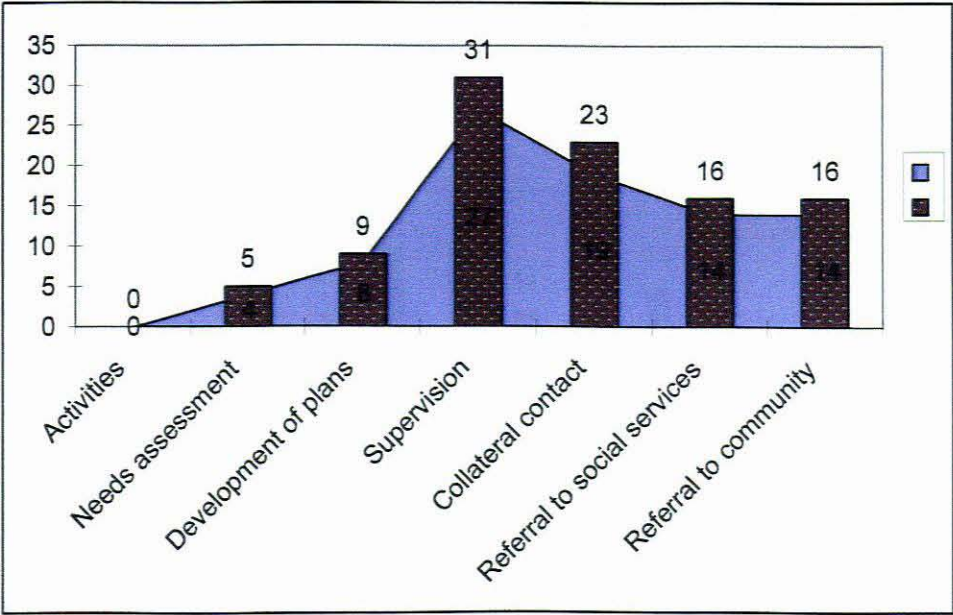
- i) Respondents felt that supervision helps to maintain relationships, save grants as well as plan for the future.
- ii) They also felt that supervision helps to see whether the grant is used to the benefit of the children both at school and at home.
- iii) There was also an opinion that supervision helps to get correct information from the children as some foster parents lie in order to get financial assistance.
- iv) Respondents also felt that supervision helps to identify problems and needs to observe whether placement still serves the best interest of children.

Among the 15 percent of social workers that said they do not provide any individual supervision to children, there was a concern that supervision is not possible as a result of huge foster care backlogs.

4.5.2 Case Management Activities

In this sub-section respondents were requested to indicate in a given list activities that form part of case management.

Figure 4.17 Case Management Activities



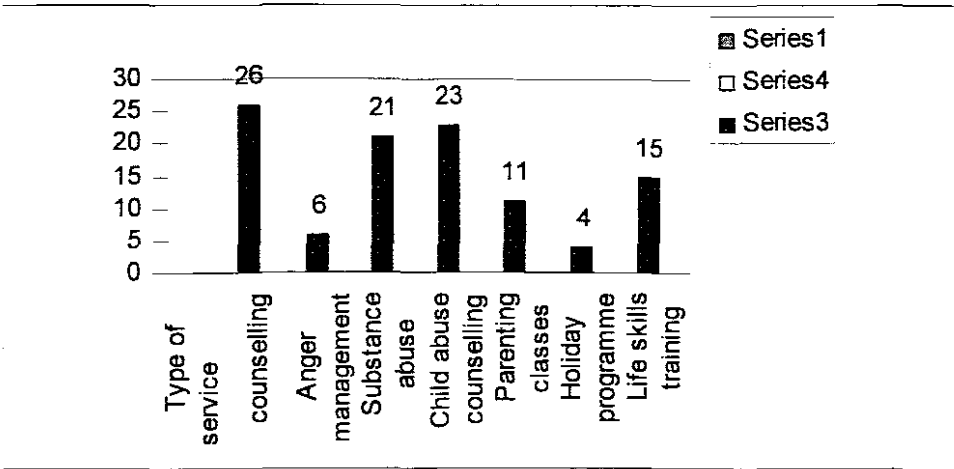
The above figure reveals that 27 responses (100%) of social workers who mentioned that they were carrying out supervision and monitoring on foster care. There were 19 responses for supervision and monitoring which includes home visits and school visits. The two activities of case management which is determination of the need for referral to appropriate therapeutic and social services as well as referral of some parents to community resources received equal responses of 14 responses. There were 8 responses for the development of

an appropriate care plan for the child and 4 responses for need assessment. The findings of the sub-section was that supervision and monitoring is one that is mostly used in foster care, followed by contacts with families, relatives and significant others. Referrals for clients to community and other social services required were also found to be in use.

4.5.3 Treatment and Counseling Services

The respondents were asked to indicate in the study treatment and counselling services that form part of service delivery.

Figure 4.18 Reflecting Treatment and Counselling Services



In figure 4.18 above, respondents were requested to indicate among the list treatment and counselling services they normally use in their services with foster families. Among the seven treatment and counselling services given in the study, the highest responses came from counselling services with 26 responses, followed by child abuse counselling with 23 responses. There were 21 responses for substance abuse counselling, 14 responses for life skills training, 11 responses for parenting classes, 6 responses for anger management and lastly 4 responses for a holiday programme. The research study revealed that among the seven treatment

and counselling services, the priority goes to counselling, child abuse, substance abuse, life skills training and parenting classes.

**4.5.4 Programmes for Aging Out of Foster Care Youth**

In this sub-section the intention of the researcher was to find out whether social workers do render programmes to children who do not qualify to get financial assistance anymore.

**Figure 4.19 Programmes for Aging Out of Foster Care Youth**

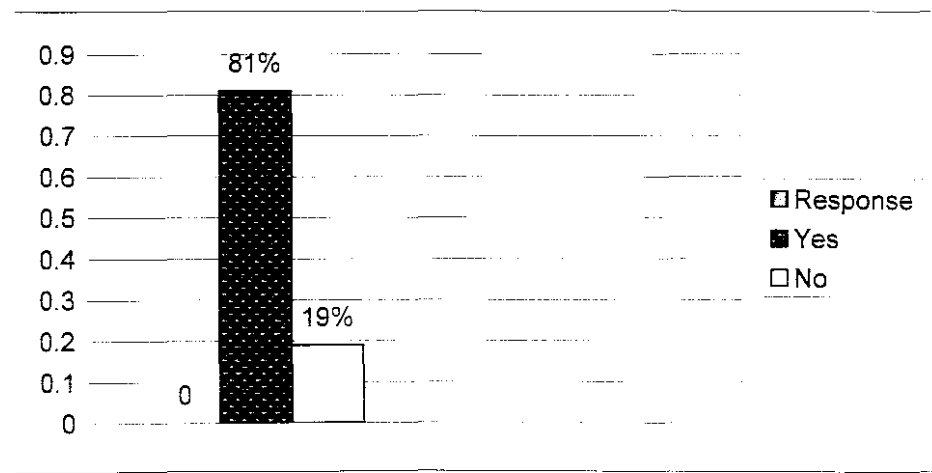


Figure 4.19 above indicates that 81 percent of respondents said they do render programmes to children and 19 percent said they do not. The findings of the study are in line with the views of Nigel (2005), where he mentions that the first research to focus strongly on children when they leave care was in the 1980's by Mike Stein and colleagues. This research drew attention to the many difficulties faced by young people who were pushed out of care often at a surprisingly young age without education, life skills or experience necessary for them to succeed. This research then led to many projects aimed at improving services for care leavers and there were also changes in legislation aimed at giving the stronger entitlement to support and assistance.

#### **4.5.4.1 Transition from Foster Child to Young Adulthood**

Among 81 percent respondents on figure 4.19 above that agreed to be involved in programmes for aging out of foster care youth, opinions of the respondents were sought with regard to helping the children to go through transition of being foster children to young adulthood. The research found that the following services are rendered:

- i) Awareness programme on HIV and AIDS and counselling.
- ii) Self reliance and responsibility.
- iii) Administration of a grant on behalf of younger children.

The findings of the study are in agreement with the views of Triseliotis, Sellick and Short (1995:133), where it is stated that there are a number of specific issues to be considered as part of the preparation process which can be carried out in groups or individually. These include making choices when leaving foster home, how certain outcomes can be achieved such as getting a job, making friends, buying clothes and being healthy. Focus should also be made on handling unpleasant consequences such as unwanted pregnancies, saying no to alcohol and drugs, HIV and AIDS, making financial plans and employment.

#### **4.5.5 Programmes for School Going Children**

Opinions of the social workers were requested concerning the services they provide with regard to school-going children. The study shows that social workers are involved in the following programmes:

- i) Life skills
- ii) Awareness on HIV/AIDS, child abuse, crime prevention,
- iii) Early childhood development, drugs
- iv) Self reliance and responsibility

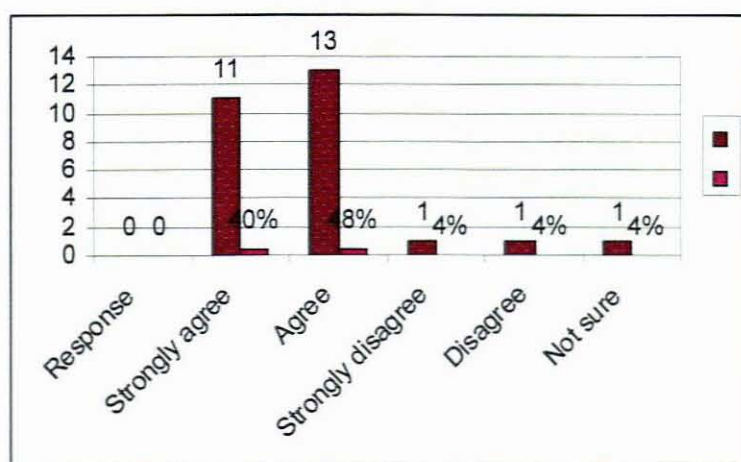


- v) Career guidance and the importance of completing school
- vi) Workshops for foster children
- vii) Support groups in different school

#### 4.5.6 Good Practice in Foster Care

The question of whether respondents feel they provide good services to customers was asked in order to establish whether an assessment of individual performance is done by each social worker.

**Figure 4.20 Reflecting Views of Social Workers on Good Practice**



The above figure indicates the views of social workers on customer care. Among the 27 respondents, the majority of 48 percent (13 responses) agreed that they are performing adequate service to foster families in ensuring that all basic needs are met, 40 percent strongly agree. There was an equal 4 percent response for respondents who strongly disagreed, disagreed and those that were not sure. The majority of responses agreed and strongly agreed which, therefore, meant that customers are getting the best services from social workers. The study gave assurance that children and young are getting best services from social workers.

Nigel (2005:178) when looking at innovation and good practice in foster care argues that one of the client aims of the system is to offer stability and continuity that in many cases are desperately in need of this. Nigel (2005) indicates that major studies like those conducted by Beridge and Cleaver (1987) as well as Fratter et al (1991), showed what a complex set of factors are involved in placement disruptions as it is possible that some causes of instability are improving whilst others may be worsening. Research has constantly revealed the educational attainment of learners falling far below that of the general population. The study by Nigel (200) further indicates that research conducted by Sonia and Jackson in the 1980's suggests that the chief problem in this regard is the low priority given to education by social workers and social work managers, coupled with failure for social services and educational authorities to work together for the benefit of children and young people.

#### **4.5.7 Challenges in foster care**

The respondents were requested to indicate the problems experienced in foster care. The study revealed that social workers have the following challenges:

- i) Some children do not have birth certificates and death certificates of parents.
- ii) Lack of proper accommodation.
- iii) Applicants not telling the truth about biological parents.
- iv) There is no co-operation from foster parents as sometimes they do not report problems/needs.
- v) Areas are scattered to an extent that some families can hardly be reached.
- vi) The social workers are working in rural areas with inadequate human resources.
- vii) There is high caseload, high backlog and high morality rate.
- viii) There is car robbery in other areas.

- ix) Some foster parents are misusing the foster care grant and in other families, for children are misbehaving.
- x) Saving the money for tertiary is difficult.
- xi) There are fraudulent cases.
- xii) Some families fight for custody of children, documents and the grant as well.
- xiii) There is school drop-outs among children.
- xiv) Children want foster parents to buy expensive clothes.

## **SECTION 5**

### **4.6 Challenges in Foster Care**

The respondents were asked to indicate problems they experience in handling foster families.

#### **4.6.1 Problems of Foster Parents**

The study revealed that foster parents experience the following problems in foster care:

- i) Some teenagers demand the foster care grant. They also demand expensive clothes and cell phones. Some children are rebellious towards foster parents.
- ii) There are children who misbehave and other leave foster placement without permission.
- iii) Adult illiteracy is also a problem. Children are left in the custody of the elderly who are unable to look after school work.
- iv) There is family conflict over grants.
- v) The foster grant is not saved at all; it is used for personal gain.

- vi) Appointments are missed and required documents are sometimes not brought at office.
- vii) There are deaths in the families.
- viii) Some foster parents due to the responsibility of looking after the foster children end up failing to manage own children because they want to please foster children.
- ix) Some foster parents do not turn for Section 16 reviews and Section 33 reports and sometimes do not report when they change residence.
- x) There is also lack of care from foster parents as sometimes they do not treat children as their own.
- xi) Some foster parents tend to reject children more especially when they are about to be eighteen years old.

#### **4.6.2 Problems of Children in Foster Care**

The study revealed that the following problems of children in foster care:

- i) Children do not receive proper care as the grant is not fully utilised for the needs of the children.
- ii) Child headed households are exposed to crime.
- iii) Some children grow old whilst still in lower classes.
- iv) There is neglect and abandonment, lack of school necessities, lack of financial support and also lack of knowledge that they are placed in foster care. Children are exposed to physical and emotional abuse.
- v) Transition to orphan hood is difficult for children. They stop to dream about a successful future as they think life is worthless without parents.
- vi) They are not motivated to study as sometimes they are told they will not go to tertiary due to financial constraints.

Ellis, Dulmus and Vordaski (2003:119) are in line with the findings of the study in pointing out the fact that common problems for children in foster care poor self

esteem depression and anxiety. There may doubt their ability to succeed or even be loved.

#### **4.6.3 Problems of Social Workers in Foster Care**

Research revealed that the following problems are experienced by social workers in foster care:

- i) There is shortage of transport, staff, computers and office space.
- ii) There is huge caseload, backlog and staff turnover.
- iii) Some clients do not give correct information during first application.
- iv) Some parents move without informing the social worker.
- v) Recruitment of foster parents is a challenge.
- vi) The areas that are served are rural in nature and they are huge.
- vii) Foster parents are not co-operative in supervision
- viii) Lapsed orders.
- ix) Lack of scheduled supervision and monitoring.
- x) Foster parents not coming in time for reviews.
- xi) Commissioners not availing themselves for enquiries.
- xii) Foster parents not reporting problems.

#### **4.6.4 Orphan Crisis and Impact of HIV/AIDS**

The social workers were asked whether they see foster care financial assistance as appropriate to deal with the crisis of orphans in the challenging times of HIV and AIDS.

**Table 4.5      Appropriateness of Foster Care Financial Assistance**

<b>Response</b>	<b>Number</b>	<b>Percentage</b>
Yes	22	82
No	2	7
No response	1	4
Other	2	7
<b>Total</b>	<b>27</b>	<b>100</b>

The findings of the study in Table 4.5 above shows that 82c percent (22 responses) of social workers feel that providing social security net is an appropriate response to the challenges of orphans, 7 percent (2 respondents) felt it was not appropriate and 4 percent (1 respondent) did not respond.

The South African Information indicates that the provision of social grants in South Africa is the most effective way of addressing poverty and income among millions of South Africans, however, it states that there is a significantly increase on the number of beneficiaries. The views of Meintjies, Giesel and Budlender (2004) are not in line with the findings of the study as they feel that the existing state financial assistance is not a sufficient mechanism to support the poor orphans and vulnerable children. There is a belief that government should seek for an alternative that is adequate, equitable, and accessible for all children's needs.

Meintjies, Giesel and Budlender (2004) argue that the processes involved in foster grant are far more complex than those of the child support grant. There is emphasis on the fact that when foster care was established, its primary aim was to remove children from their families due to neglect and or abuse. Provisions for placements made in the Child Care Act No. 74 of 1983 are based on the notion that placement is temporary and that the child will return to the care of his biological parents.

#### **4.6.4.1 Opinions on the Appropriateness or Non Appropriateness of the Grant**

Respondents were requested to state their opinions with regard to their various responses in table 4.5 above. Among the 82 percent of social workers that emphasised the importance of financial assistance.

The findings of the study gave the following views:

- Foster care grant is important because it ensures that basic needs of the children are met. Parents die and leave the children to grandmothers who cannot utilise the old age pension for the needs of the children. There is thus no other financial assistance available. The foster grant needs to be well administered in order that it can provide the best services to children. At this time the respondents felt that there are still challenges in the area of financial management.

Among the 7 percent of social workers that said that the foster care grant is not an appropriate response in handling orphan crisis, there was a feeling that the present grant which is R550 per month is not enough to cater for the needs of the children including tertiary education.

## **SECTION 6**

### **4.7 Policies**

#### **4.7.1 Policies and Guidelines Used**

The respondents were requested to indicate the policies and guidelines they normally use in order to establish which policies forms part of service delivery in managing foster care.

**Figure 4.21 Policies and Guidelines in Use**

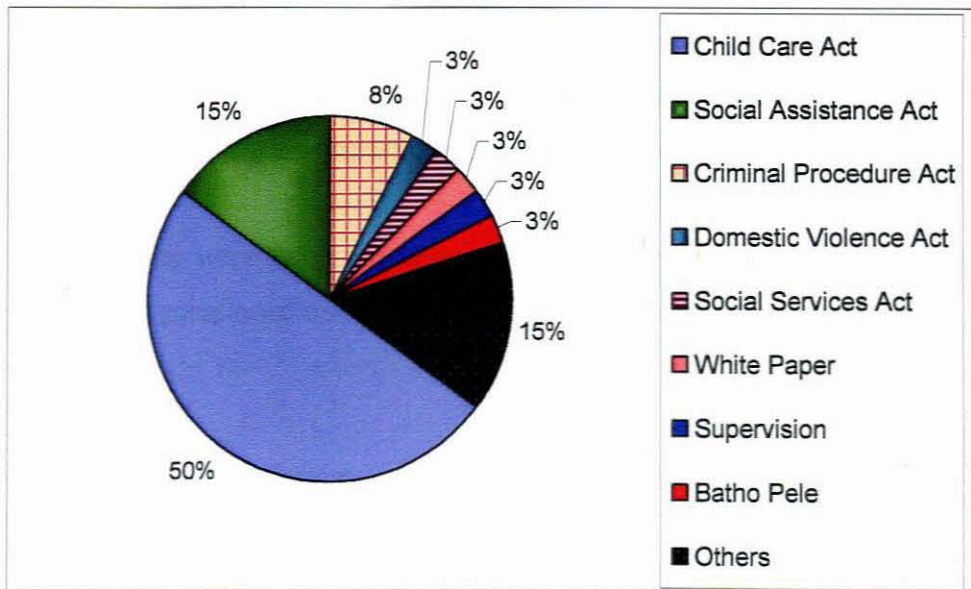


Figure 4.21 above indicates the responses for social workers concerning the type of policies they use in services to foster care customers. The findings of the study revealed that the Child Care Act is one that is normally used by social workers. There were 20 responses for the Child Care Act (50%), 9 responses for Social Assistance Act (15%), 9 responses (9%) for Criminal Procedure Act. There were equal responses of 1 (2.5%) in the Domestic Violence Act, Social Services Professions Act, White Paper for Social Welfare, Supervision, and Batho Pele. The study has shown almost three Acts frequently used by social workers which are the Child Care Act, Social Assistance Act and the Criminal Procedure Act.

The findings of the study are in line with the views of Patel (2005:163) where it is stated that since 1994 policy and legislation have been formulated to be in line with the new constitutional and directions of the country. Some of the key policies of Social Development include the White Paper for Social Welfare (1997), Financing Policy (1999), Aged Persons Amendments Act (1994), Child

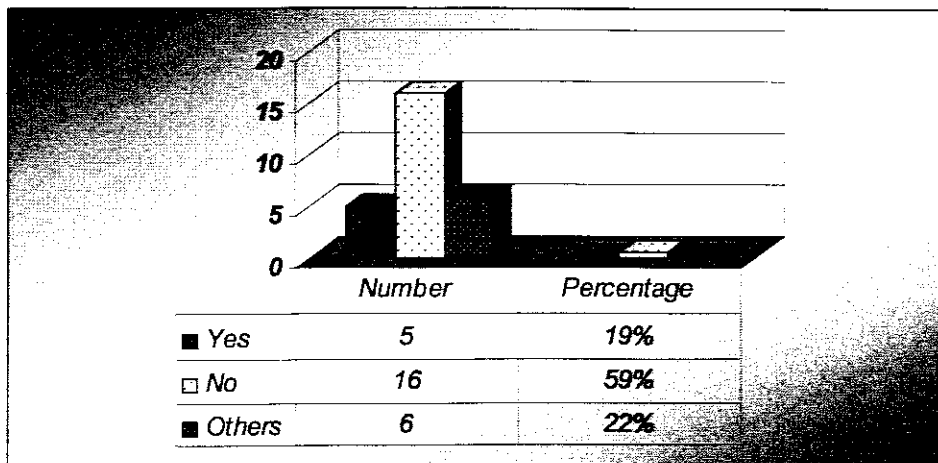


Care Act (1983), Prevention and Treatment of Drug Dependency Act (1992), Probation Services Act (1991) and the Domestic Violence Act (1998).

#### 4.7.2 Challenges in Implementing the Present Policies

Respondents were asked whether they do have challenges in implementing the policies as mentioned on figure 4.21 above. The responses are indicated in figure 4.22 below.

**Figure 4.22 Challenges in Implementing Policies**



Respondents in figure 4.22 above revealed the majority of 59 percent (16 respondents) who said that they do not have any challenges in implementing the policies, 19 percent (5 respondents) confirmed to be experiencing problems in implementing the policies and there were 22 percent (6 respondents) other responses.

### **4.7.3 Future Changes in Policies and Guidelines**

The **research** requested respondents to give their opinions on what they feel needs to be **changed in policies** pertaining to foster care in South Africa.

The **findings of the research** in this issue were as follows:

- i) The **social workers** feel **that** the **extension** order needs to be extended to **four years** instead of **two years** that is in practice right now. Some feel that it **should be** extended to three years and placement procedures be **changed** as the **present one** delays the process.
- ii) The **policy of single parents** should be scrutinised. There is a feeling that **children born of single parents** that have no visible means of support be **made to access the foster care grant** too.
- iii) Some **respondents** feel **that** the **foster grant** is insufficient for the **present state of economy**.
- iv) Some **social workers** feel **that** the **grant** should be suspended as soon as the **child turns eighteen**.
- v) There **was also a concern** that foster care grants for related placements be **done by the South African Social Security Agency (SASSA)** and not by **social workers**. Some social workers have an opinion that of the **government** looking at **reviewing the present foster care grant** to be **handled like the maintenance grants** if children are in kinship care. There **is a feeling that** **foster care** should be categorized so that the process for **the related and non-related** cannot be the same.
- vi) There **was also a concern** that the **Child Care Act No.74 of 1983** is old and **needs to be amended**.

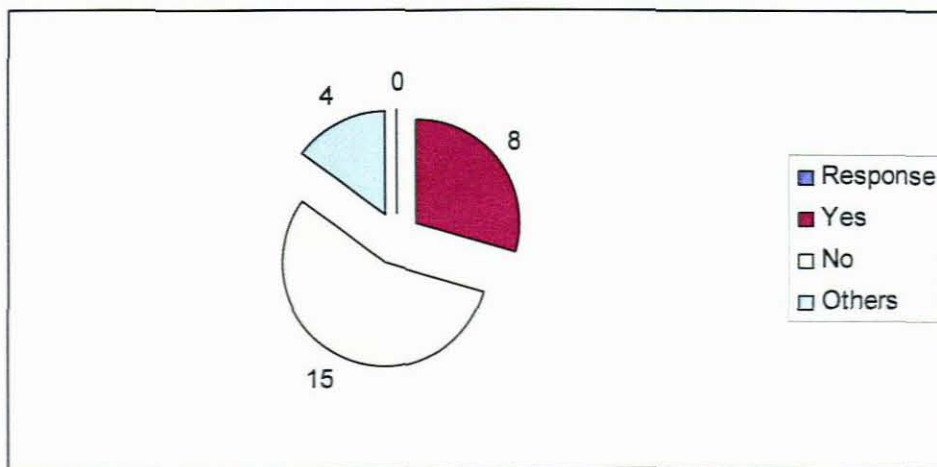
## SECTION 7

### 4.8 Training

#### 4.8.1 Human Resource Development

In this sub-section the respondents were requested to state whether they feel well equipped to handle foster care considering the present challenges of HIV and AIDS in South Africa.

**Figure 4.23 Showing Human Resource Developments**

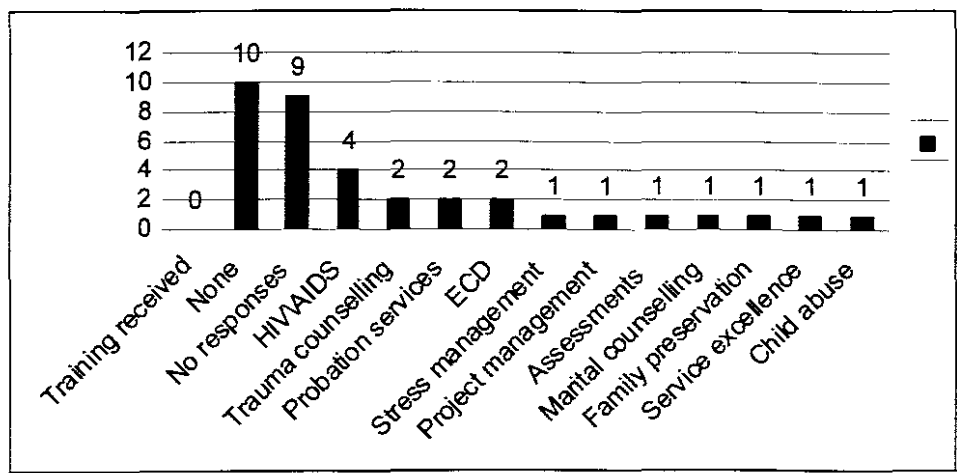


Among 27 respondents, figure 4.22 above indicates that the research revealed 15 respondents (55%) denied that they are well equipped to handle the present challenges in foster care, 8 respondents (30%) agreed, and there were 4 other responses (15%).

4.8.2 Previous Training in Developmental Social Welfare

Social workers in the sub-section were requested to specify the type of training they have received in the past that shows a shift of practice from a therapeutic model to a developmental model.

Figure 4.24 Training Received

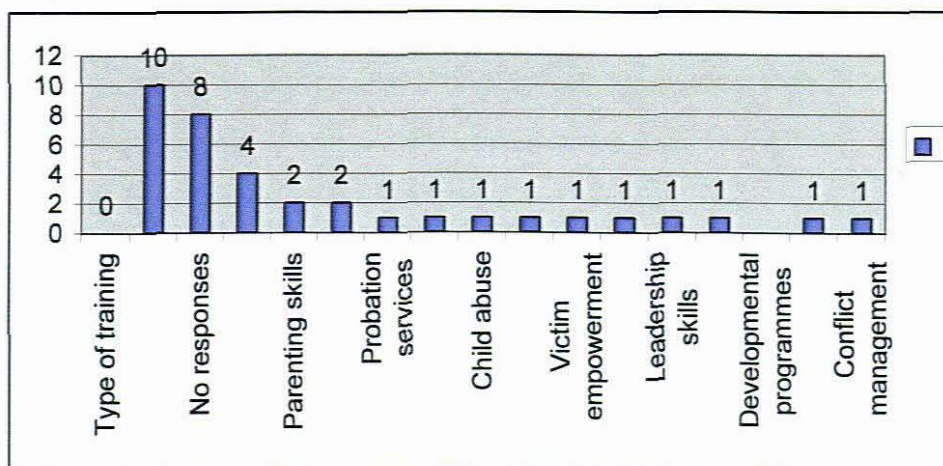


The findings of the research in the above figure reveal that the majority of respondents which is 10 responses have not received any training that is in line with the developmental approach. There were also 9 non-responses. Figure 4.24 above indicates HIV/AIDS coming the third in the row with 4 responses. There were an equal number of 2 responses for trauma counselling, probation services and ECD. There was 1 response for stress management, project management, assessments, marital counselling, family preservation, service excellence and child abuse. In this sub-section the majority of responses were those that reported that they have no training that was received and there was also a majority of those who did not respond to the question. The study shows a need for training in foster care in terms of a developmental perspective.

### 4.8.3 Required Training

The study revealed that social workers prefer the training given in Fig 4.25 to deal with the present challenges.

**Figure 2.25 Presenting Training Required**



The above figure indicates that the 27 responses 10 preferred HIV and AIDS training, 8 non responses, 4 for trauma counselling, 2 responses for parenting skills and ECD and 1 response each for probation services, marriage counselling, child abuse, entrepreneurship, victim empowerment, counselling, leadership, project management, developmental programs, life skills and conflict management.

### 4.8.4 Any Other Information on the Study or Comments

In this sub-section there were no comments from 17 respondents and among those that commented, there was a feeling that parents should be encouraged to join income generating projects one recruited and also that there should be more employment of social workers since the areas that are served are huge.

## **4.9 Summary**

In this chapter collected data has been presented, analysed and interpreted in the form of tables, charts and responses from open ended items which have been analysed and presented in the form of summaries.

## **CHAPTER 5**

### **5.0 SUMMARY, (CONCLUSIONS AND) RECOMMENDATIONS AND SUGGESTIONS (FOR FUTURE RESEARCH)**

#### **5.1 INTRODUCTION**

This chapter presents the problem statement which is restated as well as the findings of the study per objectives. Conclusions are drawn from the data that was gathered through a questionnaire. This chapter concludes with specific recommendations for future research.

The research was exploratory and utilised both qualitative and quantitative research approaches. The questionnaire was used as a method of data collection. The sample was chosen from the Department of Social Development at Ulundi Region, covering Coastal Zululand areas.

#### **5.2 THE FINDINGS OF THE STUDY IN TERMS OF THE OBJECTIVES OF THE STUDY**

On the basis of empirical evidence, the findings of the study have been presented as follows:

- **To Determine Whether There are Any Developmental Programmes Rendered by Social Workers in Developing Foster Parents**

The study revealed that there were 59 percent respondents who indicated the adoption of a developmental model in working with foster families. Among the given list of approaches which included, fostering local initiative, self help, conscious raising, developing competence, education, managing finances, advise, training, socialisation, decision making,

problem solving, communication, conflict resolution and employment creation, there were various responses from respondents. All respondents gave different selections for the methods they use which meant that one was selecting a method deemed suitable in a particular situation. The majority of 11 percent responses were taken by provision of education to foster families. Some programmes like awareness programmes, problem solving, advice, conflict resolution, decision making, and self help rated between 10 and 6 percent whilst programmes such as socialization, fostering local initiative towards working together, conscious raising, developing competence employment, creation and training rated less than 5 percent in the study. The study revealed low percentages in all the listed programmes that need to be rendered with foster families.

- **To Determine the Feasibility of the Application of the Developmental Approach in Developing Foster Families**

The objective of the study was achieved. The researcher had requested information from respondents which is related to the number of foster families linked to developmental projects. The results of the findings revealed that between a caseload of 01 and 500 families, the majority of 13 responses (48%) came from respondents whose caseload was between 01 and 99. Among the 27 respondents the study revealed that there were very few families linked to poverty alleviation programmes.

In the subsection of life skills development where respondents were requested to indicate among the list the life skills programmes they normally use, a large percentage of 30 percent responses were received from parenting skills. There was also a 21 percent response for early childhood and conflict management; youth development received 17 percent responses. The study revealed the lowest number of responses from leadership training and school after care programmes. The study



showed that there are four programmes that are implemented by social workers at different levels. These include parenting skills, early childhood development, conflict management and youth development.

Among the provided list of early intervention programmes that included family conferencing, intensive family support, capacity building, family grants, home based development, therapeutic programmes, parents' skills training, school based programmes and youth support; the aim of the research was to find out which early intervention programmes are used in handling foster families. The study revealed that the majority of 20 percent social workers are conducting parents' skills training, 18 percent family grants, 14 percent family conferencing, 11 percent youth support, 7 percent intensive family support, 7 percent capacity building, 7 percent school based programme and 2 percent of home based development. The study revealed that among a given list of a range of early intervention programmes, there were five programmes utilised effectively ranging between 20 percent and 10 percent. These early intervention programmes include parents' skills training, family grants, family conferencing, youth support and therapeutic programmes.

With regard to the developmental assessment of children and youth at risk among a given list of caseload of children that was between 1 – 10 only 3 assessments (11%) was done, between a caseload of 11 – 20 the study showed that only 4 assessments (15%) were done, between a caseload of 21 – 30 only 2 assessments (7%) were done. Among a caseload of 40 – 50 the study revealed that only 1 assessment was done, from 51 – 100 there were no assessments done, from 100 and above only 5 assessments (18%) was done. The study showed that there was a majority on none responses which was 8 (30%). There was one respondent who indicated that all children in her cases files has gone through the development assessments however the number of all those assessments were not indicated in figures.

Research revealed that among the caseload indicated in this study in figure 4.5, a large number of children were not assessed when they enter the foster care system.

The study showed that the majority of 67 percent respondents indicated that they do have foster families headed by children. The intervention strategies applied included parenting skills and capacity building, fostering oneness and respect, food parcels, supervision in order to monitor state funds, group work life skills, counselling, financial management, problem solving, communication and decision making.

The research also revealed that supervision and monitoring was also done in foster care. A majority of 74 percent respondents showed that they were providing supervision in foster care and only a minority of 11 percent was not providing supervision. The respondents mentioned that this approach help them to maintain relationships, save the grant as well as to plan for the future. There was also an opinion that supervision helps to identify problems and needs and to observe whether placement still serves the best interests of the children. Figure 17 from the study indicates that there were 27 responses from social workers who indicated that they were providing supervision in foster care, 19 responses for collateral contacts, 14 responses for referral to other social services and referral to the community, 8 responses for development of plans and 4 responses for needs assessment. The results of the study confirmed that social workers were rendering case management approach as part of developing services to foster families.

With regard to treatment and counselling services, figure 4.18 reveals that 26 of respondents selected counselling as their first priority. There were also 23 responses for child abuse, 21 for substance abuse, and 15 for life skills training, 11 for parenting classes, 6 for anger management and 4 for

holiday programme. The study showed that there were four approaches that were frequently used which is counselling, child abuse, substance abuse and life skills programme.

Figure 4.19 indicates that 81 percent of social workers do render programmes to aging out of foster care youth and 19 percent did not. The research found that social workers were providing programmes such as awareness on HIV and AIDS, self reliance and responsibility and administration of a grant on behalf of younger children.

The researcher in section 4.5.5 requested respondents to provide programmes that they render with regard to school going children and among 27 respondents the responses involved the provision of life skills, awareness on HIV and AIDS, child abuse, crime prevention, early childhood development, self reliance and responsibility, career guidance, workshops for foster children and support groups in different schools.

- **To Investigate the Problems Encountered by Service Providers and their Impact on Services Delivery**

The objective of the study was achieved. Section 5 of the study reflects the views of respondents with regard to the challenges that are faced in foster care. The problems were differentiated into three categories; those that relate to foster parents, to children as well as to social workers themselves. There were various responses on this matter. Among those problems experienced by social workers included among others shortage of transport, shortage of staff and office space. There was also a concern for huge caseloads, backlog and staff turnover. Among other concerns raised by respondents was the question of some clients not giving correct information. Recruitment of foster parents was indicated as a challenge. The respondents mentioned that the areas that are served are huge and they

are also rural in nature. There was also an indication that foster parents are not co-operative in supervision, lapsed orders, lack of scheduled supervision and monitoring and many others.

Among the challenges of children in foster care as presented by respondents included the fact that children do not receive proper care and the grant is not used to the benefit of the children. The study revealed that child-headed households are often exposed to crime. There was also a concern that some children grow old whilst they are still in lower classes. In addition there was also a concern that children in foster care are exposed to emotional abuse. According to the findings of the study some children are not motivated to learn because they are often informed they will never be able to attend tertiary institutions due to financial problems.

The study revealed that the challenges experienced by foster parents involve handling rebellious children who demand money and expensive clothes. The respondents also made mention of children left in the custody of the elderly with lack of basic adult education and thus difficulty in monitoring children's school work. The study also revealed that some families fight over the grant that is received by children and the fact that in other families the grant is not saved but used for personal gain. There are deaths in the families, lack of cooperation with social workers and a tendency not to accept looking after children when they turn eighteen years of age.

The researcher in table 4.5 found that the majority of 82 percent respondents feel that providing social security to orphaned children is an appropriate response to the challenges of orphans as it ensures the provision of basic needs to children. There was a concern that the foster care grant needs to be well monitored in order to provide best services to children. There was only a minority of 7 percent that felt the grant was

not an appropriate response to the challenges of orphans as they felt it was not enough to cater for the needs of the children including tertiary education.

- **To Determine whether Social Workers are Capacitated Enough in Terms of the Developmental Approach to Deal with Challenges**

In figure 4.23, the researcher found that among the 27 respondents 15 respondents denied that they were well equipped to deal with foster care challenges, 8 respondents agreed and there were four other responses. The findings of the research revealed that there was a majority of 10 responses for social workers who said that no training on developmental model has been provided. There were also 9 none responses to the question. The study showed a minority of responses that were between 4 and 1 on HIV and AIDS, trauma counselling, probation services, early childhood development, stress management, project management, assessments, marital counselling, family preservation and child abuse.

Figure 4.25 of the study shows 10 respondents preferred HIV and AIDS training, 4 responses for trauma counselling, 2 for parenting skills, 2 for child abuse, 1 for entrepreneurship, 1 for victim empowerment, 1 for counselling, 1 for leadership, 1 for project management, 1 for developmental programmes, 1 for life skills and 1 for conflict management.

- **Strategies that would Help Social Workers Provide Best Services to Customers**

Among the challenges that are experienced by social workers in foster care was the issue of the present policies in foster care which social workers feel there need to be changed. The suggestion from respondents

was that the extension from two years to four years whilst others felt it should be extended to three years. There was also a feeling that the policy on single parents be scrutinised due to the fact that children born of single parents who have no visible means of support has been left out for them to access foster grants too. There was also a concern that the amount of the grant that is provided right now is not enough in the present state of economy. Some social workers felt that the grant should not be extended when the child reaches eighteen years of age. Social workers had also a concern that the present system of foster placement be changed so that all placements with relatives are done by South African Social Security Agency. There is a feeling among social workers that it would help handling the present foster care grant like the previous maintenance grant especially for children in kinship care so that the placement process for related and none related cannot be the same. Social workers had also an opinion that the present Child Care of 1983 is old and needs to have some amendments.

## **5.2 RECOMMENDATIONS OF THE STUDY**

On the basis of research and results obtained in this study, the following recommendations are suggested, namely:

- a) A needs assessment in the area of foster care in all service offices should be done in order to link foster care services to a developmental approach.
- b) Social development should design uniform programmes to be rendered by social workers in the field in terms of developmental approach and needs of each area.
- c) Principal social workers should be encouraged to monitor case files in social welfare services so that children entering the system can receive assessments.

- d) Social workers should link foster families with community projects in the area so that they cannot solely rely on the grant.
- e) Social services should consider the appointment of programme coordinator at local level so that foster care programmes should also be monitored and a business plan be put into place where funding is required.
- f) The Department of Social Development should consider revisiting the present policies in child care, so that there should be different procedures for related and non related children needing financial assistance as well as reviewing the recommendation by social workers to extend the extension order to three or four years respectively. Review of procedures can minimise caseloads, backlogs and the expiry of orders.
- g) Social work supervision in foster care should be strengthened and training should be provided on a developmental approach linking foster care services to this approach so as to arm the less experienced social workers in the field.
- h) Social Services should consider the development and implementation of programmes for children turning eighteen years of age who are at school and those no longer at school. There should also be programmes for child-headed households.

### **5.3 SUGGESTIONS FOR FUTURE RESEARCH**

On the basis of the findings of the study the researcher wishes to suggest that:

- a) a future research would concentrate on evaluating the impact of foster care services to affected families and
- b) the evaluation of present Social Development strategies which are aimed minimizing caseloads that above the expected norm and foster care backlog.

The developmental programmes are provided by social workers in their services with foster families. Among the developmental programmes provided, there has been a concentration on certain programmes and not other programmes. The programmes that receive less attention involves socialisation, fostering local initiative, conscious raising, developing competence, employment creation, training, holiday programme, leadership, school after care programme and home based development.

There are few foster families linked to poverty alleviation projects in order to create self reliant foster families.

The majority of social workers are rendering supervision in foster care, however, it was still noted that there are many challenges facing children, foster parents as well as social workers.

In conclusion the findings of the study revealed that the majority of social workers are rendering services to aging out of foster care youth, which includes HIV and AIDS awareness, self reliance and responsibility as well as administration. There was lack of emphasis on programmes related to employment opportunities and basic life skills in line with Public Works Skills Development Programme that would help those who cannot cope with public school curriculum.



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**SECTION A**

**QUESTIONNAIRE OF FOSTER CARE SERVICES**

**SECTION 1: IDENTIFYING PARTICULARS**

1.1 Office (Please indicate below).

.....

1.2 Please indicate below the number of areas you serve (Tick where appropriate).

1	
2	
3	
4+	

1.3 Type of area

Urban	
Rural	
Township	
Other (Specify)	

1.4 Present designation

Principal Social Worker	
Senior Social Worker	
Social Worker (Production)	
Other	

Years of service (Tick where appropriate).

1 – 2 years	
3 – 5	
6 – 10	
10 +	

1.5 Present caseload in foster care

**SECTION 2: SOCIAL WORK METHODS**

2.1 Please indicate below the method(s) that you frequently use in dealing with foster families. (Tick where appropriate).

Case work	
Group work	
Community work	

2.2 Considering your response in question 2.1 above what makes you select the above method(s) in handling foster families (Briefly explain).



2.3 In your experience in working with foster families, do you consider the three above social work methods as useful in handling foster care?

Yes	
No	
Not sure	

2.3.1 Briefly indicate your opinion on your response above.

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2.4 One of the goals of the Department of Social Welfare is to develop a comprehensive, people centered social service delivery. What community work strategies have you applied during the past years as a way of developing foster families towards being self-reliant? (Explain below).

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2.5 How do you normally assist foster parents that are still waiting for financial assistance and have no other visible means of support? (Explain below).

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2.6 Referring to your response on 2.5 above, for how long does temporary assistance last if any is available? (Respond below).

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2.7 In addressing the total human needs, does your office keep a profile of the areas you serve to find out what resources are available and not available?

Yes	
No	

2.8 Have you ever conducted a needs assessment of foster families during the past two years in your area(s) you serve?

Yes	
No	

2.9 If the answer above is yes, what have you identified as foster families needs (specify below).

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**SECTION 3: THE DEVELOPMENTAL MODEL TO SOCIAL WORK PRACTICE**

One of the major aims of developmental social welfare is to help people help themselves through the creation of development welfare programmes.

3.1 In your service delivery to foster families, have you ever adopted the developmental model to help foster parents with whatever problems they encounter in their daily interaction? (Please indicate below).

Yes	
No	

3.2 In addressing the total human needs, which of the following developmental approach have you adopted in helping foster families to be self reliant? (Tick where appropriate).

Fostering local initiative towards working together	
Self-help	
Conscious raising	
Developing competence	
Education	
Managing finances	
Advise	
Training	
Socialisation	
Decision making	
Problem solving	
Communication	
Conflict resolution	
Employment creation	
Awareness programmes for children and parents	

3.3 With regard to the alleviation of mass poverty, how many of your foster families in your area(s) are linked to the existing national poverty alleviation programmes in your area. (Indicate the number(s) below).

3.4 Which of the following life skills programmes form part of your service delivery to foster families?

Youth development	
Leadership training	
Conflict management	
Early childhood	
After care programmes at school	
Parenting skills	
None of the above	

Other (please specify):

3.5 Which of the following early intervention programs and services have you implemented with foster families during the past six months? (Tick where applicable).

Family conferencing	
Intensive family support	
Capacity building	
Family grants	
Home based development	
Therapeutic programmes	
Parents skills training	

School based programmes	
Youth support	
None of the above	

Other (specify:

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3.6 How many children among your caseload have gone through the developmental assessment? (Indicate below).

1 - 10	
11 -20	
21 - 30	
40 - 50	
51 +	
100 +	
All	
None	

3.7 Do you have foster families that are headed by children?

Yes	
No	

If the answer above is yes, what intervention strategies are in place to help them sustain adequate family relationship?

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**SECTION 4: SUPERVISION AND MONITORING IN FOSTER PLACEMENT**

4.1 Do you render individual supervision of children?

Yes	
No	

If the answer above is yes, then how does it help you in your service delivery?  
(Explain below).

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4.2 Which of the following activities forms part of your case management in foster care?

Completion of needs or risk assessment.	
Development or revision of an appropriate plan of care for a child including the indivisualised case plan, a comprehensive reunification plan or permanency plan for the child.	
Supervision and monitoring (e.g. school visits, home visits, etc).	
Collateral contacts with parents, family members, teachers and other significant adults or peers related to the development, revision or supervision of a child's care plan.	
Determination of a need for and referral to appropriate therapeutic and social services required by the child and or family as specified in the case plan.	
Referral of parent to community resources.	

- 4.3 Which of the following treatment and counseling services form part of your services? (Tick where appropriate).

Counseling	
Anger management classes	
Substances abuse counseling	
Child abuse counseling	
Parenting classes	
Holiday program	
Life skills training	

- 4.4 Do you have a program for aging out of foster care youth?

Yes	
No	

If the answer is yes how do you help them go through a transition from foster child to young adulthood?

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- 4.5 What program do you offer with regard to foster children of school going age?

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Do you feel that you are performing adequate services in ensuring that the grant is used to meet basic needs of the child (ren) e.g. food, shelter, clothes etc. (Tick where applicable).

Strongly agree	
Agree	
Strongly disagree	
Disagree	
Not sure	

What are the challenges in this area and how do you handle them?

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**SECTION 5: CHALLENGES IN FOSTER CARE**

5.1 In your experience in working with foster parents what would you regard as foster parents problems? (Briefly explain).

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5.4 Briefly specify problems experienced by children in foster care.

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5.5 What are the problems experienced by social workers that impact on service delivery?

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5.6 In the context of HIV and AIDS in South Africa, do you feel foster care assistance is an appropriate response to orphan crisis?

Yes	
No	

Briefly explain your opinion on your response to 5.4.

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**6. POLICIES**

6.1 Which policies and guidelines help you to provide efficient services to foster parents? (Specify below).

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6.2 Do you have any challenges in implementing the present policies?

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6.3 What policy changes would you like to see?

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7. TRAINING

7.1 Considering the present challenges of HIV and AIDS in South Africa, do you feel you are well equipped to handle the present challenges facing foster care?

Yes	
No	

7.2 What type of training have you received in terms of the developmental social welfare that makes a shift of practice from a therapeutic model to a developmental perspective? (Specify below).

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7.3 What type of training do you feel can help you to deal with the present challenges?

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## ANNEXTURE B

