UNIVERSITY OF ZULULAND

EXPERIENCES OF FOSTER PARENTS CARING FOR NON-FAMILY RELATED FOSTER CHILDREN IN DE DEUR, GAUTENG PROVINCE, SOUTH AFRICA

BY

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DECLARATION

I, the undersigned, Samuel Osarhiemen Emovon (Student Number: 201454921), declare that the work on which this PhD thesis titled **Experiences of Foster Parents Caring for Non-family Related Foster Children in De Deur, Gauteng Province, South Africa** is based is my own original work except where acknowledgement and references indicate otherwise. That neither the whole thesis nor part of it has been submitted for evaluation and examination for another degree or qualification in any other University or Tertiary Institution.

Signed:----------

Date:----------

DEDICATION

This work is dedicated to God the Father, God the Son and God the Holy Spirit for life, divine guidance, strength, protection, provision and illumination that made this study a reality. To my wife Vivian Omodamwen and daughter Blossom, my mother Mrs Roseline Emovon and my late father Mr Amos Otabor Emovon.

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ABSTRACT

South African children and families are exposed and subjected to a number of social, economic, political and demographical challenges especially during a Human Immunodeficiency Virus (HIV) and the Acquired Immune Deficiency Syndrome (AIDS) epidemic. The challenges include poverty, crime, drug and alcohol abuse, domestic violence, discrimination, teenage pregnancy, lack of basic services and parental irresponsibility, absence/illness and death. These have been observed to interact and impact negatively on the care, physical, mental health, safety, development and well-being of children and on the effective functioning of families. As a result, these have been found to culminate into abuse, neglect, abandonment, orphaning and dysfunctional families, necessitating and compelling the need for alternative care for their care and protection.

In South Africa, the Children's Act 38/2005 allows and permits foster care placement in both family and non-family care. This is pertinent to the social welfare context and plays an important role as a major component of the various options for alternative care for orphaned, abandoned or at-risk children in the country. The advantage of foster care lies in its being adaptable as it could be employed for the care and protection of children on a temporary basis as a respite care or on a long term basis. The employment of foster care on this long and permanent arrangement becomes the best option in regard to children who may not qualify for adoption but for whom parental care is not suitable.

Therefore, this study aimed to explore the experiences and challenges which non-family related foster parents encountered as they provided care for their non-family related foster children. A qualitative phenomenological study was conducted utilising the purposive sampling technique to select twenty foster parents who were providing care to non-family related foster children on the caseload of Vereeniging Child and Family Welfare Society at their De Deur satellite office. In-depth interviews and focus group discussions were used to collect data. Individual interviews were conducted with eighteen non-related foster parents until data saturation was reached, as well as

one focus group discussion consisting of six foster parents. Data analysis was done using the thematic method.

Overall, study findings indicated that non-related foster parents and foster children experienced mutual acceptance and a feeling of a sense of family, viewing fostering non-family related foster children as not necessarily and essentially different from fostering of family members. Findings indicated further that foster parents experienced economic, social and structural challenges. They were greatly motivated by altruistic and intrinsic factors and relied heavily on the foster care grant and self as major sources of support to cope, mitigate and overcome care challenges.

Little or no differences existed between fostering children in family and non-family foster care placement, at least in this study context. In the face of HIV and AIDS and its concomitant rise in orphan population, widespread poverty and the attenuation of the extended family safety net, there is a reliance on the non-family related foster care as alternative care of these children in need of care and protection. Recommendations include lightening the foster care system by redirecting non-HIV and AIDS-orphans to other support nets, adequate social workers and agency psychosocial support and supervision of foster parents. Furthermore, there needs to be a deliberate development of the relationship with and promotion of foster parents' satisfaction to enhance efficiency and stimulate retention. Future studies should examine the differences in care outcomes for children in family related and non-family related placement. Finally, the study contributes to policy influences, knowledge building and practices and intervention guidance.

Key Words: Experiences, challenges, foster parents, non-family related foster children, De Deur.

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ACRONYMS AND ABBREVIATIONS

ACRWC – African Charter on the Rights and Welfare of the Child

AIDS – Acquired Immune Deficiency Syndrome

ANC – African National Congress

AOD – Alcohol and Other Drug

ART – Antiretroviral Treatment

BCEA – Basic Condition of Employment Act

CHH – Child Headed Household

GHS – General Household Survey

HIV – Human Immunodeficiency Virus

HSRC – Human Science Research Council

IDP – Integrated Development Plan

ILO – International Labour Organization

ISDM – Integrated Service Delivery Model

KFC – Kentucky Fried Chicken

MLM – Midvaal Local Municipality

NACSA – National Adoption Coalition South Africa

NGOs – Non-Governmental Organizations

OVC – Orphan and Vulnerable Children

PPCT – Process-Person-Context-Time

SAIRR – South African Institute of Race Relations

SAPS – South African Police Service

SASSA – South African Social Security Agency

SSA – Sub-Saharan Africa

STIs – Sexually Transmitted Infections

TV – Television

UK – United Kingdom

UN – United Nations

UNAIDS – United Nations Joint Programme on HIVAIDS

UNCRC – United Nations Convention on the Rights of the Child

UNICEF – United Nations International Children Education Fund

UNICEF-ESARO – United Nations International Children Education Fund (Eastern and Southern Africa Regional Office).

USA – United States of America

USAID – United States Agency for International Development

VCFWS – Vereeniging Child and Family Welfare Society

WHO – World Health organization

CHAPTER ONE
GENERAL OVERVIEW OF THE STUDY

1.1 INTRODUCTION AND BACKGROUND

This chapter sets the general overview and background of the study. The motivation, problem statement, research questions, study aims and objectives are discussed. The chapter further discusses the intended contribution of the study and the theoretical framework (systems, attachment and ecological theories) utilized in exploring and describing the experiences of foster parents caring for non-family related foster children. It concludes with a definition of keywords, delineation and outline of the study. It begins with the background to the study below.

A major feature of all societies across the globe, whether in the traditional or the contemporary world, is the development and establishment of institutions, patterns and processes. This is through which its members' care and welfare, safety and socialization needs are met and guarantees the protection of its vulnerable groups such as children, women, the elderly and the disabled. Chavalala (2016:34-35) suggests that the nature of the interaction between these institutions, patterns and processes and the prevailing environmental conditions such as the economy and politics, differ between societies. These findings also dictate and determine the nature and quality of care and protection of children and other vulnerable groups. The unfolding deduction from this is the depiction of children and other vulnerable group care and protection as fundamentally influenced by socio-economic factors. In addition, this reflects and typifies the prevailing political, philosophical and ideological values and viewpoints.

Mathambo and Gibbs (2009:22) observed that in traditional South African societies (as in other African societies), the family was the basic social institution, infrastructure and resource for the care and protection of orphan and vulnerable children. Dahl (2009:23) noted that this manifested in the form and nature of the extended family and stretched kinship ties to incorporate more than the biological parents. Tamasane (2011:15) suggested that the principle of 'compassion and socio-cultural norms' translating in parental role sharing was a driving force behind this

phenomenon. This ensured that children always had capable and quality care even though their parents had died. There was no stigma surrounding such care arrangement since informal fostering was not viewed as an exceptional occurrence as child circulation involved nearly all children and happened in all families (Cheng and Siankam, 2009:136). Cheng and Siankam (2009:136) opined that the view of the extended family as a reliable and formidable social capital, infrastructure and resource for the care and protection of orphans and other categories of vulnerable children was informed by its stability. It was also due to the availability of human and economic resources within it. This, it deployed in executing its functions of care, protection and socialization of its members which ensured that society functioned without hitches, thereby promoting social cohesion.

However, there is a growing body of knowledge emanating from research in South Africa (Hlabyago and Ogunbanjo, 2009:506; Kiggundu and Oldewage-Theron, 2009:309), and elsewhere in Lesotho (Tanga, 2013:175), Botswana (Dahl, 2009:23), Zimbabwe (van Deventer and Wright, 2017:1) and other parts of the continent and beyond. What emanates is a suggestion that the extended family network is suffering under much stress and strain. Results indicate that the extended family is no longer able to adequately serve as a reliable social capital and resource it used to be reputed for, regarding the care and protection of orphans and other categories of vulnerable children in need of care. Evidence from studies in South Africa adduce reasons for this trend. For example, Patel (2012:603) argues that the history of apartheid and its discriminatory, heinous labour, migratory laws and system of oppression could be held accountable. For Mathambo and Gibbs (2009:22), a number of socio-economic, political, demographical challenges and influence, poverty and other economic and social disruptions and loss of opportunities drive the decline. These are observed to be mostly occasioned by conflicts and disasters that have their roots in human and natural actions. Richter and Naicker (2013:4) further held that the Human Immunodeficiency Virus (HIV) and the Acquired Immune Deficiency Syndrome (AIDS) pandemic is responsible for such a phenomenon.

The AIDS epidemic in South Africa has been observed by researchers and policymakers to have demanded more on families and their capacity to care and protect children, more than any other social force. Mathambo and Gibbs (2009:22)

typify this observation that the dual consequences of the HIV and AIDS epidemic have shaped the ways of social welfare, child care and protection. They further found that one way the HIV and AIDS epidemic has affected families and their capacity to care and protect children is in the weakening and attenuation of the family safety net due to unemployment-induced poverty. HIV and AIDS-related illnesses and sickness has led to the loss of jobs and death of young, energetic and productive members who were the potential carers. This is because the epidemic continues to account for the deaths of members of the family between the ages of 15-45. This translates into the emergence of grandparents and older carers solely responsible for providing care for orphaned and vulnerable children's economic, social, psychological and educational wellbeing (Richter and Naicker, 2013:6).

Furthermore, the AIDS epidemic has led to the spiralling and increase in the number of children in need of alternative care as parents have succumbed to death resulting in an increased population of HIV and AIDS orphans. This contributes to the already overwhelming weakened and impoverished extended family system thereby necessitating the recruitment of urgent carers to fill the role left behind by parents of children (Breen, 2015:1; Children's Institute, 2015:1). In this scenario, the emergence and importance of non-family related foster carers and caregivers have become inevitable and difficult to gloss over (Kangethe and Nyasha, 2014:557; Snyder, 2012:26).

Globally and in South Africa, studies and research efforts have focused on providing information and data on foster care and fostering of orphans and other categories of children in need of care by the extended family. These have especially focused on the role of the elderly grandparents mostly grandmothers in responding to the AIDS epidemic providing care for AIDS-orphaned children. For example, South African studies (Kiggundu and Oldewage-Theron, 2009: 383; Nyasani, Sterberg and Smith, 2009:185; Nyatsanza, 2010:39) elsewhere in Kenya (Kinyua, 2013:1,2), Botswana (Ama and Seloilwe, 2011:56,58), Australia (du Preez, Richmond and Marquis, 2015:1) the United States of America (Peterson and Starks, 2014:175), Zimbabwe (van Deventer and Wright, 2017:3), Malawi (Littrell, Murphy, Kumwenda and Macintyre, 2012:336), Uganda (Osafo, Knizek, Mugisha and Kinyanda, 2017:1), and Namibia (Taukeni, 2011:40) indicated that extended family members mostly

grandmothers were at the forefront of provision of care. South African literature indicates the experiences and challenges of dispensing care to these orphans that family caregivers face daily include financial (Hlabyago and Ogunbanjo, 2009:507), discipline and behavioural problems (Nyasani, Sterberg & Smith, 2009;186) and sickness and illness relating to care for children (Kiggundu and Oldewage-Theron, 2009: 390; Kuo and Operario, 2010:348). Similarly, studies internationally have well-documented evidence regarding the experiences of caregivers caring for the extended family members. For example, studies in Botswana (Dahl, 2009:23), Zimbabwe (van Deventer and Wright, 2017:1), Lesotho (Tanga, 2013:180), and the United States of America (Peterson and Starks, 2014:178) all identified financial challenges as the primary experience associated with caring for children for whom parental care is no more possible or suitable.

Despite the above, further studies need to be directed at exploring the experiences of foster parents caring for non-family related foster children. This needs to be framed from a view to building a grounded theoretical and knowledge base which will foster more understanding about this important care category. Knowledge about the care experiences, challenges and needs of non-family related foster carers providing care to AIDS-orphaned children or other categories of vulnerable and at-risk children in South Africa could provide powerful insight in developing and building on what is already known about the foster care system. It could also point to new directions and areas for investigations, thereby contributing to theoretical explanations on fosterage and the foster care system in South Africa. More importantly, it could assist in understanding their needs and developing evidence-based support measures and interventions useful for mitigating the impact of fostering on the health and wellbeing of these non-family related foster parents. This could contribute to motivating these families to continue to foster.

This study represented an effort towards adding to existing knowledge on the foster care system in South Africa by providing information and data regarding the care experiences and care duties in this care category. Additionally, this research led to suggestions to enhance recruitment and retention strategy of this care category within the foster care system. This has become crucial in view of the current lurch of the number of children requiring alternative care in the face of the AIDS epidemic

and consequent attenuation and depletion of the extended family care resource. It is further important due to the demographic and social prognostication of the rise of orphan population and need for non-family related foster carers (Kangethe and Nyasha, 2014:557; Pillay, 2012:3; Snyder, 2012:27). The study, therefore, sought to understand these issues to build on existing knowledge and theoretical bases while making contributions to an area that needs further research and attention regarding this care category.

1.2 MOTIVATION FOR CONDUCTING THE STUDY

The motivation for undertaking the study was born out of observations the researcher made regarding the increasing cases of foster parents caring for non-family related foster children in De Deur. The researcher observed a steady increase in non-family related foster care placement in the caseloads of Vereeniging Child and Family Welfare Society in their De Deur satellite office. This was made aware during the placing of three children at the Child and Youth Care Centre, where he is a social worker when the unrelated foster care placement broke down. These escalating numbers had come about as a result of the breakdown of family-related placements and the exigency and urgency of finding another place where non-family related placements became readily handy and available. It also came about due to new placements resulting from new Children's Court Inquiries where there were no family relations who were available or whose circumstances were suitable and fit to care for the child.

In light of the HIV and AIDS epidemic as mentioned above the researcher was interested in this phenomenon. The motivating factor was to gain better insight and understanding of this care category. This was especially crucial in the wake of the demographic and social prognostication of the rise of orphan and other vulnerable populations and the need for non-family related foster carers (Kangethe and Nyasha, 2012: 557; Pillay, 2012:3; Snyder, 2012:27).

It was hoped that by so doing, a considerable body of information and insight regarding the care experiences, challenges and views of non-family related foster carers would be revealed. This would prove invaluable in initiating, facilitating and

enhancing recruitment and retention strategy of this useful care category within the foster care system as well as improving their care capacity and functioning.

1.3 STATEMENT OF PROBLEM

South African children and families are exposed and subjected to a number of social, economic, political and demographical challenges which promote vulnerabilities especially during an HIV and AIDS epidemic. These include challenges such as poverty, crime, drug and alcohol abuse, domestic violence, discrimination, teenage pregnancy, lack of basic services and parental irresponsibility, absence/illness and death (Department of Social Development, 2009:2; Mathambo and Gibbs, 2009:22). These forces have been shown to interact and impact negatively on the care, physical and mental health, safety, development and well-being of children and on the effective functioning of families. This has culminated into abuse, neglect, abandonment, orphaning and family dysfunction which has stressed the need for alternative care for their care and protection.

The extended family had hitherto served as the traditional safety nets for the care and protection of these vulnerable population. However, in contemporary South Africa, the extended family is argued to be seriously strained and severely affected especially by the HIV and AIDS pandemic and these other aforementioned vulnerabilities. Studies estimate for example that South Africa experiences the largest burden of HIV in the world. This is with over 7.1 million people currently infected. In 2016, 270,000 new infections and 110,000 AIDS-related deaths with an adult HIV prevalence rate of 18.9% were recorded (UNAIDS, 2017). This has had a multiple impact on the extended family and its capacity to continue to be an effective safety net. This is because as increasing numbers of parents succumb to the disease, a large orphan and other categories of vulnerable population is left behind in need of care. Hall and Sambu (2016:106) found that in mid-2014, out of the total South African population estimated to be 53.7 million, children under the age of 18 accounted for 18.5 million of which 3.7 million were orphans. Of this 3.7 million orphans, 3% were maternal orphans, 10% were paternal orphans while 4% were double orphans. Hall and Sambu's (2016:108) study further found that 1.8% or 330,000 children in 2014 had fathers whose whereabouts were unknown and

653,000 children lived in households where both parents were dead, suggesting child-headed household arrangements.

Further, the AIDS-related deaths inevitably leads to a situation where there are no available, capable and suitable young carers within the extended family with the required strength and energy to care for children. This is largely due to the fact that potential carers between the ages of 15-45 are the most affected and lost to AIDS-related diseases. The result of this is the emergence of a skipped generation household living arrangements where the grandparents, mostly grandmothers, take the lead in child rearing and caretaking (Richter and Naicker, 2013:3; Littrell et al., 2012:336). Evidence from mid-2017 population estimates (Statistics South Africa, 2017) shows that the prevalence of HIV and AIDS among women aged 15–49 was 21.7% and 17.89% for adults between the 15–49 age group while the prevalence rate for youth aged 15–24 was 4.64%.

These statistics, buttressing the prevalence and impact of the HIV and AIDS epidemic, are argued to have further implication. This is in regard to the depletion and weakening and attenuation of the extended family social capital and resources with serious consequences for children's care. This is because it has been argued to have engendered a situation of household and family poverty. This is as family and household income and source of survival are lost due to illness and the AIDS-related deaths and high expenditure on treatment. In this context, it becomes difficult to meet the care needs of children which may result in the children's welfare and well-being been compromised. In the light of the depletion and attenuation of the extended family care resources due to aforementioned analysis, the alternative care and protection of children outside the family have been argued to be imperative, inevitable and difficult to gloss over (Kangethe and Nyasha, 2014: 557; Snyder, 2012: 26).

Despite the glaring and conspicuous importance of the non-relative care arrangement in the child protection system in South Africa in the face of the adversity regarding extended family care, it continues to be neglected. Little literature exist on this important care category. Much attention and preference continue to be accorded kinship or relative child fostering by researchers, policy makers and child protection

experts and workers. This has made available tremendous information useful in knowledge and theory building about kinship or relative fostering in South Africa. Non-relative foster parents warrant attention, especially with regards to investigating the care experiences, challenges and needs encountered while providing care for their non-relative foster children. These experiences and challenges could impact negatively on their health, physical and financial wellbeing which could discourage and prompt them to consider withdrawing from fostering children. This could lead to negative outcomes for the children in their care (Kuo and Operario, 2009:2). An examination of the care experiences of non-relative foster parents is therefore an important first step in being able to generate empirical knowledge which could be useful in understanding and theorizing and developing this care arrangement. This could also provide valuable insights into how to develop intervention strategies to respond to the unique challenges associated with this care continuum in the hope of making it a viable alternative in child care and protection in South Africa (Kangethe and Nyasha, 2014:555). This is needed especially in this context of the HIV and AIDS epidemic and depletion of the extended family care resources.

Therefore, this study aimed to respond to this gap by drawing attention to this potentially neglected yet important area. This is in order to add to the scant and existing body of knowledge of this care category and on the foster care system in South Africa. In this regard, the research essentially sought to investigate the following question: “What are the experiences of foster parents caring for non-family related foster children in De Deur Gauteng Province, South Africa?”

1.4 RESEARCH QUESTIONS

The broad research questions which the study sought to ask was:
What are the experiences of foster parents caring for non-family related foster children in De Deur area of Gauteng Province of South Africa?

With the following sub-questions:

- Who are the children in need of care and fostering in South Africa?

- What is child protection and foster care in South Africa and how does it operate?
- What are the care motives of the foster parents for taking on the care of non-family related foster children?
- What are the supports that are available to the foster parents that assist them in providing care for their non-family related foster children?
- What are the challenges which the foster parents caring for non-family related foster children face in caring for them?
- What are the best strategies that could be employed in recruiting and retaining quality non-family related foster parents?

1.5 AIM AND OBJECTIVES

The aim of the study was to explore and describe the experiences of foster parents caring for non-family related foster children in De Deur, Gauteng Province, South Africa.

The study objectives were conceptualized as follows:

- To explore the profile of children in need of care and fostering in South Africa.
- To contextualize and conceptualize child protection and the foster care system in South Africa.
- To explore the care motives for taking on the care for non-family related foster children by the foster parents.
- To determine the care support available to the foster parents that assist them in providing care for their non-family related foster children.
- To explore the challenges which the foster parents caring for non-family related foster children face in caring for the children.
- To formulate a strategy in order to deal with the recruitment and retention of quality non-family related foster parents.

1.6 INTENDED CONTRIBUTION OF THE STUDY

Firstly, the study aimed to contribute to knowledge by filling the gap in the literature on the experiences and challenges of carers in foster care (Hearle & Ruwanpura,

2009:423; Kuo & Operario, 2009:9). This was achieved by exploring the daily experiences and challenges which foster parents caring for non-family related foster children undergo in executing their care duties. A further contribution of the study was the stimulation of efforts in the area of study of foster parents caring for non-family related foster children. This is important and crucial as available data in South Africa reveals focuses on grandparents caring for their AIDS-orphaned grandchildren. By studying this category of care arrangement, a considerable influx of research interest was stimulated and directed towards this area. Furthermore, findings from the study were envisioned to help build on the knowledge base of foster care and contribute to the theoretical understanding and insight on this care category.

Secondly, the contribution of the study was invaluable for practice intervention and policy guidance and formulation. The foster care system represents the South African government's child protection strategy of an intervention designed to address the psychological, social, welfare and financial difficulties and needs faced by orphans, abandoned, neglected and other vulnerable and at-risk children. Since this study offered evidence of the daily realities involved in caring for non-family related foster children, the knowledge and findings of the study contributed to creating awareness about the issues and challenges encountered in executing the care duties. This made it possible to elicit support and to ensure that government initiatives and interventions could be developed to address the challenges to respond adequately to the situation. It also culminates in the accumulation of knowledge that can influence and guide policy formulation and programming efforts in this regard.

1.7 THEORETICAL FRAMEWORK

This study utilized the Family Systems Theory which is a derivative of the General Systems Theory, the Ecological Theory and the attachment theory to understand and explain the experiences and challenges of foster parents caring for non-family related foster children in De Deur, Gauteng Province, South Africa. Some studies, both in South Africa (van der Riet, 2009:30) and in the international literature (Haider, 2013:23; Hong, Lee, Park and Faller, 2011:863) had similarly utilized the

Systems Theory, Ecological frameworks and attachment theories respectively in studying the experiences of foster parents.

The central thesis of the Systems Theory is the assumption and conceptualization of the family group or system as a living organism that must interact with other groups or systems in its environment for survival and meeting of its needs. Lunga (2009:12) posits that this exchange across the boundaries is not only useful for its survival but plays a role in meeting other's needs and creating conditions for challenges and solutions thereof in mutually influencing ways. In light of this, theorists of Systems Theory such as Turner (2011) opines that the efficacy and benefit lies in its ability to direct focus and attention towards a creative way of viewing and analyzing the relationship between people and environments. Turner however cautions on the need to exercise prudence in maintaining and assigning equal weight and consideration to both the realm of person, family and environmental factors in such analysis (Turner, 2011).

The relevance of the systems theory to this study lies in its usefulness in showing how the family and individuals do not exist in isolation but within the wider society and how the interaction between shapes and determines their content, nature and form. The researcher sought to use the theory to explain how the experiences and challenges of the foster parents caring for non-family related foster children in De Deur are engendered, influenced, shaped and determined by their interactions with the larger sub-systems. These interactions included the foster children, birth children, birth parents, the case managers and suprasystems of the larger society such as the schools, Department of Home Affairs, clinics, finance, education, laws and policies.

Bronfenbrenner's Ecological Theory of human development, on the other hand, looks at a child's development within the context of the interconnectedness and interrelationships of forces resident in the person-context transactions and milieu. Bronfenbrenner's theory in its widest and most developed form stresses human development within the interplay of process-person-context-time (PPCT) model. Tudge, Mokrova, Hatfield and Karnik (2009:198,199) observed that the theory has been succinctly renamed 'Bioecological Systems Theory' or 'Bioecological Theory of

Human Development' to stress the role of a person's biological characteristics as a contributing factor to their development. This, they believed reflected Bronfenbrenner's reflections, retrospection, reassessment and renunciation of earlier versions of the theory, thereby subjecting the theory to continual change and development until his death in 2005. Tudge et al., (2009:199) continue to state that this renaming or metamorphosis came about as a response to criticisms regarding its preoccupation with context and the environment in determining human development and behaviour to the exclusion of personal factors. Therefore, enabling to capture the full import and meaning intended by the theory to explain how human development is a function of forces resident in the individual and environment.

The Ecological Theory holds that to study a child's development, all forces within the process, person, context and time continuum and the interaction between them must be studied and understood. In this direction, an understanding of human development begins with the understanding of its primary mechanism which according to Bronfenbrenner (2005) is the proximal process which equates with Vygotsky (1978)'s concept of Zone of Proximal Development (ZPD). According to Bronfenbrenner human development occurs through a proximal process which refers to forms of on-going, relatively stable mutually influencing interaction between an individual which he referred to as an 'active', evolving biopsychological human organism and the person, objects and symbols within its immediate external environment or context. Tudge et al., (2009:200) using Bronfenbrenner's example of playing with a child and child-child activity noted that such mutually influencing interaction represents the foundation for meaningful personal growth and development. It offers the opportunity and platform for participating individuals to learn, understand and assimilate aspects of their cultural norms and social existence essential to survival and continuity. Vygotsky (1978) asserts that the learning potential of children is enhanced when offered opportunity to interact and collaborate with more experienced and skilled persons. This is because they are able to learn to internalize new concepts and skills crucial to effective social functioning and adaptation.

In relation to this study, proximal processes would be equated with the foster child-foster parent and foster parent-case manager relationships and interactions as it

pertains to socialization and orientation. Some of these include foster family norms and ways of life, house rules and boundaries, foster parent training and the ensuing experiences between the foster child and parent. For example, if a child refuses or fails to comply with rules and obey the foster parent's instructions, the resulting experience of discipline and behavioural problems by foster parents may strain the relationship and placement. Also foster parent training on the other hand by case manager to enhance parenting styles for increased positive outcome for foster child and supervision and psychosocial support to mitigate care challenges are examples of ways proximal processes could play out.

The second concept in Bronfenbrenner's Ecological Theory concerns the person milieu. Tudge et al., (2009:200) continues to state that equally essential to Bronfenbrenner's theory was the role that the 'personal characteristics or personality traits that the individuals bring with them to the social situation in determining their behaviour and development in addition to environmental factors or influences'. These genetic and biological aspects of the person according to Grimes-Vawters (2016:72) played out in proximal and immediate microsystem interaction between the foster child and the foster parent. Three personal characteristics, namely demand, resource and force characteristics were brought to the interactive situation between the foster child and the foster parent and family. Demand characteristics referred to personal traits and features of the person (child) that may elicit certain response and reaction from others (the foster parent), which are mainly informed by social and contextual expectations such as the person's skin colour, race, sex or age.

In this regard, foster parents may have reservations about or aversions for caring for adolescents or older children due to perceived challenges associated with this age group. Resource characteristics connote attributes of the person relating to their mental and emotional abilities or makeup or to social and material resources which though not immediately obvious and conspicuous as demand characteristics, are capable of being provoked to varying extents by the demand characteristics. Examples in this milieu include a person's past experiences, skills, intelligence, access to good food, housing, caring parents and educational opportunities. In this study, a foster child's past experiences of poor and neglected parenting provoked or

induced foster parents' emphatic and sympathetic response resulting in determination to provide care to meet the child's needs at even personal expense considering that they had experienced or being in the child's shoes before.

The force characteristics according to Bronfenbrenner's conception as espoused by Tudge et al., (2009:200) refers to the 'differing degree of temperament, motivation, resilience and persistence'. These mitigate the impact and influence of the resource characteristics in determining the ultimate outcome of development. For example, foster parents' force characteristics of resilience, perseverance and determination to provide care for the foster child arising from the perception of their role and duty as a call from God and sense of fulfilling a purpose can assuage and mitigate the effect of poor or lack of support and care challenges to a large extent which can lead to positive care outcomes for the children. The absence of such personal characteristics could lead to placement instability, disruption and breakdown with negative outcomes for children.

Perhaps the most popular concept and part of the fully developed ecological conception of human development (PPCT) by Bronfenbrenner is the context (C) milieu. Tudge et al., (2009:199) regarded this as the most essential part of his early theorization of the 1979 'Ecology of Human Development' which many authors and scholars have come to mistake solely as representing Ecological Theory, not aware of its transformation and metamorphosis to the Bioecological model which emphasizes the person-context connection. To this end, they cautioned and advised that studies should indicate which strand of the theory is being employed in any particular study whether the Ecological Theory or Bioecological model. This is to avoid a situation where disservice is done to the field or theory when studies are found not to be adequately able to analyse data from research due to inappropriate application of the theory (Tudge et al., 2009:199). In this study, the developed form of the theory which is the Bioecological model was best suited for the explanation of the phenomenon as the child, foster parent and environmental characteristics had mutually influencing impact in engendering and determining foster parents' experiences.

Bronfenbrenner's concept of the context or environment according to Hong et al., (2011:863) stresses the need to look not only at the child and their immediate environment but also at the interaction of the larger environment as well. Bronfenbrenner conceives the structure of the child's environment in terms of 'nested layers of systems comprising of the microsystem, the mesosystem, exosystem, macrosystem and the chronosystem'. In his conceptualization, the microsystem is the closest, immediate layer or setting of influence to the child. The layer contains the immediate structures with which the child has direct contact with, the social roles and interpersonal relationships and interactions and spends most of their time engaged in such as in the home, neighbourhood and school (Grimes-Vawters, 2016:73).

In this study, the microsystem included and could be viewed in terms of the foster parents, the non-family related foster children and the foster parent's own birth children interaction and relationships and the ensuing experiences. This included the discipline and behavioural problems arising from breaking foster parents rules and refusal to do assigned house chores and occurred in a 'bi-directional influencing' nature with the foster child and foster parent mutually influencing each other. For example, the discipline and behavioural problem displayed by the child impacts on the foster parent by eliciting stress, which can also result in disruption of placement or loss of foster parent's commitment to child's care with a negative outcome for the child.

Grimes-Vawters (2016:73) and Tudge et al., (2009:201) write that the mesosystem according to Bronfenbrenner refers to the interconnection or interrelations of the microsystems of the child's development. They tend to spend time in more than one setting where they are involved in interactions, relationships and execution of roles. The mesosystem in the study included the connection between the child, his teacher and his parents, between him and his church and his neighbourhood and between the child and his peers where he spends much time apart from the home setting. These are important for impacting, determining and influencing the child's behaviour capable of creating positive or negative experiences for the foster parent. The exosystem is conceived by Bronfenbrenner as the external larger layer of influence

that indirectly impacts on the child's development by affecting his microsystem (immediate setting), though he does not interact with it personally and intimately.

In the study, the exosystem included, for example, the support from case managers and other support networks available to the foster parent, the foster parent's workplace schedules or community-based family resources and the media. The child may not be directly involved at this level, but he does feel the positive or negative impact which the foster parent's involvement with these structures have on the placement and care outcomes. For example, a child may be affected by the lack of/inadequate caseworker/agency support for foster parents or bureaucratic problems/delays in registering and obtaining foster care grants or the busy foster parents work schedules, which may impact on available time to care for foster children.

Grimes-Vawters (2016:73) states that Bronfenbrenner conceives the macrosystem in his Bioecological Theory of Human Development as the outermost layer of the child's environment or context. This is made up of cultural values, customs, race/ethnicity, laws and policies, which could not be regarded as a specific framework. But it can influence other settings and layers especially the microsystem which is influenced by it as they shape and determine the development of the interacting child. For example, in societies and cultures where the prevailing and dominant philosophy about child care is viewed and conceived as exclusively the preserve of the family or parent, support in any form may not be forthcoming from the state or community. This may impact negatively on the microsystem of the child-parent interaction and interrelationship.

Similarly, where preference is placed on family placement, children may suffer neglect and inadequate care from kin carers, even though they could have been properly and adequately cared for by non-kin due to a policy that discourages non-family related placement. This, in turn, affects the structures in which the parents function. The legislation and policies guiding and regulating the foster care system in South Africa and other international instruments such as the United Nations International Convention on the Rights of the Child (UNCRC) and racial views and

stigma regarding non-family related foster care are perceived as examples in the study.

The last layer in the ecological conception of the child's environment in terms of layers of systems which exert influence and impact on the child's development and growth is the chronosystem. The chronosystem according to Tudge et al., (2009:201) encompass the domain of time (T) in the PPCT fully developed Bioecological model of Bronfenbrenner. Accordingly, Bronfenbrenner uses the chronosystem to refer to the time frame within which the development of the child occurs and takes place which according to him contains internal and external elements and components. The internal component of time influencing development concerns the physiological changes that occur within a child as they grow and develop. The external component includes changes outside the child such as the societal belief system, cultural values, parental death or changes in laws and policies in the environment in which they grow. These may influence the direct setting or layer such as the microsystem where they primarily function. Hong, Algood, Chiu and Lee (2011:863) observed that depending on their state of development and maturity, children may display differential reactions and responses to a mutation in environmental forces and may differ also in the impact that the environment exacts on them. In the study, generational value gap and disparity between the foster parents and the non-family related foster children was mainly a point of consideration regarding the analysis and manifestation of the chronosystem.

The Ecological Theory therefore allows for the study and application of how context and the complexity of human development and experiences can impact a population and be suitable as a theoretical framework for this study. In the case of the foster parents caring for non-family related foster children in De Deur which the study concerned itself with, the Ecological Theory proved invaluable as a framework of analysis and explanation. It enabled and empowered us to examine how child characteristics and personality traits and other social-cultural factors combined to influence and impact on the experiences of foster parents caring for non-family related foster children in De Deur, the Gauteng Province in South Africa. These social-cultural factors include the AIDS pandemic, absent father or mother, abuse,

neglect, abandonment, income, the larger foster care system, local, national and international laws and regulations, education and other areas of the environment.

Bowlby's (1974) attachment theory, originally developed as a branch of psychoanalytic theory during the 1950s and 1960s, focuses on the importance of children's early bond and attachment with their mothers or significant others. Attachment within this theory is presumed to be central to a child's ability to lead a normal social functioning in later life. Bowlby theorized that attachment to a primary caregiver (mother) or a substitute figure that would provide protection and care for the child was essential and crucial to the child's survival noting that a lack of this was a catalyst for disaster. In this regard, Bowlby argued that attachment was both a protective and instructive factor. This theory was included in the study because it is useful in understanding the vulnerability of children due to orphanhood, the impact of this in triggering emotional and psychological problem manifesting in behaviour problems and emphasis in ensuring placement match to facilitate and secure attachment of children and foster parents. The theory holds great value for understanding and evaluating foster parent-foster child relationships as well as relative and non-relative child care and placement.

1.8 DEFINITION OF KEY CONCEPTS

The following concepts and terms which are keywords in the research and study are defined and operationalized below:

1.8.1 Experiences

Experiences referred to particular instances of personally encountering or undergoing something. It also referred to the process or fact of personally observing, encountering, or undergoing something (Lunga, 2009:7). In this study, experiences of foster parents caring for non-family related foster children referred to the daily realities and manifestations of care phenomenon, which foster parents personally observed, underwent and encountered as they executed their care duties.

1.8.2 Foster parent

The Department of Social Development (2009:5) defines a foster parent as a person who accepts responsibility for a (related/unrelated) child who has been officially placed with them by order of the Children's Court or a person assigned responsibility for the care of a child who is representing a cluster foster care scheme or organization. This is the definition that the study adopted. The researcher notes that foster carer connotes and reflect different meanings in international context such as the United Kingdom where it refers to paid professional caregivers who view their roles as paid employment. The study however uses foster parent and foster carer interchangeably. It invokes and keeps the usage in South African context where foster parents and foster carers convey and reflect the moral and social responsibility to look after another's child with full acceptance of associated complexities and challenges in the spirit of Ubuntu.

1.8.3 Non-family related foster child

This referred to any person under the age of 18 years who had been officially placed in foster care by order of the Children's Court with a person who is not a family member of the person (Department of Social Development, 2009:5). For the purpose of this study, this definition was adopted.

1.8.4 Foster care

According to the South African Children's Act, 38/2005 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 either an order by the Children's Court or a transfer from a Child and Youth Care Centre or temporary safe care (Department of Social Development, 2009:5). This is the definition that was utilised in this study.

1.9 OUTLINE OF THE STUDY

This dissertation is structured as eight chapters described below. The first chapter presents the introduction to the study. It contains the background and motivation of the study, the research problem statement, research questions, aims and the objectives, intended contribution and theoretical framework of the study. It also

includes the definition and clarification of key terms and concepts employed in the study.

The second chapter discusses the profile of children who are in need of care and protection in South Africa. The various categories of children regarded as vulnerable and at-risk who lack parental care and require alternative care for their psychosocial well-being and survival are discussed. This is in the light of available research in South Africa and compared with findings from the global context.

The third chapter discusses the mechanism of child protection and the various forms of alternative care employed in South Africa for the care and protection of children orphaned, abandoned, abused and neglected for which parental care is no longer possible or suitable. It further highlights the major national and international legal instruments informing, guiding and regulating the care and protection of children in South Africa.

The fourth chapter presents a discussion on the foster care system as one of the formal alternative cares which is a key state programme in the care and protection of children in need and other categories of vulnerable children. The process of statutorily placing children in foster care is examined while discussing the various after placement services rendered to the foster and birth families. The chapter further presents a review of issues surrounding the recruitment, assessment, screening and retention of foster parents and ends with the issue of placement disruption and instability.

In the fifth chapter, the experiences of foster parents as they provide care for their non-family related foster children is discussed. A review for the motivation of foster carers for taking on care role is provided and the chapter further examines the support and coping mechanisms available and utilised in overcoming and coping with care challenges. It also looks at the challenges encountered by foster carers while executing their caregiving duties.

The sixth chapter discusses the research methodology employed in conducting the study. It covers the study population and sampling methods utilised in obtaining the

study sample, the approach and design adopted in executing the research, the type of research and research paradigm and data gathering, analysing and verifying techniques. The chapter also discusses the ethical issues involved in the study and how it was addressed while providing a brief description of the study area and context of research.

The penultimate chapter presents the findings of the study. The presentation is done in a manner whereby the themes and sub-themes are identified and presented followed by a discussion backed by literature and theoretical framework. Whilst the final chapter focused on the key findings and conclusions drawn from the findings of the study. The chapter also makes recommendations on the basis of the conclusions regarding the implications for policy, recruitment and retention of foster parents and social work practice and further studies.

1.10 CONCLUSION

This chapter introduced the background to the study. It presented the motivation for conducting the study which stemmed from an observation of the increasing cases of foster care placements with non-family related foster parents in the De Deur office of Vereeniging Child and Family Welfare Society. It went on to further present the statement of the research problem for the study. The problem arose from the need to build a grounded theoretical and knowledge base regarding the South African foster care system with information relating to the experiences of foster parents caring for non-family related foster parents. This is because little or nothing is known about this important care arrangement in the care continuum. While detailing the research questions and study aims and objectives, the intended contribution of the study as a gap-filling endeavour amongst others was highlighted, while the systems and ecological theories employed in explaining the phenomenon was covered. It ended with the definition of keywords used in the study and an outline of the study.

In the next chapter, a review of the profile and categories of children in South Africa and internationally is done. These children are vulnerable and in need of care for whom parental care is not an option, and who are placed in alternative care.

CHAPTER TWO
CHILDREN IN NEED OF CARE AND PROTECTION IN SOUTH AFRICA

2.1 INTRODUCTION

This chapter presents a review of the literature on the profile of children who are in need of care and protection. The various categories of children regarded as vulnerable and at-risk who lack parental care and require alternative care for their psychosocial well-being and survival are discussed. This is in the light of available research in South Africa and compared with findings from the global context.

2.2 PROFILE OF CHILDREN IN NEED OF CARE AND PROTECTION IN SOUTH AFRICA AND GLOBALLY

The Children's Act 38 of 2005 provides the definition of a child in need of care and protection. In terms of section 150 (1)(a) – (l) and (2)(a) and (b) of the said Act, the definition includes a child that is abandoned, orphaned, abused and neglected, displays uncontrollable behaviour, who works or lives in the street, is addicted to dependency-producing substance and without help or support to obtain treatment. It further includes a child who is exploited or lives in circumstances that expose the child to exploitation, lives in circumstances that expose them to physical, mental or social harm, a victim of child labour or lives in a child-headed household. These categories of children are the children placed in foster care in terms of Chapter 12 of the Children's Act 38/2005 and provides the context for the discussion of the literature regarding the profile of children in need of care in South Africa.

A conspicuous observation of the plight of children in South Africa reveals a situation where the average child is faced with a constellation of vicious incidences that interface two categories of factors. The first being between abuse, abandonment, neglect and exploitation and poverty, unemployment, lack of or limited access to basic services and amenities and the other being the parental or caregiver's death emanating from the HIV/AIDS pandemic (Department of Social Development, 2009:2). There is a general awareness worldwide that in the face of these social factors the vulnerability of the child is precipitated and orchestrated necessitating the

urgent intervention of the state and other stakeholders to secure their protection. This is in view of guaranteeing their psychosocial, emotional and physical health and wellbeing.

In South Africa, these conditions have continued to provide the social tunnel through which many children become vulnerable and at-risk which ends in alternative care. The present social welfare system in South Africa is designed with a view to tackling these social ills that engender such conditions that promote child vulnerability. This is done by providing social care and protection conducive to the realization of child rights and well-being. The foster care system is, therefore, a state response contrived and represents an integral component of alternative care response in the child protection continuum for vulnerable and at-risk children. This refers particularly to those children who have to live outside their immediate family due to the presence of these aforementioned social factors.

2.2.1 Orphans due to HIV and AIDS

The Department of Social Development (2009:2) rightly observed that the impact of the HIV and AIDS epidemic has resulted in the rise in the number of children needing care and protection. This is due to the fact that parental death by HIV and AIDS leaves behind a trail of orphans and vulnerable children who end up either as children without caregivers or in the care of weak and feeble, economically impoverished grandparents. Often they are too old to discipline them and have a lack of physical energy to meet their welfare and supervision needs (Kiggundu and Oldewage-Theron, 2009:390)**.**

Hall and Sambu (2017:100,102) defined an orphan as a child under the age of 18 years whose mother, father or both biological parents have died (including those whose living status is reported as unknown but excluding those whose living status is unspecified). To them, maternal orphans are defined as children whose mothers have died but whose father lives while paternal orphans are children whose fathers have died but mothers are alive. Double orphans are considered children whose parents have both died. Evidence from available statistics indicated that by mid-2015, of the 54.4 million estimated total population of South Africa, 18.6 million were

children under 18 years equivalent to 34% of the total population of which 3.1 million where orphans making up 17% of all children in South Africa (Hall and Sambu, 2017:102 and UNAIDS, 2017). Data from UNAIDS (2017) indicated that in 2016 there were an estimated 7.1 million people living with HIV in South Africa marking it as the highest profile of HIV epidemics in the world with an estimated 380,000 new infections occurring with 110,000 AIDS-related deaths that year. The IHH Healthcare (2014:8) further produced evidence informing the prevalence of orphan population in many countries in sub-Saharan Africa (SSA) including Zimbabwe with 22.67%, Lesotho at 20.99%, Swaziland 18.73% and Mozambique at 19.25% of the total child population.

Galehouse, Herrick and Raphel (2010:37) discussed that most conceptions of vulnerability stress the likelihood of certain social categories such as children, the elderly or women to experience greater rates of morbidity and mortality when compared to the general population. Apparently, this is due to their physical and social conditions. In this regard, the Department of Social Development (2010) noted that various definitions of a 'vulnerable child' exist in the literature. This they note incorporates children whose parent(s) or caregivers are ill or deceased, children in poverty or conflict, and children without caregivers. The vulnerability arise mainly due to the fact that they are likely to be exposed to harm and danger largely due to this condition of life. It is noted that indicators which consider children living in such circumstances as vulnerable are new in conception, development and use.

This elasticity of definitions has been regarded by many as an important advancement in orphan and vulnerable studies and research (Hlatywayo, Zimondi and Taurai, 2015:2). Hlatywayo, Zimondi and Taurai (2015:2) discuss further that this is an important milestone in the subject given that most studies would not consider children whose parents or caregivers are sick or poor and struggling to care for their children as vulnerable. This is due to the fact that the focus is on those whose parents have died, thereby excluding this category of children in the classification. This unavoidably results in the underestimation of the real-life situation and experiences of vulnerable children. They observed that the cut off age of 18 years for orphans in Zimbabwe as in other countries in the region was worrisome. This is because it would, unfortunately, mean that orphaned children above 18 years

of age would be deemed not to be orphans anymore due to their age, while their circumstances continue to remain unchanged.

Accordingly, many studies have focused on the situation of children orphaned and made vulnerable by their parents' failing health and/or death in SSA. Particularly, in South Africa, Pillay (2012: 3) notes that the research interest has been stirred by the realization that the orphan population will continue to rise now and in the future considering the current wave of the epidemic. It will, therefore, continue to pose a challenge to families, communities and the government. In light of this, Pillay (2018:1) further states that the possession of a sound knowledge through research regarding the number and profile of this category of children is crucial in the effort to develop effective strategies in supporting them and their caregivers in the face of the continuing HIV and AIDS epidemic in the country. The study noted that this was important in the face of the fact that apart from becoming vulnerable and in need of care due to their parental death, these children would require interventions regarding their health. This is reasoned along the line of the realisation that they themselves may be infected with the disease and thus hampered in their psychosocial functioning especially with regards to education and schooling.

To this end, research efforts in South Africa have examined and explored different dimensions of this category of children in foster care. As they form a major bulk of the children in need of care and protection in the country, adequate attention has been given to their well-being by engaging in research, making available data which has proven to be invaluable in guiding and directing policy formulation and practice intervention. For example, data from the Department of Social Development (2010) indicates that policy and attention directed at the ever-increasing orphan population was necessary. This is due to the fact that the incidence created a dual impact on them, first causing a traumatizing impact on the event of parental loss due to witnessing of prolonged parental illness and its attendant stress. Secondly, the inability and lack of opportunity in obtaining and experiencing parental guidance which is crucial for proper socialization and identity formation from birth to adulthood.

Interest and focus of research in South Africa with the impact of HIV and AIDS and the consequent proliferation of HIV and AIDS-orphan population necessitating their

alternative care placements is also expressed by Richter and Naicker (2013:6). The study found that orphans are impacted in a number of ways which may have tremendous implications for their psychological well-being before the event of the actual death of their parents. They found that orphans may suffer high levels of poverty, anxieties and emotional distress resulting from the fact of witnessing their loved ones experience prolonged illness due to the disease and stigma. This is informed by living in the same household and being associated with someone suffering the disease.

Besides these, other studies found that in South Africa, parental HIV and AIDS death can impact negatively on other aspects of the child's life. Thereby, this compels action of intervention to ensure the realization of the child's right to safety and wellbeing. To this end, the Department of Social Development (2010) found that HIV and AIDS-orphaned children may end up living in the streets when their parents die of the disease when proper action is not taken to protect and care for them. Similarly, Pillay (2018:1) found that many orphans and vulnerable children are likely to drop out of school in the face of a lack of financial support which parental death causes. In the event of no other option, the children then enter into the labour market in the bid to fend for themselves.

Furthermore, a study by Mogotlane, Chauke, van Rensburg, Human and Kganakga (2010:24) found that orphans may be impacted negatively by HIV and AIDS parental death. They, therefore, may be in need of care as they may likely become members of child-headed households which makes them particularly vulnerable to extreme poverty, poor nutrition, poor housing, discrimination, exploitation, educational failure and physical and sexual abuse. Similarly, Morantz, Cole, Vreeman, Ayaya, Ayuku and Braitstein (2013:338) found that in SSA, orphans were subjected to experiences which included intra-household discrimination, material and educational neglect, excessive child labour, exploitation by family members and psychological, sexual and physical abuse. Risk factors identified in their study highlighted poverty, living with a non-biological caregiver, stigma and alcohol abuse as major factors while awareness, prevention and intervention initiatives coupled with efforts to promote education and reduction of poverty and stigma were recommendations.

Tanga, Khumalo and Gutura (2017:67) showed in a study of orphans in foster care in Tembisa, South Africa, that HIV and AIDS parental death often poses challenges that culminate in the disruption of the basic pattern of the orphan's life living in an urban area. Using Maslow's hierarchy of needs as a theoretical framework of analysis, the study found that the orphan's basic need for food, shelter and education were described as challenges and were not met. This was due to the fact of parental loss and the extinction of the source of provision and the 'breadwinner'. Other South African studies also show a large proportion of orphans in foster care and provide data regarding their experiences and challenges. Pillay (2018:4) found that orphans are often denied their childhood as the incidence of parental HIV and AIDS sickness far before death, forcefully confers upon them adult responsibility in the household. This translates in performing household chores and attending to the ill parent. They report that in this scenario, the orphans' education suffer as they are regularly kept out of school to take on these premature care duties.

Furthermore, Gono's (2015:80) study on the life experiences of AIDS-orphans in the Free State also reported children to express feelings of hopelessness, helplessness, grief and sense of loss. However they indicated positive connections with their foster parent and had someone to talk to when feeling down. On their part, Warwick and John-Langba (2017:48,49) conducted a study on HIV and AIDS-orphaned and HIV-positive children in Cape Town, South Africa. They reported that children experienced stigma, fear and problems with getting medication for treatment and management of their illness.

Additionally, Roux, Bungane and Strydom (2010:51, 52) studied the circumstances of foster children and their foster parents affected by HIV and AIDS in the Motheo district of the Free State Province. They found that the foster children did not receive adequate social work services, were not sufficiently knowledgeable and informed about the disease, experienced stigma and discrimination and therefore refused to disclose their status to people. These findings from research in South Africa are consistent with reports from other SSA studies. For example, data from a study by Hlatywayo, Zimondi and Taurai (2015:9) indicated that orphans in Zimbabwe reported suffering from anxiety, fear, grief, trauma and problems with caretakers and isolation.

The literature reviewed in regard to HIV and AIDS orphans and orphans of other source in terms of their experiences in South Africa and other SSA countries show a general trend in terms of prevalence and impact. What is however missing are studies depicting the coping strategies of these orphans and comprehensive state support to these children and their caregivers. Studies highlighted revealed that orphans and vulnerable children in the region, no matter their nature, face common fate and plight requiring urgent protective intervention. This should not only be in terms of legislation but practical psychosocial support and programming which is developmental in the long-term. The immediate needs of children and foster parents identified in the literature should be targeted as short-term goals of intervention. The next section will discuss the literature on abandoned children.

2.2.2 Abandoned children

Abandoned children constitute a significant portion of the profile and component of children in need of care and protection in South Africa and in the international child protection system. Osman and Attalla (2018:60) opine that it is generally acknowledged that the phenomenon, especially infant abandonment, like orphaning and orphanhood, is a global issue and challenge. The South African Children's Act 38 of 2005 defines 'abandonment' or 'abandoned' in relation to a child as meaning a child who has been deserted by the parent, guardian or caregiver; or has for no apparent reason had no contact with the parent, guardian, or caregiver for a period of at least three months. This definition is elastic and includes those occurring at birth and those children abandoned after birth. The Children's Act strongly advocates for the child's best interests in dealing with children that are abandoned. It recognises the care arrangement for this category and other vulnerable children to include kinship care, formal foster care, cluster foster care, institutional care, child-headed households and adoption as part of the care continuum.

Statistics from research and news reports about the phenomenon in South Africa is alarming and heart-breaking. A Focus Exclusive News Report by France24 on child abandonment in South Africa prepared and presented by Caroline Dumay, Patrick Lovett and Stefan Constains during July 2017 indicated that 3800 babies are

abandoned annually in garbage bags, toilets or left on doorsteps of houses. A report from Vorster (2016) indicated that in the absence of a comprehensive government-led research, which made it difficult to obtain accurate understanding of the impact and extent of the incidence, available evidence of what was already known suggested that there are approximately 3500 children that are abandoned annually (approximately 300 per month) supporting the findings of France24. These researchers avail evidence which suggests that 65% of abandoned children are new-borns, 90% are under the age of one whilst 70% of abandonments are unsafe and many of the abandoned babies are never found.

Globally, many factors are principal drivers of child abandonment. In South Africa, Voster (2016) found that a combination of social-cultural and political factors drive child abandonment. These range from unemployment and poverty-induced desperation, the breakdown of the family network of support and the HIV and AIDS epidemic. Factors also included cultural beliefs, rape, incest, ‘’blessers or sugar daddies’’, women themselves being abandoned by the child’s father and the government’s policy. Similarly, Blackie’s (2014:12) study found that restrictive legislation, poverty, mass urbanization, high levels of violence (gender-based violence and specifically rape as a major concern) and extreme gender inequality were accountable. Further driving factors accountable for the occurrence and prevalence of the phenomenon included a high prevalence of HIV and AIDS and diminishing family support.

Furthermore, Blackie (2014:63-71) identified different kinds of ‘abandoning mothers’. These included women living in extreme poverty who just struggle to survive one day at a time, illegal immigrants with no support and women without family support and assistance. She further identified women who broke up with a partner and encountered problems with their new partners accepting a child from the previous relationship, women infected with HIV and AIDS and women raped by family members or committed incest as potential ‘abandoning mothers’. Women abandoned by their boyfriends, young teenagers still in school, sex workers, alcoholics and drug addicts usually living in the streets and women living in rural areas in extreme poverty were found to be described as other ‘abandoning mothers’ in her study. These mothers were inclined to travel to the city to abandon their

children, probably to remain anonymous. What is clear from Blackie's findings in respect of the profile of the mothers who abandon children in South Africa is the revelation of how social factors and social structures interplay to force child abandonment. She clearly shows that until these factors and structures are dealt with effectively through direct and carefully planned policy, the phenomenon which is but a sign and symptom of the problem will continue to linger and manifest.

The precipitating and driving forces for child and infant abandonment globally are observed to be similar to that of South Africa in many respects. For example, research by Selwyn and Wijedesa (2011:276) found that new-born abandonment occurred in England and Wales, especially in the Asian communities, mainly due to cultural values and beliefs, postpartum depression, attachment disorders, pregnancy denial and panic or anxiety conditions. Pregnancy denial suggests that these abandonments resulted mostly from mothers who are not married as pregnancy is a welcomed blessing and expectation in marriage unions. This links the possibility of teenage pregnancy which is also a major distinguishing feature of the South African childbearing and teenage pregnancy experience where teenage pregnancy results outside of marriage. This is observed to be a major driving force of child abandonment in South Africa, unlike in West Africa and some parts of North Africa where teenage pregnancy occurs within marriages.

Evidence from South Africa in this regard suggests that almost all teenage childbearing takes place outside of a recognised marital union (Makiwane, 2010:80). Discussing this theme further, Reddy, Sewpaul and Jones (2016:2) observed that the contribution to teenage fertility by married teenage girls was negligible. This, they adduced partly to a low prevalence of marriage and a high rate of sexual activity among South African teenagers. They observed that by age 19, close to 80% of South African women have had sex and about 37% have been pregnant while 16.4% of learners aged 12–20 who had ever had sex had been pregnant or had impregnated someone else (Reddy, Sewpaul and Jonas, 2016:2). The logical aftermath is that because these pregnancies occur outside of legally recognised marital unions, they are likely to be denied or contested. In the face of poverty and the lack of family support arising from the lack of approval of this union, the mother is

not able to cope with raising the child, which makes abandoning the child the only option to explore as a survival mechanism.

In Egypt, data from the study of Megahead (2017:391), suggests that children were abandoned and mostly ended up in non-kinship foster care due to psychological factors. These mostly revolved round denial of pregnancy and fantasies of harming the foetus and also due to psychological disorders and mental instability. The study further adduced abandonment in Egypt to unwanted pregnancy and the lack of concern for or interest in parenting, resulting in the need to be rid of the child. This was with particular reference to cases where the child was not the gender they expected or the child was suspected to bring the family bad luck or evil. Results from this research also found that poverty and inability to provide for the children led to abandoning them in the hopes that more suitable homes would rescue and provide better care.

Similar drivers were identified in Romania. Findings from research by Mitrut and Wolff (2011:157) indicated that child abandonment was due to the prevalence of extreme economic problems and low levels of formal education of the biological family. This hindered and reduced the possibility of employment, therefore, triggering poverty. A lack of sexual education probably gave rise to engagement in risky sexual intercourse, likely to increase the chances of unwanted pregnancy. In the face of no specialised services in local communities, a lack of maternity homes and teenage parenting, abandonment was an inevitable consequence.

Responding to the challenge of child abandonment has occupied a central place in South African and global child protection parlance for its implications both for the child, mother and society at large. Caring and responsible societies make it a duty to devise strategies to combat the scourge. In South Africa, as in other parts of the world, passing legislation and providing social services and social protection have been advanced as tools for addressing this social epidemic. The South African model, however, follows a Western-type model, where the child is cared for in alternative foster care, both in related and unrelated placement and in more permanent arrangements as in adoption.

The South African Children's Act 38 of 2005 which came into effect on April 1, 2010, makes provision for the care of abandoned children in alternative foster care in the family. Similarly, a report from the Child Welfare Information Gateway (2017) suggests that in the United States of America, dealing with and managing abandonment involves the drafting of state-specific 'Safe Haven' legislation whose intention is to provide safe refuge for abandoned infants. This is done by specifying acceptable safe locations for mothers to drop their unwanted newborns. While the legislation targets the safety of the baby to be abandoned by specifying designated safe places for them, it creates anonymity for the mother and family and grants them freedom from prosecution.

In South Africa, as in other countries in Europe, non-governmental organizations (NGOs) have adopted this strategy and 'baby drops', 'baby bins' and 'doors of hope' are observed to constitute faith-based organizations' and community's response to the scourge of child abandonment. This is in the bid to ensure that babies are abandoned in safe and humane manners which would guarantee that they are found on time and taken into alternative care. The Baptist and Methodist Churches in South Africa for example, operate 'The Door of Hope', which aims at preventing the death of abandoned babies by creating a revolving crib allowing the mother to drop the baby in the bin outside a hole in the church fence. This brings the baby inside the church building where nursing sisters are waiting to receive the child while the mother's identity is concealed in the process.

In Germany, Friedman and Resnick (2009:43) found that social services offices devised a strategy whereby chutes are installed as part of 'Operation Foundling'. This allows mothers to place new-borns through a door onto a warmed bed. Alarms are sounded when a child is dropped off drawing the attention of a caregiver who immediately takes the baby for attention while the anonymity of the mother is preserved. When a baby is abandoned this way, a two months period is often given to allow the mother to come back to claim the baby after which failure to do so results in the baby placed for adoption.

The approach taken by France in this regard while seen to be similar to that of Germany, is however deemed a successful implementation of an 'adoption at birth'

policy to new-born abandonment. Mueller and Sherr (2009:157) report that in France, the approach in this regard is to encourage and support safe infant and new-born abandonment through French laws that permit anonymous and cost-free delivery for women who chose to voluntarily relinquish their newborns at the time of birth. This is promoted in the benefit and best interest of the child as it encourages safe abandonment and severance of links with the birth family so that the baby is placed for adoption.

It is evident from the above that while child abandonment and the causal factors for it may be a global phenomenon with the same character, the approach and response to its management may be slightly different. This is informed by differing cultural, political, legal and social forces. While foster care is generally regarded as a short-term temporary care measure and an increasing option for abandoned children, more permanent responses to the care of these abandoned children in adoption in South Africa has decreased. Despite this finding, unlike other European countries, South Africa faces many challenges, mainly cultural and legislative in nature (Blackie, 2014:26). Research has also found that while adoption of abandoned children in South Africa has been primarily by white adoptive parents, children available for adoption has been reported to be mainly from the black population group (Doubell, 2014:109). This study in Cape Town found that the views of social workers involved with transracial adoption were that undergraduate social work training was largely inadequate in preparing social workers to work in the field of adoption. The transracial adoption was viewed positively amongst adoption social workers and was regarded as the better option compared to foster care and institutional care for children who have been abandoned. The next section discusses children who have been abused and neglected as children in need of care.

2.2.3 Children abused and neglected

Many children placed in alternative care in South Africa such as formal foster care are children found to be in need of care due to abuse and neglect. There is a growing recognition amongst researchers of the difficulty involved in defining and estimating child abuse and neglect (Richter and Davies, 2008:82). While it is noted that difficulty in offering definition is widely influenced by cultural and professional

constraints and factors, estimating the cases may be influenced by who provides the definitions and what forms of abuse are counted (Meinck, Cluver, Boyes and Mhlongo, 2015:85). An example of this may be buttressed in a case of physical punishment, which may be accepted in some societies as a form of child discipline, but regarded in others or by child rights activists and perspectives as abuse (WHO, 2010:16).

Despite the observed difficulty in defining child abuse, a country-wide accepted definition from the National Department of Social Development (2010) offers a robust definition based on the International Society for the Prevention of Child Abuse and Neglect. It views abuse as, 'all forms of physical and or emotional ill-treatment, sexual abuse, neglect or negligent treatment, or commercial or other exploitation resulting in actual harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power' (Department of Social Development, 2010). This definition is robust due to the fact that it covers not only the actual harm done to children resulting from abusive acts but also the consequences of abusive behaviour while at the same time elucidating the various settings where these abuses are likely to take place. The definition succinctly captures the dual nature of the abuse which takes the form of abuse of individual children on the one extreme and the denial of many children's basic needs such as food, family care, health services and education on the other hand.

To the World Health Organisation (2014:60), physical abuse of a child is defined as those acts of commission by a person in a relationship of responsibility, trust or power or caregiver that causes actual physical harm or has the potential for harm. Sexual abuse describes those acts where such a person in a relationship to a child uses the child for sexual gratification. Emotional abuse includes the failure of a caregiver or other person in a relationship of responsibility, trust or power to provide the child with the appropriate and supportive environment necessary for the growth and development of the child. This results in harm to the emotional health and development of the child such as acts restricting the movement of the child, denigration, ridicule, threats and intimidation, discrimination, rejection and other non-physical forms of hostile treatment. Neglect has been minimally defined as the failure of a parent to provide for the development of the child, where the parent is in a

position to do so, in one or more of the areas of health, education, emotional development, nutrition, shelter and safe living conditions (WHO, 2014:60).

While it is a known fact that child abuse and neglect and other forms of violence against children and young people are a universal phenomenon (Karthiga, Tamilselvi and Ravikumar, 2014:728), it is particularly one of the common grounds for finding children in need of care and protection in South Africa. This is because, in South Africa, the abuse and maltreatment of children carry shocking and unpleasant statistics and experiences. The prevalence and nature of the incidences of child abuse and neglect and other forms of violence against children in South Africa have earned it the description as a violent society. For example, the Department of Social Development, the Department of Women, Children and People with Disabilities and the United Nations International Children Education Fund (UNICEF) in 2012 investigated violence against children in South Africa by analysing police statistics. In the 2011/2012 period, a total of 50,688 children were victims of violent crimes in South Africa. The study found that within that period, 793 children were murdered, 758 children were victims of attempted murder, 25,862 children were victims of sexual offences against them, 12,645 children were victims of common assault and 10,630 children were victims of assault with grievous bodily harm (Department of Social Development, Department of Women, Children and People with Disabilities and UNICEF, 2012:2).

In capturing the notoriety of the phenomenon, Meinck et al., (2015:81) further state rather worryingly that child abuse is one of the major issues that concern young people in South Africa today. This is because it is one that many teenagers report having had personal experiences with within their homes and schools. Richter and Dawes (2008:81) noted that in South Africa, child abuse occurs in a wide variety of settings such as in the family, at school, on the streets and in alternative care. It takes many forms mostly manifesting in physical and emotional abuse, sexual abuse, exploitative work, trafficking, neglect and other forms of violence against children.

Similarly, the Department of Social Development, Department of Women, Children and People with Disabilities and UNICEF (2012:4-6) found that the major settings

where child abuse and violence against children occur in South Africa were in the home and family, in the school and in the community. At home, children suffer from sexual abuse, physical abuse and corporal punishment, emotional abuse and neglect from people they know. The study findings utilising data from Childline's database for 2008 indicated that 3428 children reported to having been physically abused while 4827 reported emotional abuse that year. At school, children suffer from bullying with 1 in every 5 boys and 1 in every 6 girls reporting to have experienced bullying in schools.

Children experienced corporal punishment in school, despite this being banned with 1 in every 6 learners in schools (17.2%) reporting to have received corporal punishment in 2011. Data also showed that children experienced sexual violence in school mostly from teachers who make up one-third of the perpetrators, while in cases involving older children, the perpetrators were other children and peers. More girls than boys are likely to be victims of sexual violence in high schools while in primary schools more boys than girls were likely to be victims of sexual abuse. The Department of Social Development, Department of Women, Children and People with Disabilities and UNICEF's (2012: 4-6) study further indicated that streets and communities were often unsafe and unhealthy for the growth and development of children as many children become victims of violence and crimes on the streets and parks. It was reported that 1 in every 5 cases of sexual assault took place in a residential street. Mathews and Benvenuti (2014:28-31) found that the most common age of children who were 'smacked by the hand' was three years old and the most common age of children who were beaten using an object was four years old. Considering the age of these children, the impact of the act of abuse could produce traumatic episodes and the incidence may likely go unreported and undetected.

While these statistics reveal how unsafe and dangerous society and communities have become for our children, Norman, Schneider, Bradshaw, Jewkes, Abrahams, Matzopoulos and Vos (2010) indicated that child abuse in South Africa as in other parts of the world is generally conceptualized using a biopsychosocial paradigm. The biopsychosocial approach views child abuse and violence against children as emanating from an interplay between factors residing in individual (microsystem) characteristics and the broader social-cultural and economic context (macrosystem)

within which they exist and interact. In this conception, the domestic environment, the educational system and the community are regarded as the settings were this 'culture of violence' occurs. Since the perpetrators would likely be people the children know in the neighbourhood, this may raise issues concerning the fear of reporting violence and abuse for their safety meaning a lot of incidences may remain unreported.

Richter and Dawes (2008:83) posit that in South Africa, the patriarchal system that beliefs in and supports the supremacy of men and allows them power over women and children, which some have regrettably observed to include the power to beat women and children and take sexual advantage of them, has often been regarded as accountable for the increasing abuse of children. The point stressed here is the negative ideology and cultural constructions of children, the family, and patriarchy which views children as a gift from God that should be nurtured often defined to include maltreatment. Furthermore, some researchers have tended to hold the extreme unequal nature of the South African society with its pervading widespread extreme poverty, high levels of HIV and AIDS, socio-cultural differences in family organizations and structures and attitude as responsible for the increasing incidence of child abuse and neglect and other forms of violence against children and young adults (Meinck et al., 2015:82).

The Department of Social Development, Department of Women, Children and People with Disabilities and UNICEF (2012:7) observed that the particular feature of poverty portending great danger for child abuse resided in children living in overcrowded households which made it difficult to afford adequate secrecy and privacy for sexually active adults. They have to have sex with their partners in the full glare of the children and other teenagers. In this scenario, sexual abuse may occur as children become aware of this sexual activity by adults and may be tempted to explore since the opportunity presents itself in the living conditions that necessitate co-sleeping with older children and adults. Furthermore, Richter and Dawe (2008:86) state that the salient feature of poverty that predisposes to child abuse in South Africa revolves around the family stresses. The high levels of unemployment produce stress which translate into the parental transfer of aggression and frustration towards the children in punitive behaviour.

Richter and Dawes (2008:86) similarly found that unemployment-induced poverty has also been found to predispose towards child abuse by creating the opportunity for many adults to be at home and in the community during the day. With time on their hands and with children playing around in the streets without parental supervision due to long hours of parental work, these men often give expressions to the fulfilment of the saying that, ‘an idle mind is the devil’s workshop.’ They are likely to abuse these children physically or sexually. With a large number of unemployed adults loitering the streets during the day without a meaningful agenda and purpose and where children are mostly left unattended, the potential danger that these innocent children face is inevitable. This further reemphasizes the truth in the suggestion that until there are appreciable and practical improvements in the social and economic conditions, the war against child abuse cannot be won because there will be no meaningful and significant positive results due to the interconnectedness of the forces (Richer and Dawes, 2008:79).

In a study by Meinck et al., (2015:82) the levels of child abuse in South Africa were further influenced by some cultural and societal factors such as the endorsement of physical punishment as a mechanism of child discipline and a high tolerance for sexual coercion. The study reported further that the phenomenon of a ‘virgin cure’ which is a widely-held belief that sex with an infant or younger person was a cure for HIV fuelled and drove the occurrence in South Africa. Findings from the study by Jewkes, Abraham, Mathews, Seedat, van Niekerk, Suffla and Ratele (2009) indicated that child abuse in South Africa was also fuelled and influenced by alcohol and substance abuse which causes loss of self-control and self-restraint resulting in abusive behaviour and acts against children and young adults. Exploring this same line of thought, the Department of Social Development, Department of Women, Children and People with Disabilities and UNICEF (2012:17) continue to state that alcohol and substance abuse may propel adults who already face deplorable situations of poverty and unemployment to vent their frustrations on children resulting in abuse.

With regards to characteristics of perpetrators of child abuse in South Africa, Richter and Dawes (2008:87) observed that there was growing evidence that physical abuse

of children was mostly perpetrated by parents and teachers. Child sexual abuse was known to be commonly perpetrated by teenagers and young adults most of whom live in the same household or nearby with the child and are known to the child. This finding is consistent with the findings of the Department of Social Development, Department of Women, Children and People with Disabilities and UNICEF (2012:7) analysing data from Childline South Africa who reported that close to half of all cases of sexual assault reported to the agency from the community were committed by children less than 18 years of age. On their part, Jewkes, Dunkie, Nduna, Jama and Puren (2010:833) suggested further distinguishing personal characteristics of abusers and perpetrators. These included the fact that they are more likely than non-abusers to have experienced physical or sexual violence as a young child, or witnessed violence, especially violence directed at their mother.

Comparatively, available evidence from research from other countries suggests that the prevalence and incidence of child abuse and risk and protective factors regarding its occurrence show similarities to that obtainable in South Africa. Studies in other parts of the continent show significant similarities in terms of risks and protective factors. For example, Plummer and Njugane (2009:524) found in Kenya that risk factors for child physical and sexual abuse included parental divorce, child homelessness, being an AIDS orphan, patriarchy, culture of silence and perceived unimportance of children. The study found protective factors to be modesty, family structure, religion, separation of males and females and harsh punishment for offenders. In terms of prevalence, Meinck et al., (2015:87) reported on their cross-sectional survey of children in Egypt that 37% of children were beaten or tied up by their parents and 26% reported physical injuries such as fractures, loss of consciousness or permanent disability as a result of being beaten or tied up. Similarly, in Mauritania, Ballet, Sirven, Bhukuth and Rousseau's (2011:656) study investigated the physical abuse of street girls. They found that 16% reported to have received violent blows that left indelible marks and scars on their bodies.

Evidence from the studies reviewed both from South Africa and globally indicate that the phenomenon of child abuse and other violence against children exist in its many forms. They are not only rooted in the socio-cultural and religious fabric of the daily existence of the child but have long-lasting consequences both for the children and

the society at large. Particularly for children, the seriousness of abuse episodes has been seen to have lingering effects which can surface in later years. This causes risky sexual behaviours, substance abuse and development of mental and physical health problems which can hinder their school performance and ability to engage and maintain healthy relationships. For national development, loss of economic productivity and the heavy cost of treatment are often adduced as impacts of the incidence and prevalence of the phenomenon. In the light of this, it is no wonder that many have felt that reducing violence against children should be conceived both as a moral imperative and an imperative for national development (Optimus Study, 2015:3). The next section discusses literature on children living and working in the streets as children in need of care and protection in South Africa and globally.

2.2.4 Children living and working in the street

A substantial number of children found to be in need of care and protection in South Africa are children living and working in the street. Their care and protection have been observed to continually be challenging and costly. Ogunkan and Adeboyejo (2014:41) note the difficulty in defining the street children phenomenon. They however define a street child in their study as 'any girl or boy for whom the street in the widest sense of the word (including unoccupied dwellings, wasteland etc.) has become his or her habitual abode and/or source of livelihood and who is inadequately protected, supervised or directed by responsible adults'. Malindi (2009:63) notes that in Southern Africa, street refers to places such as bus stops, outside of shops, minor and major roads of given towns, parking lots and other public places where youth are seen striving to 'make ends meet'. A look at this definition shows that it consists of three elements or features that define what the phenomenon is.

The first feature is spending enormous amounts of time on the street. This will seem to exclude children who come to the street for a short while daily or for any other time period but who have a place to return to and leave the street after a period of time. This is problematic to conceptualize because nearly all children in the street have a lifestyle that is mobile and fluid and their disappearance from one street corner may be the appearance at another and so may evade research attention. The

second feature is depending on the street for their source of livelihood, as a way of life or survival. This may include both children engaging in legal and illegal means of economic activity and for whom the street is the major identity of existence and means of survival. The last feature is children without adult supervision, care and inadequate protection. This may suggest children who are unwilling to be subjected to parental or other adult supervision due to the desire for independence to chart a personal life course. Children who come to the street to vend and do other economic or social activity but return home to adult supervision and care are excluded from this category by this definition.

This definition has led UNICEF (2015) to suggest a distinction between two categories of street children in the literature based on their relationship to responsible adults providing a home base. These are children of the street and children on the street. According to Molahlehi (2014:2) drawing on this definition, children on the street are those who maintain ties and contact with their families who are mainly on the streets for business and economic reasons contributing to the economic advancement of their families. They may attend school and have a sense of family bonding and belonging. Children of the streets, on the other hand, are those with no ties or contact with their families but mainly are on the streets as their place of abode, survival and have no alternative accommodation and housing. They are trying to have a life outside their homes or away from a responsible adult. For these categories of street children, the street is the significant point of reference in their circumstantial existence. In South Africa, street children are observed to be composed of a combination of both.

Adeyemi and Oluwaseun (2012:87) observed that there is a growing awareness worldwide that the phenomenon of children living, working and surviving on the street is a global problem requiring urgent concerted efforts for its eradication. In South Africa, as it is in other parts of the world where the phenomenon exists, estimating the exact number of children living in the streets is difficult and herculean. Malindi (2009:74) agrees with this assertion acknowledging that this is due to definitional problems, the mobility of the population and lack of reliable data on the subject and widespread use of purposive sampling techniques. The more

troublesome fact is that many street children give misleading self-reports, which most studies rely on in executing research within the subject.

Despite this acknowledged difficulty in estimating the actual number of street children, UNICEF (2015) reports a staggering figure of more than tens of millions of street children and adolescents globally in both developed and developing countries. While there are disagreements and debates about the empirical validity and basis for this estimate (Thomas de Benitez, 2010:3-5), there is however a recognition that results and estimates from 'situation analysis studies' expressed through localised counting is improving knowledge about the prevalence of the phenomenon. Such is observed to be generating more valid and acceptable data regarding actual or near actual figures. In the case of South Africa in this direction, Consortium for Street Children (2014) reports that there are about 250,000 children and adolescents living on the streets in the country. Ward and Seager (2010:85) and Hills, Meyer-Weitz and Asante (2016:1) report that most are black males living in large cities. Internationally, earlier prevalence research by Nasir and Siddiqui (2010:1510) reports in respect of Pakistan that an estimated 10 000 children live on the streets in Lahore. These figures show that the problem is universal, alarming and escalating.

Worldwide and in South Africa, preoccupation and interest of study and research on street children stem from the realization that they are often more vulnerable to psychological and physical disturbance largely arising from their peculiar circumstances. Data from earlier work by Human and Thomas (2008:206) using a metaphorical expression, reported that many children in South Africa do not "live in safe harbour but find themselves in the stormy sea of street life with its currents, wild winds and enormous waves". Malindi and Machenjedze (2012:71), note that in South Africa, the 'wild winds', 'enormous waves' and 'stormy seas' specifically refers to abuse, drug use, neglect, abandonment, poor nutrition, lack of parental care, education and health care, the risk of HIV infection, street crime, commercial sex work and trafficking, which these street children are exposed to as a fact of life on the street.

Further studies in South Africa for example by Montanez (2011:2) and more recently by Myburgh, Moolla and Poggenpeol (2015:4-5) also all show evidence which reveal

that street children are extremely vulnerable to sexually transmitted diseases (STIs), including HIV, are likely to engage in stealing, petty theft and prostitution as survival and coping mechanisms. These findings from these studies not only reveal the hard realities of life and existence on the street in South Africa but indicate the attitude of the public and the community towards people living on the street. It reveals the lack of support from the public and their view of children living on the street described as deviants and objects to be taken advantage of for labour, trade and sex.

Additional evidence is available from these studies in South Africa indicating the risky situation which these children face that demands urgent state and civil society's commitment to ameliorating their plight. To this effect, reports indicate that 90% of street children in South Africa are addicted to inhalants like shoe glue or paint thinners. This behaviour has been found to be capable of causing health problems such as kidney failure, irreversible brain damage and in some cases of extreme use and lack of adequate medical and health care (as is the case with them), death (Myburgh, Moolla and Poggenpeol, 2015:5-6). Nasir and Siddiqui (2010:1509) report similar findings in Lahore, Pakistan.

Studies have sought to provide reasons for the existence of this phenomenon. Seager and Tamasane (2010:63) and Ward and Seager (2010:85) found that in South Africa, the street children phenomenon is engendered by factors including poverty, dysfunctional families, urbanisation, the apartheid legacy, HIV pandemic, migrant labour system and their quest for freedom. Their study found that the phenomenon of children living in the street is brought about by the compelling weakening and bond breaking effect which these social forces exert on the relationship of the child to the family and society, resulting in street life as concomitants and aftermaths. Elsewhere, similar factors have been found to be causal factors for the existence and incidence of the street children phenomenon. Recently, a study in Ghana by Orme and Seipel (2016:489) found that the death of parents, poverty, sexual abuse, violence in the home, neglect and divorce in the family were among factors leading children to take to the streets. In Nigeria, Adeyemi and Oluwaseun (2012:92) found similar factors reporting family problem and dysfunction, societal culture, custom, modernisation and urbanization as causal factors for the street children phenomenon. Nasir and Siddiqui (2010:1514) found in

Lahore, Pakistan that parental inability to meet and fulfil the child's basic needs, migration from rural to urban areas and desire to live in cities and parental conflicts at home were 'push and pull' factors for the street children phenomenon.

Tackling the problem of street children and responding to the needs of such children is generally acknowledged worldwide as a matter of urgent public attention and concern. Myburgh, Moolla and Poggenpoel (2015:1-2) noted that this may be due to the fact that such children epitomise the most vulnerable and at-risk category of children and social group in the world. They face the double disadvantage of firstly as being children and secondly as being street children with multiple and diverse needs bothering their health, safety and well-being. There is growing awareness in South Africa as with other countries of the developed and developing world where the phenomenon is prevalent that street children are a marginalised group. They are also a group desperately requiring carefully targeted tremendous and diverse assistance. Research has shown that response is guided by the prevailing public perception and political will and philosophy of the government of the day (Kruger and Prinsloo, 2008:251).

Makofane (2014:134) reports that in South Africa Street children are being misunderstood by the public and the press. They are being viewed as 'bad boys' and 'deviants' and this is mainly because most of the street children are often seen pestering the public by standing at traffic lights and stop street signs begging, asking for food and menial work such as polishing shoes, watching or washing cars. Public aversion and resentment towards street children are often accentuated by the observation of their appearance which is often 'dirty' and they emit an often offensive smell due to sleeping in dirty places. This is further made worse by the popular notion that they make the streets dirty and rob innocent people of their hard earned money and belongings at night at the street corners. Makofane (2014:136) noted that this public negative view and perception of street children in South Africa can be held accountable for such violent responses. These include the use of boiling water and raw-hide whips by shop owners and keepers to keep them away from their shops and cases of drivers and passers spraying bullets on them and cases of street children dying in arson.

Thomas de Benitez (2011:38) has observed that the prevailing public perception and political philosophy regarding the street children phenomenon have given birth to four distinct policy responses to its eradication. The author explains further that the four policy approaches emanate from and reflect two major paradigms, the coercion/compassion and righteousness/practicality. The supporters and proponents of the coercion/compassion school emphasize compulsion in dealing with street children as against understanding their needs. While the righteousness/practicality school operates from a moral stand, holding the view that it is wrong to be on the street. These views therefore focus on the street child and not on the social structure of existence of the child.

Following from this, the first approach that countries in developed and developing world have adopted in responding to and tackling the street children phenomenon is the application of a combination of force and practical incentives. Thomas de Benitez (2011:39-40) refers to this more appropriately as the 'correctional, reactive or repressive model or approach' where children are seen as deviants citing most countries in developing countries including Zambia and Zimbabwe as examples in this regard. The second approach involves the punishment of street children to serve as deterrent and discouragement to others such as in Brazil. The third approach translates in the integration of street children into families and society through education and income generating schemes to empower them and develop their problem solving and life coping skills such as utilised in Namibia. The case of South Africa with regards to responding to the street children phenomenon is generally observed not to be mutually exclusive but eclectic. It involves the promotion of actions that target the diverse and holistic needs of the children in a humane and practical way. This is achieved through the distribution of food and provision of shelter in drop-in centres and alternative care in institutional and foster care (Ward and Seager, 2010: 85-86).

Worldwide, what can be pointed out from the literature on street children is the fact that the phenomenon is a global problem. It affects both developed and developing countries alike although variation in magnitude and intensity of the problems is observed to be more serious and devastating in less developed countries of the world. The driving factors are generally observed to be largely similar with poverty,

urbanization and economic growth and development, war, loss of traditional values, domestic violence, physical and mental abuse predominant. Often these are held as principal reasons why children take to the streets of the world's cities. Similarly, issues of human rights, safety, health and psychosocial and emotional welfare and well-being are major agitating topics that characterise national and international discourse on the subject. And for which researchers and public policy makers agree requires urgent concerted efforts to address and eradicate.

With regards to South Africa, many efforts have been demonstrated by the government and its allies in the civil society and non-governmental sector to tackle this problem. This has been done by making legislative provision that makes for the provision for respite in form of distribution of food and other necessities at drop-in centres and alternative care placements. There is however a doubt to whether the more enduring causal factors embedded in the social-cultural structures of the society where the children live have been adequately explored and addressed with a view to attacking the root cause of the problem. The researcher is of the view that any meaningful response to the plight of the children and the phenomenon must be driven by a significant improvement in the social conditions of existence of the children. The discussion that follows explores literature on children living in child-headed households as another category of children in need of care and protection.

2.2.5 Children living in child-headed households

Another category of children found to be in need of care and protection in South Africa are children living in child-headed households. Definitions and conceptualization of child-headed households (CHHs) have tended to capture the changes observed in composition, structure and function from traditional family type. The Department of Social Development (2013:20) offered a perceptive and South African circumstance-reflecting definition of CHHs. They define it as a household where one of the children or the youth in the house has assumed the principal responsibility for the household inhabitants. This is either because a parent or primary caregiver was permanently or temporary absent as a result of death, employment away from home, abandonment or rejection of the children or a parent

or primary caregiver was present but abusing alcohol and/or drugs excessively, too ill, terminally ill or too old to provide the care required.

The definition provided by the Department of Social Development above succinctly captures the nature and essence of the phenomenon in South Africa by taking into cognizance the three key elements defining CHHs in the country. These are namely, causes, age and function. As rightly indicated in the definition, CHHs in South Africa is not only brought about by parental death through HIV and AIDS or other means as observed in most countries, but by other strong social forces. These include parental illness, alcohol abuse, neglect and abandonment, poverty and employment away from home. Meintjes, Hall, Marera and Boulle (2010:46, 47) found that most children living in CHHs in South Africa are not orphans as they have one or even both parents. They found by analysing data from the 2006 General Household Survey, that only 8% of children living in CHHs were double orphans as they were children who had lost both parents whilst 80% had a living mother.

The above statistics point to powerful inferences. This includes the fact that though the number of orphans trailing the HIV and AIDS epidemic was increasing, the number of CHHs forming as a result of the epidemic was not necessarily increasing at a corresponding rate. Findings from Meintjes et al., (2010:47) supports this noting that though there had been a significant rise in the number of orphans in South Africa due to the HIV epidemic, there was no increase in the number of CHHs as a result. Their data showed that the proportion of children who are double orphans increased over the period 2002 to 2006 for example from 2% (357,000) to 4% (660,000 children) without an increase in the proportion of children in CHHs in the same period of time. The figures still remained at 0.65% and 0.67%, respectively.

The suggestion being made here by the findings seems to infer that the extended family was probably absorbing orphans or that they were been cared for in alternative care. This opposes the views by Dahl (2009:23) that the extended family was overstretched and no longer able to care for these children. The study by Meintjes et al., (2010:43,44) found that contrary to Dahl (2009:23), most double orphans lived in households with adults. This points to the fact of the resilience and virility of kinship networks as effective continuous social safety nets. They found that

only 1.5% of children who are double orphans lived in CHHs. More recently, evidence from Hall and Sambu (2017:103) corroborates this claim reporting that an increasing number of orphans lived with adult family members. Mturi (2012:506,507) advised that caution must, however, be exercised regarding the claim that CHHs was not increasing and escalating in South Africa as the number of orphans was. The study found a lack of convergence of agreement regarding the definition of the age and what constituted a child and the underreporting and underestimation of CHHs. These are due to practical reasons such as only parents providing misleading information when completing survey forms of studies that investigated types of households. This may tamper with correct and exact estimates of the phenomenon leading to incorrect conclusions regarding the prevalence rates.

The definition by the Department of Social Development (2013:20) has serious implications for the discussion of the structure of CHHs. It succinctly captures the various ways families are fragmenting and shaping in response to the HIV epidemic and other identified social forces such as poverty, illness, neglect and abandonment and employment away from home. As indicated in the definition above, Mturi (2012:507) noted that although parental death was likely to provoke the rise of CHHs, other causes could be held accountable like parental irresponsibility and drug and substance abuse where parents, though present, failed to provide care and supervision leaving elder siblings to assume the role of care for their younger siblings. CHHs could form, due to the parental absence from home in search for job or employment far from home or parental illness rendering him or her partially or fully incapable of providing for the household. The definition, however, regards household leadership and provision by a child or youth between the ages of 18-34 as a CHH unlike in some other countries where a CHHS is regarded as households headed by children under the age of 18 years. Mogotlane, Chauke, Rensburg, Human and Kganakga (2010:29) found that in South Africa, 52.1% of interviewed CHHs was actually headed by youths aged 20–34 years of age.

Nonetheless, there is however a widespread concern in South Africa as in other parts of SSA where the HIV epidemic is at alarming proportions. This is with regards to the fact that the phenomenon of CHH is greatly influenced by the epidemic and that those children in CHHs may face severe personal developmental challenges

and compromised children's rights. The statistical picture of CHH in South Africa no doubt continues to place it as one of the most significant public policy and developmental issues of the 21st century. This is in spite of its seemingly insignificant figure considering the enormous socio-economic and health challenges unique to this living arrangement.

Hall and Sambu (2017:103) found by using information provided by the 2016 General Household Survey that there were about 58 000 children living in a total of 35 000 CHHs in the country in 2015. This figure amounted to 0.3% of the total amount of 18.6 million or 34% of children in South Africa that year. The study found that nearly three quarters (71%) of children in CHHs were at least 15 years and older and consisted of only one child and that most CHHs have between one and three members. Evidence indicated that only 5% of children in CHHs are under six years of age. A major finding of the study was the fact that the number of CHHs did not increase between the periods of 2002-2015 but, rather that it was decreasing in spite of the continuing HIV and AIDS epidemic. This suggested other social processes such as economic migration whereby parents leave younger children back to look after homesteads as driving the formation of these CHHs.

With regards to distribution and prevalence in terms of provinces in South Africa, Hall and Sambu (2017:103) found that almost 60% of all CHHs are located in two provinces. These are Limpopo (34%) and the Eastern Cape (26%) with rates in KwaZulu Natal observed to have dropped. The study found that CHHs are less likely to be accommodated in a formal brick house, but 'shacks' and to have no access to adequate sanitation or potable water supply on site mainly due to the fact that they are located outside of cities where better services are available. This finding resonates with and is supported by that of Mogotlane et al., (2010:30) which found that CHHs were prevalent in rural and urban informal areas in South Africa. Some South African studies, for example, Meintjes et al., (2010:47), Mogotlane et al., (2010:25) and van der Mark (2015:5-8) have noted that children living in CHHs in South Africa are a major concern to policymakers and government because they are likely to be at risk. This is not only due to them having to cope without adult supervision but more because they are likely to live in poorer living conditions than other children living in mixed-generation households. They are also likely to have

challenges having their welfare and educational needs met due to household poverty arising from a lack of regular and viable source of income and earnings.

Concerns with CHHs arise from the realization that because these children may not have adult supervision or enjoy extended family support they may suffer increased financial problems. This is due to the fact that they may not be qualified to receive state support through the social grant system as they are above the 14 years eligible age threshold. In this scenario, meeting their identified nutrition, health, hygiene, education, safety, housing and clothing needs may be in jeopardy. Hall and Sambu (2017:104) have found that in this predicament, the children are rendered vulnerable and susceptible to sexual exploitation and involvement in deviant behaviour and social vices. These include acts such as pick-pocketing and gang violence as strategy and mechanisms for survival and coping and manifestation of unmet and unrealised needs.

Many South African studies have documented the experiences and challenges of children living in CHHs in the country. For example, Mogotlane et al., (2010:29) have found challenges associated with the provision of food, domestic chores and general household responsibilities such as cooking, washing, cleaning, helping with sibling's homework and looking after sick family members. Further challenges included dropping out of school to take up work or employment in order to care for siblings, economic hardship, malnutrition and illness, loss of inheritance, fear and isolation, increased abuse and risk of HIV. Financial problems and a lack of money to provide food and medicine and other household items due to poverty and unemployment were highlighted by Meintjes et al., (2010:47). Negative attitude, stigmatization and discrimination from the public and community, low self-esteem and poor school performance due to fatigue and worries associated with life circumstances and condition were reported by van der Mark (2015:6) and Pillay (2012:3).

The response from the South African government to children living in CHHs is driven by a firm belief that other factors other than HIV and AIDS-orphaning is responsible for the prevalence of the phenomenon. It, therefore, reasons that a comprehensive, holistic measure is needed for addressing the numerous problems and challenges children face in this living arrangement. This has led to the development of

legislation such as the Children's Act 38 of 2005 which recognizes children living in CHHs as vulnerable children in need of care and protection. It also made necessary the signing and ratification of regional and international child rights agreements and instruments such as the UNCRC and the African Charter. These legal instruments give effects to children's rights, welfare, protection and wellbeing. It further serves as the catalyst to the development of appropriate policies and programmes for child protection by government departments such as the Department of Social Development, Department of Health and Department of Education in South Africa. These departments for example, act in alliance to give expression to efforts and steps at protecting children and ensuring their psychosocial welfare and general wellbeing.

2.2.6 Substance abuse and children addicted to dependency-producing substances

There is a growing recognition in South Africa and around the world that the manufacturing, use and distribution of illicit drugs and substance abuse result in an increase in physical, mental health and socio-economic burdens. It is acknowledged that the phenomenon passes as a serious public health and developmental issue. The impact of substance abuse on families and children is mostly reflected in the way it has led to many children being made vulnerable. This is because it exposes them to circumstances that are likely to jeopardise their safety in situations of domestic violence and child abuse inspired by drug abuse. Many children also become in need of care as illicit use and abuse of drugs and substances render them addicted to these dependency-producing substances without being able to afford the means to effect treatment for it due to exacerbating poverty. The children's court in terms of section 150(1)(d) of the Children's Act 38/2005 finds such children in need of care and protection.

Njuho and Davids (2010:34) observed that there are diverse definitions of drug or substance abuse in the literature due largely to differing approaches adopted by research institutions and organizations in conceptualizing the phenomenon. For instance, for Wechsberg, Jones, Zule, Myers, Browne and Kaufman (2010:209) substance abuse is the improper, excessive, irresponsible or self-damaging use of

addictive substances. On their part, Watt, Kimani, Skinner, Meade (2016:924) defined substance abuse as the misuse and abuse of legal substance such as nicotine, alcohol, over-the-counter drugs, prescribed drugs, alcohol concoctions, indigenous plants, solvents and inhalants as well as the use of illicit drugs. Despite the variety of definitions available, similarities could still be observed. This is expressed in the defining line of subversion of the original intended purpose of use to perverse use and unprofessional administration of the substance and drug leading to adverse personal mental and physical health and social problem.

Alcohol, drug and substance use and abuse is a problem in South Africa. Revealing the serious nature of the problem, Peer, Lombard, Steyn and Levitt (2014:446) report that in South Africa, alcohol abuse and misuse among adults and youth was a major social and health problem. The study found that one in four adult men and one in ten adult women reported experiencing symptoms of alcohol-related problems. They found that alcohol contributed to 39.0% of interpersonal violence, 18.4% of neuropsychiatric condition and 14.3% road and traffic injuries.

Evidence from surveys and prevalence studies in South Africa exist which make information and data available on the extent and consequences of alcohol and other drugs (AOD). They not only suggest an increase in occurrence of the phenomenon but indicate an involvement of a significant percentage of the country's adolescents, particularly high school students with alcohol and cannabis use and abuse (Pasche and Myers, 2012:338; Pluddemann, Flisher, Mcketin, Parry and Lombard, 2010:14; Wechsberg et al., 2010:208). Pluddemann et al ., (2010:15) found that the major and prevalent illicit and illegal drugs mostly in use in South Africa included cocaine or 'crack', cannabis or 'dagga', methaqualone or 'mandrax', heroine, ecstasy and methamphetamine or 'tik' amongst others.

Mokwena and Huma (2014:352) observed that the use and abuse of drugs and substance shows a pattern that tends to reveal and reflect the country and regional variation, socio-economic status and racial and geographical distinction. This finding is resonated by Peer et al., (2014:446) reporting that cocaine use was more likely to be found among the white South African population than any other population group with a positive test of 32% for white males and 65% high for white females. The

coloured community came in second far behind with 7%. Similarly, Njuho and Davids (2010:35) indicated an increasing use of 'crack' among vulnerable groups in South Africa, especially amongst commercial sex workers. Pasche and Myers (2012:340) explored the theme of ethnic and racial variation in regards to drug and substance use and abuse in South Africa. They found that while alcohol was the most common and extremely used drug with dagga coming in second, dagga showed no ethnic difference as all racial groups reported the use of it.

Despite being reported across all racial groups, evidence from Mokwena and Huma (2014:352,353) showed that 'Nyaope', a designer or cocktail drug derived from a mixture of heroin and cannabis and known as 'Nyaope' in Pretoria and Gauteng, 'Sugars' in Durban, 'Unga' in Cape Town and 'Pinch' in Mpumalanga is one of the most commonly used drugs in black townships in South Africa spanning an existence period of more than a decade. In a later study, Khine, Mokwena, Huma and Fernandes (2015:50) indicated that the intensity of use and abuse of dagga and especially 'Nyaope' seemed to be highest among the black African in these black African townships. Furthermore, Njuho and Davids (2010:35) also found a connection between racial and ethnic affiliation and geographical location and drug and substance use and abuse in South Africa. Their study reported a widespread illicit use of mandrax and dagga in the Western Cape with mandrax abuse initially first associated with the Indian/Asian population group from where it spread to other ethnic and population groups of which the Coloured community is the most notable. They suggested (2010:33) in that the coloured men (14.3%) were most likely to use cannabis whereas the Indian women (0.6%) were the least likely to use the drug. The study found that urban residents (5.4%) were more likely to report the use of illicit drugs including cannabis than rural dwellers (2.5%).

In South Africa, provincial variation in prevalence and use and abuse of drugs and substance has been reported by the South African Community Epidemiology Network on Drugs Use (SACENDU) (Njuho and Davies, 2010:35). Data from this study indicated a significant rise in the demand for treatment for heroin-related addiction and abuse in Cape Town, Gauteng and Mpumalanga. Similarly, a study in Cape Town by Wechsberg et al., (2010:210) revealed that in 2006 methamphetamine (also known as 'tik') use and abuse was substantially associated

with the coloured community, while it remained uncommon or unknown to the other racial communities. Evidence from Dada, Pluddenmann, Parry, Bhana, Vawda and Fourie (2011) supports the previous study that methamphetamine was the primary and principal drug of abuse mentioned by 39% of all the patients. These patients were treated for drug abuse in the first half of 2011 in Cape Town.

Another study investigating methamphetamine use with sexual risk behaviour among high school students in Cape Town was done by Pluddenmann, Flisher, Mcketin, Parry and Lombard (2012:181). Their results raised concerns indicating that methamphetamine use amongst adolescents aged 20 years had increased to a record high of 73% from 6% and 12% in 2006. This portends trouble and danger for families and society at large, since methamphetamine use tends to destabilize families and individual social functioning creating and enhancing a culture of violence and crime. This robs families and society of its economic productive sector, thereby crippling society and deepening poverty.

Studies exploring the risk and predictive factors and causes of drug and substance use and abuse among adolescents in South Africa avails tremendous information. There is an indication that personal attributes, poverty, sexual coercion, parental factors such as parental drug use and lack of parental supervision, environmental factors and pressure from peers who used substance and drugs represents the greatest factor implicated in the occurrence and incidence of adolescents' drug use and abuse (Ghuman, Meyer-Weitz and Knight, 2012:132; Meghdadpour, Curtis, Rettifor and MacPhail, 2012:1329). Furthermore, Njuho and Davids (2010:34) found in South Africa that the prevalence of drug and substance use and abuse among adolescents and youths were mainly driven by personal attributes. These included age, environmental factors such as peer pressure and the ease with which these drugs and substance were accessed by young people.

These findings are similar to research internationally. For example, in Zimbabwe, Rudatsikira, Maposa, Mukandavire, Muula and Siziya (2009:217) found similar risk and causal factors. They reported poor or lack of parental supervision and peer influence as driving factors for the prevalence of drug and substance use and abuse among adolescents and young people. In contrast, in Nigeria, Oshodi, Anna and

Onajole (2010:52) found that adolescent and young people used and abused drugs and substance in order to fight and cope with stress and adjust to life's struggles. A South African study by Mohasoa (2010:84) supported this finding showing that high school adolescents use drugs due to boredom, fatigue or stress.

The consequences of drug and substance use and abuse in adolescents and young people has been widely documented. In South Africa, Njuho and Davids (2010:46) found that drug and substance use and abuse among youths, adolescents and adults have tremendous debilitating effects and impacts. This was found to impact not only individuals' physical and mental health but the interpersonal relationships of users. It also has a wider destructive impact on communities and societal structures creating opportunities for crime and poverty to spiral. Further results from South African studies such as Pluddemann et al., (2010:16), Peer et al., (2014:447) and Van Zyl (2013:585) indicate grave consequences for adolescents and youth school performances as it impacts negatively on their progress. This is because they may have problems with absorbing materials taught or too sick to concentrate or continue their schooling.

Mokwena and Huma's (2014:352) study in South Africa reported users of 'Nyaope' to experience a continued deterioration of physical and mental health. In addition, it was reported that since users always appeared and looked dirty and tended to smell, had dazed looks. They were also compelled towards criminality in order to sustain their sniffing and drug abuse habit. Studies have also highlighted the association between drug and substance use and abuse as well as risky sexual behaviour and the proliferation of STIs such as HIV and AIDS in South Africa (Pluddenmann et al., 2012:181; Watt et al., 2016:923; Wechsberg et al., 2010:209).

An important observation from the literature is that no matter what country or region concerned, drug and substance use and abuse by both adolescents, young people and adults is a potential danger to personal, family and societal health and functioning. In addition, similarities in risk and protective factors and consequences are noted across countries and regions. Furthermore, it is clear that the phenomenon proves challenging to combat and control. It is continually increasing due to the availability and accessibility to the drugs and substances, especially in South Africa

where cocktail designer drugs such as ‘tik’ and ‘Nyaope’ are readily available on the streets. Therefore, combating and controlling it remains increasingly difficult as the use of these drugs continues to rise. In South Africa, with the risk factor of peer influence (Ghuman, Meyer-Weitz and Knight, 2012:132; Meghdadpour et al., 2012:1329), coupled with breakdown of the family, lack of family cohesion and prevalence of dysfunctional families, the situation may probably be expected to impact severely on victims and families.

This may be further worsened by the lack of strict parental control and supervision. It is likely the category of children that will be in need of care and protection due to this phenomenon will continually increase in South Africa and globally. This makes it pertinent for urgent government action and intervention in designing policies and programmes aimed at holistically addressing the malady. Strategies should target children individually and in the family, school and community settings in order to effectively combat and eradicate the phenomenon. The following section discusses children and adolescents displaying uncontrollable behaviour and discipline problems as another category of children in need of care in South Africa and globally.

2.2.7 Children and adolescents displaying uncontrollable behaviour problem

There is an increasing awareness of a large number of children entering alternative care due to the display of uncontrollable and behaviour problem in South Africa and globally. Managing and dealing with the behaviour of children, adolescents and young people is generally noted worldwide as an integral part of daily family life and responsibility as an equally challenging enterprise. Ncontsa and Shumba (2013:2) agree with this, noting that child discipline and behaviour management lingers as a troublesome issue among parents, educators and learners in South Africa. This is true whether in children’s own family setting or foster care. Successful childrearing is measured in terms of the extent to which families have been able to positively socialize children into mainstream societal values and norms. In this regard, child discipline and behaviour management are important instruments in attaining this goal.

The prevalence of children and adolescents with discipline and uncontrollable behaviour in South Africa is captured in many studies. These report primary empirical data regarding the experiences of foster parents. To this end, these studies include Kiggundu and Oldewage-Theron (2009:392) in Alexandra, Gauteng Province; Nyasani, Sterberg and Smith (2009:186,189) in Richards Bay, KwaZulu Natal Province; Mnisi and Botha (2015:233,234) in Pretoria, Gauteng Province; Kuo and Operario (2010:348) in Durban, KwaZulu Natal Province; Roux, Bungane and Strydom (2010:54) in the Motheo District of the Free State Province and Hlabyago and Ogunbanjo (2009:508) in Hoerkfontein, North West Province. All have provided evidence that foster parents report experiencing substantial problems with children and adolescents behaviour.

Children and adolescents' uncontrollable and challenging behaviour has been commonly reported. These include violations and breaking of routine and refusal to do domestic chores (Hlabyago and Ogunbajo, 2009:508; Kiggundu and Oldewage-Theron, 2009:392; Mnisi and Botha, 2015:233; Nyasani, Sterberg and Smith, 2009:186) as well as inappropriate sexual behaviour and dating involving sexual intercourse (Kiggundu and Oldewage-Theron, 2009:392; Mnisi and Botha, 2015:236). Studies further report substance use and abuse including alcohol drinking and cigarette smoking (Bungane and Strydom, 2010:47,48; Hlabyago and Ogunbajo, 2009:508; Mnisi and Botha, 2015:236); enlistment in delinquent gangs, occultism and Satanism (Mnisi and Botha,2015:233); having late nights and absconding from care without permission (Roux, Bungane and Strydom, 2010:47). Other manifestations involve being 'naughty', not listening to instructions (Kuo and Operario, 2010:348), petty stealing and lying (Hlabyago and Ogunbanjo, 2009:508).

Reasons and explanations for the prevalence of child discipline problems and children's display of uncontrollable behaviour in South Africa have been adduced by some studies. For example, Nyasani, Sterberg and Smith (2009:189) and Ncontsa and Shumba (2013:8) report on dysfunctional families and intergenerational conflict of views. They found that there was conflict regarding norms and expectations of discipline and communication between the generation of the foster parents and that of the children. This intergenerational conflict results in a general unwillingness and

fear on the part of the foster parents to discipline children. These parents feared being accused of abusing their children due to legislative and legal instruments prohibiting child abuse and protecting children's rights. This seemed to strengthen and encourage child indiscipline and misbehaviour which show marked differences between the parents' upbringing.

Maphosa and Shumba (2010:381) observed the implication and import of legislature in South Africa. They indicated that with the banning of corporal punishment in South African schools in 1996 there is confusion between child discipline and assault. Parents and educators are becoming increasingly afraid to deal with children in the fear that they will be charged with child abuse and assault. On their part, Nyasani, Sterberg and Smith (2009:186,187) found in Richards Bay, South Africa that grandparents reported experiencing frustration and helplessness with addressing the discipline and behavioural problems exhibited by their foster children. This was because there was an intergenerational conflict set in motion by the vast differences in the norms and expectations regulating and guiding child discipline and communication. The grandparents and the foster children belonged to two different generations having vast differences in the way discipline and communication were viewed and applied.

Ncontsa and Shumba (2013:1) noted that this intergenerational conflict has produced a dual scenario in South Africa. Firstly, it has led to a situation where parents and foster parents and other caregivers are scared of disciplining their children for fear of being accused of abusing them. This has produced children with gross deteriorating behaviour and discipline problems who become eventually uncontrollable to their caregivers. These children will ultimately require alternative care, as parents, foster parents and other caregivers refuse and are unwilling to continue to care for them due to the blatant disrespect and disobedience to their care rules, instructions and regulations. Secondly, a substantial number of children have been found to be in need of care and protection in the country. This arises as parents, foster parents and other categories of caregivers who belong to the generation that accepts and views corporal punishment as normal and instrumental in correcting and managing the behaviour of children in their care implement such punishments and methods. The implication is that they are accused and charged

with child abuse by child welfare and child protection departments and organizations enforcing child rights laws. The parents or foster parents may be regarded as unsuitable to continue to care for these children who are eventually removed and placed in alternative care.

Furthermore, Kiggundu and Oldewage (2009:392) and Mnisi and Botha (2015:232) reported that peer pressure, contact with biological family and attainment of adolescence was precipitating and driving factors for children becoming uncontrollable and displaying behavioural problems in South Africa. Similar results were found by Roux, Bungane and Strydom (2010:47) and Makhitha (2013:2) in South Africa as well as Schofield and Simmonds (2009:170) in their United Kingdom (UK) study. Data from Lopez, de Valle and Montserrat (2011:111) in Spain resonates with these findings from South Africa and UK. They report that age is a crucial factor in eliciting adolescents discipline and behavioural problems. It was found that children tend to display behavioural problems when they reached adolescence. Evidence from Hlabyago and Ogunbanjo (2009:510) in South Africa and McLean and Octoman (2014:149,151) and Delfabbro, King and Barber (2010:29) in Australia all indicate that children and adolescents' uncontrollable and behavioural problems were due to early traumatic and dysfunctional family and life experiences. These were not properly treated and resolved which later resurfaced in their later life as antisocial behaviours.

Children and adolescents' display of discipline problems and uncontrollable behaviour has proven to be of great concern to both parents, foster carers and government in South Africa and globally. Studies from South Africa have found that children and adolescent behaviour and discipline problems tend to be primary stressors to foster carers and parents. These stressors account significantly for experiences of elevated physical and mental health problems (Kiggundu and Oldewage-Theron, 2009:393; Mnisi and Botha, 2015:232; Lunga, 2009:76; Roux, Bungane and Strydom, 2010:47). This resonates with findings from Australia by McLean and Octoman (2014:149). Family dispute, quarrels and disharmony has been reported in studies in South Africa which are also consequences of children displaying uncontrollable behavioural problems (Hlabyago and Ogunbanjo, 2009:510; Kiggundu and Oldewage-Theron, 2009:392). Furthermore, Mnisi and

Botha (2015:232) also reported foster care placement instability and disruptions which resonates with data from Spain (Lopez, de Valle and Montserrat, 2011:111).

Further studies in South Africa provide evidence that children and adolescents' uncontrollable behavioural problems result in carers temptation to stop care and have an unwillingness and weakened commitment to continue to provide care (Hearle and Ruwanpura, 2009:430; Hlabyago and Ogunbanjo, 2009:508; Kiggundu and Oldewage-Theron, 2009:390; Lunga, 2009:76). These findings are consistent with studies from Canada (Smith, 2014:39) and Australia (Whenan, Oxland and Lushington (2011:752). On their part, Hearle and Ruwanpura (2009:428,429) study in South Africa reported consequences to include the likelihood of children experiencing instability in placements as well as the development of aggravating behavioural and mental health problems. This is observed to result in poor long-term foster care outcomes. These findings concur with data from Australia (Delfabbro, King and Barber, 2011:22). Other South African studies also report strain and breakdown in communication and relationship between children and foster parents (Hlabyago and Ogunbanjo, 2009:508; Kiggundu and Oldewage-Theron, 2009:392; Hearle and Ruwanpura, 2009:428,429).

Worldwide, responding to children and adolescents' challenging behavioural problems is central to the child protection system. This is seen in care arrangement which is defined in terms of family-based foster care in the extended family and non-family related foster care and institutional care. Vermaes and Nijhof (2014:33) observed a general preference for institutional care for the alternative care of children with behavioural problems in South Africa. This was with special reference to secure institutional care due to the disturbing and disruptive nature of the phenomenon. This is true both in the case of internalizing behaviours such as depression, anxiety or externalizing behaviours such as substance abuse, defiance, delinquencies or inappropriate sexual behaviour and sexuality.

Responses are observed to be holistic, targeting both the children, parents and their foster parents. This is informed by the realization that the display of behavioural problems could impact negatively on the carer's health and well-being which has potential to affect the quality of care and the care outcome. It is further noted that the

behavioural problem of children could be rooted in and informed by adverse socio-cultural, parental and family characteristics. This includes racial inequalities, poverty, parental substance abuse, parental physical and mental health problems, child abuse and neglect, domestic violence and HIV and AIDS-orphaning (Fung, Fox and Harris, 2014:623; Reyneke, 2015:57).

This holistic approach stems also from the acknowledgement of the role that successful and healthy child wellbeing threatening and impeding personal child factors play in driving the phenomenon. This is mostly expressed as experiences of feelings of guilt, worry, loss and grief triggered by the transition into foster and alternative care (Bernedo, Salas, Fuentes and Garcia-Martin, 2015:917). This knowledge informs and influences the South African child protection system. It is guided however by relevant national and international legislation in providing alternative care to these categories of children.

2.3 CONCLUSION

This chapter discussed the various categories of children regarded as vulnerable and in need of care and protection in South Africa and globally. These included orphans due to the HIV and AIDS epidemic and orphans of other sources; children that are physically and sexually abused, abandoned and neglected, children with discipline and uncontrollable behaviour and children living and working on the streets. They also include children who live in CHHs in harmful and dangerous conditions without adult care and supervision and children abusing drugs and addicted to dependency-producing substances. These children, by virtue of their personal and family adversities, circumstances and characteristics experience threats to their welfare and development. They, therefore, require state intervention for the realization of their full potential in alternative care of which foster care is a central component.

The next chapter discusses the child protection system which is designed to safeguard and protect these vulnerable categories of children in alternative care. This is in order to secure their rights and promote their wellbeing and development

CHAPTER THREE
THE CHILD PROTECTION SYSTEM IN SOUTH AFRICA

3.1 INTRODUCTION

This chapter discusses the mechanism of child protection and the various forms of alternative care employed in South Africa for the care and protection of children orphaned, abandoned, abused and neglected for which parental care is no longer possible or suitable. It further highlights the major national and international legal instruments informing, guiding and regulating the care and protection of children in South Africa. The chapter begins with a discussion of the child protection system.

3.2 CHILD PROTECTION

All societies of the world recognize the role of protecting children and other vulnerable groups in fostering meaningful societal growth and development and the survival of such groups. UNICEF (2006) defines child protection as the prevention and response to violence, exploitation and abuse against children. These include commercial sexual exploitation, trafficking, child labour and harmful traditional practices, such as female genital mutilation/cutting and child marriage. Child protection is therefore captured as state efforts to prevent and respond to child maltreatment. It involves the developing of family and societal conditions and capabilities favourable to and supportive of the survival, safety, well-being and healthy growth and development of the child.

The South African child protection system is anchored on the realization of the negative impacts which interplay between widespread poverty, historical inequalities in wealth and income, unemployment, the ravaging HIV and AIDS epidemic and violence on children and family well-being (Department of Social Development, 2009:2). How these factors and forces have combined to weaken the capacities of families to care for their children and heighten child and family vulnerabilities are captioned in studies done in South Africa. These have been seen as the driving contexts informing the need for the state to provide social action and protection for these children who may be exposed to harm and diminished physical, social and psychological well-being (Martin, 2010:1).

For illustration, the situation of poverty in the country as breeding grounds for children and family vulnerability resulting in their been in need of care and protection is grave. The United Nations Development Programme (2010) reported that 26.2% of the population (representing a significant fraction of the population) live in poverty with a poverty line of US$1.25 utilised per day. On her part, Martin (2010:1) found that poverty causes many families in South Africa to go through stressful experiences which have negative impact and consequences for the quality of care and life of children and families.

Reyneke (2015:57) found startling revelations about poverty in South Africa. An enormous number (64.5%) of children lived in households that had a per capita income of less than R765 per month during 2011. The study found that 32.4% of children lived in households where there were no employed members. Data indicated that many children were impoverished and compelled to live in inadequate housing in rural undeveloped areas, where they had to deal with overcrowding and going to bed hungry daily. Data from the study further showed that most children affected by poverty in the country were blacks and that when they were found in cities, they often resided in shacks or informal housing in urban areas.

A recent study by the World Bank (2018) reported on wealth and income disparity and inequalities in South Africa. It revealed that South Africa is one of the most unequal societies in the world with a Gini coefficient of 0.65 for 2015 which was the highest in the world. The study report prepared with inputs from Statistics South Africa and the Department of Planning, Monitoring and Evaluation found that high unemployment rates remained the key challenge. The unemployment rate stood at 25.1% in 2015 and 27.7% in 2017. Findings indicated that income, racial and gender disparities were still predominant in South Africa with race and gender still affecting the ability to find jobs and determine income and earnings. Nearly half of the population of South Africa is considered to be living in extreme poverty. Poverty levels are observed to be higher among female-headed households, black South Africans, the less educated, the unemployed, large families and children. These figures and numbers have serious implications for household and family capacity to care for children. It also impacts on the contribution to the necessity for alternative

care and child protection in the face of observed family incapacitation and social ills associated with poverty and deprivation.

Furthermore, other drivers in addition to poverty are captured in South African studies. Child protection in alternative care is found to be imperative due to violence emanating from repressed bitterness and anger representing scars of apartheid oppression (Samuels, Slemming and Balton, 2012:334), proliferation of crime rates (Makoae, Roberts and Ward, 2012:1) and continued witness of violence by children in their homes and communities. This is typified by the increased incidence of rape and battery of women and girls (Waller, Gardner and Cluver, 2014:629). In addition, sexual abuse and lingering incidence of corporal punishment have been found in South Africa to be aggravating conditions that threaten the safety, survival, healthy development and growth of children. This thereby compels the need for adequate mechanisms for the care and protection by the state and its allies (Ncontsa and Shumba, 2013:2).

In the face of the reality of these precipitating factors and contexts sponsoring child and family vulnerability, the South African state government is resolved to care and protect these children. Efforts are expressed in designing a child protection system that not only respond to incidents of abuse and maltreatment of children but also that anticipates and prevents conditions in families and society (World Bank, 2018). This seeks to eliminate conditions that portend harm and danger to children by strengthening family and community capacity to adequately provide care and respond to the needs of children. The approach is generally observed as the hallmark of the developmental approach to social welfare and epitomises the definition by UNICEF mentioned above (Schmid and Patel, 2016:246).

Patel (2015:129) views developmental social welfare as the ‘’delivery of integrated family-centred and community-based social services, facilities, social investment programmes and social protection, especially social assistance that are aimed at promoting social justice, building human capabilities and enhancing livelihoods and social functioning of service users to lead productive lives’’. The developmental social welfare and social protection model are opposed to the residual, deficiency-based, individualistic child protection model as it is mainly a feature of the apartheid

regime. It represents post-apartheid government policy efforts and programming attempts to transform the society's view and practice of child care and service delivery. This largely emanates from the realization of the deficiencies of apartheid welfare policies and programmes (Schmid, 2010:2102).

Central to the South African child protection system is the developmental model proposed in the White Paper for Social Welfare (1997) and the Children's Act 38 of 2005. The model is a comprehensive, holistic, inter-sectoral, integrated and collaborative approach between governmental and state departments in preventing and responding to child abuse and maltreatment. This is achieved by government departments such as the Departments of Social Development, Health, Education, Justice, Home Affairs and South African Police Service's (SAPS) concerted efforts. These efforts are aimed at targeting the child, family, society and community in creating conditions supportive of their protection, health, safety, survival and development.

The South African child protection strategy is tailored in line with the definition of the United Nations aimed at preventing and responding to child abuse and other forms of maltreatment of the child. In this conception, therefore, the focus is first directed at preventing the incidence of child abuse, neglect and maltreatment. This is achieved by developing and designing programmes in line with relevant policy documents and legislation such as the White Paper for Families, the Children's Act 38 of 2005 and the Constitution of the Republic of South Africa 1996. These focus on the child within the family setting. It endeavours to create conditions that will facilitate and guarantee quality care and the meeting of the needs of the child thus preventing incidences of abuse and neglect. Preventative services and statutory, restorative services are therefore the two sides of the coin of the child protection strategy in South Africa. These drive the transformative developmental social welfare agenda in the contemporary welfare sector (Strydom, 2010:192).

A unique feature of the preventative component of the child protection strategy and system in South Africa is social intervention aimed at family preservation. Strydom (2010:194) observes that this component is in line with the developmental social welfare model which emphasizes the provision of preventative services as a matter

of priority before the early intervention. Lastly, statutory services are considered and implemented in the continuum of care and protection of children against abuse and other forms of maltreatment. Family preservation as a preventative measure is a proactive strategy that seeks to ensure the safety and continuity of children's care within the family by eradicating and ameliorating circumstances and conditions that produce stress, strain and crisis. These may eventually result in the need for statutory intervention to remove the child. Viewed from this angle, Strydom (2012:435) noted that family preservation services are likely to result in increased family ability to function and effectively meet the needs of the children in their care. This is due to the fact that intervention services create enabling and empowering conditions and resources fundamental in assisting them to cope and respond to care challenges and experiences. This is seen to culminate in better and effective child protection and the prevention of the possibility of children being removed from the care of their family. It also promotes the strengthening of family bonds and resourceful and meaningful linkages and utilization of available facilities and resources (Strydom, 2012:435).

Strydom (2012:437-439) and Martin (2010:6,9,136) have documented a series of child and family welfare services organized and grouped in this category rendered by government and welfare organizations to families and children which represents child protection mechanism at the family preservation level. These programmes draw largely from and have roots in legislative provisions such as the Children's Act 38 of 2005 which indicated in section 2(a) clearly that one of the objectives of the Act was to promote the preservation and strengthening of family and make provisions in (sections 143-149) for the development of prevention and early intervention programmes.

In this regard, Strydom (2012:437-439) utilized the Integrated Service Delivery Model (ISDM) developed by the Department of Social Development (2010) in analysing various family preservation and early intervention programmes rendered to families. The study found that preservation and preventative services to families and children as child protection efforts are observed to be broadly and largely categorised and grouped into three main subgroups. These included family support services, family-centred and home-based services and intensive family-centred crisis services. She

observed that family support services are mostly community-based support services aimed at developing and strengthening family capacity to respond to the care of children's needs and challenges. This is expressed in assisting them with direct resources or linking families with such needs to available ones so that children are not removed from identified at-risk families. Parenting skills training and school feeding schemes are examples of concrete services.

The Department of Social Development (2010) regards family-centred and home-based services as targeting families at-risk with children that may need to be removed in the long run, but who are not in current danger. These would, therefore, need immediate less intensive concrete services like counselling and other educational services to foster and restore stability and prevent the presenting family problems from deteriorating. Service in this regard was mainly offered through home visits and office interviews. At the apex of interventions, intensive family-centred crisis services target families that are engulfed in crisis situations. These conditions are capable of destabilizing and crippling the family's normal and effective social functioning endangering the safety and well-being of the children. This therefore makes statutory protection by removal of the children to alternative care imminent and imperative. A South African study by Strydom (2012:438) and American research by Martens (2009:8) found that interventions at this level are capable of restoring the social functioning of the family to acceptable minimum levels.

Martin (2010:6, 19,136) provided a compendium of the multidisciplinary, inter-sectoral, integrated and comprehensive programmes rendered by government and state departments and funded NGOs in South Africa. These programmes give effects to specific relevant international, regional and national policies, laws and legislation securing the rights of children and families to care and protection. Government departments rendering services and programmes directly involved with and impacting on children and families include the Departments of Social Development, Home Affairs, Basic Education, Health, Justice and Constitutional Development, Labour and Police Services.

Services rendered by the Department of Social Development, for example, include comprehensive social security involving both social assistance and social insurance.

Social assistance programmes involve cash transfers such as foster care grant and child support grants while social insurance is mainly contributory in nature such as pension schemes aimed at reducing poverty and inequality while strengthening families to assist children and the vulnerable (World Bank, 2018). It also renders developmental social welfare services involving preventative, early intervention, statutory, reconstruction and aftercare services and community developments involving home or community-based care, community care forums and drop-in centres (Naidoo, 2010:129). The Department of Home Affairs renders birth registrations and issuance of birth certificates and identity document services to children and families, amongst others. These are essential and valuable for application for grants and accessing other social services and benefits aimed at mitigating the effects of poverty and HIV and AIDS in South Africa. The Department of Basic Education renders, amongst others, admission and registration of children into public schools. This is rendered without children necessarily having to possess supporting documents due to their peculiar situations. Services also include the admission of children of foreign nationals, implementation of no-fee policy and school nutrition programmes including at least one compulsory free meal at school.

Apart from the proactive stance of the South African child protection system on the above, there is a further mechanism of state response to incidences of violence, abuse, neglect and maltreatment of children. This constitutes the statutory component of the child protection system. Strydom (2012:439) noted that statutory response is initiated and executed to protect children's right to safety and wellbeing. This is after preservation and early intervention services geared at developing, strengthening and enhancing family capacity to respond and meet children's safety and welfare needs thereby ensuring that children remain in their families are effectively exhausted.

The philosophy that underpins the emphasis on family care is in line with the desire to give the family first place in a matter of consideration as the most appropriate context for child care and development. This is seen however to be the hallmark of the developmental social welfare tradition. Statutory intervention is regarded as appropriate only after preventative and preservation services in form of family-centred crisis services have failed to address the need of the child and remedy the

situation of the family. Inevitably, this results in the implementation of the last resort which is the removal of the child. This is the third level at which services can be delivered (Department of Social Development, 2010).

However, there is a general observation in South Africa that statutory response services involving the removal of children from their families due to risk factors such as abuse, violence and neglect or parental death to alternative care is almost synonymously used with child protection. This is due to the fact that it is the major focus and third level at which services are delivered (Department of Social Development, 2010). In other words, a reference to child protection readily and easily paints a picture of police officials and social workers removing children from parental and family care due to reports and allegations of abuse and other forms of maltreatment leading to extensive court processes to place them in alternative care. Makoae, Roberts and Ward (2012:3,4) agree with this. They reported that this was so due to the fact that in practice, intervention most of the time often emphasize child removal to alternative care to the detriment of the emphasis on prevention and early intervention services as anticipated and articulated by the White Paper for Social Development (Republic of South Africa, 1997).

A cardinal feature of the statutory response to protecting children from abuse and other forms of maltreatment is the identification and provision of the definition of children in need of care and protection by section 150(1)(a) – (h) and (2)(a) – (b) of the Children's Act 38/2005 (Department of Social Development, 2010). This includes orphans, abandoned, abused, neglected children including those displaying uncontrollable behaviour. It further includes children who are victims of child labour or exploitation, street children and children living in CHHs. The definition covers children living in harmful circumstances or at-risk in parental care and children addicted to substance use and abuse without means for treatment and care.

Makoae, Roberts and Ward (2012:3) opine further on the requirement of the mandatory reporting of incidences and cases of suspected abuse and neglect of children in terms of section 110 of the Children's Act 38/2005. Reports need to be directed to designated child protection organizations, provincial Departments of Social Development or a police official, and by professionals including social and

welfare services professionals. This includes social workers and child and youth care workers and child and youth care centres, correctional officials, dentists, homoeopaths, immigration officials, labour inspectors, legal practitioners, medical practitioners, ministers of religion, nurses, educators and other significant members of the society that deal with children.

Makoae, Roberts and Ward (2012:4) noted that the mandatory reporting forms a vital part of the child protection mechanism provided for by section 110 of the Children's Act 38 of 2005. It largely aims at protecting children against repeated maltreatment or abuse in order to forestall harm which may arise in the future. This is due to the fact that perpetrators are likely to be identified and dealt with appropriately and accordingly. The mandatory reporting has been seen to represent and signify, in conjunction with the identification and definition of a child in need of care and protection, important milestones and starting points. This is in relation to the initiation and execution of statutory interventions in protecting the child. The objectives of interventions are to secure and guarantee the enjoyment of the child's enshrined rights in relevant applicable national and international legislation such as the right to safety, welfare and healthy psychosocial development and wellbeing. This is because it compels and provides the ground for the responsibility for ensuring the safety and wellbeing of the child and necessity for investigation and report to the Director General of the reported alleged abuse in terms of section 110 (5)(a)-(e) of the Children's Act 38 of 2005.

Makoae, Warria, Bower, Ward, Loffell and Dawes (2009) note further that section 111 of the Children's Act 38/2005 also represents another important milestone in the child protection agenda. This is seen as a further step to ensure the avoidance or repeat occurrence of the incidence of abuse, violence, neglect and maltreatment against children and the averting of future harm by perpetrators. To this end, it provides for the maintenance of a national child protection register which consists of two parts. Part A contains reports of abuse and deliberate neglect of children with a purpose to provide a pool of data and statistics useful to determine trends, patterns and prevalence. The objective of this is to provide a database which will prove invaluable in guiding policy formulation and informing prevention programmes. Part B holds information and data regarding perpetrators of child maltreatment obtained

after investigation and found to be unsuitable and unfit to care for or work with children reported through the use of form ’23’. Both registers are kept in the office of the National Department of Social Development in Pretoria and are consulted for screening purposes regarding the assignment of caretaking, guardianship or work roles with children in the country (Makoae et al., 2009).

A full-scale statutory intervention begins when the provincial Department of Social Development or a designated child protection organization to whom a report of an allegation of child abuse is made. They investigate the matter and find evidence to substantiate the report. In terms of section 110(5) (d), child protection proceedings are to be initiated and is effected by approaching the Children’s Court in terms of section 53 of the Children’s Act 38/2005 with a form ‘2’ or form ‘36’ with the matter to open a children’s court inquiry. This is done with the objective of seeking a court order for the removal of the child to alternative care for the protection of the child (Manukuza, 2013:17). The Children’s Court Commissioner is required to determine whether the child is in need of care and protection with due consideration to the investigation and recommendation of the designated social worker with particular reference to section 150(1)(a) – (h) and (2)(a)(b) of the Act. The Presiding Officer or Children’s Court Commissioner, in terms of section 151(1) and (2) may issue a court order ordering the designated social worker or police official to remove a child to a place of safety while further investigation is carried out in terms of section155(2) of the Act (Manukuza, 2013:17).

The Children’s Act (Act 38 of 2005) however makes provision for the social worker or police official to remove a child and place in temporary safe care without a court order in terms of section 152. This is in cases of emergency considering the best interest of the child where the time to obtain the court order may take long or in such times where it is not possible to secure the attention of the children’s court commissioner as on weekends or public holidays. Attention is directed to the child’s safety and wellbeing in order to prevent being jeopardized or compromised when allowed to continue to stay and live in such risky situations. In such cases the social worker or police official is mandated to approach the children’s court and report the matter within reasonable time frame which is normally within 24 hours or the next court date as operated by the children’s court in the area of operation of the

designated child protection organization (Republic of South Africa, 2005). The social worker or police official is also required in terms of the Act to report the matter of the removal of the child to the parent or guardian or caregiver of the child. This is in cases where they can be traced so that they are aware of the child's whereabouts. This further provides an effect to the goal of the Act in promoting child and family participation and reconstruction and aftercare service in service delivery.

Further intense social work investigation in terms of section 155(2) normally takes 90 days to complete. This is to determine whether the child that is a matter of the children's court inquiry is in need of care and protection ordered by the children's court commissioner or children's court presiding officer. Manukuza (2013:17) and de Jager (2011:50) observed that the designated social worker is required within this time frame to investigate the circumstances and the fact of the alleged report. They then need to compile a report to the court of its findings with using the form '38' format as stipulated in the regulations. If after the investigation, the social worker finds the child to be in need of care and protection in terms of section 150(1)(a)-(i) and (2)(a)-(b), he or she may recommend that the child be placed in alternative care if removal from parental care is found to be in the best interest of the child.

The Children's Act (Act 38 of 2005) provides that the court may make an order in this regard in terms of section 156(1) read together with section 46(1) with a wide range of options. This includes foster care, cluster foster care, temporary safe care pending an application and finalization of the adoption of the child. Options could also be placements of the child in a child and youth care centre in case the child displays criminal behaviour or the caregiver or parent not being able to control the child or cases where the court finds the child's needs treatment for addiction to a dependency-producing substance (Republic of South Africa, 2005). When alternative care is determined and considered for the care of the child, there are three major forms that may be considered in terms of the Children's Act 38 of 2005 which is discussed below.

3.3 FORMS OF ALTERNATIVE CARE IN SOUTH AFRICA

Social services professionals consider removing the child to alternative care as child protection services efforts when child and family characteristics are no longer

conducive for the development of the child within the family setting. The term 'alternative care' is not explicitly defined in the Guidelines for the Alternative Care of Children approved by the United Nations General Assembly in 2009 nor in the Convention on the Rights of the Child 1989. These two key internationally recognised legal instruments regulating and guiding children's rights and care, however generally refer to the care of orphans and other vulnerable and at-risk children who are outside of parental care or custody by the term (Moestue, 2016:1).

Alternative care in South Africa, in terms of section 167(1) (a) – (c) of the Children's Act 38 of 2005, consists of three forms of alternative care options. The designated investigating social worker may, therefore, recommend any of these options to the children's court for the child to be placed in. The three options are foster care including cluster foster care, child and youth care centres and temporary safe care centres or places. Another form of care option utilized in South Africa is adoption. This care is used for the care and protection of children, especially orphans and abandoned young babies which are also recognised by the Children's Act 38/2005 in terms of Chapter 15, section 228. Adoption is a more permanent care option involving the severance of the relationship with biological families and the taking on of the name and identity of the adoptive parents with inheritance rights. However, this care option is not considered as alternative care.

Alternative care placements, whether foster care or institutional care, terminate upon the child reaching 18 years of age in terms of the definition of a child which the Act adopts. But in terms of section 176(1), the Children's Act 38/2005 allows for the placement to be extended till 21 years by an application by the child, foster parent or child and youth care centre to enable the child to complete their schooling. Temporary safe care placement is only for a duration of six months. Within this period, the case must be finalized and the child returned back to parental care if found not to be in need of care and protection or placed in either foster care or institutional care or adoption. The intention of the Act in making provision for temporary safe care principally arises from the need to immediately remove the child from parental care when abuse and neglect occurs. This particularly refers to risky family situations that are likely to jeopardize the child's survival, safety and wellbeing. It normally allows for enough time for an investigation to be conducted to determine

suitable alternative care options for the child. A child can be placed in specially designated places of safe care centres, with individuals or in child and youth care centres pending further investigation and finalization of the children's court inquiry in respect of the care and protection of the child. The various alternative care options available are categorised into formal and informal types. The next section discusses these two broad types.

3.3.1 Informal alternative care

Alternative care can be categorised into two broad groups of formal or informal care. Children in South Africa as in other parts of the world are cared for through these two channels of alternative care. The Guidelines for the Alternative Care of Children (UN 2009 Article 28) defines informal care as "Any private arrangement provided in a family environment whereby the child is looked after by relatives or friends or by others in their individual capacity, at the initiative of the child, his/her parents or other person without this arrangement having been ordered by an administrative or judicial authority or a duly accredited body". The implication of this definition is the operation of these care arrangements outside the law or competent authorisation in terms of its initiation, creation, regulation, supervision and status. This feature marks the point of distinction and separation between informal and formal care arrangements. It also represents and indicates the attendant's legal, social and financial repercussions with regards to benefits and assistance from the state though both care for the same type and profile of children (Manukuza, 2013:20).

In South Africa, as in other parts of the world, a significant number of children in need of care and protection continue to be cared for informally. This involves care settings which are not formalised, regulated and supervised by the state through the court and social welfare agencies. There is a large number of children in informal kinship care in South Africa. The Children's Institute in Cape Town (2015:1) reported that there were about 1.5 million orphaned children in the informal care of their relatives. These children qualified for foster care placement and the foster care grant but were not placed in formal care. This sentiment is shared by UNICEF (2011:14). The study noted that ascertaining the exact number of children who are being cared for in informal private alternative care arrangement was difficult in South Africa as in

other parts of the developing world. This was due to the nature of its occurrence which makes tracking and monitoring difficult and almost impossible. They, however, observed that the care arrangement was absorbing large numbers of orphans and other vulnerable children and are generally found to manifest largely in three major forms. These include informal, private kinship alternative care, community-based informal alternative care and other family-based informal alternative care.

Informal, private kinship care for orphans and other vulnerable children in need of care and protection is seen to be emphasised in South Africa for many reasons. Principal drivers include the refusal of children's court to make foster care orders for children to be placed in formal foster care with their relatives, mainly their grandmothers. This is on the grounds that the relatives have common law legal duties and responsibilities to care for their relations and as such do not qualify for foster care placements (Manukuza, 2013:16). Furthermore, there is a lack of knowledge and assistance with the application process and doubt about its success. This results from the decline of foster care applications by other kin known to potential applicants in the community (Manukuza, 2013:2).

Other reasons include cultural and moral obligations, the desire to ensure children remain within the family setting (Nyasani, Sterberg and Smith, 2009:184), teenage pregnancy, abandonment, neglect (Schmid and Patel, 2016:246) and HIV and AIDS-associated parental death (Hlabyago and Ogunbanjo, 2009: 506). Further reasons adduced in a South African study report poverty as accounting significantly for the care arrangement (Lombard, 2014:295). The benefits of this care arrangement have been documented in studies within and outside the country. In South Africa, Nyatsanza (2010:52) for example, found that informal kinship care offered a mutual and dual benefit to the grandmother and the child. The grandmother had the opportunity of making a contribution to the grandchild's life by ensuring the child gets quality parenting while enjoying companionship from the child. The child obtains quality care as it provides an opportunity for the child to remain in the family instead of ending in institutional care which may tarnish the image of the family. In Uganda, UNICEF (2011:16) found that kin relations by blood or marriage largely affected and determined the quality of care a child received.

Informal, private kinship care is observed to be the most widespread form of informal alternative care in South Africa as in other parts of the region and globe. This is particularly true where the AIDS epidemic has hit hard. Equally, this draws the most attention from the government, policy makers and planners. This is due to the fact that it provides care to a large number of children in need. The attention is particularly due to the many issues associated with child rights, children and caregiver's health and wellbeing, care quality and care outcomes that surrounds its operations and existence (UNICEF, 2011:27).

Many observers opine that the greatest concerns with regards to informal alternative care refer to its nature of existence. The worries stem from the definition of informal alternative care, whereby this care operates and exists outsides of legal and administrative 'eyes'. Therefore this care provided may be jeopardised and compromised. This is due to a lack of proper screening and assessment of carers, regulation and supervision. In addition, because it lacks legal and formal recognition, state monetary support and professional social work services and other psychosocial support may be lacking. This lack of support, however, may prove invaluable to caregivers who are mainly aged, impoverished and are sick grandparents who lack energy and strength (Kiggundu and Oldewage-Theron, 2009: 390:390). This may have serious implications for the child and its carer.

What is clear from the above is that many children in South Africa and other developing countries in the SSA and regions around the world continue to live with relatives and non-relatives. These children are being informally cared for in family-based care arrangements due to poverty and situations engendered by the HIV and AIDS epidemic. In the face of this reality, it is important to explore the care experiences of these children in order to foster a better understanding of the needs of these children. The objective would be to determine the standards of care expected in these care arrangements in light of their importance and the continued increase in the numbers of children in this care category.

3.3.2 Formal alternative care

Formal alternative care on the other hand is defined by the Guidelines for the Alternative Care of Children (UN 2009, Article 3 and Article 4) as 'All care provided in a family environment which has been ordered by a competent administrative body or judicial authority and all care provided in a residential environment, including in private facilities, whether or not as a result of administrative or judicial measures'. Formal alternative care by this definition connotes care as authorised, regulated and created by legal instruments of the state. This involves court-ordered placements provided by carefully qualified, screened, assessed and approved foster carers. These carers include kin and non-kin who provide care in family-based environments. It also involves group care in cluster foster care and residential, institutional facilities.

The South African Children's Act 38 of 2005 draws influence and inspiration largely from the Guidelines for the Alternative Care of Children (UN 2009, Article 3 and Article 4). This instrument is premised on the belief and assumption that the family is the 'natural environment for the care, growth, wellbeing and protection of children'. It believes that all children including those not in parental care should live 'in a supportive, protective and caring environment that promotes his/her full potential'. Accordingly, the South African Children's Act 38 of 2005, serving as a background legal framework for child protection, emphasizes the principles of 'necessity' and 'suitability' regarding consideration for alternative care placements. It, however, recognizes and makes provision for only formal alternative care with the exclusion of informal alternative care that is recognised and provided for by the UN Guidelines for the Alternative Care of Children.

This study was concerned with care provision in a family-based environment outside of parental care. Foster care with cluster foster is a major component of formal alternative care measures for children in need of care and protection in South Africa and globally. It is a major feature of the South African child protection strategy and response to child abuse and neglect and care of other vulnerable children for whom parental care is no more an option. The other components of formal alternative care measures in South Africa are institutional and residential care and temporary safe

care. These involve the state and the court in terms of creation and regulation. They enjoy state support and assistance in terms of money and other direct social work and welfare services.

Cluster foster care in the Children's Act 38/2005 refers to the reception of children in foster care in accordance with a cluster foster care program. This is often operated by social, religious or other NGOs or a group of individuals acting as caregivers for the children. This may also be a designated child protection organization which is registered and approved by the provincial Department of Social Development. As a component of formal alternative care in South Africa, Du Toit, Van der Westhuizen and Alpaslan (2016:391) observed that in operation and nature, cluster foster care overlaps between family or household–based care and residential care. This is because cluster foster care setting is normally a group of children in family-type households where a number of children live together under a 'house mother' in what looks like an institutional setting. It is not however subject to the same regulations and requirements as residential institutional care facilities.

In family-based foster care, children are cared for in family-based settings in the same household of the foster parents. This is unlike cluster foster care where the setting is created especially for the provision of such family-based group care for the children, which looks more like residential institutional care. The major difference between cluster foster care and residential institutional care is the living arrangement (apart from the requirement for their creation, set up and regulation). In cluster foster care though, the children live in accommodation specially created for the group care of children where they are accommodated in a household and family-type living spaces. A number of children such as six live with a caregiver known as a 'house mother' in the same apartment. Residential care living arrangement, on the other hand, tends to be a boarding school type where sleeping arrangements are the same as seen in large dormitories.

The process of alternative care placements in South Africa is largely initiated and regulated by legislative instruments which are aligned with the UN Guidelines. This involves court-ordered placements which give the foster parents or caregivers the right to receive social grants. The competent authority in terms of the Children's Act

is the presiding officer of the children's court. They are conferred with the authority to make care orders for the alternative care of children which has been investigated, selected, qualified, approved and made subject to social work supervision. The placement is often found to be best suited for the child's needs taking the child's best interest into consideration. As noted earlier, the Act only recognises formal alternative care represented by foster care both in kinship (relative) and non-kinship (non-relative) form, cluster foster care, residential care and place of safety. These are the only recognised forms of alternative care in respect of which orders are made and for which cash support in the form of grants apply. However, the reality of the care scenario is that a sizeable portion of orphans and other vulnerable children continue to escape the state's care. They are being cared for informally in private arrangements by kin and non-kin relatives in South Africa, but are excluded from associated benefits due to the non-statutory nature of the care arrangement.

The major deduction from the literature on formal and informal alternative care of children whether in South Africa or other parts of the world is that much of caregiving takes place through informal channels that do not involve state recognition and support. This may have an adverse impact on the caregiver and child and the outcome of care. In South Africa, while foster care is in a better space of social benefit, criticisms are on the rise regarding its perceived inability to address the problem of children in need (Children's Institute, 2015:1). Agitation and discontent stem from many sources. These include the provision of higher foster child grants where R920 is the current amount as opposed to a R400 child support grant received by caregivers of children in informal care (SASSA, 2018).

Furthermore, there is discontent regarding access to a larger range of social services, professional supervision and support for children in foster care and its system. This has been argued in the light of the general pervading and widespread poverty and same child profile and characteristics in both formal and informal caregiving. The contention in this regard is in examining whether this disparity does not 'misplace issues, operate under questionable assumptions, engender inequality and create an unnecessary strain on the child protection system' (Children's Institute, 2015:1). In addition, child protection experts have questioned whether the realities of its manifestation actually show positive impacts of the program on the

lives of children and families. This is in the light of the shortage of human and material resources needed for the effective implementation of the program (Strydom, 2010:205).

The South African child protection and alternative care system has been largely ambitious in reflecting and embodying the definition by UNICEF (2006). This is in reference to the prevention and response to child abuse, neglect and violence and other forms of maltreatment in policy statements, legislation and programmes. Nevertheless, the system has been criticized in practice for failing to measure up to its promises and service delivery intentions. Many shortcomings and challenges which renders the system incapable of effectively protecting children's rights and their well-being have been identified. For example, Waldfogel (2009:206) found preoccupation and emphasis on removal of children to alternative care a problem. This is because the practice creates a situation whereby sufficient attention is not paid to developing family and societal conditions capable of affecting child well-being outcomes. This reflects and speaks to the developmental philosophy it purports to represent.

Other challenges and setbacks include resources problems including a shortage of social workers and other social service professionals. This makes it difficult to adequately service the programmes and run the system. A further challenge is decreased state funding of welfare services and increased social security spending (Proudlock and Debbie, 2011:2; Sibanda and Lombard, 2015:344). Other studies have highlighted the failure to emphasize and prioritize preventative and early intervention services (Schmid, 2010:2103). This results in an unfortunate situation whereby many children are hurriedly removed and drafted into alternative care systems without adequate human and financial resources to care for them. Also, the South African cultural diversity underplayed in service delivery, and lack of proper coordination between governmental departments was found by Makoae, Roberts and Ward (2012:3) as a major setback and challenge. These problems and challenges have been found to continue to pose great threats to the effective and smooth running of the child protection system. They represent cracks in the wall of the mechanism of state protection allowing many children to fall through. Thereby, these children remain in need of care and protection.

Despite this, the South African child protection system is informed and guided by and aligned to major international, regional and national laws and legislation. These specify, emphasize and promote child rights, safety, well-being and development. The next section focuses on a discussion of some of the major legal instruments.

3.4 INTERNATIONAL AND NATIONAL LEGAL FRAMEWORK GUIDING CHILD PROTECTION IN SOUTH AFRICA

The South African child protection system, like modern child protection systems globally, has been praised. This is due to its significant endeavours to inform and guide policy and practice by giving effects to provisions regarding children's rights and development contained in key national and international legal instruments (Schmid, 2014:294). This is however noted at least in intention and purpose, despite the criticisms and challenges. The formulation of these national legislations and policies has been associated with the post-apartheid South African government's efforts from the first democratic government of 1994 (Schmid, 2014:295).

The most widely acclaimed and acknowledged international instrument and legal framework guiding and influencing children's rights and child care and protection worldwide is the UNCRC of 1989. South Africa ratified the UNCRC on 16 June 1995, one year after the Nelson Mandela led African National Congress (ANC) government came to power. It signalled to the nation and the world that government was ready to take responsibility towards all children. It also demonstrated its unreserved stand on making childcare, well-being and protection its priority by 'Putting children first' (Department of Social Development, 2009:9).

Sibanda and Lombard (2015:334) observed that the UNCRC was an elaborate elucidation of the world's desire for the care and wellbeing of children. They noted that it epitomizes the values for determining whether the best interest of children are met or not. This is because the UNCRC essentially aims to promote and protect the rights of all children. It especially contemplates and articulates the unique needs of children who face difficult conditions and circumstances in their daily lives. The UNCRC noting this seeks to encourage and promote legislation and policies that

create conditions that support and promote the well-being and developmental outcomes of children in signatory countries.

The Department of Social Development (2010) noted that the UNCRC particularly seeks to achieve the above by enshrining specific children's rights in the documents. These include 'survival rights', 'protection rights', 'development rights' and 'participation rights of children'. It also details the prevailing atmosphere and environment favourable to the achievement of the identified children's rights in its preamble. The relevance of the UNCRC to child protection and the reason for serving as a major influence to set the foundation for child care, welfare and protection worldwide is rooted in the key provisions embedded in several of its clauses. These have been fundamental to child protection (Sibanda and Lombard, 2015:332).

Some of the provisions that have direct relevance and bearing to child welfare and protection are expressed and underscored in such key declarations described as children and adult's right to inherent dignity and equality without discrimination. It also includes the right to appropriate and adequate provision of their special needs and legal protection and safeguard of their welfare and safety. This arises from the realization of their physical, psychological and developmental immaturity making it difficult or impossible for self-actualization and realization. It also makes provisions for the rights of families to be supported with relevant and adequate resources. These include development and coping resources in the execution of their care duties to the children when they experience overwhelming challenges.

Certain Articles of the UNCRC provide an effect to a specific and concrete directive to child protection. For example, Article 19 specifically enunciated the child's right to protection from abuse, violence and neglect. Article 19(2) states the need for state and government agencies to be obliged to initiate programs and services directed at supporting and strengthening families in their caregiving and caretaking duties and roles. This is to ensure and guarantee continued quality care and safety of the children in their care. Identifying children that have disabilities as requiring special care considering their unique conditions and circumstances of living, the UNCRC in

Article 23 states to make unwavering commitments to their particular care and protection.

A cardinal provision of the UNCRC is found in Article 3. This Article is universally acceptable to child protection experts and advocates and is found as a common guiding principle in modern child protection systems including that of South Africa. Article 3 enunciated the child's best interest principle and specifies that all member states put children and their best interests first in matters pertaining to their care. It enjoins states and government and their agencies taking any action in relation to the care and protection of children to consider their best interests and solicit their participation and involvement (Department of Social Development, 2010).

A second key international legal instrument that provides an overarching framework for the care and protection of children's rights influencing child protection services in South Africa is the African Charter on the Rights and Welfare of the Child (ACRWC) (African Union, 1990). The ACRWC is a regional legal instrument and framework that contains a much broader provision for the care and protection of children. It better articulates and understands the central place of children in the African value system (Department of Social Development, 2010). South Africa ratified it in 2000 and has aligned its constitutional provisions and policies regarding the care and protection of children to reflect cardinal provisions of this document. Relevant provisions having similar bearing to that of the UNCRC is found in Article 16. It forms a formidable background and overriding influence on the drafting of the provisions in the national constitution of the Republic of South Africa in 1996 and the child protection system. It emphasizes the right of the African child to protection from all forms and types of abuse and neglect, therefore, speaking to child care and protection. It prescribes the rendering of services specifically targeting the needs of children in this direction.

Furthermore, the ACRWC makes provisions for the right of the African child to parental care in Article 19 and to protection from all forms of sexual exploitation in Article 27. The right of the child to participate in matters concerning their care and protection needs to be for their best interests at all times which is enshrined and guaranteed by Article 4. It also emphasizes the right to adequate and appropriate

treatment which is covered by Article 14. Just like in the UNCRC, the ACRWC requires and enjoins member states to incorporate the provisions in their respective national legislation. This is in order to give effect to the Charter's declaration and provisions regarding the child's rights, care and protection and to report to the appropriate committee responsible for the charter.

A third key international legislative instrument and framework worthy of mention regarding a child's right to protection guiding the South African child protection system is the International Labour Organization (ILO) C182 Worst Form of Child Labour Convention 1999. Perhaps the greatest provision of the convention guiding and influencing child protection in South Africa is the protection of children from child labour and commercial sexual exploitation. The ILO convention protocol considers the country and context-specific factors essential in determining age cut-offs for particular work activities. As a signatory country, South Africa has given effect to this by prohibiting and endeavouring to eliminate child labour and commercial sexual exploitation in particular. This has been achieved by prohibiting the employment of anyone under the age of 15 years which is regarded as the minimum age of leaving school in the Basic Conditions of Employment Act (BCEA) (Department of Labour, 1998).

The foremost and principal national legislative framework guiding and protecting the right of the child to care and protection is the Constitution of the Republic of South Africa (Act 108 of 1996). Of particular note is the effort of the South African government to give effect and expression to the provision of the UNCRC by the inclusion of the Bill of Rights in chapter 2 of the constitution. This specifically makes provision for children's right to equality, privacy, social security, health, education and access to justice. The constitution holds the freedom and security of children and all persons living in the country as serious and makes provision in section 12 for the right of all to freedom and security without consideration to age. It further provides for the right to be free from all forms of violence arising from public or private origin.

With the combination of children's rights contained in the Bill of Rights in chapter 2 and other rights contained in section 28(1), the constitution of the Republic of South

Africa (Act 108 of 1996) represents government's efforts at promoting the safety, health, physical and social development and well-being of children and protecting them against abuse and neglect. This is due to the fact that it includes the right to freedom from abuse and neglect as well as the right to basic social services in addition to section 28(2) providing for the child's best interests. This is achieved by informing and dictating the formulation and creation of legislation, policies, programmes and services that all give rise to the provisions of the constitution in regard to children and families (Department of Social Development, 2010).

Another national legislation that has been informed and dictated by the provisions of the Constitution of the Republic of South Africa 1996 is the Children's Act 38 of 2005. Sibanda and Lombard (2015:335) opine that perhaps it is regarded as the single most comprehensive and direct legislation relating to child care and protection in the country. The Children's Act 38 of 2005 seeks to give effect to South Africa's obligation concerning children as outlined in key international instruments such as the UNCRC and the ACRWC and the Bill of Rights contained in the constitution. This is pursued in the making of provisions, recommendations and guidelines for state's intervention to provide for various identified aspects of children's right. This includes the right to protection from abuse and neglect, name and nationality, family, parental and alternative care as well as to social security and social welfare services. Social security involves contributory and non-contributory social assistance schemes mainly in the form of cash transfers and pensions and unemployment and maternity benefits. These are aimed at mitigating the effect of poverty in order to promote and guarantee child and family well-being.

Alternative care in terms of section 167 of the Act includes foster care, child and youth care centre and temporary safe care. The Children's Act 38 of 2005 recommends and prescribes the development and design of a 'holistic, comprehensive, multidisciplinary, collaborative, inter-sectoral, well-managed, well-coordinated and well-resourced child protection system'. It aimed to expand the safety net for children's care and protection by enlarging the placement options for children in need of care. It expanded it to include such care arrangements as shared care, facilities for persons with disabilities, child and youth care centres and rehabilitation centres. Despite this, the Act recognises the central place family

occupy in child care, socialization and development. It therefore primarily focused its aim and objective in terms of section 2 on promoting the preservation and strengthening of families while emphasizing the child's best interests, involvement and participation in terms of section 6. This is with particular reference to matters involving action to protect them and service delivery.

The cornerstones of the Children's Act 38/2005 includes the definition of a child as any person below the age of 18 years and the definition and identification of a child in need of care and protection in terms of section 150(1)(a)-(h) and (2) (a)-(b). Furthermore, is the mandatory reporting of cases and incidences of abuse and neglect and other forms of child maltreatment by professionals and other well-meaning individuals having dealings and interactions with children. Key provisions entail the keeping and maintaining of child protection registers with part A and B at the office of the National Department of Social Development. The child protection register that contains particular details of the victims of abuse and perpetrators is an organized strategy to protect children against future occurrence and repeated episodes of abuse in the hands of perpetrators. Their names are entered into part B of the register, therefore, making the perpetrators unsuitable or unfit to care or work with children. It is also for obtaining and generating data to monitor patterns, trends and the prevalence of child abuse and neglect (Makoae, Roberts and Ward, 2012:3,4).

The Children's Act in a bid to ensure and guarantee the effective protection of children and the promotion and development of children and families' welfare and wellbeing introduced partial care services (such as crèches and nursery schools). It also introduced early childhood development programmes, primary prevention and early intervention programmes and recognised the prevalence of and envisaged CHHs needs. It made provisions for programmes aimed at supporting and assisting them and for drop-in centres to support families with basic welfare service needs. These key provisions have been hailed by researchers, observers, child's rights advocates and development experts. They have been hailed as important strides in securing the rights of children and promoting child and family welfare and wellbeing (Sibanda and Lombard, 2015:335).

In addition to key these national legislation and laws providing foundation and background to children's rights to care and protection in South Africa are other relevant and equally important legislation. These are seen to impact directly on and influence child protection services and the child protection system. The Domestic Violence Act (No. 116 of 1998) is an example of one of these statutes which protect children from abuse by restricting perpetrators of domestic violence from having access to them. The Sexual Offences Act (No 23 of 1957) principally provides for the prohibition and criminalization of acts of exposing children to pornography and the use of children as prostitutes. It also provides for other various aspects of child sexual abuse and abduction and deems them all as serious offences. This Act has defined abduction in section 13 as the use of a male or female under 21 years of age as opposed to the usual 18-year-olds intentionally or unlawfully for sexual purposes. The Films and Publications Board Act (Act 65 of 1996) also protects children from sexual exploitation. The South African Schools Act (Act 84 of 1996) prohibits and bans the use of corporal punishment in schools. Lastly, the Employment of Educators Act (Act No. 76 of 1998) prohibits sexual relationships between leaners and educators and protects learners from all sorts of assault. It also relieves educators who abuse learners of their duties.

Further important national legislations guiding and underpinning children's right to care and protection and the child protection system in South Africa are the Criminal Procedures Act (Act No 51 of 1977). This Act fundamentally provides for the state to ensure child-friendly court processes in matters of witnessing. In such cases, it provides for intermediary through whom a child may give evidence and closed circuit camera testimony. This is to conceal the identity of the child in terms of sections 153 and 170 respectfully. The Social Services Professions Act (Department of Social Development, Act No 110 of 1978) makes provision for the regulation and registration of and the functions of child protection professionals and social services professionals. Further legal national guiding instruments include the Child Justice Act (Act No. 75 of 2008) which represents a comprehensive law governing and regulating the processes involved in the handling of matters concerning children having conflicts with the law. It provides for a separate trial route apart from the criminal procedure when children are in conflict with the law. Their detention is also in a separate facility without adults due to their age.

These instruments and the policies and programmes that they give birth to represent significant efforts by the government to guarantee the rights of children and their families (Sibanda and Lombard, 2015:333). This is largely regarded as fundamental to ensuring their safety, protection, survival, health, well-being and optimal psychosocial development. However, there have been concerns and expressions of doubt as to whether in practice they have met and achieved what is on paper. For example, some studies, like UNICEF (2011) and Jewkes, Abrahams, Mathews, Seedat, Niekers and Suffla (2009) point out deep issues and problems on the policy gaps in the legislative formulation. For example, they draw illustrations from the absence of a law prohibiting corporal punishment in homes. Such key policy gaps are shown to be capable of almost no effect in the gains and intentions of legislation that prohibits corporal punishment in schools. This is because children may still be susceptible to abuse in their homes.

On their part, Ward, Dawes and van der Merwe (2011) found that the major defect of the legislative framework and in consequence the operation of the child protection system is the inability to align practice with the principles and policies intended in the legal provisions. Other South African studies explored this theme of the perceived disharmony between policy intention and practice in legislative engineering. For example, Budlender and Proudlock (2011), Badenhorst (2011) and Martin (2010:236,237) all found acute resource shortages. This translated to shortages of social workers, children's courts, children's court magistrates and labour inspectors. They further found shortages of safe care centres, inadequate funding and insufficient skills development programmes. Evidence from these studies found that shortages in these areas made it difficult to implement effective holistic and comprehensive child protection policy objectives. While they represented the point of reference for the observed disjuncture, they continued to constitute challenges to the smooth and successful implementation of the child protection policy and legislation. These all have been well documented and reflects and impacts negatively on the child protection system.

3.5 CONCLUSION

This chapter discussed the child protection system in terms of the various forms of alternative care utilised in the care and protection of children in need of care in South Africa. This included foster care with its cluster foster care variant, residential, institutional care and temporary safe care. The chapter further discussed the informal and formal broad divisions and types of alternative care. The international, regional and national laws and legislation providing the framework informing and guiding the child protection system and within which it operates was also explored. It ended by looking at some of the challenges and criticisms that have been observed in regards to the system seen to be responsible for its poor operation and outcomes.

The next chapter discusses the foster care system which is a major component of formal alternative care in the child protection system for the care of children in need and other categories of vulnerable children in South Africa.

CHAPTER FOUR
THE FOSTER CARE SYTSEM IN SOUTH AFRICA

4.1 INTRODUCTION

This chapter discusses the foster care system. Foster care is one of the formal alternative care systems which is a key state programme in the care and protection of children in need and other categories of vulnerable children. The process of statutorily placing children in foster care is examined. This involves the removal of children from parental care and finding children in need of care by the children's court. It goes on to discuss the various after placement services rendered which include supervision and monitoring of placement, psychosocial support and training and reunification services to foster and birth families. The chapter further presents a review of issues surrounding the recruitment, assessment, screening and retention of foster parents and ends with the issue of placement disruption and instability.

4.2 THE LEGAL PROCESS OF CHILD PLACEMENT IN FOSTER CARE IN SOUTH AFRICA

The foster care programme is a major component of the child protection system. It represents South African government's response in terms of commitment to section 28(1) of the Constitution and the Children's Act 38 of 2005 to the care and protection of children who are faced with a range of complex challenges. These challenges include orphanhood, abuse, neglect, abandonment, exploitation and poverty for whom parental care is not possible. Foster care is a generally recognized viable alternative within the continuum of care that provides temporary or permanent supportive and caring environments to vulnerable children requiring out-of-home placements. The foster care system in South Africa conforms essentially to the main definition provided by the United Nations (UN, 2009 Article 28). It sees foster care as "Situations where children are placed by a competent authority for the purpose of alternative care in the domestic environment of a family other than the children's own family that has been selected, qualified, approved and supervised for providing such care".

The Children's Act 38 of 2005 incorporates this definition however with an adaptation to the South African context. Section 180(1)(a)(b) of the Children's Act 38 of 2005 defines foster care as 'the placement of a child in the care of a person who is not the parent or guardian of the child as a result of an order of a children's court or a transfer in terms of section 171 of the Children's Act 38/2005'. It excludes the placement of a child in temporary safe care or a child and youth care centres in terms of sub-section (2) (a) and (b) of the Act. In terms of sub-section (3)(a)(b)(c), the Act recognises and makes provision for the legal placement of children in the care of a person who is not a family member of the child or a person who is a family member and in a registered cluster foster care scheme. Cluster foster care schemed according to the Act refers to a scheme providing for the reception of children in foster care managed by a non-profit organization and registered by the provincial head of social development for this purpose of the provision of care.

Certain components of the definition provided by the UN Guidelines for the Alternative Care of Children (UN, 2009 Article 28) such as 'competent authority', 'selected', 'qualified', 'approved' and 'supervised' are reflected in the definition of foster care in South Africa. This is seen in the definition of foster care provided by the Children's Act as constituting a placement by an order of court and transfer of care provided for in section 171 of the Act. While this represents points of convergence in the national and international discourse and practice, it, however, signifies the conferment of formal legal status on this care arrangement. This has implications for the necessity and conformity to a legislative provision in terms of its initiation, execution and management. In other words, foster care in both international and South African contexts refer to the formal and legal placement of children in alternative care by the state through its authorised agencies of the court. This formal and legal placement is executed and conducted through a process that is carefully stipulated and regulated by legislation and in the care of people who have been selected and approved and subjected to regular supervision.

Nevertheless, by recognizing only the placement of children in a family environment other than the child's family as foster care, this definition significantly departs from the definition and the practise of foster care in South Africa. This is because foster care in South Africa legally recognises the placement of children in non-family

related placements. This component of the definition gives foster care legal and formal status. It delineates regulated pathways for its initiation, execution and management. It however essentially separates and distinguishes it from informal or private alternative care arrangements. The UN Guidelines for the Alternative Care of Children (UN, 2009 Article 28) defines informal care as “Any private arrangement provided in a family environment whereby the child is looked after by relatives or friends or by others in their individual capacity, at the initiative of the child, his/her parents or other person without this arrangement having been ordered by an administrative or judicial authority or a duly accredited body”. The section that follows will discuss the legal placement of children in formal court-ordered placement as this study was concerned with formal foster care.

The legal process of placing children in foster care in South Africa is regulated and guided by the Children’s Act 38/2005. This Act confers the power and authority to make such decisions by the children’s court commissioners or presiding officers at the investigation and recommendation by a designated social worker from a child protection organization or Department of Social Development. It begins with section 110(1) which makes provision for mandatory reporting of abuse, neglect and abandonment of children and is set in motion by an opening of children’s court inquiry in terms of section 53 of the Act. This starts a process of an inquiry where the child who is affected by or involved in the matter approached the court to be adjudicated in terms of their care and protection. This also refers to when anyone or groups of people acting in the interest of the child described in section 110(1) brings a matter concerning a child suspected to be in need of care and protection to the attention of the clerk of the children’s court. This is normally done by a sworn affidavit in the form ‘2’ format which contains the particulars and details of the reporting person, that of the child and the circumstances of the matter (Manukuza, 2013:17).

A matter regarding a child who is believed on reasonable grounds to be in need of care and protection can be brought to the attention of the children’s court clerk. This can be reported by the child or by a social worker, a police official, an official of the Department of Social Development or any other person or groups of people acting on the behalf of the child as described in section 110(1). When this is reported, the

matter is immediately entered on the children's court register. It is then referred to a designated social worker providing social welfare services in the area where the child is reported to be residing at the time of the report. This is normally for further investigation to be conducted before they are brought before the children's court. In terms of section 155(2), the designated social worker must investigate this matter and compile a social worker's report using a form '38' format. This must be done within 90 days, detailing their findings in terms of the determination of whether the child is in need of care and protection or not and makes recommendations to the children's court regarding the care and protection of the child (Manukuza, 2013:17).

The major exercise of the designated social worker investigating the report of the child is to assess the circumstances of the child and family environment. This is to determine whether the degree to which the child's living conditions and circumstances conform to provisions of sections 150(1) (a)-(i) and (2) (a) (b). This section defines and determines the grounds and conditions for finding a child in need of care and protection. When this preliminary investigation produces evidence which indicates that the child may not be in need of care as contemplated in section 150(1), then recommendations are often made to the children's court for a non-statutory measure to be taken to assist the child and the family. This constitutes part of early intervention services which mainly targets the elimination of the identified child and family risk characteristics. These are observed to be risk factors that could precipitate child abuse, neglect and abandonment.

Sound social work services in this stage have been noted to result in the strengthening of families and enhancing their coping and adjusting capacities. These have been found to increase normal family social functioning, therefore, culminating in the preservation of the family. This is because services create enabling environments that support children to remain in family care without necessary removing them to alternative care (Department of Social Development, 2010). This is consistent with the intention of the Act which aims in terms of section 2(a) to promote the preservation and strengthening of families.

4.2.1 The removal of a child from parental care

The removal of a child from parental care is considered and explored as a statutory child protection measure often as the third level at which services are rendered. This is executed often as the last option after background and circumstance investigations and the social worker finds that the child may be in need of care and protection in terms of section 150(1)(a)-(i) and (2)(a)(b) of the Children's Act 38/2005. This normally comes into force after early prevention and intervention services provided to assist the child and family have been explored. These services include counselling, mediation, family reconstruction and rehabilitation, behaviour modification, parenting skills, problem-solving and referral to another suitably qualified person or organization.

Schmid (2010:2103) observed that the statutory removal of children from parental care as child protection measures is rampant in South Africa that it could easily be regarded as the core foundation for social work services to children and families. Strydom (2012: 439) noted that the process is nevertheless executed in such a way that it conforms to the principal aims of relevant policy documents such as the White Paper for Social Welfare 1997 and the Children's Act 38/2005. This is in terms of the fact that it emphasizes the need to ensure children remain in their family and parental care unless this is not possible. It advocates that the removal should be considered as a last resort. This is after exhausting all efforts at improving the family's coping capacity, strengthening family bonds as well as empowering the family to utilise formal and informal resources and the child and family circumstances are not becoming positive.

A social worker, in terms of section 155(2) of the Children's Act 38 of 2005 investigates the child and family background and circumstances. This is in the matter of determining whether the child is in need of care and protection regarding the children's court inquiry. The investigating social worker's guiding principle is to align presenting facts against the provision of section 150(1) and (2) of the Children's Act 38/2005. This provides the grounds for finding a child in need of care and protection. The grounds and conditions for finding a child in need of care and protection in terms of section 150(1) include:

a) Has been abandoned or orphaned and is without any visible means of support.
b) Displays behaviour which cannot be controlled by the parents or caregiver.
c) Lives or works on the streets or begs for a living.
d) Is addicted to a dependence-producing substance and is without any support to obtain treatment for such dependency.
e) Has been exploited or lives in circumstances that expose the child to exploitation
f) Lives in or is exposed to circumstances which may seriously harm that child's physical, mental or social-wellbeing.
g) May be at-risk if returned to the custody of the parent, guardian or caregiver of the child as there is the reason to believe that they will live in or be exposed to circumstances which may seriously harm the physical, mental or social well-being of the child.
h) Is in a state of physical or mental neglect.
i) Is being maltreated, abused, deliberately neglected or degraded by a parent, a caregiver, a person who has parental responsibilities and rights or a family member of the child or by a person under whose control the child is.

A child found in the following circumstances may be a child in need of care and protection and must be referred for investigation by a designated social worker:

a) a child who is a victim of child labour and
b) a child in a child-headed household.

When the designated investigating social worker finds that the child may be in need of care and protection in terms of these conditions, they may proceed to remove the child to temporary safe care in terms of section 151(2). This can be done with a court order or in terms of section 152(1) without a court order. When removing a child without a court order, the overarching principle is to ensure that there are reasonable grounds to believe that the child is in need of care and that the removal is urgent such that the time it will take to secure a court order may jeopardize the safety and well-being of the child. The removal of the child is normally done through the use of form '36' in terms of regulation 53 of the Children's Act (du Plessis, 2015:29).

The removal of the child from parental care to temporary safe care without a court order following investigation and observation that the child may be in need of care is permitted and allowed because it may be considered to be consistent with the child's best interest principle. The social worker is however required in terms of section 152(a)(b)(c) to report the matter to the children's court within 24 hours of removing the child and not later than the next court date in accordance with the children's court schedule in the magisterial jurisdiction under which the designated child protection organization falls (du Plessis, 2015:30.

The removal of a child who is believed to be in need of care and protection to temporary safe care with or without a court order is executed in the urgent need to ensure the safety and well-being of the child. This is when their safety and well-being is at-risk and further provides ample time for the social worker to conduct a detailed investigation. The court may at the recommendation of the designated investigating social worker order in terms of section 156(1)(e)(iii) place the child in temporary safe care pending further investigation and finalization of the children's court inquiry in respect of the child. Placement of a child in need of care in temporary safe care include options at the care of the Department of Social Development's approved person(s) or facility. This includes a child and youth care centre or special premises and facilities created for the provision of such care in terms of section 167(3)(a).

The application for the person or facility to provide temporary safe care is made by the designated investigating social worker to the head of the provincial Department of Social Development of the region where the child and the prospective safe care parent or facility reside or is located. The application involves and represents, in essence, the screening and assessment of the prospective safe care parent who in most cases eventually is the foster parent. The approval to provide temporary safe care is issued to the prospective temporary safe care parent or facility using a form '39' in terms of regulation 57 of the Children's Act 38/2005. This certificate or approval entitles them or the facility to receive a temporary safe care grant in respect of the care of the child (Hall, Skelton and Sibanda, 2016:68).

After the removal of a child and placement in temporary safe care to enable time for further investigation pending the finalization of the inquiry, sound social work

services are expected to continue to be rendered to the child, the safe care parents and birth parents. Services at this level and stage of intervention focus on the identified presenting and surfacing needs of all parties. It essentially seeks to navigate the best care option and intervention measures regarding the future care and protection of the child. Within 90 days a social worker's report using a form '38' format in terms of regulation 55 of the Children's Act 38/2005 to be considered by the children's court must be compiled and submitted. This assists the children's court to finalize the children's court inquiry in respect to the care and protection of the child. The recommendation made amongst others in terms of section 156(1)(e)(i) of the Children's Act 38 of 2005 when a child is found to be in need of care and protection in terms of section 150(1)(a)-(i) and (2)(a) and (b) is with a suitable foster parent. The study was concerned with this aspect.

4.2.2 Recruiting, assessing and screening foster parents in South Africa

The recruitment, assessing and screening of foster parents is regarded as essential key components of quality foster care programming in South Africa and globally. It represents a fundamental first step and preparatory phase in the care and protection of children who have been orphaned, abused, abandoned and neglected for whom parental care is no longer possible or available for their best interests. The Department of Social Development (2009:21) noted that this first phase was crucial to the success of the foster care system. This is because it creates and serves as the building block that guarantees the delivery of an effective and solid foster care program. This is possible because it ensures that the placement of foster children is made with capable, prepared and committed foster families.

This preparatory step mostly involves the exclusive preoccupation and engagements of child welfare organizations and government departments concerned with child protection. This first step begins before children are found to be in need of care and removed from their parental care or even before foster parents are required to play their role. EveryChild (2015:16) found that this exclusive preoccupation and engagement emanates from research that indicates the fundamental and crucial determinants of successful foster care placements. This is predicated on the availability of a large pool of carefully selected, recruited and retained qualified foster

carers. Research results generated awareness of the consequences of poor recruitment. They have been found to result in abuse and neglect of the child in care, placement breakdown and poor care outcome for children.

EveryChild (2015:18) further noted that the South African Children's Act 38 of 2005 provides guidelines and regulation for uniform practice across the country for all child welfare organizations and government departments in regard to the recruitment, selection and assessment of prospective foster care parents. Section 182 of the Act specifically requires designated child welfare and protection organizations and foster care providers to ensure that the prospective foster parents entrusted with the care of the child must be assessed and found to be fit and proper. This is in addition to their willingness, ability and capacity to provide an environment that is conducive to and supportive of the child's growth and development. While child welfare and government departments involved with child care and protection differ in the methods and strategies they employ to identify, recruit and assess potential and prospective foster parents, these general guidelines regarding the suitability of foster carers in terms of capacity and willingness have a convergent underlying framework.

With particular reference to the recruitment of prospective foster parents, most child protection organizations and government departments in South Africa rely on the use of formal and informal channels. This includes the involvement of already existing foster parents (Manukuza, 2013:18) and utilization of public relations activities mainly represented by outreach and awareness campaigns, educational and supportive activities in communities and religious gatherings and meetings. Information and messages and awareness about foster parenting, the need to place children such as orphans, HIV-positive children, sibling groups, teenagers, children with behavioural problems and other at-risk and vulnerable children are raised and discussed. This is used as recruitment strategies to elicit their support and enlistment to care. Flyers and other information materials are printed and distributed in the communities which make an appeal to potential and willing community members to come forward to offer care for children in need.

These outreaches, educational and supportive activities in the community and religious gatherings and meetings are observed as organizational strategies. They

are designed to attract, lure and capture the interest of potential foster parents to become interested in volunteering to provide their homes for children in need of care (Department of Social Development, 2009: 23). It, more importantly, signifies an integral part of the recruitment process. This is because it provides an opportunity and platform for making prospective foster parents aware of the challenges of fostering. This promotes and facilitates the securing of their commitment and unwavering conviction and resolves to go ahead and become foster carers to children in need of care and protection. This is important against the backdrop of the realization according to a study by EveryChild (2015: 16). It found that one fundamental challenge to the effective execution of the foster care program was the perfunctory view of foster parents and their role as mere 'placeholders' for children. This view creates a situation where the necessary emotional, psychological and physical commitments and engagements, (which the role demands to guarantee a quality outcome for children's care and placement success) are lacking.

Assessment and screening of prospective foster parents in South Africa as in the global context is crucial and executed with the utmost care and scrutiny. This is because, as Department of Social Development (2009:24) found, it involves the determination of the capacity, skill and willingness of potential foster parents to care for children. Since these children may come from diverse traumatic backgrounds and circumstances with special needs requiring certain expertise and attitude, there is the necessity to engage skillful screening to ensure that children are matched with the correct foster parents. Evidence by EveryChild (2015:19) corroborated this, indicating that the prevalence of the problem of breakdown of placement and resultant limitations of the growth of the foster care system were traceable to issues linked with improper matching and placement procedures. The study showed that in matters of screening and assessment in the placement of children in foster care, proper matching procedures were not applied. Placement tended too often to be informed by material resources and voiced by the prospective foster parents rather than by the needs of the child.

Sound and proper practice in this regard play out in the incorporation of key elements of matching. This includes such consideration as the placement of the child in the family where the child's needs can best be met and where the child's best

interest is paramount. Furthermore, consideration is given to the child's involvement and participation in the decision-making regarding the placement, where their views are solicited and given proper attention and consideration. It entails the provision of full and in-depth background and circumstance information about the child to the prospective foster parents. This information includes family and care history, special needs, medical history and reasons for removal. The benefit of this is that it is invaluable in assisting the foster parent in determining whether they have the skills and capacity to care for the child and to make the decision to care or not. Knowledge in this dimension normally helps with the bonding and relationship between the child and the foster parent (EveryChild, 2015: 19).

In reality and practice, suitable foster parents deemed fit and proper to be recruited and entrusted with the care of children would be above the age of 18 years. They would be persons who have never been found to be unsuitable to work with or care for children. This is in terms of clearance and checks against Part B of the child protection register (form 29) and the Sexual Offences Register. Furthermore, persons would be required to have no other criminal convictions that have the capacity to negatively impact the placement of the child. These are often guaranteed by disclosures and police clearances as part of the screening and assessment process.

The screening and assessments are conducted through the use of the form '39' and are submitted to the provincial head of the Department of Social Development by the designated investigating social worker for approval. It also involves the conducting of home visits and interviews. Home visits aim to investigate the home circumstances of prospective foster parents in order to access family composition and obtain socio-economic background information. Interviews with prospective foster parents, neighbours, referees and community members are conducted with the purpose of determining the qualities of the prospective foster parents.

In addition, these interviews also allow for the discovery of the parents' strengths and validates and authenticates their sincerity and intentions. It contains important questions and queries regarding the prospective foster parent's capacity. This includes the ability to accept responsibility, motivation to care, view about child

rearing and education. It also covers information regarding the medical and psychological status and attitudes towards the profile of the child and biological parents (Department of Social Development, 2009:24). The assessment and selection practice in recruiting prospective foster parents in South Africa is observed by INABIF and Buckner (2012:42) to be similar to what takes place in Peru. It focuses on the socio-economic and physical capacity of the prospective foster parent and relies on the use of home visits and interviews to obtain and corroborate information provided.

There is however a general consensus regarding effective and profitable outcomes in child placements in foster care. Evidence suggests that for this to be attainable and achievable, sound best practice principles must be applied (Simula, 2016:46). This has reference to South Africa and elsewhere, recommending a focus on framing selection and assessment of the foster family on more than just the socio-economic status of the individual or foster family (Simula, 2016:46). There is now an increasing awareness of the need for adequate and equal attention to be given, more important than socio-economic consideration, on the examination and determination of prospective foster parents' competencies.

Considerations in this regard have sought to examine issues of openness and commitment to properly care for and nurture children and to respect the voice and wishes of children. It further involves prospective foster parents' ability to understand the need to involve foster children and seek their participation in decision-making regarding their care and to encourage and promote identity within family ties (EveryChild, 2015:16). Simula (2016:46) conducted a study in Cape Town, South Africa which lends credence to this point. The study found that there was a crucial need to employ standardized assessments that included the assessment of prospective foster parents' parenting skills and psychological well-being. This was in addition to the normative socio-economic and demographic background checks in assessing and recruiting potential foster parents.

However, considering the amount of time and resources this process involves, it is doubtful whether these principles are strictly adhered to and followed in the recruitment of foster parents in South Africa. This is against the background of the

realization of the constraints imposed by the shortage of social workers coupled with heavy caseloads reported by many child protection organizations and government departments (Budlender and Proudlock, 2011; PAN Children, 2013: 4). The importance and crucial place that careful, well-planned selection and recruitment processes have in determining the delivery of an effective fostering service has been identified in research (Simula, 2016:4). In the light of the aforementioned constraints, it remains a pertinent question to ask whether the foster care system is adequately serviced with the right and qualified personnel and whether the right outcome in terms of children's well-being and development are being met. This requires answers in light of the association between foster parents' characteristics and children placements outcome in foster care and knowledge that resource constraints may be hampering the ability to engender this in reality (McDermid, Holmes, Kirton and Signoretta, 2012:26).

4.2.3 Services offered to foster family and birth family after foster care placement

When children are removed from parental care and placed in alternative care for their protection, continued social work services are required. The goal of service at this level is both to stabilize the child in alternative care and supervise and monitor placements to ensure the child's best interest, well-being and development. It also aims at supporting the foster family in providing care for the child and in coping with and overcoming care challenges that may arise. Services further aim to work with the child's family to help them eliminate risky behaviour, conditions or situations in order to restore normal social functioning. This is in line with the eventual aim of reunification when the identified risk factors and conditions leading to the removal of the child are no longer present.

4.2.3.1 Foster care placement supervision and monitoring services

In South Africa, besides services rendered before and during placements, social workers and other social service professionals are required by section 156(3) of the Children's Act 38/2005 to continue to provide a range of services to the placement. These services target the foster family made up of the foster child, the foster parent and foster parent's own biological children and the birth parents of the child after

statutory placement is finalized. They constitute what is commonly regarded as after placement care and supervision services (Department of Social Development, 2010). Referring to supportive and therapeutic services provided to the foster family, the child and birth family after statutory placement in foster care, it enables the purpose and goal of foster care placement to be attained and achieved. This includes, amongst others, the protection and nurturing of the child by providing a safe and healthy environment with positive support that will promote the well-being and development of the child.

The Department of Social Development (2009:43) noted that these services, in line with the provisions of the Act, comprise the implementation of the care plan of intervention and monitoring of the foster care placement. It also involves the management of statutory placement orders and reunification and preparation for independent living. The study found that services at this level and phase are geared at empowering and supporting the foster family and birth family to ensure foster parents are able to provide quality care which will guarantee positive outcomes for the child. Services at this level will eventually ensure placement stability and that birth families are prepared and supported for eventual reunification of the child upon exiting care.

In South Africa as in other parts of the world, foster care supervision and monitoring services are central tenets in foster care programming and play out in regular contacts, visitations and interactions between the foster family and placement agency (EveryChild, 2015:14). These are supposed to be explored as avenues that provide the opportunity for social workers to render after placement or foster care supervision services to the child and foster parent and also serve as a means by which the placement is subjected to the social workers' scrutiny. Essential components of supervision and monitoring services to the foster family include assistance with the application for foster child grants and the monitoring of its use to ensure effective utilization of it in order to avoid abuse and misuse (Department of Social Development, 2010). Supervision services further ensure that the child's rights and needs are met, that children are in school and that their physical, health and safety well-being and development are guaranteed in terms of the implementation of the development plan.

Furthermore, care placement orders and a need for an extension as well as supervision of contact and visitation with birth families where appropriate and necessary are also key aspects of sound social work practice at this level. In addition, foster parents parenting skills and abilities with regards to how it manifests daily are supervised and monitored while first-hand knowledge of care challenges encountered in the provision of care to their foster children are identified during supervision and monitoring services (Department of Social Development, 2010). This enables social workers and other professionals working with the placements to devise means that ensure that they are assisted accordingly to mitigate, cope and overcome them.

South African studies have documented the challenges that foster parents undergo while providing care for their foster children. These include challenges in applying and securing the foster care grants (Kiggundu and Oldewage-Theron, 2009:391; Kuo and Operario, 2010:346) and meeting the health and care needs of foster children, especially HIV-positive children (Tanga, Khumalo and Gutura, 2017:73; Warwick and John-Langba, 2016:4). Studies further document challenges dealing with discipline and behavioural problems of foster children (Hlabyago and Ogunbanjo, 2009:508; Kiggundu and Oldewage-Theron, 2009:392), dealing with contact and interference and intrusion problems of birth parents (Mnisi and Botha, 2015:237) and the contentious nature, violence and frequent quarrels occasioned by the foster care grants (Hearle, Kanchana and Ruwanpura, 2009:429). Mnisi and Botha (2015:237) reported abuse and neglect in their study. However, the extent to which social work supervision and monitoring services are effective and well targeted in this direction is questionable. This is with due consideration to evidence from studies which report a lack of contact and visitation by social workers for supervision and monitoring of the placements (Bungane and Strydom, 2010:51; Mnisi and Botha, 2016: 238, 239).

This apparent lack of social work supervision raises questions about the ability of foster parents to cope with care challenges and feel involved as part of the team with the placing agency in the care of the child. This is against the backdrop of the consideration of the important nature and place which this after care service epitomized in regular supervision and monitoring was intended to occupy and play

(EveryChild, 2015:26). This lack of or limited social worker or agency involvement in supervision and monitoring of placement may no doubt impact negatively on the quality of care and its outcome. This is due to the fact that foster parents may have ample opportunity to misuse funds or abuse children or face unbearable care burden without securing the attention of social workers and their needed support to overcome these. Either experience has the potential to affect care quality, stability and outcome and yet could be remedied or prevented by sound supervision and monitoring services.

Welfare organizations and government departments involved in the statutory placement of children in foster care are obligated by the Children's Act 38/2005 to ensure that supervision and monitoring services continue after placement. This is due to its benefits regarding placement success and stability, quality outcome and permanency planning (Department of Social Development, 2009:43). Evidence from studies both in South Africa (Hearle, Kanchana and Ruwanpura, 2009:429) and the UK (Blythe, Halcomb, Wilkes and Jackson, 2013:90) raise issues of supervision and monitoring. This suggests and demonstrates that foster parents may be experiencing frequent social workers' contact and visits for supervision and monitoring of placement amounting to intrusion and excessive control. The authors perceive this control as a form of disempowerment of their care role.

Available evidence suggests that this perceived intrusion to supervision and monitoring surrounds, for example, the query and question of the nature of spending (Blythe, Halcomb, Wilkes and Jackson, 2013:90). This involves asking how much of the grant is spent, on what item/s, what nature of child disciplinary methods are employed by foster parents and inquiries into the granting of permission for the child to visit friends and such other similar domestic issues. This may be perceived by the foster parents to interfere with the details of family life. Since this is likely to empower the child, it may lead to a perceived disempowerment of the foster parents and feelings of 'powerlessness and helplessness' (Blythe, Halcomb, Wilkes and Jackson, 2013:90).

Some South African studies have explored the issue and theme of the apparent problem of adequate and quality social work supervision and monitoring services

provided to foster care placement in South Africa (Roux, Bungane and Strydom, 2010: 51; Mnisi and Botha, 2016: 238,239). Some examined the negative impact on placement success and stability (Department of Social Development, 2009:43; Mnisi and Botha, 2016: 238). However, some other studies (Proudlock and Debbie, 2011:2; SAIRR, 2012:1; Sibanda and Lombard, 2015:339) found that the shortage of social workers and other social service professionals in the country contributed to the difficult implementation of effective and pragmatic social work supervision and monitoring services. The HIV and AIDS pandemic was further found to exacerbate the problem by engendering the proliferation of orphans and other at-risk and vulnerable children in need of alternative care placement. This they suggested could not be handled or coped with by the country's meagre professional workforce.

It has been argued nonetheless that despite the constraints and limitations mentioned above and the subsequent heavy caseloads experienced by child protection organizations and government departments involved in foster care provision, increased and intensified efforts and innovation should be employed. This means that social workers and organizations need to step up to overcome the challenges considering the benefits and significance that regular supervision and monitoring of foster care placement has in the foster care programming and delivery in South Africa (Roux, Bungane and Strydom, 2010:51).

This is further argued since external social work supervision and monitoring is necessary for some aspects and instances of children's well-being. This is especially in cases of children with special needs requiring special attention and care like HIV-positive children or children with disabilities. As the ecological and systems theory enables us to see, children's needs could stem from and find satisfaction primarily from multiple strata of interacting influences of which the family setting is primary. The microsystem for example (child-foster parent relationship) executed in the domestic family where the child spends most of his time, could contain characteristics inhibiting or promoting child welfare and development. This would make adequate external supervision necessary to ensure the dispensing of care to the child by the foster parents to allow for optimal growth and development. Through the ecological theory, we gain insight into how contextual and environmental social forces embedded in the race, ethnicity, beliefs systems and policies (macrosystem

and chronosystems) could impact uptake of care of children with disabilities However, there is caution that such high-level external input may need to be extremely reduced in cases involving placements of children without special needs. This is advised in order so that the foster parent feels empowered to be in charge, so as not to disrupt normal daily family social functioning (EveryChild, 2015: 23).

4.2.3.2 Psychosocial support, training and retention of foster parents

Warwick and John-Langba (2016:1) noted a strong awareness that the daily execution of the care duties expected of foster parents in South Africa to the children placed in their care entails enormous tasks that could be challenging and burdensome. This is especially with consideration to the particular unique child and foster parents' profiles and characteristics such as grandparent foster carers and children living with HIV and AIDS or with disabilities. In the age of widespread, deepening poverty and HIV and AIDS in South Africa, these challenges may be worsened. It could impact negatively on the foster parents and children unless adequate support and assistance are supplied to mitigate the impact and effect of these external and internal impinging variables (Warwick and John-Langba, 2016:1). EveryChild (2015:14) found that support may practically include financial, emotional, psychological, social, professional development, problem-solving, respite and community support in the form of drop-in centres.

Adequate social support and training of foster parents by social workers and placement agencies have been found to boost capacity and competencies of foster parents. These provide enabling platforms for parents to be better positioned and prepared to positively respond and meet the care needs of the children in their care in South Africa (Kiggundu and Oldewage-Theron, 2009:394) and elsewhere in the UK (McDermid et al., 2012:37) and Australia (Octoman and McLean, 2014:8).

EveryChild (2015:19) observed that psychosocial support and training of foster parents is promoted as key components of sound social work supervision and after placement practice by social workers and placement agencies. This is emphasized in light of the realization of the unique composition and characteristics of children in foster care. The study found that these children would have likely experienced trauma occasioned by the abrupt and sudden forced separation from their family

settings. This separation necessitated placement in alternative care outside their families. Therefore they were compelled to cope and adjust to the new environment in addition to abuse, neglect and multiple placement changes.

These circumstances would likely impact their physical, social, emotional, psychological, mental wellbeing and development, requiring tremendous skills and expertise to deal with. The foster parents are not normally equipped to deal with this unless they are well trained. This could, however, be provided by regular and adequate supervision by the social worker. The failure to match these children with foster parents with appropriate capacity and competence and to support them in providing adequate and proper care can lead to the development of dysfunctional behaviour. This could create care burden and eventually result in placement instability and breakdown (Octoman and McLean, 2014:8).

Evidence suggests that when social workers and other social service professionals provide foster parents with adequate psychosocial and training support they are able to possess the skills, aptitude and attitude to assist the children in their care (EveryChild, 2015:24). This includes children with such complex circumstances and backgrounds as they are able to empower the children to build resilience, promote self-esteem, create and develop positive relationships with foster parents and foster families. While this necessarily aids and encourages the foster parents' development of bonding and attachment with foster children, it has been found to promote placement success, stability and retention rates while at the same time improving outcomes for children (Octoman and McLean, 2014:9).

Some studies in South Africa (Kiggundu and Oldewage-Theron, 2009:394; Warwick and John-Langba, 2016:3) examined support mechanisms and coping strategies of foster parents. They identified foster parents' own family, foster parents' own savings and income, spiritual and religious beliefs and faith-based organizations as support mechanisms. Other source of support included services from professionals, the foster child's biological family, other foster carers and foster parents support groups employed in meeting the needs and overcoming challenges involved in caring for their foster children. However, while these forms of support may be available at the disposal of the foster parents, evidence suggests that what many foster parents in

South Africa (du Plessis, 2015:37; Mnisi and Botha, 2016: 239; Roux, Bungane and Strydom, 2010:53; Warwick, 2016:4,5) and in other countries such as Australia (Octoman and McLean 2014:9) lack is social workers and agency support and training.

These studies show that social workers' support was lacking in many aspects. This lack was experienced in relation to regular home visits to see the foster family, response to calls from foster parents when foster children were displaying behavioural and discipline problems or needed medical attention or counselling services (Roux, Bungane and Strydom, 2010:53). A further lack of support was shown with direct food and other household materials needed for the care of the children even though they were highly needed and desired (du Plessis, 2015:37). They highlighted the grave consequences it had on the physical and mental health of the foster parents and relationships with the foster children in their care (Mnisi and Botha, 2016:239).

As the findings of these studies indicate, many foster parents do not receive training and adequate preparation and information regarding the children placed in their care (Octoman and McLean, 2014;9). This includes information regarding the circumstances and presenting child problems, health conditions, race, cultures and sexual orientation of the children even though training and support of foster parents have been suggested as a way of improving placement quality and reducing foster carers' stress and strain (Octoman and McLean, 2014:8).

The importance and necessity of training for foster parents in South Africa are however stressed in regulation 66 (6) of the Children's Act 38/2005. It makes provision for foster parents to be trained before and during fostering roles. Sound social work practice in this area is supposed to ensure that foster parents receive training that covers the above-identified concerns such as information about the child regarding their circumstances and reasons for removal and other information including health and care history. Further important information would include role expectations and responsibilities of foster parents. Octoman and McLean (2014:10) further note that training needs of foster carers include how to manage contact

between the child and biological family, how to deal with children's behavioural problems and how to support children in navigating health and educational services.

The apparent lack of or insufficient social worker and placement agency's support and training that foster parents experience in South Africa has been attributed to the shortage of social workers (Proudlock and Debbie, 2011:2; Roux, Bungane and Strydom, 2010:51; Sibanda and Lombard, 2015:334). These studies found that the phenomenon resulted from the shortage of social workers and its concomitant abnormally high caseloads. In the North-West Province, for example, each social worker was allocated as high as 200 cases, making it difficult or practically impossible to give meticulous attention to the needs of foster parents. In this circumstance, foster parents have been subjected to increased pressure and burden as they had to experience lapsed orders and termination of foster child grants. They have had to also deal with rebellious children and feelings of hopelessness, amongst others (Hlabyago and Ogunbanjo, 2009:508-509).

The issue of the need to attract, recruit and retain high quality and committed non-family related foster parents has been highlighted in South Africa (Kangethe and Nyasha, 2014:557) as in other parts of the world such as Australia (Blythe et al., 2013:88). This has become necessary in the wake of the proliferation of the orphan population and other vulnerable and at-risk children needing care due to the HIV and AIDS epidemic and endemic poverty. This is also due to widespread child maltreatment coupled with the depletion, weakening and attenuation of the extended family safety nets (Nyasani, Sterberg and Smith, 2009: 182, 183). This is entertained in contemporary fosterage discourse in the country amidst the recognition that family-based child fostering is a preferred option for institutional care (Kangethe and Nyasha, 2014:554). This is more so in the light that foster parents are not adequately supported. This is despite the realization of the multiple challenges foster children display and the great care burden that fostering entails in the fear not to lose these continua of resources. Foster parents need no doubt, according to EveryChild (2015: 24), intrinsic (emotional) and extrinsic (tangible) support and training to be properly equipped and effective in their fostering roles.

There is a general awareness of the association between adequate social workers and agency support and training provided to foster parents and care placement stability, success and overall children's outcome in care (Octoman and McLean, 2014: 8). Research in South Africa (du Plessis, 2015:37; Kiggundu and Oldewage-Theron, 2009:390) and the UK (McDermid et al., 2012:36) and Australia (Octoman and McLean, 2014:8) have stressed the linkage between support and training and foster parents' willingness to continue to provide care and retention rates. These studies show that good support and the associated foster parents 'feeling valued' by foster children and placement supervision social worker and agency provided an impetus and renewed vigour and strength to foster parents. This made them consider continuing to care and foster.

Conversely, the lack of support and training to acquire skills to deal with fostering challenges were linked to foster carers deciding to quit or think of quitting fostering. This was especially with reference to the discipline and behavioural problems of children and the burden of care necessitated by financial constraint, familial crisis and placement breakdown. These were found to often naturally result in elevated stress which elicited negative feelings and emotions from foster parents (Octoman and McLean, 2014:8).

Further reasons have been found in some studies as problems associated with foster parents' retention and their decision to quit fostering. In South Africa, stigma and discrimination associated with fostering especially transracial fostering (du Plessis, 2015:48) and fear of misinterpretation of intention to care as wanting to profit from foster child grant (Hearle, Kanchana and Ruwanpura, 2009:427) and children's behaviour and interference from birth family (Mnisi and Botha, 2016:234; Nyasani, Sterberg and Smith, 2009:186) have been advanced. This has been highlighted as factors leading to the breakdown of placements and foster parents deciding to quit fostering, thereby creating problems of foster parent retention. In the UK, the fear of allegations of abuse against foster parents (McDermid, 2012:36) and feelings of failure after a placement breakdown or when foster parent's expected care outcome are unmet are linked to and associated with foster parents considering quitting care work. This therefore result in retention difficulties.

In the light of the findings by EveryChild (2015:19) discussed above, there is an urgent need on the part of social workers and agencies to find creative and innovative ways to step up the support and training of foster parents. This is in order to increase their ability and competence in responding to the needs and challenges posed by the business of fostering. This is with due respect and consideration to the multi-faceted and complicated care needs of children in foster care placements and the care context in South Africa.

The connection between adequate and good support and training of foster carers and care outcome with its attendant motivation to continue to foster has been highlighted in studies earlier reviewed. However, social workers and agency support of foster parents become imperative. This is to promote foster parents' retention and securing their continued commitment to children's quality care and well-being. This is particularly crucial in view of the increasing number of children needing care and protection in the contemporary HIV and AIDS era in South Africa.

4.2.3.3 Family reunification services to birth family

Central to foster care after placement support and supervision services rendered by caseworkers to the foster family and birth family is family reunification services (Department of Social Development, 2009:48). It is a carefully planned, implemented and monitored process forming a major part of the care and permanency plan. Family reunification services are promoted and rendered to the child, birth family and foster parents where the return of the child is observed and assessed to be in the best interest of the child. It is aimed at restoring the relationship between the child and other family members as well as the wider community. Services encapsulated in this dimension are further targeted at facilitating children's exit from foster care by creating stability and a stress-free transition in the child's life.

The Department of Social Development (2009:48) noted that family reunification services are an integral part of the services provided by caseworkers after the removal of children and placement in alternative care. This was rendered to strengthen families to be able to care and protect them in the eventual exit of children from alternative care and reunification with them. Services in this regard to

the foster family are geared towards helping to facilitate and supervise children's contact and relationship building with birth families where this is applicable, necessary, and possible and in the children's best interest.

The Children's Act 38/2005 in section 156(3)(ii), makes provision for the foster care placement to be subjected to supervision services including the rendering of family reunification services by a designated social worker. This is in line with the view that the best setting for the care and development of the child is the family and that out-of-home care is only initiated and promoted as a temporary means of child care and protection. It thus requires that children be returned to their family when circumstances and conditions are assessed as positive and supportive of their safety and wellbeing and healthy development. Foster care orders are therefore made for a period of two years renewable in terms of section 159(1) or in terms of section 186(1) until the child turns 18 years old (Mahery, Jamieson, Scott and January, 2011:42).

Family reunification services give expression to the basic tenets of the UNCRC (United Nations General Assembly, 1989, Article 9). It recommends and upholds the maintenance of family contact and relationship for all children in alternative care, except where it is not in their best interest. This is observed by Kiraly and Humphreys (2013:359) to be crucial because it serves and promotes basic developmental needs of good mental health, facilitates the positive dealing with the problem of loss and trauma and promotes identity and family bond and ties in children. Children have the opportunity to continue to maintain contact and relationships with their family when assessed to be safe and healthy during holidays or weekend visits and attend family functions such as burial ceremonies, marriages or family religious rites which boost their sense of belonging and attachment. This has been found to make reunification easier when they eventually reach statutory age for exiting care as the necessary relationship, bond and attachment would have been created. Also, family capacity and circumstances would have been assessed by caseworkers while implementing the permanency and care plan which family reunification services form part of (Department of Social Development, 2009:48).

Kiraly and Humphreys (2013:358) and the Department of Social Development (2009:48) noted that there is a growing recognition amongst child protection experts, caseworkers and agencies involved in foster care services that family contact or contact with biological parents where applicable and available is an essential part of family reunification services. They observed that it is an identified right of children in alternative care and that effective and successful family reunification services are implemented by promoting the participation of all the people involved in the child's life. However, it is observed that contact in general and in certain instances involving certain parents and child characteristics such as parental drug and alcohol abuse and where there has been child abuse and neglect remains contentious. Research indicates that rendering reunification services in this kind of situations are often sources of nightmares to caseworkers, foster children and foster parents (Kiraly and Humphreys, 2013:368).

The reason for the above assertion is often because of the complexity involved with parental contact and its associated disruptive effects for foster care placements and reunification programs. Studies in South Africa, (Mnisi and Botha, 2015:241), Australia, Kiraly and Humphreys (2013: 359), Spain (Bernedo, Garcia-Martin, Salas and Fuentes, 2015:11), and the UK (Taylor and McQuillan, 2014:232) all found evidence of placement instability, disruption and breakdown significantly associated with family contact with children in foster care. Simula (2016:50) further found that in South Africa, these were due to poor communication between foster parents and foster children, lack of social work support and supervision and problems with conflicts in interactions and relationships between foster parents and the foster children. Data from other studies from the UK by Taylor and McQuillan (2014:233) and Spain (Bernedo et al., 2015:3) reported children's behavioural problems including criminality, foster parent's stress resulting from inadequate social workers support and intervention. Inadequate training and preparation for the role were also cited as driving factors for foster care disruption and breakdown.

Foster care placement disruption is a global problem in the child protection arena. Khoo and Skoog (2014:259) refer to foster care breakdown and disruption as the abrupt untimely termination of foster care placement that is not according to the initial plan. This may occur either by the virtue of the foster parent terminating a

placement against the wishes and intention of child welfare authorities when they refuse to continue to provide care due to care challenges. It may also be by virtue of the child absconding from care and refusing to return or continue to stay in the care of the foster parent or finally by child welfare authorities terminating placement due to allegations of abuse or misuse of funds or incompetence of foster parents. Their (2014:256) study in Sweden revealed that during any 12-month period in Sweden, the prevalence rate of foster care placement disruption and the breakdown was high. It was found that urgent placement in other foster homes or more restrictive settings had to be sought for 20% to 40% of children. In Spain, Lopez et al., (2011:112) found that of 163 non-kinship foster placements, 26% experienced placement disruption.

No matter the reason that may be responsible for the disruption and breakdown of foster care placement, the impact for the child, the foster parent and child welfare agency have been noted in studies both in South Africa and internationally. The Department of Social Development (2009:13) found that disruptions and breakdown of foster care placements in South Africa affect the child by robbing them of the gains derivable by living in a family. This erodes the opportunity to develop relationships that would extend into the future, capable of supporting independent living. In Spain, Lopez et al., (2011:258) found that foster care placement disruption and breakdown led to an increased likelihood of failed permanent placements such as reunification and adoption, high financial cost to government and child welfare agencies and severe emotional cost for foster children and foster parents.

In the light of the benefits of family reunification services to the foster parent, child and birth family, caseworkers and government, the child protection departments must find ways to increase supervision and provide support to foster families in this area. This is in view of the benefits in promoting child adjustment by the maintenance of family ties and relationship and resolution of the trauma associated with child removal and court process. This is to facilitate good working relationships between foster parents and birth families.

Considering that contact with family is an integral part of reunification services it becomes more of an inevitable area in which ways need to be found to navigate effectively and skillfully. This is advocated in the realization that carefully planned

and monitored contact may not be troublesome, but in fact be therapeutic (Kiraly and Humphreys, 2013:365). In order to harness this variable which proves immensely important to the entire foster care programming, sound practices in this area would also ensure placement stability and realization of quality outcome for children.

4.3 CONCLUSION

This chapter looked at the foster care system which is a major form of formal alternative care in the child protection system. It provided a detailed discussion of the legal processes involved in placing children in foster care in the country. Key components in the delivery of quality foster care program such as the recruitment, assessment, training, retention, supervision and support of foster parents were discussed. The chapter ended with examining the issues of family reunification and placement instability and disruption.

The literature showed a lack of South African context and conceptualization of fostering in non-family related placements. International studies reviewed advanced evidence in key components of the foster care system such as the removal and placement of children, recruitment, screening, training, support and retention of foster parents. This is because foster care in Australia and the UK define foster care in terms of non-family related placement. This is different from what obtains in the South African context that refers to foster care in terms of family and non-family related placements. Studies reviewed in the South African context largely referred to fostering in the extended family. There is a lack of knowledge about these components in relation to non-family related fostering in South Africa. This study fills the gap in these areas by providing information in this regard.

The chapter that follows concerns fostering children in need of care and protection. Literature regarding the care motives for taking on care role and the support structures available to foster parents as they perform their care duties are reviewed. The experiences and challenges involved in fostering children in South Africa and globally are also discussed.

CHAPTER FIVE
FOSTERING CHILDREN IN NEED OF CARE AND PROTECTION

5.1 INTRODUCTION

This chapter focuses on the act of fostering and caregiving to children in need of care and protection. Firstly, the chapter presents a review of the motivation of foster parents for taking on the care role. The chapter further looks at the support and coping mechanisms available to foster parents which they utilise in overcoming and coping with care challenges. It ends with a literature review regarding the challenges encountered while executing caregiving duties in South Africa and globally.

5.2 MOTIVATION FOR TAKING ON FOSTERING ROLES

With regards to foster parents' motivation for taking on fostering roles, Canali, Maurizi and Vecchiato (2016:2) opine that interest has been expressed towards understanding this phenomenon in the light of its association with placement outcome for children's well-being and welfare and foster parents retention and recruitment. What motivates foster parents to care for children needs to be understood. This could be an intrinsic strong support and coping mechanism in mitigating and overcoming the challenges they encounter while they execute their fostering duties. It could also be a strong determinant in matters relating to decisions to withdraw or to continue to foster. It could also be a pointer to the reason why children may not receive adequate and quality care, as it influences foster parents' behaviour and attitude towards childcare and needs.

In the contemporary HIV and AIDS South African context, much of fostering and caregiving has largely been observed to be carried out in the extended family. This is by kin relations, mainly elderly grandmothers. The context of caregiving occurs in the midst of the proliferation of AIDS-orphans and orphans of other sources and other categories of vulnerable and at-risk children in need of care and protection (Richter, 2010:1). Studies in South Africa, (Hearle and Ruwanpura, 2009:426; Kiggundu and Oldewage-Theron, 2009:390; Kuo and Operario, 2010:346; Nyasani, Sterberg and Smith, 2009:184,189), Kenya (Kinyua, 2013:8), Zimbabwe (Rodlach, 2009:428) and

Ethiopia (Desta and Linsk, 2015) found that extended family members, mostly grandmothers, were fundamentally motivated to take on the care of their orphaned and other vulnerable children in the family. This was due to a sense of moral and cultural obligation and due to lack of choice as necessity demanded it. They were further motivated by a strong desire to ensure that the children remained in the family and had the opportunity to have a good life and a better future (Kinyua, 2013:8).

Fostering within the family as an obligation by surviving elderly members though physically and financially exerting, was promoted as a safety net for many reasons. This is not only because of lack of choice but more so in order to avoid shame and community ridicule as having failed in its duty to care for its members (Nyasani, Sterberg and Smith, 2009:189). For most of the placement, fostering was only normally formalised without a change in living arrangements as most of the children were already living in the same households as their grandmother before the death of their parents (Kiggundu and Oldewage-Theron, 2009:390).

Furthermore, foster parents' motivation for choosing to care is advanced in studies done in South Africa. For example, Akintola (2010:57-59) found 'staying true to' and pursuing one's dream, desire to show compassion for the helpless and less privileged, flair for caring, avoiding idleness, heeding a call and responding to the need in the community were principal motivators for electing to care. A study by Du Toit, van der Westhuizen and Alpaslan (2015:395, 396) reported giving children the right and opportunity to belong to a family and enjoy relationships with people were motives for fostering. They also found that heeding a call from God to care for the less privileged and feeling great and an urgent need of foster parents to care for children in need in the community and nation were motivating factors that informed their decisions to care. They also found foster parents' motivation included the desire to give the opportunity for children to be integrated into families and give them the opportunity to develop healthily.

In addition to these motivating factors, other studies reported a passion for children and to see them safe, develop and succeed in life (Simula, 2016:41) and children's age, HIV status and health of children. Cultural background, gender, the presence of

the child's relatives and siblings, and relationship to the child (Hearle and Ruwanpura, 2009:427) were also reported as motivating factors for fostering. Others reported children's age and availability of financial support (Richter, 2010:2) and desire for financial benefit from the foster child grant as well as a desire and personal conviction to help and protect orphans and vulnerable children (Nyasani, Sterberg and Smith, 2009:184,189). This availability of financial benefit and supportive motive for fostering is supported by der Deventer and Wright's (2017:1) study in Zimbabwe. They reported carers struggle and hesitation to care for additional children due to poverty when financial support was not made available to them.

Elsewhere in the international literature, reports indicate similar intrinsic and extrinsic motivations to what was found in South Africa. In Zimbabwe, for example, Rodlach (2009:428-429) reported that foster parents were motivated by a religious value such as the responsibility to care for the poor and less privileged, the sick and weak and the desire to bring hope and put smiles on the faces of the needy as a Christian duty. The study also found that carers were deeply moved to care having had personal experiences themselves been raised in foster care and living with HIV and AIDS. This finding resonates with data from Canada (Daniel, 2011:910) which reported foster parents greatly motivated to care due to empathy and personal experience of being in alternative care. This made them feel the need to identify closely with the children in need to take them in to care.

In the UK, McDermid et al., (2012:29) reported foster parents felt because they had experienced similar situations themselves it put them in a better position to have 'something to offer' children in similar situations of life. Their research indicated better outcomes for children whose foster parents were themselves in care sometimes in their life. This may be due to the fact that they understand their pains and have been in 'their shoes' and 'know where the shoes hurt' so are able to relate and connect with them.

In addition to these motivations to foster, studies further show intrinsic motivations related to family dynamics. In the United States of America, Conway (2012:13) reported motivations to include feeling an 'empty nest', wanting to adopt children and

increasing the family size. A study in Italy by Canali, Maurizi and Vecchiato (2016:2) reported providing a companion for an only child, feeling blessed for what they have in life and wanting to give back to the community as important motivating factors for fostering children. In Canada, Daniel, (2011:911) reported wanting to help children, providing children with a stable environment and fostering out of love for children was found to motivate foster parents to provide foster care. Extrinsic monetary motivation which is consistent with findings from Nyasani, Sterberg and Smith (2009:184,189) from South Africa was found in Canada (Daniel, 2011:912) and in the United States of America (Conway, 2012:14) which reported foster parents to be motivated to foster with a desire to supplement family income. Additional information from the UK regarding foster parents' motivation to foster include feelings of having something to offer, fondness for children, awareness of needs or wanting to help vulnerable children and desire to extend the family or the fact that fostering suits family circumstances (McDermid et al., 2012:30).

From the literature, it is clear that understanding the underlining motivations that inform fostering is crucial to government and child welfare departments. This is in the sense that it is key in being able to develop appropriate responses that boost their efforts in this regard. This, no doubt would enhance and promote quality care, achievement of placement goals and foster parents' satisfaction and retention. Incorporating these issues into recruitment and assessment tools and translating them into practical service delivery to fostering homes would, therefore, be a desirable component of effective foster care and child protection programmes.

5.3 COPING AND SUPPORT MECHANISMS OF FOSTER PARENTS

Foster parents are saddled with the responsibility of providing for the daily physical, health and welfare needs of the orphaned and other vulnerable and at-risk children that are placed in their care. Kuo and Operario (2009:1) noted that executing the daily parental task of caregiving to ensure the healthy growth and development of the children has been known to constitute serious challenges to foster parents and caregivers and their households in South Africa. There is an awareness that this may be worsened by lack of support culminating in deteriorating caregiver's health and well-being. Warwick and John-Langba (2016:1) on their part concur with this stating further that caring for HIV-positive, orphaned and other vulnerable children in need

was burdensome. They found that it required financial, practical, emotional, psychological, social, professional development, problem-solving, respite and community support to be able to effectively meet the diverse needs of the children. Kuo and Operario (2011:1128) found that foster parents were better able to care and adequately meet the needs of the children when they were properly supported to meet these identified foster parents caregiving needs. The relationship between social support and caregivers' health and placement outcomes has been found in research in South Africa (Casale, Wild and Kuo, 2013:2).

Casale, Wild and Kuo (2013:3) categorised the various dimensions of support foster parents and caregivers of children in need of care would need. This included emotional support (e.g. love, care and comfort), instrumental support (e.g. material items or other forms of practical assistance), informational support (e.g. advice) and appraisal support (such as constructive feedback). Studies have examined the kinds and nature of support that foster carers continue to employ in the daily execution of their care duties in South Africa. The following discussion examines various support and coping mechanisms.

5.3.1 Reliance on the foster care grant

Several South African studies, (Bejane, 2012**:**60**;** Chitando**,** 2017:17; Gono, 2015:194; Hearle and Ruwanpura, 2009: 429-431; Hlabyago and Ogunbanjo, 2009:507; Kgomo, 2009:79, 85; Kiggundu and Oldewage-Theron, 2009:391; Kuo and Operario, 2010: 346; 187; Nyasani, Sterberg and Smith, 2009: Roelen et al., 2016:3; Roux, Bungane and Strydom, 2010:47; Tladi, 2016:52,53) reported foster parents first and fundamental support to be a heavy reliance on the foster care grant. These studies indicated that most foster families solely depended on the grant for meeting the basic household needs of the children in their care for food, clothing, education and health (Kiggundu and Oldewage-Theron, 2009:391).

The over-dependence on the foster care grant has been due to the fact that the majority of carers have no other source of income or supplement with their old age grant and pension money (Nyasani, Sterberg and Smith, 2009:190). This is particularly the case with the elderly grandparents caring for their orphaned,

abandoned and neglected grandchildren. Fostering households and their sole reliance on the foster care grant has also been observed to arise from unemployment due to sickness, lack of qualifications, decisions to provide full care, limited education and advanced age (Pallanayo and Mayers, 2009:488).

Evidence from these studies indicate that the grant assisted foster parents to meet the basic needs of children, though it was rather insufficient (Hlabyago and Ogunbanjo, 2009: 507; Nyasani, Sterberg and Smith, 2009:189; Roelen et al., 2016:3). Furthermore, evidence revealed difficulties associated with applying and accessing the grant (Kuo and Operario, 2010:346; Kiggundu and Oldewage-Theron, 2009:391) and the contentious nature and the grant as a source of frequent family quarrel over who receives it and how to spend it (Hearle and Ruwanpura, 2009:428,429; Kgomo, 2016:79).

In addition, a South African foster care grant impact study by Roelen et al., (2016:14) showed that the grant assisted foster parents immensely in providing for the basic household needs of the children. They found that it made family-based care of children possible by helping to avoid a situation where children would have to be placed in an institution because there was no support for them in the family. Roelen et al., (2016:14) further state that the foster care grant is beneficial to South African households and communities as it has tremendously helped many communities that would have otherwise fallen into the poverty trap. They avoided it by making income available to many households thus decreasing income-based inequality.

5.3.2 Support from family members

Apart from a heavy reliance on the foster care grant currently at R920 (SASSA, 2018) received in respect of the child's care, studies have further documented foster parents' financial support from family members and own income and savings. These assisted in mitigating and overcoming the challenges associated with carrying out their care duties and meeting the needs of the children they foster. Some South African studies for example, (Bejane, 2012:74; Gono, 2015:94; Kgomo, 2009:85; du Plessis, 2015:47; Roux, Bungane and Strydom, 2010:53; Warwick and John-Langba, 2016: 2-3) reported that foster parents enjoyed tremendous support from family

members, mostly partners, own adult children, siblings, and other extended families which assisted them in meeting the care needs and challenges associated with fostering. These studies showed that the support enjoyed included family members partaking in domestic chores and caretaking, helping to take children for medical check-ups and clinic dates and administering medication to sick foster children (Warwick and John-Langba, 2016:2-3). Roux, Bungane and Strydom (2010:53) reported foster parents enjoyed support from own children helping with foster children's school and homework, helping with paying the bills, buying groceries, caring for children when foster parents are not available and disciplining the children.

Though some of these family members were reported to be initially hesitant of the foster children and the idea of fostering by their relations (du Plessis, 2015:47), they later changed their minds. This happened when they saw the need to help the less privileged and unfortunate in the society as time went on. This particularly related to non-family related placements. In both kin and non-kin placements, however, family members' understanding, acceptance and support is crucial to foster parents' successful execution of their fostering roles as it greatly eased the care burden (Bejane, 2010:74). Adequate preparation and involvement of the family members in the whole process of the placement by the placing social worker was observed to be key to securing their cooperation and understanding (Kgomo, 2009:85).

In addition to family support, foster parents also relied and depended heavily on their personal income for support as they fostered the children in their care. This related to money from formal employment and in the form of pension grants (Bejane, 2010:75). Studies in South Africa show a majority of them utilised money received from old age grants and savings from income generating activities like selling fruits and vegetables and engagement in sewing and beadwork projects (Kiggundu and Oldewage-Theron, 2009:393; Kuo and Operario, 2010:x). Some reported returning back to work after they had retired so that the additional income could supplement the foster care grants in order to be able to adequately meet the needs of the children (Gono, 2015:94; Nyatsanza, 2010:26). Similar findings consistent with results from South Africa in this regard are reported in international studies in Kenya (Kinyua, 2013:8), Uganda (Osafo et al., 2017:9), Burkina Faso (Hejoaka, 2009:873), and Australia (Blythe et al., 2013:92). These gestures speak of foster parents' view

and perceptions of their fostering roles as that of ‘a good mother’ obligated to do whatever it takes to ensure the welfare and well-being of the children in their care. This made them deploy their own personal savings and income to support the children in the face of apparent insufficient state and welfare organization support.

5.3.3 Community and organization-based support

Another major support and coping mechanism employed by foster parents in mitigating and overcoming care challenges reported in South African studies are community-based and organization-based support (Gono, 2015:97; Kiggundu and Oldewage-Theron, 2009:393; Ngonyama, 2013:57, 64; Nyatsanza, 2010:60; Nyasani, Sterberg and Smith, 2009:188; Roux, Bungane and Strydom, 2010:52; Tanga, Khumalo and Gutura, 2017:75; Warwick and John-Langba, 2016:3). Evidence from these studies indicated that tremendous support to foster carers arose from the involvement of the Department of Social Development, schools and some NGOs, non-profit organizations (NPOs), community-based organizations (CBOs) and faith-based organizations (FBOs) operating in the community. These organizations directly or indirectly assisted foster parents and the children in their care with material support and services which tremendously helped in resolving challenges around children’s care and well-being.

Major support and services rendered to assist fostering households included organizing and running emotional and psychosocial support groups where most foster parents enlisted and benefited by sharing their challenges while learning from and comforting each other (Kiggundu and Oldewage-Theron, 2009:393; Nyasani, Sterberg and Smith, 2009:188). These support groups apart from being therapeutic and restorative were in addition found by foster parents to serve as an opportunity to engage in activities which helped them remove their minds and focus from the hard realities of their fostering duties and roles by enabling them to be productively and profitably engaged (Gono, 2015:97). Support also came in form of school feeding schemes, regular home visits to assist with caring for sick children in the case of those caring for HIV-positive children, provision of drop-in centres which provided aftercare services rendering assistance with children’s school and homework and food after school and supply of material items such as food parcels and clothing

(Gono, 2015:99; Tanga, Khumalo and Gutura, 2017:75). Support further included organizing children's outing and school holiday programs to develop the children and keep them busy during the holidays to avoid involvement in delinquencies and crime (Phaka, 2015:52-54). Community home-based care services ensured that children's medications and treatment regimens were adhered to and that children are always in school with the correct books and uniforms and that foster parents are linked to relevant and necessary local and community resources (Gono, 2015:99-100).

A component of organization-based support is professional support services rendered and provided by caseworkers and placement agencies to foster parents and the children in their care to enable them to cope and overcome the challenges they face while offering care (Phaka, 2015:54). This involves regular visitation for supervision and contact with the foster family and the rendering of other direct material and psychosocial services. These are essential for the promotion of the well-being of the children and relief of the burden of care of foster parents.

This professional and agency support is crucial to foster parents and the children in their care. This is because of its potential to impact on children's outcome, placement stability and foster parents' satisfaction and retention (Kuo and Operario, 2011:1129). However, only one South African study by Kgomo (2009:86) reported foster parents to experience adequate professional and psychosocial support amongst the studies reviewed. Most studies (Mnisi and Botha, 2016:238,239; Roux, Bungane and Strydom, 2010:51; Warwick and John-Langba, 2016:5) reported foster parents experiencing insufficient or lack of professional and psychosocial support and services from caseworkers often due to shortage or high turnover rates of social workers.

5.3.4 Religion as a support mechanism

Another major support mechanism reported in studies in South Africa that form major support to foster parents is reliance on God, religion and spirituality. In this regard, studies conducted in South Africa, for example, Bejane (2012:75), Gono (2015:97), Nyatsanza (2010:59), Kgomo (2009:85,86) and Warwick and John-Langba (2016:4) reported foster parents to be heavily reliant on God and a supernatural power based

on their faith and spirituality as major sources of support and mechanisms for coping with the challenges associated with caring for their foster children.

Most of the foster parents perceived God as their lifeline and relied heavily on fellowship with Him in prayers and other members of their church congregation for spiritual strength and material support (Gono, 2015:97-98). The knowledge that God called them to do what they were doing and therefore were aware of what good they were doing in caring for these children in need was observed to be their source of strength (Warwick and John-Langba, 2016:4). Their strength further came from the fact that God knew the challenges that they encountered coupled with the fact that they knew He would reward them. Foster parents found attending church services and participating in church activities with other members of the congregation as not only therapeutic but also as opportunities to be busy and as a source of solace (Nyatsanza, 2010:24-25).

With particular reference to grandmothers foster parents caring for HIV and AIDS orphans, religious sermons and messages offered a soothing balm to them. This assisted them in overcoming the pains of losing children to the disease, guilt, stigma and discrimination associated with caring for AIDS-orphan (Bejane, 2012:75-76). They also obtained hope, knowledge and healing from the plague through religious teachings and messages. Church congregation also assisted with direct and practical support to fostering households like providing food parcels and other needed material items, home-based care, spiritual and pastoral support and income-generating activities and projects aimed at empowering foster parents to better care for the orphans and other vulnerable children in their care (Kgomo, 2009:85).

5.4 CHALLENGES FACED BY FOSTER PARENTS

Foster parents in South Africa provide care to abandoned, orphaned, abused and neglected and other vulnerable and at-risk children in the domestic setting of their homes. Fostering children with diverse needs and traumatic backgrounds demand that foster parents are committed and passionate. This is because they are required to essentially take responsibility for the daily provision of care in the stead of the children's parents. Such care duties and responsibilities entail the execution of daily caregiving tasks such as cooking and feeding, provision of a safe environment and

acting as a negotiator and linkage to resources needed for the development and maintenance of healthy growth and wellbeing (Blythe et al., 2013:88). Research, however, suggests that fostering these children in need of care in South Africa and globally involves serious challenges. These challenges have enormous impacts on the foster carers, their families and the children in the placements (Kuo and Operario, 2009:1). The discussion that follows explores some of these challenges.

5.4.1 Challenges associated with the fostering role itself

The first and major set of challenges which foster parents experience are associated with being foster parents. This entails and pertains to their caretaking and caregiving identity and roles. It involves the provision of care as foster parents to meet the needs of the children in their care in order to guarantee their healthy development and well-being. In this regard, several South African studies (Hlabyago and Ogunbanjo, 2009: 507; Kiggundu and Oldewage-Theron, 2009:391; Kuo and Operario, 2010: 346; Nyasani, Sterberg and Smith, 2009:185,187; Roux, Bungane and Strydom, 2010:47; Tanga, Khumalo and Gutura, 2017:74,75; Warwick, 2013:4) document financial challenges and lack of money to meet the care needs of children as fundamental to foster parents experiences as they carry out their care duties.

Foster parents report lack of finance to meet basic needs such as food, clothing, housing, school fees, paying electricity and water bills, health and other recreational or amusement needs of the children (Kiggundu and Oldewage-Thereon, 2009:391; Kuo and Operario, 2010:507). Most of the studies reported that the majority of foster parents are unemployed and that though most of the foster parents were in receipt of the foster care grant, it was insufficient as the majority of them depended solely on it for the care of the children (Nyasani, Sterberg and Smith, 2009:187; Roux, Bungane and Strydom, 2010:47). Those not receiving the grants are more disadvantaged considering the pervading poverty in the country and the HIV and AIDS epidemic with its additional concomitant special needs.

Studies elsewhere support findings from South Africa in this regard. For example, in a Canadian study by Smith (2014:40), financial challenges were reported by foster parents as inimical to their effective dispensing of their care duties and as a major

source of stress and strain on their fostering role. South African studies further report initial resistance, rejection and lack of support from family members, stigma and discrimination (du Plessis, 2015: 48) and foster parents' ill health associated with caring (Kiggundu and Oldewage-Theron, 2009:309; Kuo and Operario, 2010: 348). Kuo and Operario (2010:2010:348) further found isolation from social networks as major intrinsic challenges associated with their fostering roles. The experiences of being a foster parent, especially for the elderly carers of orphans and other abandoned and neglected children in South African studies show a mixed response.

This mixed response is seen in studies which indicated that elderly carers reported enjoying their roles. It was found to have given them an opportunity to fulfil cultural and moral obligations to care for a family member that ensured that children remained in the family setting without being destitute of care (Nyasani, Sterberg and Smith, 2009:184; Phaka, 2015:46). Roux, Bungane and Strydom (2010:48) found it offered an opportunity to have companionship and an escape of being lonely at an old age. Others reported of feelings of frustration, hopelessness and despondency for having to be burdened to care for children at an old age (Hlabyago and Ogunbanjo, 2009:509) and were not happy because they are too old, sickly and have a lack of energy and physical strength to care and deal with children's behaviour and intricacies surrounding children's care (Kiggundu and Oldewage-Theron, 2009:390).

In addition to these challenges, South African studies have also reported foster parents' major intrinsic challenges of being foster parents to include feelings of not being valued and undue suspicion to be financially motivated to provide care, (Hearle and Ruwanpura, 2009:429; Nyasani, Sterberg and Smith, 2009:189; Kuo and Operario, 2010:347). There is report of undue interference and intrusion by biological family especially with the management of the foster care grant (Mnisi and Botha, 2016:234) and conflict from family members because of decisions to foster and the devolution of the child's care (Hearle and Ruwanpura, 2009:428; Hlabyago and Ogunbanjo, 2009:509). These findings from South Africa are supported in Australia (Blythe et al., 2013:90), Botswana, (Ama and Seloilwe, 2011:59), Kenya (Kinyua, 2013:8,9) and Canada (Smith, 2014:40). The impacts of these experiences

and challenges have been found to result in foster parents' resentment towards children and consideration to withdraw from fostering (Smith, 2014:40).

5.4.2 Challenges associated with the foster child

Besides encountering intrinsic challenges arising from their choice to become foster parents, a number of South African studies reported extrinsic challenges associated with the foster child. Paramount among these child-related care challenges is children's behaviour and disciplinary problems (Hearle and Ruwanpura, 2009:428; Hlabyago and Ogunbanjo, 2009: 508; Kiggundu and Oldewage-Theron, 2009:392; Lunga, 2009:85; Mantsho, 2015: 74; Mnisi and Botha, 2016:232; Nyasani, Sterberg and Smith, 2009: 185; Simula, 2016:63).

Commonly reported children's troublesome and challenging behaviour included children's violation of routine and refusal to comply with foster parent's instructions and house rules (Hlabyago and Ogunbanjo, 2009:508) and refusal to do assigned domestic chores, dating and inappropriate sexual behaviour Nyasani, Sterberg and Smith, 2009:185-186). Other challenging behaviours included involvement in occult practice, alcohol, drug and substance abuse, returning home late (Mnisi and Botha, 2015:232) and absconding from home and sleeping out without permission (Kiggundu and Oldewage-Theron, 2009:390-392). It also included being cheeky and rude, disrespectful to foster parents and elders and physical violence, quarrels and fighting amongst foster children (Hearle and Ruwanpura, 2009:428).

Similar findings from other countries resonate with data from South Africa in this regard. Studies from Kenya (Kinyua, 2013: 8), Australia (Murray, Terren-Sweeny and France, 2011:150), the United States of America (Cooley, Wojciak, Farineau and Mullis, 2015: 212,213) and Canada (Smith, 2014: 52) all reported foster carers experiencing serious challenges with children's behaviour. This threatened the stability of placements and impacted negatively on carers' health and care outcomes. Predominantly, disturbing children's behaviour reported commonly included both internalizing behaviours such as anxiety, low self-worth or diminishing self-esteem, depression and externalizing behaviour such as substance use, defiance and absconding (Cooley et al., 2015:213).

Some reasons have been adduced in studies to children's development of behavioural problems in South Africa as seen in other parts of the world. For example, Hlabyago and Ogunbanjo (2009:510) found that children's behaviour and other antisocial problems in South Africa may originate from growing up without adequate parenting and support and emotional trauma resulting from parental loss. Other studies adduce being spoilt by the attention being lavished on children, poverty, being choosy and peer influenced when they reach adolescence (Kiggundu and Oldewage-Theron, 2009:392) and poor adjustment to the foster care placement and severance from family ties (Roux, Bungane and Strydom, 2010:49).

Furthermore, Hearle and Ruwanpura (2009:429) found family conflict and birth parents interference stirred mostly by contention for foster care grants was responsible for the phenomenon. Data from an Australian study (Murray, Terry-Sweeny and France, 2011:150) reported that children's behaviour is likely to be principally driven by placement instability and frequent changes of care placement. On the other hand, in the United States of America, Cooley et al., (2015:213) found foster children's worry, fear, anxiety due to why they are removed from parental care to alternative care and their fate in the new home and feelings of guilt were largely responsible for the development and display of behavioural problems.

Mnisi and Botha (2016:232,233) found that in South Africa, children's developmental problems led to elevated stress for foster parents and accounted significantly for placement instability and breakdown. Similar results were found in a Swedish study by Khoo and Skoog (2014:257-258). They reported that disruption and breakdown of foster care placements were mainly due to the display of uncontrollable behaviour by foster children. This is consistent with findings from Australian studies. Delfabbro, King and Barber (2010:22) in Australia found that children's behavioural problems led to placement instability and breakdown and the possibility of difficulty in finding future placements which ultimately will impact negatively on the child's health and wellbeing. Whenan, Oxland and Lushington (2009:752) also found that children's display of behavioural challenges contributed to placement disruptions and foster parents' unwillingness to continue to provide care.

Furthermore, extrinsic child-related care challenges encountered by foster parents as they provide care for the children in their care are documented in South Africa (du Plessis, 2015:51; du Plooy and Pretorius, 2014:364; Hlabyago and Ogunbanjo, 2009:508; Roux, Bungane and Strydom, 2010:52; Warwick, 2013: 53-61) involving children's physical and health care needs. This particularly relates to those caring for transracial foster care placements and HIV-positive children. Challenges revolved around adhering to ARV treatment and managing children's daily illness and medication (du Plessis, 2015:15; du Plooy and Pretorius, 2014:364; Warwick, 2013:53-61) and coping with the emotional trauma involved in experiencing the illness and eventual death of HIV-positive foster children. It also included knowing what hair and cosmetic products and food to utilise in caring for transracial foster children (du Plessis, 2015:51; Warwick, 2013:53-61).

Findings from these studies suggested that foster parents experienced limited social interaction and gave up employment. This was in order to pay more attention to children's health care (du Plooy and Pretorius, 2014:364) which heightened and elevated physical, mental and emotional stress and strain. These were occasioned and worsened by lack of adequate support, training and preparation in dealing with the issues by social work professionals (Roux, Bungane and Strydom, 2010:52).

5.4.3 Challenges associated with birth parents

Studies have also documented evidence of extrinsic challenges which foster parents encounter with the biological parents of the foster children as they execute their daily care duties for the children in their care. While these challenges apply to both foster parents caring for children with kin and non-kin relations, the nature and severity of challenges may likely differ between family-related and non-family related foster care placements. This may be due to differing birth parents' characteristics and kind of adversities (Famer, 2009:333). The most common challenge regarding foster parents' experience with birth parents and family of foster children is associated with contact and visitation rights of birth parents.

The UNCRC presumes that the child has rights to maintain contact and build relationships with the family when in alternative care, except when it is not in their

best interest (UN CRC, 1989, Art 9). Kiraly and Humphreys (2013:358) in line with this presumption, noted that contact is an identified right that has important benefits. However, studies in South Africa, (Hlabyago and Ogunbanjo, 2009: 509; Hearle and Ruwanpura, 2009:429; Mnisi and Botha, 2016:234; Warwick and John-Langba, 2017:43), the UK, (Kiraly and Humphreys, 2013:364) and Australia (Delfabbro, King and Barber, 2010:23) indicate that foster parents experience contact with birth families as problematic, stressful, trying, traumatic and disruptive.

These studies reported conflict between foster carers and birth parents regarding contact related to issues concerning children's safety and well-being. This played out in feelings of distress by parent's visits and contact and erratic parental behaviour during contact (Hearle and Ruwanpura, 2009:429). It also manifested in substance abuse and children displaying disloyalty to foster parents after parental visit (Warwick and John-Langba, 2017:43). Also, parental unreliability to meet visitation dates and schedules, birth parent's plea for assistance with visits and carers' difficulty and refusal to comply with contact arrangement were found (Delfabbro, King and Barber, 2010:23). However, studies in Spain, (Palacios and Jimenez, 2009:70) and the UK by Kiraly and Humphreys (2013:367) showed inconsistency and contrast with these findings indicating that parental contact was positive, beneficial and frequent.

South African studies further document foster parents' challenges with birth parents and families besides issues surrounding contact and visitation rights. Challenges relating to interference with care and accusation of misuse of foster care grants and the inciting of children against foster parents over grant spending (Hlabyago and Ogunbanjo, 2009:509; Hearle and Ruwanpura, 2009:429; Mnisi and Botha, 2016:243) are reported as constituting major experiences of foster parents with birth families. While these experiences create tension in the foster family with the potential of causing instability and breakdown, is capable of deterring foster parents' good relationship with neighbours.

Studies found that the above may lead to social exclusion as carers may be blamed for being the reason for child removal from parental care due to perceived gain associated with foster care grants (Hearle and Ruwanpura, 2009:429). Similar

findings are reported in Kenya (Kinyua, 2013:8, 9) where carers reported serious interference with care and being blamed by birth parents for being responsible for the reasons why children were removed from their care.

5.4.4 Challenges associated with the foster care system and placing agency

Foster parents' experiences with the foster care system and placement agencies as they executed their fostering roles before, during and after placements are finalized have been documented in South Africa. This is another area where they face major challenges. With regards to experiences with the foster care system and social workers before placements are made, reports from South Africa indicate that the major challenges foster parents face is the lack of adequate preparation and training for their caretaking and fostering roles (Mnisi and Botha, 2016:238; du Plessis, 2015:37; Warwick and John-Langba, 2016:5).

Manukuza (2013:2) and Sibanda and Lombard (2015:339-340) found that during placements, foster parents suffer the rigour of undue delay in finalization of children's court inquiries. This delay arose from the refusal of magistrates to make an order of placement especially with regards to related placements by interpreting section 150(1)(a) to mean family members have a legal duty to care for orphans without state support in foster care. Delay was further informed by the difficulty in obtaining accompanying identifying and other children's documents required for finalization.

Other studies found further challenges to be associated with services required after placement finalization which foster families were supposed to enjoy from social workers and placement agencies. In this regard, Hlabyago and Ogunbanjo (2009:508) and Mnisi and Botha (2016:238) found social work services in terms of psychosocial support services rendered through regular contact and visitation for supervision was lacking or experienced as inadequate. This was also reported by Roux, Bungane and Strydom (2010:51) and Strydom (2012:445).

These studies found that most of the time foster parents suffered physical exhaustion and financial burden because they have to commute to court every court date with the children due to the delay in finalizing the placement (Manukuza,

2013:2). They also experienced financial problems as they were not able to apply for the foster care grant on time due to lack of court order, even when the children were already in their temporary safe care as court processes take unnecessarily long (Sibanda and Lombard, 2015:340). Data indicated also that foster parents were not properly prepared regarding the processes involved with the court proceedings as in what to expect and the kind of children they were going to foster and how to cope with them (Warwick and John-Langba, 2017:43). They were stressed and strained when they began providing care for the children and challenges surfaced regarding the care needs of the foster children. Especially, those caring for children with disruptive behaviours, HIV-positive children and transracial foster care placement and they were not able to respond which led to tension that threatened the stability of the placement.

Foster parents resorted to innovating and seeking support and help by themselves from other sources as social workers were not always available to help them resolve the challenges (Mnisi and Botha, 2016:238-239). All these studies indicated that social work support and services were not rendered at all or adequately because of the unavailability of the social workers. However, du Plessis (2015:51) and Sibanda and Lombard (2015:345) reported that social workers made some contact with the foster family but could not do much as they themselves admitted to lacking sufficient training on the Children's Act. Some of them were new graduates from university and lacked knowledge and information about transracial foster care. They could not assist and support foster parents with necessary information that could be of help to them in caring for their foster children.

Apart from the above, studies in South Africa further show other areas where this manifested. This included foster parents' challenges with the system and placement agency's bureaucratic difficulties and frustrations encountered in negotiating services such as health care, education and grant applications (Hlabyago and Ogunbanjo, 2009:507; Hearle and Ruwanpura, 2009:431; Kiggundu and Oldewage-Theron, 2009:391; Kuo and Operario, 2010:346; Tanga, Khumalo and Gutura, 2017: 77). Difficulty in acquiring children's health cards and birth certificates and in some cases death certificates of children and their deceased parents essential and required for accessing health care services and applying for foster care grants were highlighted

in these studies (Kiggundu and Oldewage-Theron, 2009:391; Tanga, Khumalo and Gutura, 2017:77). These constituted great challenges as most of the foster parents did not have these documents since most of them did not know the whereabouts of the biological parents of the children in their care or such documents did not exist as the children's birth or parents' death were not registered.

These institutional challenges are reported in previous research in other countries. For example, in Kenya (Kinyua, 2013:8) and Australia (Blythe et al., 2013:91,92; du Preez, Richmond and Marquis, 2015:14). South African studies have adduced reasons for these human and institutional challenges. Studies suggest that these institutional challenges arise as a result of a severe discrepancy between policy intentions and practice (PAN: Children, 2013:4) and shortages of human and infrastructural resources (Proudlock and Debbie, 2011:2; Strydom, 2010:198; Sibanda and Lombard, 2015:343). Shortages in human and infrastructural resources in this regard included social workers, places of safety, children's court, children's court magistrates, labour inspectors and adequate government funding. This made it difficult to ensure the procurement of vehicles, telephones and fax machines and other office equipment (PAN: Children, 2013:4). Further driving constraints reported included high staff turnover rates resulting in high caseloads (Manukuza, 2013:2; Strydom, 2010:199; Sibanda and Lombard, 2015:344), inadequate training of social workers (du Plessis, 2015:51; Sibanda and Lombard, 2015:345) and high backlogs (Ngwenya, 2011).

The effect of these institutional and infrastructural problems naturally leads to situations where social workers merely performed their duties in a manner that looks more like 'rubber stamping' (Sibanda and Lombard, 2015:344). This results in a situation where they are not being able to provide an effect to the developmental social welfare service paradigm in practice which entails providing holistic prevention, early intervention and family preservation services (Schmid, 2010:2102). This is because they only respond to emergencies and in most cases even late due to the aforementioned human, institutional and infrastructural challenges (Sibanda and Lombard, 2015:344). These challenges have however been observed to heighten foster parents' stress and contribute to poor outcomes for the placement and the children in their care (Proudlock and Debbie, 2011:2; SAIRR, 2012:1).

5.4.5 Challenges associated with foster parent's own children and family

Social workers and other social services professionals, as well as researchers, are beginning to acknowledge and appreciate the possible impact that fostering and foster care placements may have on foster carers' own children and family. This is due to the fact that they live and interact with them in the foster home on a daily basis or as part of the foster family. Studies in South Africa and in the international literature have paid attention to exploring the impact that fostering has on foster carers' own children in the realization that such impacts may constitute challenges to foster carers. This may eventually impact on the quality of care, placement stability and care outcome (van der Riet, 2009:4-5).

When children are placed in the foster home, foster parents' own children and family are likely to be affected by the placements. This may result in responses that may produce short-term or permanent changes in the lives of both the foster parents and their children. These responses and changes affect foster carers and constitute major areas where they experience challenges as they execute their care duties as foster parents to family related and non-family related foster children. Understanding the way the foster parents' own children and family members experience the foster care placement is key to being able to design support and assistance geared towards helping them adjust and cope with the changes. This is in order to avoid situations of tension, conflict and instability in the foster home which has the tendency of causing elevated stress for carers (Khoo and Skoog, 2014:258).

A South African study, (van der Riet, 2009:63-92) exploring the theme of experiences of birth children in foster care placement in their homes indicated foster parents experiencing both positives and negatives. The study found that foster parents did not experience challenges with children in this regard if the birth children experienced foster care placements as positive. Some of the participants, birth children, reported to be positive about placement as it enabled them to gain new experiences, gained awareness of social issues, learnt more about life and were able to value their privileged positions in life as they saw others in need. The study

reported foster parents' own children to be proud of their parents for their job in caring for the needy and undertook to assist and cooperate with them in providing care for the foster children. A major finding in this regard was the discovery that the children who reported to experience foster care placement as positive experiences in the study had a good bond and relationship with their parents prior to the placement and were adequately prepared by social workers before the placement was made. They did not feel threatened by the placement.

In contrast, some birth children reported experiences to be negative about the placements reporting a disruption in the family equilibrium expressed by loss of position and roles, sharing of material goods, time and attention and support received from their parents (van der Riet, 2009:101). Challenges of foster parents in this area arose due to the birth children's feelings of anxiety and stress. This was occasioned by perceived neglect and less attention by their parents. In some cases this resulted in birth children living in seclusion and silence, frequent fighting and quarrels, teasing, rude behaviour and resentment towards parents and the foster child. These manifesting resentments with the ensuing fracas and conflict are stressors for the foster parent and foster children considering the importance that the support and acceptance of the foster family by the foster parents own children and family has on the functioning and success of the placement (van der Riet, 2009: 102-104).

Findings from international studies resonate with data from South Africa in this regard. Studies in the UK reported foster parents' major challenges associated with birth children related to being accused of paying less attention to them. They faced serious dilemmas in trying to treat all children in the foster home with equal attention and fairness (Sen and Broadhurst, 2011:298) and challenges relating to birth children resenting foster children and parents. This was found to be due to the perceived less attention, time, material goods and family outings that they experienced since the arrival of the foster children. This provoked feelings of being deprived of what they used to have in their homes.

In Scotland, Sen (2010:423) found feelings of being deeply hurt by the disruption experienced by the placement. Findings further indicated that foster parents reported

experiencing both positive and negative responses of birth children relating to the foster placement. This was because birth children helped with care tasks and served as a bridge between the foster child and foster parents and on the other hand felt deprived of equal treatment and fairness in discipline as they felt parents tended to be stricter with them than they were with foster children. Data from research in Italy by Canali, Maurizi and Vecchiato (2016:1) however reports that foster parents experienced birth children's response to foster placement as positive experiences as they felt they had an opportunity to make a difference and put smiles on the faces of others.

With regards to foster parents' challenges associated with family and extended family members, studies from South Africa, (du Plessis, 2015:47;Hlabyago and Ogunbanjo, 2009: 508; Kgomo, 2009:71) report foster parents experiencing challenges of initial rejection of them and the foster children and lack of support. Evidence from that study indicated that this attitude gradually changed with time as caretaking unfolded. This may have happened as deeper and better relationships developed between the family members and the foster children as they came to fully understand the plight of the children. This may also be due to the change of perceptions regarding the placement and assurance of their relationships and position in the family. Kgomo (2009:72-74) agrees with this assertion opining that limited contact and lack of interaction with others, especially of non-family members, other racial and ethnic groups or origin or not having lived with people in close proximity could occasion some form of resentment for them. This is likely to derive from acquired beliefs and ideas which may change when close interactions and associations with them occur.

What is apparent from the literature is the fact that foster parenting is not an easy task worldwide. Evidence revealed that many are experiencing significant strain in doing so. The challenges both have impacts on foster carers and children. For example, undue interference and accusation and suspicion of foster carers motive for caregiving could lead to foster carer's resentment towards the system and children as they feel not valued, unappreciated and consider withdrawing from foster care (Hearle and Ruwanpura, 2009:428; Kinyua, 2013:8). Financial challenges could result in an inability to provide basic needs such as quality food which could result in

malnutrition in children (Roux, Bungane and Strydom, 2010:47; Tanga, Khumalo and Gutura, 2017:74). While children's behavioural problems could result in placement disruptions (Mnisi and Botha, 2016:232), birth parents interference and unsupervised and unguided contact and visitations could strain foster parent-child relationships (Kiraly and Humphreys, 2013:369).

Furthermore, a lack of support from social workers could lead to foster parents' feelings of distrust and cynicism towards the social worker and the system and poor placement outcomes and retention problems (Blythe et al., 2013:92). Challenges with birth children could frustrate both foster parents and the children in the care. All these could lead to foster parent's developing stress-related illnesses due to care burdens associated with the added responsibility of caring for these children in need of care (Kiggundu and Oldewage-Thereon, 2009:390).

Considering the immense role that foster parents play in the child protection system by offering out-of-home family-based care to children in need of care in South Africa, identifying and understanding the care challenges which they experience and how it impacts on their physical, mental health and well-being and on placement outcome is imperative. This is crucial and key to being able to develop effective and appropriate strategies and interventions aimed at supporting them to mitigate and overcome the challenges. This is essential in ensuring continuity and retention.

5.5 CONCLUSION

This chapter discussed fostering in South Africa and globally. It examined the care motive which underpins their desire to take on the fostering roles. Themes covered in this regard included fostering due to moral and cultural obligation, no choice and desire to retain children in the family and heeding the calling from God. It further included the desire to make a difference, desire for companionship, love for children and sense of need for foster parents and monetary considerations. The literature on support and coping mechanism which revolves around reliance on the foster care grants, family and self and community and organization-based support was also reviewed and examined.

Reliance on religious belief, faith in God and spirituality which they employed while they executed their daily tasks of fostering these children in need of care were also explored. The chapter further specifically examined the challenges which foster parents experienced that are associated with their identity as foster parents and those associated with the children. It also looked at the challenges associated with birth parents, the foster care system and agency of placement and foster parents own children.

What is conspicuously absent from studies reviewed is the need and impact of support groups formed by foster parents themselves. Studies reported on the foster parents' reliance on and benefits of joining support groups formed by social workers and other stakeholders in the community. However, understanding the need for and how support groups formed by foster parents themselves impact on the foster parent and foster care placement outcome is important. This could be useful in facilitating resilience, engendering and fuelling passion and commitment and mustering a pool of first-hand experiences which could ultimately result in satisfaction and willingness to continue to care.

The next chapter discusses the research methodology employed in executing the current study.

CHAPTER SIX
RESEARCH METHODOLOGY

6.1 INTRODUCTION

Research methodology can be defined from various aspects. For example, Babbie and Mouton (2009:647) refer to research methodology as a systematic process which relates to the application of specific methods, procedures and techniques that are undertaken in the process of executing the research plan or research design. Similarly, Green and Thorogood (2014:57) view it as concerned with the description of how research data will be obtained, who the sample will comprise of and how the study data will be analysed. On their part, Gravetter and Forzano (2009:2) sharing the same sentiment, note that the term 'research methodology' refers to the scientific method that researchers use to answer specific research questions.

This chapter discusses the research methodology employed for conducting the current study. It describes briefly the area of study. A detailed discussion of the research approach, type of research, and the research design and the research paradigm adopted in the study is presented. It further goes on to highlight the methods used for data collection, population sample and the sampling technique employed. The methods used in verifying and analysing the data are also covered, as well as a discussion of the various ethical issues considered in the study and how they were resolved in the study and ends with a conclusion. The chapter begins with a brief description of the study area of the research and thereafter proceeds to discuss the research methods utilised in the study.

6.2 AREA OF STUDY

The study was conducted in De Deur which is one of the major towns situated in the Midvaal local municipality with other towns like Walkerville, Meyerton, Vaal Marina and Eikenhof. The De Deur area in terms of administrative classification and division falls within the western region and ward 11 of the Midvaal local municipality. The study area, which can best be described as a local/rural agricultural community of low-income settlement, lies along the border between Midvaal and Emfuleni local

municipalities. It is near the city border of Johannesburg and is north-west to the town of Meyerton. The Midvaal local municipality within which De Deur, the study area, is located is a category B municipality. It makes up one of the three municipalities in the Sedibeng district to the south of the Gauteng Province. The other two municipalities in this district are Lesedi and Emfuleni local municipalities.

The Midvaal local municipality (MLM) spans an area of 1722 km^2 with a total population of 111,612 and a 3.59% per annum population growth rate, whereby extensive farming constitutes approximately 50% of the area. This is because it is predominantly a rural area (MLM IDP, 2018: 44-45). Spatial features of the MLM includes 58 townships with 30996 stands, 85 farms of 3415 portions, 34 agricultural holdings and other settlements with 4334 small/agricultural holdings including De Deur. Main economic sectors in the area consists of manufacturing contributing 25.1%, community services constituting 22.5%, finance making of 28.4%, trade (11.4%), transport (6.1%) electricity (5.7%), construction (5.7%) and agriculture (2.6%) (MLM IDP, 2018:44-45).

Information from the MLM IDP (2018:44-48) further indicates that the area of the study shows diversity in racial and demographical characteristics. The Black African population makes up the largest group with 55643 (58.39%) people, the White population comes second with 36869 (38.69%), the Coloured population with 1558 (1.63%) and the Indian/Asian population with a total of 750 (0.79%) people. The majority of the foster parents (fourteen) were of the Black African population followed by the White population (five) while only one foster parent was from the Coloured population with no foster parents of Indian/Asian origin in the study. The demographic composition of the population of the MLM in terms of gender indicates slight differences between the male and female groups. The males consisted of 57926 (52%) while females were 53685 (48%) of the population with a sex ratio of 107.9% males per 100 females. The population of the MLM is vibrant as a large percentage are mainly youths and are of working age. This translates to 23.1% of people under the age of 15 years, 68.8% of people between the ages of 15–64 years and 8.1% above the 65 age group.

These numbers portend well for the area as it shows that there will always be a pool of young and energetic carers to recruit for the caring of children who may need alternative care, especially in this HIV and AIDS context. The dependency ratio per 100 according to the Integrated Development Plan (IDP) report for 2016 for the population group (15-64) was 45.3%. This may be due to the lack of income resulting from unemployment which as the study found impacted on child care. In terms of education, 4.0% of the MLM population have no schooling, 39.6% have a matriculated education while 14.1% have higher education schooling. In addition, the MLM boasts a large number of formal dwellings which constitutes 82.9% of all dwelling types in the municipality and a 56.5% ownership. This means that there are no problems with indecent accommodation or housing problems also reflected in this study. The average household size was 2.9% while 28.5% of households were headed by women (MLM IDP, 2018:44-48).

The Midvaal Economic Analysis (2015) was conducted using 2011 census data. It indicated as expected, due to the rural nature and economic configuration of the area and the educational qualification of the population, a general unemployment rate of 18.8% and 25.4% unemployment rate in the 15–34 age group. Income earned across households in the MLM was broadly distributed with households earning the highest portion falling within the R21 350–R42 698 per annum range with 13.9% of all households earning no income. This data impacts on the capacity of households to adequately meet the care and welfare needs of its members as was seen in the study with foster parents reporting financial problems as primary challenges to child care and fostering. The study was conducted in light of these statistics pointing to the socio-economic demographics of the area. It provided powerful information on how they combined and interacted to impact on the foster parents and their fostering roles and duties as they provided care to their non-family related foster children.

6.3 RESEARCH APPROACH

The general approach adopted in studying a particular phenomenon of interest to any researcher is observed to be referred to as the ‘research approach’ or ‘research strategy’. Gravetter and Forzano (2009:33) stated that the choice of approach to follow in any particular study is determined by the research question and goal of the

research study. Marlow (2010:13) however noted that there is a debate regarding the use of quantitative or qualitative research approaches in social work. The debate according to the author represents a divide. On the one hand are those scholars mainly epitomising the positive tradition. They claim that social work stands the chance of losing professional credibility and erosion of prestige should it not stick to the use of quantitative, structured, statistical methods of studying social reality as done in the natural sciences. On the other divide is the interpretive, constructive tradition. These scholars insist that social reality cannot be subjected to the same quantitative methods used in the natural sciences. This is because the object of social work and social sciences are human beings with complex behaviour which may not always be amenable to objective observation and measurement. Marlow (2010:13) argued along these lines positing that the main thrust of the interpretive approach is the assumption that only by obtaining real-life experiences from participants who experience a specific situation on a daily basis can the research add to the theory on social work.

Green and Thorogood (2009:5,38) also share the opinion and view that the goal, aim, or purpose of a study (among other factors) determine whether one should use the qualitative approach as the principal or sole research approach. They maintain that if the aim is "to understand the perspectives of participants, explore the meaning they give to phenomena, or observe a process in depth, then a qualitative approach is properly appropriate". Alpaslan (2010:14-15) advises that when a phenomenon to be studied holds the following features, a qualitative research approach should be followed: '(1) when the phenomenon is ill-defined/not well understood, (2) when the phenomenon being studied is deeply rooted within the participants' personal knowledge or understanding of themselves, (3) when the phenomenon being investigated needs to be understood from the vantage point of an individual or group that occupies a singular or highly specialised role in society and (4) when the phenomenon being investigated is of a delicate and sensitive nature and when target populations are vulnerable'.

In order to address the research problem that this study concerned itself with, and to answer the research questions, the researcher compared the quantitative and qualitative research approaches according to definitions, points of departure and

differences. Essential aspects were described so that we could discover what conditions determined the applicability and reason for the choice of the approach adopted in this study.

In this regard, it was noted that quantitative researchers rely on measurements to compare and analyse the differences between two or more variables (Ryan-Nicholls and Wills, 2009:72). On their part, Wiid and Diggines (2013:59) observed that measurement was further used to answer, explain, predict and control phenomena. Qualitative researchers, on the other hand, are interested in understanding how people interpret their experiences, how they construct their world and what meaning they attribute to their experiences (Merriam, 2009:5). Gravetter and Forzano (2012:158) noted that although the research process is broadly the same in both quantitative and qualitative research approaches, they are differentiated in terms of data processing and analyses and the styles of communication of their findings. Creswell (2009:13) and Merriam (2009:14-19, 23-37) provide plausible illustrations of the differences and similarities between qualitative and quantitative research approaches. They did this in terms of the role of the researcher, the purpose of research, research process, data collection, research design, data collection techniques, data analysis technique and reporting of findings.

According to these authors, in quantitative research, the role of the researcher is that of an objective observer with limited involvement with the phenomenon under investigation. The purpose of research is focused on specific questions or hypotheses in which relationships are established, confirmed or validated. The process involves carefully structured guidelines to conduct the study and data collection involves the use of standardised means of measuring variables already identified and designed before the study begins. The research design is experimental in nature, while data collection techniques are through questionnaires and experiments. Data analysis relies heavily on deductive reasoning while maintaining objectivity and findings are reported mainly through the use of numbers and statistics (Creswell, 2009:13; Merriam, 2009:14-19).

In qualitative research, the role of the researcher is to gain a first-hand and holistic understanding of the phenomenon. They are interested in exploring and describing

how people interpret their own experiences and construct their own world. The process is more holistic and evolving in nature and design and data collection methods can change during the research with the researcher maintaining an open-mind in the field. Data is loosely structured with the assumption that reality is not easily divided into measurable variables. The research design is more interactive in nature with examples such as phenomenology and ethnography. Data collection techniques involve interviews and focus groups discussions while data analysis makes use of inductive reasoning. The data are scrutinised for knowledge of themes and sub-themes while findings are reported using words and narratives (Creswell, 2009:13; Merriam, 2009:14-19).

Given the above, the researcher opted for the qualitative approach in this study in light of the call for a more in-depth study. The focus of the study was on the experiences of foster parents caring for AIDS-orphaned and other at-risk and vulnerable children in South Africa. This was informed by the realisation that there is minimal information and data in the literature as identified by empirical studies (Hearle and Ruwanpura, 2009:423; Kuo and Operario, 2009:9). The study utilised this approach further in view of the knowledge that a qualitative approach is more suited for studies seeking to explore and describe the lived experiences of people in detail and using their own terminology.

The rationale for the use of this approach premised from the study's aim, goal and purpose which aligns with Green and Thorogood's (2009:5,38) sentiments. This is with regards to their opinion regarding the suitability for utilization of the qualitative approach in exploring, describing and understanding how people construct and make meaning of their own experiences and the social world. The researcher viewed the participants as people with first-hand knowledge and experiences of the phenomenon under investigation (daily lived experiences and challenges in providing care to non-family related foster children). Therefore they were more suitable and qualified to provide information and empirical evidence in this regard.

Creswell (2009:4) defines qualitative research as 'a means for exploring and understanding the meaning individuals or groups ascribe to a social or human problem'. In this regard, the process of research is conceived as involving the

‘incorporating of emerging questions and procedures into the evolving shape and direction of the research endeavour. It involves the collection of data typically in the participants’ setting and a process whereby data are analysed inductively building from particulars to general themes, with the researcher making interpretations of the meaning of the data’ (Alpaslan, 2010:13). This study utilised the qualitative approach in light of this knowledge.

6.4 TYPE OF RESEARCH

There is a general awareness that classifying and distinguishing the various categories of research is difficult due to different terminology employed by different researchers. Schauz (2014:273) however observes that despite this difficulty and confusion, research could be classified based on certain factors and characteristics of the research. These revolve around the methodological considerations of the research, the type of knowledge that it engenders, the nature of research utility and the problem of the investigation. Gulbrandsen and Kyvik (2010:344) concur, stating further that the most common distinguishing and classifying ground of all research, whether in the natural or human sciences is the utility of research. In their conception, research can be classified based on utility as either basic or applied. They, however, note that there may not be a separation as there is a tendency for eclecticism and an overlap in ground level readings.

Schauz (2014:274) views basic research as a research endeavour mainly with the purpose of generating knowledge about a phenomenon. This is to promote and engender a clearer understanding and deeper insight without necessarily geared towards solving a practical problem. Basic research in this light seeks principally to improve and enhance general knowledge about the object of reality under investigation. In basic research, the driving force behind the curiosity is on widening frontiers of knowledge and not the creation or invention of something or a solution to a problem. Applied research to this author refers generally to research that involves the study of a phenomenon with the primary object of applying knowledge acquired for the practical purpose of solving a problem or issue regarding the phenomenon under investigation. In other words, applied research has a tendency for practical relevance by seeking to use knowledge to solve particular problems. Basic research, on the other hand, is concerned merely with the expansion of knowledge without

necessarily worrying about the immediate practical value for intervention to solve a problem.

This research study in the light of the definition falls within the basic research category. Basic research, also known as pure or fundamental research, as highlighted above, is principally concerned with improving and enhancing scientific knowledge. This study aimed to foster and promote a better understanding and build theoretical knowledge and explanations on fostering and the foster care system. By exploring the experiences of foster parents caring for non-family related foster children, powerful insights are generated that enhances and improves our understanding and theoretical explanations of this phenomenon. This therefore provides testimony that underpins basic research in this regard.

Nevertheless, this research possesses some elements which have the potential for being classified as an applied research study. It contained ingredients which could be regarded as technological in nature. This refers to the objective to formulate the best strategy for the recruitment and retention of quality non-family related foster parents. The objective in this dimension is more than just seeking to advance and improve scientific knowledge about the phenomenon which describes the preoccupation of basic research. It represents a point of eclecticism and overlap in the domain of applied research by offering a technology which could prove invaluable in solving foster parents turnover and the problem of a lack of quality foster carers. Gulbrandsen and Kyvik (2010:345) resonate with this assertion opining that though basic research may not be orientated directly towards current conditions, it could contain conclusions relevant in stimulating and directing future applied studies and research. This is particularly the case of this study.

6.5 RESEARCH DESIGN

Fouché, Delport and de Vos (in de Vos et al., 2011:142, 143) observed and acknowledged the difficulty in providing a clear and unambiguous definition of the term ‘research design’. They note that this stems from confusion surrounding the different terms used to refer to the process of designing a research study. They, however, refer to a research design as connoting a step in the research process meaning ‘groups of small, worked-out formulas from which prospective quantitative

and qualitative researchers can select that is suitable to their specific research goals and objectives'. Nieuwenhuis (in Maree 2010:70) defines a research design as a 'plan or strategy…specifying the (how and from where participants will be selected), the data gathering techniques to be used and (how) the data collection will be done'. Green and Thorogood (2014:36) and Wiid and Diggenis (2013:54) offer similar definitions viewing research design as a decision about what to study, how data would be generated and analysed.

On his part, Creswell (2009:5) conceived the research design as the plan or proposal to conduct research which involves the intersection of philosophy, strategies of inquiry and the specific methods. He further states that in planning a study, researchers need to think through the philosophical worldview assumptions that they bring to the study, the strategy of inquiry that is related to this worldview, and the specific methods or procedures of research that translate the approach into practice. It is suggestive and is automatically apparent from Creswell's position that the philosophical worldview that a researcher holds will ultimately determine the strategy of inquiry (research design). This is because it will eventually determine the methods to be employed as it would seem that the three are intertwined.

The qualitative researcher may, according to Fouché and Schurink (in de Vos et al., 2011:312,313) and Creswell (2009:13), choose from the following research designs: ethnographic, biographical, grounded theory, case study, phenomenological, narrative, explorative, descriptive, explanatory and contextual research designs. Bhattacherjee (2012:6-7) offer similar ideas about the different types of research designs described in the qualitative literature as phenomenology, ethnography, grounded theory, case study, biographical research and historical design. The author states further the definition and different social contexts and situations that best suit the application and employment of each.

According to Bhattacherjee (2012:6-7), phenomenology is essentially concerned with searching for the essence of social phenomena and focuses on the study of lived experiences of people. The design, in this sense, is, therefore, best suited for studies with the desire to understand the lived experiences of individuals and their intentions within their 'life-world'. The author opines that this is most appropriate in providing

answers to research questions that seek to explore ‘what it is like to experience a social phenomenon’. Ethnography seeks to gain an understanding of people by scientifically studying their culture or subculture through the analysis of their symbols, rituals and customs by observing them and documenting information about their daily life experiences. The grounded theory research design, on the other hand, generates and derives theoretical explanations about a phenomenon from data and information gathered from the experiences of participants affected by the social phenomenon under study. This is then used to provide insight and explanation on that reality (Fouché and Schurink in De Vos et al., 2011:312-313; Wiid and Diggines, 2013:55-56).

Furthermore, while case study designs focus on a small sample of participants studied in a more detailed way, biographical research designs are noted to be systematic studies focusing on providing comprehensive information about individuals. This is done through the use of life stories normally obtained through the use of interviews. Similarly, historical research design according to Nieuwenhuis (in Maree, 2010:72-73) is concerned with obtaining a new perspective or insight about a phenomenon by studying its past manifestations through the study and examination of records, archives, diaries, books, videos or biographies in order to know what has been, what is and what ought to be.

Wiid and Diggenis (2013:55-56) noted that a researcher may employ specific objectives in a qualitative study which may be explorative, descriptive, conclusive and causal. Wiid and Diggines (2013:56) posit that social sciences research is notably predictive, descriptive, explorative or evaluative in terms of its goals. With reference to this observation, the type of qualitative design that this study utilised was the phenomenological, explorative, descriptive, and contextual design. This was in line with the goal and objective of the study which was to explore and describe the daily experiences of foster parents caring for non-family related foster children in De Deur, Gauteng Province, South Africa.

This study included an explorative design in order to gain and develop insight, understanding and information about an area regarding the experiences of foster parents caring for non-family related foster children. This is an area where little or

nothing is known which according to Wiid and Diggenis (2013:56) is the cardinal aim of explorative research. The study contained a descriptive phenomenological design because the study sought to provide an in-depth description of the phenomenon under study (Wiid and Diggenis, 2013:56). It aimed at eliciting important information that informs the extent of the particular problem (Bhattacherjee, 2012:6-7) and gathering rich first-hand information and data based on facts and reality as experienced and related by participants (Wiid and Diggines, 2013:55-56). It finally included a phenomenological contextual design because the study sought to examine the experiences of foster parents in a specific context (care for non-family members), as it acknowledged the influence of the natural environment on the perspectives, experiences and responses of participants (Green and Thorogood, 2014:36-37). It was because most causal processes are context and condition bound.

This study adopted a phenomenological design for a few reasons. It is because phenomenological research is a strategy in which the researcher studies human experiences and social action and gains an understanding about a phenomenon through the ways the participant or subjects construct their everyday realities. In this sense, phenomenology doubles as a philosophy as well as a method as Fouché and Schurink (in de Vos et al., 2011:316) noted succinctly. It enables original ground level insights about lived realities to be gained by emphasizing the removal of focus by the researcher from the variable studied to the meaning the participants attach to it. Fouché and Schurink (in de Vos et al., 2011:317) state that this change of focus enables the researcher to detach themselves from the social life and phenomena under investigation. This further enables them to maintain a neutral position regarded as useful in incorporating important “ideas, topics and things often glossed over as trivial in studying social phenomena” (Fouché and Schurink in de Vos et al., 2011:317).

Following from this, the choice to employ the phenomenological method of inquiry stems from and is embedded in its logical assemble in the qualitative paradigm of inquiry which this study expresses. It logically collocates as this study is concerned with understanding, exploring and describing the experiences and challenges of foster parents caring for non-family related foster children.

6.6 RESEARCH PARADIGM

De Vos and Strydom (in De Vos et al., 2011:41) opine that a common feature of all scientific research is that they are guided and represents a particular and distinctive point of view which is generally referred to as a paradigm. Kivunja and Kuyini (2017:26) refer to a paradigm in research parlance as a researcher's worldview which reveals and represents their perspectives, thought patterns or school of thought or set of shared beliefs. These play a significant role in determining how they make meaning and interpret research data. The important deduction from the term paradigm is that it is the lens through which a researcher observes the object under investigation. This is determined by their philosophical assumptions and belief, or scholastic background, discipline or experiences that influence the research process from beginning to the end.

There is an awareness that key components of a research paradigm include epistemology, ontology, methodology and axiology. Kivunja and Kuyini (2017:26-28) posit that the epistemology of a paradigm deals with the issue of what to 'admit as knowledge and how we come to know the truth or reality'. This involves what constitutes knowledge in terms of its nature and form and how it could be acquired and disseminated. It asks the question, "is knowledge to be acquired or something to be experienced personally?" (Kivunja and Kuyini, 2017:26-28). Ontology deals with the philosophical assumptions about the nature of reality which the researcher holds that assists them in making sense of the social reality under investigation. This provides the mental platform to conceptualise the form and nature of the reality which is crucial in helping to orientate the researcher's thoughts about the research problem. It asks the question, "what is the nature of reality? Is reality out there in the social world or is it a construction created by one's mind?" (Kivunja and Kuyini, 2017:26-28).

Furthermore, as part of the key component of a paradigm, Kivunja and Kuyini (2017:26-28) posit that the methodology of a paradigm is compatible and aligned with the espoused philosophical worldview adopted by the researcher. It describes and dictates the logical systematic process followed to answer the research question and realize the research objectives. This includes the choice of data gathering,

analysis and verification instruments and population and sampling techniques. It asks the question, “how shall I go about obtaining the desired data and knowledge?”. Axiology of the paradigm refers to the ethical issues involved in the research project. It asks the question, “what are the moral issues and characteristics that need to be considered?” (Kivunja and Kuyini, 2017:26-28).

Different categories of philosophical paradigms exist in the literature. For example, Kivunja and Kuyini (2017:30-36) identify the positivist, interpretivist, critical and pragmatic worldviews as principal divisions. Creswell (2009:5-10) classifies them as positivist/post-positivist, social constructivist, advocacy and participatory and pragmatic paradigms. Positivist and post-positivist philosophical worldviews are mainly used in the natural sciences. It holds ‘a deterministic philosophy in which causes probably determine effects or outcomes’ and ‘the objective reality that exists out there in the world’ (Creswell, 2009:7). The advocacy and critical paradigm concern itself with issues of social justice and marginalization and action to change them. Pragmatic paradigm advocates for flexibility and a mixed approach to studying the phenomenon in order to promote wider and greater scope of coverage and depth (Creswell, 2009:10).

The philosophical paradigm which this research espouses and that guided the execution of this study is the interpretivist or social constructivist paradigm. Creswell (2009: 8) and Kivunja and Kuyini (2017:33-34) not only posit that the interpretivist or social constructivist paradigm is best suited for qualitative studies such as this study, they noted that it offers a succinct option for studies seeking to understand the lived world and experiences of people from their own perspectives. This is because the interpretivist or social constructivist paradigm believes in the subjective world of human experiences and that reality is socially constructed. This belief in subjective reality and social construction of it necessitates the ‘getting into the head’ of the subjects being studied. This is done in order to understand and interpret what they are thinking or the meaning they are making of the context (Kivunja and Kuyini, 2017:33).

Since this study’s aim was to explore the experiences and challenges of foster parents caring for non-family related foster children, it operated from this paradigm

with the understanding that the social reality (experiences and challenges of foster parents) cannot be understood from the standpoint of the researcher. This could only be socially constructed by an interaction between the researcher and the participants thus making the context vital for knowledge and knowing (Kivunja and Kuyini, 2017:33). This was achieved through the researcher interviewing and questioning the participants and making sense of how they unveiled the reality to the researcher from their own perspectives. This paradigm influenced the methodology and entire research methods employed from the choice of the research topic to data collection, analysis and publication of findings including ethical considerations.

6.7 DATA COLLECTION

Collecting data for a study is important and involves certain steps. Creswell (2009:178) posits that these steps include setting the boundaries for the study, collecting information through unstructured or semi-structured observations and interviews, documents, and visual materials, as well as establishing the protocol for recording information. There is a large body of knowledge concerning how data could be gathered from a qualitative research design and approach. According to Marshall and Rossman (2011:137), qualitative data gathering methods commonly utilized by researchers include interviewing, focus-group interviews and participant observations.

Descombe (2010:175-178) provides a comprehensive discussion on qualitative data collection instruments in social research identifying observation, interviewing, testing, selecting and analysing texts as the four primary methods commonly employed. He further identifies specific types that are associated with the major data collection tools. These include experimental, systematic and participant observation as types of observation data collecting instruments. Interviewing consists of a structured self-administered questionnaire, structured telephonic interviewing, semi-structured interviewing and free attitude interviewing.

On his part, Nicholls (2009:642) identified three main methods employed by social sciences research from a qualitative approach as observation, in-depth interviews and focus group discussions. As a qualitative phenomenological, explorative, descriptive and contextual research study, two common methods of data collection

were utilised, namely in-depth interviews and focus group discussions (Marshall and Rossman, 2011:173).

Greeff (in de Vos et al., 2011:342) stated aptly that in qualitative research, the most common method of data collection utilized by researchers is the interviewing method adding that it could be conceived as an interaction between people designed to facilitate the sharing of information between people involved (participant and researcher). Monette, Sullivan and Dejong (2009:163) define qualitative interviews as "attempts to understand the world from the participant's point of view, to unfold the meaning of people's experiences and to uncover their lived world prior to scientific explanations". An in-depth interview, or qualitative research interview, according to Green and Thorogood (2009:285) "aims to allow the participant to speak at length, in details, in ways in which (he is) most comfortable, on a given topic. The interviewer/researcher might have a topic guide, but not a strict pre-determined schedule of questions". Nicholls (2009:640) described this process as a semi-structured or focused interview. He posited that in this type of interview, the researcher is flexible with their wording and the ordering of the questions contained in the interview guide which they use to guide and direct the interview. This is to enable them to respond to the way the interview is developing without losing focus on the issues to be covered.

For Nieuwenhuis (in Maree, 2010:87-88), an interview is a method of data collection by a researcher described as a two-way conversation that allows them to gain an in-depth understanding about the participants' ideas, beliefs, views and opinions. This is consistent with the aim of a qualitative research to construct social reality from the worldview of the participants who have first-hand experiences of the phenomenon. For an interview to be successful according to Monette, Sullivan and DeJong (2009:178), requires the researcher to be skilful and creative so that they would be able to manage the relationship and conversation. This is in order to elicit and obtain quality and large quantities of data which is rich in real-life experiences of the participants interviewed.

According to Merriam (2009:89-94) and Marlow (2010:164-165), the researcher adopting a qualitative research stance and who wishes to use the interview methods

to gather data has a choice between structured, semi-structured and unstructured interviews. To these authors, utilizing a structured interview, the interviewer comes with a set of questions that have been prepared in advance that cannot be changed but must be rigidly followed in a structured questionnaire format. Du Toit (2013:75) states that this form of structured interviewing has inherent limitations. This is due to its nature which makes it difficult for participants to fully express their views on certain issues which are relevant and important to the topic but which may not be covered in the interview guide. This results in issues being missed or glossed over. In a semi-structured interview on the other hand, though the interviewer is guided by an interview guide that contains a list of questions, the interviewer is more flexible as they have more liberty to explore perceived leads and can change the wording or the order of questions to respond to the way the interview unfolds. To Nicholls (2009:640), unstructured interviews or non-scheduled interviews are a method of data collection whereby the researcher has no formal questions or schedules prepared, but rather engages the participants in whatever topic or information that arises by the participants. Nieuwenhuis (in Maree, 2010:87) refers to this type of interview as an open-ended interview which is merely a conversation used by researchers to facilitate insight and understanding about certain events or phenomenon by people acknowledged as knowledgeable.

Du Toit (2013:76) observed that deciding which form of interviewing to use in data collection in any study rests on the type of research approach and design utilized in answering the research questions. He states further that this rests on determining which method is most appropriate for the particular research approach and design. To this end, he opines that for qualitative researchers more concerned with gaining rich first-hand information on the real-life experiences as experienced by the participants, the most appropriate interviewing method would be a choice between semi-structured or unstructured interviews as opposed to a structured interview.

For the purpose of collecting data for this study, in-depth interviews with the aid of the semi-structured interview guide were utilised with a great degree of flexibility approximating an unstructured, one-to-one ‘conversation with a purpose’ style (Greeff in de Vos et al., 2011:348). This was chosen as it enabled the researcher

and the participants to explore their opinions, facts and perceptions regarding their experiences in caring for non-family related foster children.

Researchers are aware of the important place of questioning as an interviewing technique. Open-ended and close-ended questions are observed to be the major options they can choose from when employing either structured, semi-structured or unstructured interviews methods of data collection to execute their research study. Babbie and Mouton (2009:223) provide an understanding of the difference between these two types of questioning. They state that open-ended questions are those that promote the freedom of participants to freely express their views because it enables and encourages them to provide their own answer to a question. The close-ended question requires the participants to choose an option provided by the researcher.

For the purpose of this study, open-ended questions were employed so that participants could fully express themselves on the questions and the topic. This was with the hope that it would facilitate the researcher's understanding of their experiences of caring for non-family related foster children and how they interpreted their experiences. For example, the researcher included the following questions in the interview guide focusing specifically on the research topic: (1) what are the daily experiences involved in caring for your non-family related foster child?

In questioning the participants during the face-to-face individual interviews and in the focus group discussions, the researcher utilized probing or sub-questions. This was used as a follow-up inquiry to the main questions. For example, as in the above question, a probing question was asked: 1(a) What are the experiences regarding your relationship with the foster child; (b) experiences regarding the relationship between you and your own children and family because of the foster child? and 1(c) experiences regarding you and the biological parents or family of the foster child if known?. This was in line with the idea by Merriam (2009:100) who suggested that, in order to obtain the maximum amount of data, the researcher could use probing as an interview technique in addition to questioning. The advantage of this technique is that it enabled the researcher to follow-up and explore an idea that had already been said.

Nieuwenhuis (in Maree, 2010:89) adds to this description, and suggests that the researcher may use one or more of the following forms of probing: (1) Detail-oriented probe which according to him serves the advantage of ensuring that the researcher comprehends important responses of the participants regarding the 'who, where and what' of the answer. The author, however, cautions against the use of the 'why' question by the researcher in probing further the participant's view noting the sensitive nature of it as it may produce the negative effect of intimidating participants who may feel offended or attacked by the researcher; (2) Elaboration probes: researchers utilize the elaboration probing technique according to Nieuwenhuis when they are interested in eliciting detailed revelation and information about an issue by asking and encouraging the participant to comment more about the issue or response while not compelling them against their wish and (3) Clarification probes: used to ensure that the researcher understood the responses of the participants correctly (Nieuwenhuis in Maree, 2010:89). The researcher employed and utilized all three ways of probing as identified above in order to ensure that a well understood, full, well-grounded, in-depth qualitative data regarding the experiences and challenges of the foster parents caring for non-family related foster children in the study area was obtained and documented.

The aim in choosing this type of interview mode, as discussed above was to allow participants to speak at length and in detailed ways comfortable to them in order for their experiences to be elicited and for the issues under study to be well covered. Questions about each issue for exploration was asked in an open-ended manner to assess whether more information could be obtained (Monette, Sullivan and DeJong, 2009:178).

Biographical profile questions containing the age, sex, nationality, race and number of foster children were also included in the interview guide. This took the form of an open-ended conversation with a view to providing a congenial atmosphere for the researcher to explore with the participants their care experiences and challenges. It was also to explore their care duties and support and motivations for caring for non-family related foster children in the area under study. The data collection instruments, that is, the in-face-to-face individual in-depth interviews and focus group discussions together with the questions to be asked during the interview and the

location where the interviews would be conducted was mutually negotiated and communicated to them. This included the approximate time and duration of the interview session.

To ensure that sufficient and well-grounded data and information was obtained from the participants through the probing technique applied, the researcher employed communication and interview skills such as listening and requesting for clarification of ideas and points. This made it possible to unveil and elicit responses regarding their experiences and challenges as foster parents caring for non-family related foster children in the area under study. It permitted the participants to freely and without undue influence participate in the research and feel a sense of ownership and control of the process. Sheafor and Horejsi (2010:149) described active listening in interviewing as the kind of listening technique which enables the researcher to skilfully and simultaneously respond and acknowledge the participants' verbal and non-verbal messages while the interview process and session takes place. This is observed to foster better grasping and assimilation of what is being said and not spoken (Sheafor and Horejsi, 2010:149).

Nieuwenhuis (in Maree, 2010:88-89) resonates with this stating that the characteristic feature of a successful interviewer consists primarily of the ability to manage the interactional process such that participants feel actively involved without the researcher attempting to solely own and dominate the interview. It also involves maintaining a non-critical and non-judgemental stance knowing and understanding that his role is to obtain the perception of the participants and not to judge. This technique guided the researcher as it was carefully applied during the interviewing process whereby field notes were taken of the relevant non-verbal data observed. This was key to the communication of crucial information regarding the experiences and challenges of the foster parents and was added to the transcripts of the interviews and focus group discussions.

Greeff (in De Vos et al., 2011:344-345) provides a list of suggested communication skills and techniques that may be utilised to ensure that maximum data is obtained from the participants. This becomes important in the face of the recognition that effective and active processes of interviewing are more than asking and recording

responses. The communication techniques included minimal verbal response like an occasional nodding which indicates to the participant that the researcher is listening and paraphrasing involved in restating the participant's response in another way while not altering the meaning. Further communication skills included clarification referring to ways of obtaining a clearer understanding of what participants are saying, for example, 'you seem to be saying' and reflecting the meaning of a technique utilized in referring to what has been said. This is in order to get a wider and deeper explanation.

In addition to these is the use of encouragement skills which is used to keep a participant on a particular line of an idea or thought so that increased revelation and information could be gathered from that level of abstraction. For example, the researcher would say, 'I find that fascinating, tell me more'. A further use of commenting techniques is the way the researcher can contribute to a discussion or topic that represents their own view to encourage participant interaction. For example, the researcher could say 'I always thought that' which is employed as a communication technique for interviews in research. The author also identifies the spur technique used to encourage or provoke increased responses from the participants by saying something that elicits sentiment or emotion, for example, 'Isn't it true that…?' and a reflective summary whereby the researcher gives a brief overview of what the participant has said to check whether they understood what had been communicated (Greeff in De Vos et al., 2011:344-345). These techniques collectively further guided the researcher as they were also employed in this study during the interview sessions in gathering information and data from the participants.

In addition, the researcher could also utilise good recording techniques in the study. The placement of recording interviews cannot be overemphasized. Greeff (in de Vos et al., 2011:359) and Merriam (2009:109) have noted that in qualitative research, the researcher has a choice between three data recording methods which they may utilize namely, to record the data with a tape or video recorder if permitted, to make notes during the interview (i.e. field notes), and to write down as much as they can remember straight after the interview. Greeff (in de Vos et al., 2011:359) continued to state that the use of a tape or video to record interviews while promoting convenience and concentration of the researcher has the added advantage of

providing the researcher with the opportunity to analyse everything that has been said. It also provides an opportunity to listen repeatedly to ensure that the transcripts of the interviews represent the actual responses of the participants.

Nicholls (2009:640-641) mentions in respect of the other two methods that field notes during interviews and writing down as much as the researcher remembers after the interview is important. This is because the researcher cannot rely on their memory to remember everything said during the interview. He recommends that this could be done in stages by first making mere sketches and then later fully developing it. While it is noted that the latter methods pose the risk that data can get lost in the process when they are 'stacked' (Greeff in de Vos et al., 2011:360), Nieuwenhuis (in Maree, 2010:89) stresses the importance of obtaining the participant's consent to use the data recording method the researcher chooses especially tape recording. Greeff (in de Vos et al., 2011:359) draws attention to a serious issue relating to the use of tape recording in gathering information. They regret that tape recording may pose the disadvantage of leading to a situation where the participant may be apprehensive or react negatively in other ways to its use.

In this study, the researcher used an audio recorder to record data with the consent of the participants. The researcher also made use of field notes during the interview/focus group discussions to include the non-verbal data. The interview with participants took place in their homes except with one where an appointment had to be made for her to be interviewed at the local McDonald's restaurant in Vanderbiljpark. This was because she worked in that area and worked late and it was the most convenient place for her. The interviews lasted for about 45 minutes to one hour. After collecting the data, the researcher transcribed the recorded data and added the field notes to the transcripts. The researcher followed the advice of Nieuwenhuis (in Maree, 2010:104) and Merriam (2009:110) to transcribe their own collected data as it provides the opportunity to become more acquainted with the collected data.

The researcher was aware of the issue of power, hierarchy and emotion in social research in general and within the context of qualitative research interview as this study entailed and employed. Concerns with the issue of hierarchy and asymmetries

of power arises in the qualitative research discourse for some obvious reasons pertaining to its nature. Edwards and Holland (2013:77) agree arguing that the particular nature of qualitative in-depth interview creates the necessity and enablement for the manifestation of multi-dimensions of power shifts between interviewers and interviewees across the course of an interview. This power shift exist because, as Ezzy (2010:167) noted, there is a divide between the interviewer and interviewee, between a vulnerable knowledge seeker on the one hand and the knowing and approving expert on the other hand. Ezzy (2010:163) continues to state that power and hierarchy dynamics could normally play out in interviews when the interviewer perceives himself as in control of the session since he is the one that frames the topic, question and define the situation. Power may be exercised through the use of probing techniques during interview to find out more from participants. Edwards and Holland (2013:77) observes that interviewees may perceive this social position and resource of the interviewer as intimidating and resist by refusing to cooperate in responding to questions. This would compel emotional interdependence on the part of the interviewer thereby resulting in power shifts in the course of the interview. The researcher gave adequate attention to ethical requirement in this regard not to manipulate, coerce or seek to control the interview or research to my advantage to the detriment of participants' wellbeing. The researcher plainly informed the participants that he was not there in the capacity of a social worker but a researcher who depended on a participatory process in the exploration of their lived experiences regarding care for their foster children. Participants were assured of their frontline position in the interview and research process and this enabled the researcher and participants to work together without any power or hierarchy issues interring to mar the research process.

A second method that was used by the researcher in the study to gather information was the focus group discussions. Green and Thorogood (2009:127) define a focus group interview as a small group of participants normally between 6-12 people who are brought together to discuss a given topic or issue. This is normally done by a facilitator or moderator who has a prepared list of topics that is used to guide the discussion. According to Marlow (2010:165), individuals or groups that constitute the focus group are normally identified people from whom first-hand information could be obtained from about the given issue under investigation or discussion. Marlow

(2010:165) describes a focus group as a group of people who have the same knowledge and experiences about the research topic. Nicholls (2009:640-642) explains that the only difference between a focus group and an interview is that the former is conducted with a group while the latter is conducted with an individual. Researchers noted the purpose of focus groups which includes the promotion and enabling of self-disclosure by participants that facilitates a deeper revelation of their thought and feelings. This is made possible as they are able to build on each other's ideas and comments, therefore, generating an in-depth view which is not possible to obtain from individual interviews (Nieuwenhuis in Maree, 2010:90). It is also useful in generating multiple viewpoints and responses on a particular issue and to obtain complex information while saving on time and costs (Greeff in De Vos et al., 2011:361).

A focus group discussion consisting of six foster parents was conducted for intense and in-depth discussions revolving around the experiences and challenges encountered in providing care for non-family related foster children. The group was made up of three white and three Black foster parents. The researcher sought to determine whether there were differences in experiences and challenges faced by these foster parents with regards to their demographics. The focus group discussions were conducted at the office of the Vereeniging Child and Family Welfare Society in De Deur as it was centrally located and easily accessible to all the participants. The members of the focus group discussion were also involved in the individual in-depth interviews. Participants in individual interviews were further selected to participate in the focus group because they cared for children who were of a racial and cultural background different than theirs and had long years of experience in fostering. The individual interviews and focus group were conducted on separate data and in different venues. The focus group and individual in-depth interviews data were recorded, analysed and coded separately. Findings were presented in such a way that data from both instruments were reported in a complementary manner to amplify themes.

6.8 POPULATION AND SAMPLING

The task of determining and establishing from whom or what to obtain data for the research project is the next step the researcher attends to after the research question (or hypothesis), goal and objectives have been identified. Bhattacherjee (2012:66) notes that the qualitative researcher may draw their data from many sources, not only from a diversity of individuals or groups but also from other sources such as audio-visual and electronic records. On their part, Forzano and Gravetter (2012:138) observed that those from whom information is collected or those who are studied become the participants of the qualitative research study.

Babbie and Mouton (2009:647) however indicated that the source of data in quantitative research is different from that of the qualitative research. They refer to the source of data for quantitative research as respondents as opposed to 'participant's as they are referred to in qualitative research. To these authors, the difference between the terms 'participant' and 'respondent' is that a participant provides data from their own experiences, which are congruent to the nature of a qualitative study. A respondent, on the other hand, responds to specific questions that the researcher is interested in to assist them in drawing statistical conclusions. The latter is consistent and coherent with the quantitative research design which is outside the scope of this study.

There is a general understanding that the sources of qualitative data might be situated in a number of participants and/or objects. A universe refers to all the objects/participants from which the researcher wants to draw conclusions from, while a population sets the boundaries and refers to participants/objects in the universe who possess certain characteristics that the researcher is interested in (Strydom in De Vos et al., 2011:223). The total number of participants/objects associated with the specific focus of a research problem and research question is therefore referred to as the population of a research study (Strydom in De Vos et al., 2011:223).

The population for this study included all 60 foster parents caring for non-family related foster children who were on the caseload of Vereeniging Child and Family

Welfare Society in the De Deur satellite office. Bhattacherjee (2012:138) defines a population referring to all the people or items with the characteristics that one wishes to study. Gravetter and Forzano (2012:138) posit that a population is the larger group of interest to the researcher. Since all the 60 foster parents were caring for non-family related foster children they qualified as the population for the study.

It is however noted that it is not always possible for any research project to be able to include the entire identified participant (i.e. the whole population) in any particular research study. Strydom (in De Vos et al., 2011:224) explains that one of the primary reasons for using sampling methods and techniques is that it is rarely possible to gain access to all the participants. He states further that including the whole population in a study creates a problem of waste of resources regarding time and other cost. The difficulty or near impossibility involved in being able to reach and access the entire identified study population is however overcome by the use of sampling in the research process.

The process that the researcher chooses to identify and select a section of the participant/objects to participate in the specific research study is referred to as the sampling method (Strydom in De Vos et al., 2011:224; Marlow, 2010:138). The study sample has been defined by authors in various ways. Descombe (2010:25) for example, defined the study sample as the smaller part of the participants (i.e. the population) that the researcher wants to study. For Dudley (2011:140) a sample is a portion or subset of the population that will be selected for inclusion in the study. In a paper by Gravetter and Forzano (2012:138), a study sample is the 'set of individuals selected from a population intended to represent the population in a research study', while Wiid and Diggenis (2013:181) prefer to view a sample as a number selected from the population that is assumed to reflect the population that the researcher is interested in.

Various authors point to the fact that qualitative research involves smaller sample sizes than those utilized in quantitative research (Dudley, 2011:146; Nicholls, 2009:639). Nicholls (2009:639) opine that samples in qualitative studies should provide relevant and adequate insight into the subject of study and should enable rich and in-depth explanation and exploration of the subject by the researcher. With

due reference to the above, the researcher selected a sample of 20 participants who were willing to participate in the study. In choosing the sample for the study the researcher carefully ensured that it was a correct representation of the study population. They were knowledgeable about the research topic and could provide clarity or information on the research question (Marlow, 2010:140).

In order to conform to the scientific process regarding the selection and drawing of the study sample, the researcher took cognizance of and applied knowledge and skill in choosing between the probability and non-probability sampling method or technique (Gravetter and Forza, 2012:137). According to Marlow (2010:140) probability sampling is a sampling technique that allows the researcher to select a sample where each element in the population has a chance of being selected to be included in the sample. This method of sampling is reputed for its ability to increase the representativeness of the sample. The probability sampling method or technique has been observed by these researchers to be best suited for quantitative research studies. Many researchers, for example, Descombe (2010:25) and Marlow (2010:141-145) have posited further that the probability sampling method has the added advantage as it also affords the researcher the opportunity to choose from (among others) the following techniques from which to draw the sample, namely: simple random sampling, systematic random sampling, stratified random sampling and the cluster random sampling.

Maree and Pietersen (in Maree, 2010:176) opine that the non-probability sampling method, on the other hand, is used when sampling provides the researcher with a choice to handpick the sample according to specific knowledge and experiences that will provide answers to the research question. Strydom and Delport (in De Vos et al., 2011:390-391) take this further and continue to argue that this method of sampling is advisable and best suited for a qualitative research study where the researcher desires to collect the richest data. This would necessitate the inclusion of participants who are rich in knowledge about the research topic and can answer the research question by sharing their experiences and knowledge from their individual life experiences. Table 6.1 below provides an illustration of the distinction between the probability and non-probability sampling methods, as described by Dudley (2011:144-146):

Table 6.1 Distinction between probability and non-probability sampling methods (Dudley, 2011:144-146)

Probability sampling	**Non-probability sampling**
Each population unit has an equal, or known chance to be selected	Each population unit does not have an equal chance to be selected
The sample has a degree of representativeness	The researcher does not claim representativeness
This method allows the researcher to generalise results	This method does not necessarily allow the researcher to generalise results
It is favoured by quantitative researchers	It is favoured by qualitative researchers
Four main types of techniques of sampling: • Simple random sampling • Systematic random sampling • Stratified random sampling • Cluster random sampling	Four main types of techniques of sampling: • Convenience sampling • Quota sampling • Purposive sampling • Snowball sampling

On their part, Dudley (2011: 144) and Descombe (2010:34-38) identified four sampling techniques for selecting a sample for qualitative research. According to them, these four sampling techniques are convenience sampling, purposive (judgement) sampling, quota sampling and snowball sampling. Convenience sampling involves the selection of the most accessible subjects whilst purposive (judgement) sampling involves the researcher using their own judgement to handpick participants from a target population for inclusion in the study based on inclusion criteria. Quota sampling refers to a technique used in a context such as in market research where the population is not known to the researcher but a decision entirely rests on their discretion and on what events or people would make up the required

number within each category where two groups or more are compared. Snowball sampling technique involves the use of participants who are already identified and asked to identify and refer other people who are also knowledgeable on the subject especially in cases where to locate participants are difficult (Descombe, 2010:37).

In line with the qualitative research approach of this study, the researcher utilised the non-probability purposive (judgement) sampling technique. The researcher actively sought out and selected 20 foster parents caring for non-family related foster children in the caseload of Vereeniging Child and Family Welfare Society in the De Deur satellite office to participate in the study. A list of the foster parents was made available to the researcher who then contacted them for recruitment in the study. Twenty of the foster parents were willing to participate in the study and were all females and the primary caregivers even though placement was in both care of couple. Participant inclusion criteria did not revolve around sex, age, race or nationality, years of caring experience, number of foster children or educational background of the foster parents. The researcher's own judgement for selection of participants for inclusion in the study in this regard was underpinned by the fact that they were foster parents on the caseload of Vereeniging Child and Family Welfare Society at the De Deur satellite office and caring for non-family related foster children. This guaranteed information-rich and first-hand experiences of the phenomenon under investigation. Furthermore, being able to speak and understand English and describe and express thoughts and experiences fluently was an inclusion criterion. The availability and willingness to participate in the study out of full consciousness of what it entailed was also criteria for inclusion in the study.

6.9 DATA ANALYSIS

While Hunt, Chan, Qiuebec and Mehta (2011:193) aptly stated that the ultimate aim of qualitative research is to obtain data which could be transformed into findings, Schurink, Fouché and de Vos (in de Vos et al. 2011:397) comment that this process of conversion of data to findings is known as data analysis. They noted that it involves and entails the process of "reducing the volume of collected raw information, sifting significance from trivia, identifying significant patterns and constructing a framework for communicating the essence of what the data reveals". Swanborn (2009:14) agreed that qualitative data analysis is a "non-numerical

process of examining and interpreting data in order to discover and gain understanding of underlying meanings and pattern of relationships".

Similar notions are provided by Sheafor and Horejsi (2010:150) who described data analysis as the "transformation of often voluminous qualitative data through analytic procedures into clear understandable, insightful, trustworthy and even original analysis". For Monette, Sullivan and DeJong (2009:179) data analysis is the "unlocking of raw information hidden in the raw data and transforming it into something useful and meaningful". From these definitions, it is clear that data analysis refers to how the researcher makes sense of the information gathered from participants.

Since the study was a qualitative phenomenological one, it utilised the qualitative data analysis style, method or pattern in line with the recommendations of Nieuwenhuis (in Maree, 2010:100). The author emphasized the importance of ensuring that the data analysis method was appropriate for research design and approach. Researchers agreed that analysing data that has been qualitatively gathered may be burdensome (Hunt et al., 2011:193-194) and contain no right or wrong way for analysis (Schurink, Fouché and de Vos in de Vos et al., 2011:400). It is also noted that several steps and processes are involved that is not necessarily linear and hierarchical in approach and application in reality. Rather, it is 'interactive and requires the researcher to move back and forth in a cyclical manner' (Creswell, 2009:184-185).

However, there is some agreement that the best means of undertaking the task of data analysis in order to overcome the difficulty and ensure quality and successful execution of the job is through thematic analysis. This entails the coding procedure which is employed to reduce the information to themes and categories (Creswell, 2009:184-185). Swanborn (2009:14-15) observed that the coding procedure could be applied in various ways, differentiating between open coding referring to codes suggested by the examination and questioning of data by the researcher. Axial coding is aimed at identifying the core concepts of the study and selective coding refers to the central code of the study to which all other codes refer to.

Creswell (2009:186) proposed a step-wise format comprising of eight steps for qualitative data analysis adopting the data coding process in applying the thematic method following the tradition of Tesch. The eight steps are as follows ‘‘(1) write down, word for word, the interviews you audio-taped. Once you have completed this, read through to get a sense of the whole. Read through all the transcripts carefully. Make a note of your idea as they come to mind, (2) select one document (one interview) – the most interesting/the shortest/the one on top of the pile. Go through it, asking yourself what is this about? Do not think about the “substance” or content of the information, but about its underlying meaning. Write down your thoughts in the margin, (3) when you have completed this task for several informants, make a list of all the topics. Put similar topics together. List these topics in columns that might behead “major topics”, “unique topics”, and “leftover”, (4) find a fitting abbreviation for each of the identified topics, (5) find the most descriptive wording for your topics and turn them into themes or categories, (6) make a final decision on the abbreviation for each theme or category and alphabetise the codes, (7) using the cut and paste method, assemble the data or material belonging to each theme or category in one place and do a preliminary analysis and lastly (8) if necessary, recode the existing data. Otherwise, start reporting your research findings’’.

In accordance with the above, the researcher utilised the thematic method of data analysis for this study following the guide by Tesch (in Creswell, 2009:186). The following discussion relates to how the steps were applied in the study for analysis of the data.

6.9.1 Write down, word for word, the interview you audio-taped

This entails the transcription of the recorded interview from the voice or tape form to written or word format. This means that all the 18 individual interviews and focus group discussions would be typed out verbatim and in word format. The researcher applied this step by copying out the interview data and the focus group discussions and then typing them into a word document and saving them.

6.9.2 Select one document (one interview) and go through it

This entails trying to make a sense of what the participant said during the interview. This is trying to gain their views in terms of their response to the interview questions. The researcher applied this step by selecting one bunch of typed interview documents at random to read through. The researcher tried to make a general sense of what was being communicated by the participants to questions which sought to elicit their experiences and challenges that the study concerned itself with. Attention was paid to the underlying meaning and the point that was being made in the response. This was thereafter done for all the typed interviews.

6.9.3 Make a list of all the topic and put similar topics together

This entails the identification and grouping together of the themes, ideas, views, points, or emerging issues that were raised by the participants in their responses to interview questions. The researcher applied this step during data analysis by picking and reading all the typed 18 individual interviews (data was saturation at the point of the eighteenth interview. Participants were coded from 1 to 18 as pseudo names to ensure anonymity) and one focus group discussion. This was in order to make sense and gain an understanding of the issues, ideas, views and topics or themes. After gaining an insight into what issues and themes that the responses revolved around, the researcher then grouped topics, ideas or views together that had similar connotations. This was facilitated by grouping the themes and topic in terms of the study objectives. For example, all the responses to the questions that were asked along with the challenges associated with fostering, the motives and support mechanisms were read and emerged as themes in this regard. They were carefully noted and grouped together in clusters.

6.9.4 Find a fitting abbreviation for each of the identified topics

This entails tagging or giving labels to emerging topics and issues for easy identification. This means that as the researcher goes through the typed interview data and makes sense of the information, he would tag any identified issues with an abbreviation of what that issue connotes. This would become an easy way of knowing all the various issues raised in the interviews. For example, a response from participant pointing to a lack of money to buy food and other household necessities

was tagged with the abbreviation ‘FB’ (food problem). Lack of money to pay school fees and school transport was tagged ‘SFTF’ (school fees and transport problem) by the researcher. The researcher applied this step by identifying all the topics and issues raised by giving them an abbreviation that made them easy cluster together for the final analysis.

6.9.5 Find the most descriptive words for your topic

This entails the naming of the emerging themes and topics by the most appropriate words that best describes it. This step was applied by the researcher in the study by clustering all the responses which spoke to challenges associated with fostering relating to a lack of money to buy food, pay school fees, school transport and the general welfare of the children as financial problems.

6.9.6 Make a final decision on the abbreviation for each theme or category

This entails cross-checking to see whether the abbreviation representing identified issues are all covered by the final descriptive word you assigned to the themes and categories and whether they are appropriate**.** The researcher applied this step by checking all the abbreviations assigned to identified issues and found that they adequately and appropriately captured the issues and topics. He went on to arrange them in alphabetical order ready for the next step of the analysis.

6.9.7 Assemble the data or material belonging to each theme or category and do a preliminary analysis

This entails finally identifying the themes and categories or sub-themes by bringing together all the same topics and issues classified by the abbreviations to form distinct groups or classes. This step was applied by the researcher using colour codes instead of the cut and paste method. The researcher assembled all the topics and issues with the same abbreviation and assigned different colours to the group of distinct themes that emerged. For example, all the abbreviations that talked about a lack of money for food, school fees and transport of children were grouped under the financial problem group as a theme and coloured red. Responses that related to children breaking foster parent’s house rules, refusal to perform domestic chores,

sleeping out or returning late at night, dating and disrespect were tagged with the abbreviation 'BDP' (behaviour and discipline problem) and was coloured in yellow. In the final analysis, all the materials of the same colour representing the same topic and theme were brought together and analysed accordingly.

6.9.8 If necessary, recode the existing data

This entails cross checking to find out whether your final themes and categories are a reflection of all the issues, topic and views identified as coded by the abbreviation that was assigned in the initial coding. The researcher applied this step and found that all the issues and topics were covered and appropriately grouped. There was, therefore, no need to recode the existing data.

6.10 METHOD OF DATA VERIFICATION/TRUSTWORTHINESS

After the data was gathered and analysed using the Tesch framework described above, the researcher then proceeded to verify the findings and results. This was done in view of the possibility of errors occurring during data coding (Wiid and Diggenis, 2013:231). Steps were, therefore, to ensure that the data was verified to enhance its trustworthiness, quality and validity before the results were reported or made public (Monette, Sullivan and DeJong, 2009:179). Nieuwenhuis (in Maree, 2010:113) stated that the qualitative researcher's crucial task is mainly establishing the trustworthiness of his data and findings and must be preoccupied with what procedures or methods to apply to accomplish this. Wiid and Diggines (2013:231) refer to the process of data verification and trustworthiness as validity implying the extent to which an empirical measure accurately reflects the concepts it is intended to measure. Creswell (2009:190) notes and cautions that validity does not carry the same meaning in qualitative research as it does in quantitative parlance suggesting that it implies qualitative validity and qualitative reliability in qualitative circles.

On their part, Schurink, Fouché and de Vos (in de Vos et al., 2011:419) refer to data verification and the issue of trustworthiness as the process of establishing the 'truth value' of a qualitative research project noting that more appropriate constructs applicable to the qualitative approach or paradigm include credibility/authenticity, transferability, dependability and conformability. This suggests that credibility which

is the first of the four constructs is the most important of all. The four constructs and how they were applied in the study are discussed below.

6.10.1 Credibility

Credibility replaces the idea of 'internal validity', which is applicable to quantitative methods. In qualitative studies, researchers use credibility to establish confidence in the 'truth' of their findings by demonstrating that the subject has been identified and described. The data is analysed and checked against the direct views of participants and not the researcher's reconstructed or assumed view of what they think the participants said about the reality or phenomenon of study. Anney (2014:276) opines that a qualitative researcher establishes rigour of the inquiry in this area by utilising such strategies as prolonged and varied field experience, time sampling, reflexivity (field journal), triangulation, member checking, peer examination, interview techniques, establishing the authority of research and structural coherence.

Schurink, Fouché and de Vos (in de Vos et al., 2011:420) state that the issue of establishing credibility could be undertaken by ensuring the use of 'member checks' or 'triangulation' to check for consensus and convergence of facts. In doing this, the participant may be given their interview transcripts and the research reports so that they could see if it represents their actual views thereby agreeing or disagreeing with the researcher's findings. Nieuwenhuis (in Maree, 2010:113) referred to this as 'using multiple data sources' whereby a researcher may combine individual interviews with information from focus group discussions. This provides more assurance of the credibility of the findings which would emerge to the extent that the two converge and agree.

In this study, the researcher shared the research findings with the participants who are foster parents caring for non-family related foster children. He also cross-checked and combined the information from individual interviews with those from participants in the focus group discussions and found that they were the same.

6.10.2 Transferability

Transferability is concerned with the ability of the instruments to produce the same results when utilised in another area and with different people. Schurink, Fouché and de Vos (in de Vos et al., 2011:420) state that transferability is concerned with "whether the findings of the research can be transferred from a specific situation or case to another". Sheafor and Horejsi (2010:150-152) supports this definition and states that transferability is concerned with the extent to which the findings can be applied in another context or with other respondents.

Creswell (2009:193) stresses that the term must be employed with caution. He further states that its demand as a condition for data verification in qualitative research should be minimal by the fact that the original intention is not to generalize findings to individuals, sites, or places outside of those under study. He further comments that the question of generalisability is not applicable to qualitative research because the purpose is to provide in-depth, descriptive and explorative experiences of people or social phenomenon in context. This is in order to develop themes relating and pertaining to that context thereby leading to a discussion about particularity instead of generalisability.

Schurink, Fouché and de Vos (in de Vos et al., 2011:420) provide a positive stance on the matter above stating that this problem could be solved by engaging in the triangulation of the data. The researcher makes use of data from other sources to collaborate, elaborate and illuminate the research findings in question. They also make detailed reference to the approach adopted in conducting the research study. Green and Thorogood (2014:23-24) share similar views suggesting that transferability judgement could be done through the use of 'thick description' and 'purposive sampling'. What is implied in this is that when a researcher gives a detailed description of the methods applied in the study and participants were purposively selected to participate in the study, it would facilitate transferability of the inquiry. This is because it would be easy for other researchers to see how the findings of the study were obtained which would make it possible for them to engage the same in another context and receive similar results. Nicholls (2011:638-639) elaborates on the concept of 'thick description' stating that it refers to a rich and

extensive set of details concerning methodology and context which serves the importance of establishing the rigour of transferability in qualitative research. This enables prospective researchers to determine whether a study in one context could be carried out in another context given the same variables and obtain the same results.

The researcher kept this aforementioned thought in view in addition to the thoughts of Marshall and Rossman (2011:137-138) in establishing rigour in this area. This refers to the thought that “without insight from this ‘thick description’, it is difficult for the reader of the final account to determine the extent to which the overall findings ‘ring true’ “. To this end, in order to ensure transferability of the findings of this study, the researcher ensured that a detailed account of the research methodology applied in the study was documented and presented in this chapter on methodology. This is so that any prospective researcher could see what steps were taken and procedures followed to answer the research questions and obtain the findings and results of the study. Furthermore, the researcher ensured that the sampling method used in the study provided a good representation of the population utilising a non-probability, purposive sampling technique to ensure transferability.

With this in view, the researcher purposively selected participants who were foster parents with rich experiences accumulated over the years from caring for non-family related foster children in De Deur, Gauteng Province, South Africa. This offered the opportunity for the generation of rich first-hand information and data regarding the subject of an investigation which is not possible to obtain by the probability sampling method. Furthermore, data from other studies conducted in the South African context was used to compare and control the findings by way of literature in order to corroborate and elaborate the findings of this study, thereby enhancing transferability.

6.10.3 Dependability

Dependability according to Schurink, Fouché and de Vos (in de Vos et al., 2011:420) is the same as reliability in quantitative research. It is concerned with the researcher’s efforts to ensure that the research process follows the anticipated

rational, systematic procedure. This would ensure that it is able to account for the changing conditions in the phenomenon being studied and that of the researcher's report of it. Green and Thorogood (2014:24) contributes and says that dependability in qualitative studies refers to the rigour of trustworthiness which seeks to ensure the ''stability of findings of a study over time''.

Dependability accordingly plays out when the participants are given the opportunity to evaluate the findings, interpretations and researcher's recommendations. This is so that they could ensure that what the researcher finally reported was in line with what they experienced, said or in fact, whether it is supported by their views as aired in the study. This rigour requires that data findings are emanating from and representing participants' views and not just something that the researcher falsified or imaginarily generated. Anney (2014:278) suggested that this could be achieved through the use of an audit trail, a code-recode strategy, stepwise replication, triangulation and peer examination or interior comparisons.

To ensure dependability, the researcher made use of triangulation and peer examination or interior comparison. This was done by engaging a social worker employed at Vereeniging Child and Family Welfare Society in De Deur that rendered foster care supervision services to serve as an independent decoder. He went through the findings and recommendations and confirmed that the findings were supported by data from the interviews and focus group discussions with participants.

6.10.4 Confirmability

Anney (2014:279) posits that the construct 'confirmability' is used in a qualitative inquiry to refer to the extent to which the results and findings of a study could be confirmed or corroborated by other researchers. Schurink, Fouché and de Vos (in de Vos et al., 2011:421) agree and further states that confirmability is linked to the idea of objectivity in a study adding that the criteria for a qualitative study are simply summed up in the question, ''Does the data help confirm the general findings by another?''. For Wiid and Diggines (2013:232-233) confirmability "is concerned with establishing that the data and interpretation of findings are not figment[s] of the

inquirer's imagination but are clearly derived from the data''. The requirement for the rigour of dependability in verifying and validating qualitative data stems from the desire to ensure that data is not influenced by the researcher's views, values, own judgement or even manipulation or contrivance. Schurink, Fouché and de Vos (in de Vos et al., 2011:421) share this sentiment commenting further that dependability enables judgement about the findings of a study to be based on the facts from data rather than on the characteristics of the researcher thus promoting objectivity and value neutrality.

Characteristic of this thinking, Bowen (2009:307) proposes that best strategies available in qualitative inquiry for establishing the rigour of dependability include an audit trail, reflexive journaling and triangulation. Anney (2014:279) opines that ''audit trail offers visible evidence –from process to product – that the researcher did not simply find what he or she set out to find''. He observes and comments that ''reflexive journals refers to documents kept by the researcher in order to reflect on, tentatively interpret, and plan data collection". He noted that it was essential that every qualitative researcher kept and maintained this journal while engaging in any research study of this kind. Anney (2014:299) further offers a clear description of reflexivity as "an assessment of the influences of the investigator's own background, perceptions and interest on the qualitative research process''. In this light, reflexivity enables the researcher to take stock of views, ideas and opinions which were recorded during the interviews or data gathering which emanates from themselves and not necessarily from the participants. This enables them to shift and separate these as such to avoid its infiltration into the study to contaminate or tamper with the data.

In ensuring confirmability in this study, the researcher developed an interview schedule which contained questions and follow-up probes that were not leading in nature. This was in line with Green and Thorogood's (2014: 36) opinion that in order to maintain neutrality to establish confirmability, the researcher should avoid using leading questions. This is to not influence the responses of the participants but allow them the freedom to respond out of their own volition based on their experiences and perceptions. The researcher further engaged in reflexivity by consulting and cross-checking data with notes taking during data gathering. This was done in order to shift

personal observations, views and opinions from participants' responses and analyse data while finally proceeding to derive codes/themes based solely on the reports from the participants.

An audio recorder was used in gathering the information after consent was obtained from the participants which were later transcribed. Transcripts and field notes were prepared by the researcher and data was reconstructed and synthesised, thereby leading to themes during the data analysis. In addition, the researcher triangulated the data in line with Bowen's (2009:307-309) assertion that applying triangulation involves the use of multiple data collection methods. This was achieved by employing in-depth interviews with individual participants and focus group discussions. In comparing the data, a great degree of complementarity was discovered which strengthened and increased confirmability.

The results and findings of the research study was compliant with relevant and necessary standards in this dimension. The research was also valid and reliable and the researcher ensured that adequate and due consideration and attention was given to ethical issues. This was in regard to conducting, reporting and making recommendations for the research study. The ethical issues considered for this study is discussed next.

6.11 ETHICAL CONSIDERATIONS

Strydom (in de Vos et al., 2011:113) comments that the issue of ethical considerations in social sciences research has been observed to cover a wide scope of areas and are complex. They are seen to arise due to the fact that the object of investigation is human beings who cannot be studied without due consideration given to their rights and safety. This is unlike the objects of study in the natural sciences that do not necessarily involve these issues and concerns, though they have ethical issues peculiar to that field. Gravetter and Forzano (2012:77) resonate with this stating further that these ethical issues in social sciences pertaining to both the obligation of the researcher to adhere to certain rules in executing and reporting the research. And also that of respecting and protecting and upholding the rights of the participants.

Bhattacherjee (2012:138) views ethical issues and considerations in research as the 'do's and don'ts' with regards to the participants and the information about them. Strydom (in De Vos et al., 2011:113-115) describes 'ethics' as a set of moral principles suggested by an individual or group which is subsequently widely accepted. These principles offer rules and behavioural expectations about the most correct (and appropriate) conduct towards experimental subjects and respondents/participants, employers, sponsors, other researchers, assistants and students. On their part, Gravetter and Forzano (2009:98) defined research ethics as follows ''Research ethics concerns the responsibility of researchers to be honest and respectful to all individuals who are affected by their research studies or their reports of their studies' results''.

In line with the University of Zululand's policy and procedures on research ethics and its policy and procedures on managing and preventing acts of plagiarism, the researcher applied for and was granted an ethical clearance (UZREC 171110-030) for the study. This was further in compliance with the general requirements in research (especially social work research) that primarily uses human beings as research participants and subjects as this study embodies. The researcher also applied for and obtained permission from Vereeniging Child and Family Welfare Society to conduct the research with the participants who were foster parents at their De Deur satellite office caring for non-family related foster children. The researcher took the following ethical issues into consideration and attended to it with precaution: informed consent, voluntary participation, anonymity and confidentiality, deception, avoidance of harm and debriefing, publication of research findings and actions and competence of researcher.

6.11.1 Informed consent

With regards to informed consent, Green and Thorogood (2009:68-69) state this entails ensuring that the participants in any research study are capable of making sound decisions about participating in the study at their free will and should not be forced. In the same vein, Gravetter and Forzano., (2012:84) says that informed consent refers to the right of the participants to know what the research is about, how it will affect them, the risks and the benefits of participation and the fact that they

have the right to decline participation if they wish to. Bhattacherjee (2012:138-139) opines that informed consent involves ensuring that participants are fully informed about what the research is about, their role in the research and what possible consequences it may have on them so that they can willingly agree or not to participate.

In this light, Gravetter and Forzano (2012:84-85) observed that the purpose of this ethical requirement is to facilitate the participant's understanding of the aim of the research so that they will be familiar with the process involved. They will be in a better position to decide whether they want to participate or not, thereby avoiding deception or being compelled to participate. This requirement for participants to be adequately informed about the study and for their voluntary consent to be sought and obtained is what Nicholls (2009:639-640) refers to as participant's autonomy and self-determination.

Strydom (in De Vos et al., 2011:117-118) offers a description of the content of the inform consent form opining that it must be in writing and should clearly include the participant's right "to refuse to answer any question, to stop the interview at any time and reschedule, or to withdraw from the study without consequences". Bhattacherjee (2012:138) continues to state that this participant's informed consent form clearly showing the purpose of the study and stating the rights of the participants with regards to participating in the study must be given to them to sign. All discussions relating to ethical matters regarding the study must be finalised with them before the commencement of the interview to gather information.

To this end, Bhattacherjee (2012:138) regarding items to be contained in a written consent form, the researcher ensured that the ethical considerations was upheld and adhered to by offering clear explanations of the goals of the study. Clear explanations regarding the needs and the benefits of the study were also given to the participants. An explanation regarding why they were chosen and how they were chosen, that their participation was completely voluntary and that they reserved the right to withdraw at any time from the study was offered to them by way of a written informed consent declaration form. The researcher further followed a process where the consent forms were distributed with the invitation to participate (Appendix A).

These procedures created the opportunity for the participants to get acquainted and familiarise themselves with the contents of the consent form and to decide, without any form of pressure, if they wanted to participate in the study. The researcher repeated this process verbally during the first contact time with the participants and discussed in detail the contents of the consent form as well as the implications of the study. Participants were also afforded the opportunity to ask questions before signing the consent form so that they could clarify any issues they may have had regarding their participation and expectations.

Furthermore, the researcher gave clear descriptions regarding the logistical arrangements and implications regarding their participation in the study. This included discussing issues such as the frequency with which the participants would be contacted, what would be asked in the interview session and/or what they would be requested to engage on. It also clarified the frequency of the contact and the time commitments required from the participants while the physical efforts required and ways in which they would be protected from overexertion was also explained. This involved, for example, arranging venues for interviews close to the participants for easy accessibility where interviews could not take place at the participant's residence. Other issues discussed and clarified with the participants included how emotionally sensitive issues might be and the resources they could utilise for debriefing and/or counselling should the need arise or become apparent (Strydom, in De Vos et al., 2011:122).

Furthermore, a description of how the data would be made public, a description of other research projects or other people who may use or have access to the information and data like the researcher's supervisor and organization were covered adequately and to the satisfaction of the participants. Finally, the issue of how their identity would be concealed and protected, how the information shared by the foster parents would be recorded on paper, tape recorders and finally how the information would be disseminated and made public was discussed with the participants. Dissemination avenues discussed included publications and scholarly presentations. The participants' consent and views were therefore obtained before the commencement of the interview and data gathering.

6.11.2 Voluntary participation

With regards to voluntary participation, Babbie and Mouton (2009:521) observed that social research often, if not always, represents an intrusion into the private lives of the participants. The necessity for researchers to comply with the ethical issue of voluntary participation of people in social science research is a way to ensure the rights of participants are not compromised in any way. Du Toit (2013:95) opines succinctly that through adherence to the ethical issues related to voluntary participation, it becomes possible and easy to ensure that participants' who enlist in any study do so out of their own volition. Therefore this provides information about the social reality under investigation that could be regarded as factual and genuine. This is because they participate without being forced, deceived or as a result of lack of option.

This aspect was applied by the researcher by including the clause relating to voluntary participation of the participant in the consent form which they signed after explanation (see Annexure A). They were made to understand that their participation was voluntary and that they were free to withdraw from the study at any time without any harm or repercussions. Participants fully understood the issues and signed to confirm their consent and voluntary participation in the study.

6.11.3 Anonymity and confidentiality

Green and Thorogood (2009:69) state that the concept implies that only the researcher and possibly a few other relevant people (such as the researcher's supervisors, promoters, a translator or an independent coder) should be aware of the identity of participants and that these other relevant people should also make a commitment to keeping the participants' identity details confidential. Sharing a similar view, Johnson and Yanca (2010:151) argued that the rights of the participants are to be preserved as secret information concerning the 'self' is disclosed in a professional relationship. The issue of anonymity and confidentiality are central and crucial to research endeavours. Monette, Sullivan and DeJong (2009:179-180) views this as ways of ensuring that the privacy of participants is not compromised. Green and Thorogood (2009:69) share similar perspectives stating that the researcher can not divulge the information gathered from interviews. They make further significant

contributions to the discourse by offering suggestions about how this could be achieved. They recommend that one way would be for data to be stored in such a way that no-one could link specific data to a particular participant.

The ethical issues regarding anonymity was not an issue in this research study since the identity of the participants was known as interviews were conducted face-to-face and their names were provided for by the organization. However, in adhering to and complying with this ethical issue of anonymity and confidentiality, the researcher paid attention to the issue of privacy and confidentiality. The researcher was guided by Green and Thorogood's (2009:69) suggestions which advocates changing the details of the participants so that informants could not be recognised, thereby concealing their identity and information. This was achieved in this research by providing participants with pseudonyms that ensured and guaranteed that the researcher would also be able to recognize the linkage to their real names on the tape recordings and transcripts. The researcher ensured that names of participants were not spoken on tapes, nor written in notes and transcripts. He further ensured that the list containing the pseudonyms/numbers allocated to the participants was not stored with or in the vicinity of the tapes, notes or transcripts where people could easily decipher the identities of the participants.

To further ensure the privacy and confidentiality of information, the researcher ensured that tapes, notes, transcripts and recordings and all other important tools regarding the research and study were kept secure at all times. To this effect, the researcher locked these items in a safe cabinet where only the researcher had access to. They would also be stored securely at the Department of Social Work at the University of Zululand for at least a period of 15 years before they would be destroyed.

6.11.4 Deception

Strydom (in De Vos et al., 2011:118-119) observed that deception towards participants was one of the pitfalls that researchers could easily be guilty of. This was particularly in reference to situations where the real goals of the study were disguised. To address this in the current study, the researcher ensured that the goal

and purpose of the study were fully and sufficiently explained to the participants and that their attention was drawn to the clause in the letter of invitation to participate in the research study (see Annexure A). Sufficient time was allocated and devoted by the researcher during the first contact period with the participants in addressing questions for the purpose of clarifying any issues, concerns, worries or anxieties regarding the issue of deception. This was with the intention that such issues would be resolved before they made their final voluntary decision to participate in the study.

6.11.5 Avoidance of harm and debriefing

The ethical issue of avoidance of harm and referral of participants for professional debriefing was taken seriously and given attention to in this study. This was done in the event that the research may have created or exacerbated social, emotional or psychological problems for the participants. Time was taken to explain this to participants and they were all assured of the researcher's assistance should friction between the foster parents and foster children occur. This was anticipated in relation to possible misunderstandings regarding the purpose and goal of the study. Given the nature of the study, no harm was envisioned to result from participation in the study that required the attention of the researcher or any other professional.

6.11.6 Publication of research findings

Making the research findings available to all participants were also dealt with by the researcher in this study. The researcher fully understood his duty to make the research results available to the participants and explained this to them. The researcher also ensured that the results of the study was a reflection of the reality it aimed to investigate. This dissertation would be bound as a hard copy and shelved in the library at the University of Zululand while at least three articles reporting on the findings of the research would be published in SAPSE-accredited journals.

6.11.7 Actions and competence of the researcher

There is increasing recognition that qualitative research studies that meet, adhere to and comply with ethical standards which guarantee valid results can only be generated by researchers who have the appropriate experience, qualifications and competencies (Mooney-Somers and Olsen, 2016:136). Sen and Nagwanshee

(2016:37) noted the reasons for this ethical requirement and demand. They opined that it was predicated on the desire to facilitate the realisation of the research aim such as knowledge, truth and avoidance of error.

Strydom (in De Vos et al., 2011:123) concurs that “researchers are ethically obliged to ensure that they are competent, honest and adequately skilled to undertake the proposed investigation as lack of this could lead to research failure or production of invalid results”. In the light of this, researchers are further expected to adhere to and comply with ethical issues regarding their competence and qualification to conduct research in addition to ethical issues relating to the participants. These ethical issues includes issues such as voluntary participation and confidentiality discussed in previous sections.

Mooney-Somers and Olsen (2016:129) commented that research competence was fundamental to ethical human research. They stated further that it involves whether the researcher has the appropriate research skills and experiences to conduct the research they envisaged to undertake. The main question they seemed to be concerned with was, “is the research conducted or supervised by persons or teams with experience, qualification and competences that are appropriate for the research?” Central to their thinking is the necessity of the researcher to be appropriately skilled and qualified to embark on the research. This would entail that they have the competence to know which relevant and most appropriate methodology that should be adopted for the proposed research study.

Fouka and Mantzorou (2011:7) and Strydom (in De Vos et al., 2011:123) discuss some competences, knowledge and skills pertinent that researchers must possess and apply in conducting research in order to comply with the above ethical requirement. Evidence indicates that competence translates into necessary skills and knowledge for selecting the most appropriate and relevant methods of data collection ensuring validity and reliability which is crucial (Fouka and Mantzorou, 2011:7). Display of integrity and honesty are observed to be another area where the actions and competence of the research are expected to comply with ethical standards. This involves avoidance of plagiarism and manipulation or creating false data. It further involves avoidance of abuse or misuse of research grants and

resources and objectivity and restraint in making a valued judgement in studies involving cross-cultural boundaries (Strydom in De Vos et al., 2011: 123-124).

Sen and Nagwanshee (2016:37) observed the ethical responsibility of the researcher to promote truth and minimizing error by the prohibition of falsification, fabrication or misrepresentation of research data. They posited the ethical responsibility of the researcher to conduct themselves and their research work honestly and with integrity. This is especially key in the social sciences as if research is not undertaken honestly then it would be essentially fraudulent. Mooney-Somers and Olsen (2016:137) noted that researchers have a responsibility to demonstrate their research competence while ethical review committees have a responsibility to judge it. They, however, argued that competence can be ascertained fundamentally through formal qualification and explicit claims of competence.

Formal qualifications of competence described a researcher who underwent a formal University program that involved a specialist qualitative research course or a graduate/postgraduate program where qualitative research methods were taught as part of the curriculum of study. Explicit claims according to them involve a researcher who claims competence by reason of past experience in the use of qualitative research methods as a research assistant, as a PhD candidate or professional researcher. It may also be acquired through informal training and mentoring from a supervisor or other experienced qualitative researcher. Fouka and Mantzorou (2011:7) share similar sentiments stating that inexperienced researchers should work under qualified supervision which has to be reviewed by an ethical committee.

This ethical issue of action and competence of the researcher was adequately considered and given attention to by the researcher. Competence was assessed through formal qualification, experience and skills in qualitative research where the researcher felt he was qualified and confident to enrol for a PhD study. The researcher adopted a qualitative phenomenological approach to the current study as it was the best-suited approach due to his past experiences. This stemmed from having engaged in the use and acquired the knowledge of qualitative methodology during his undergraduate and postgraduate degree studies. He also taught a research methods module to undergraduate students as a postgraduate intern for

two years at the University of Benin, Nigeria between 2000 and 2002. In addition, the researcher was exposed to adequate and quality supervision and guidance from his supervisors who have immense experience and knowledge of qualitative research methods. This supervision and guidance ensured that the entire research project was executed from the beginning to the end in an ethical manner (Strydom in De Vos et al., 2011:123).

Furthermore, ethical standards regarding competence were assessed through actions and skills involved in writing the dissertation, analysing and reporting the data. The researcher ensured the use of the technique of paraphrasing and that there was no use of academic materials or sources that were not acknowledged, in order to avoid plagiarism. Also, data were reported objectively without bias using the participants' narratives from the research. This ensured that reported data originated from participants' narratives and were only of the participants. He also ensured that data was not falsified, manipulated and was not taken out of context, nor did he ask leading questions to serve his own agenda. The researcher ensured that his self–presentation, behaviour and conduct was ethically informed and compliant throughout the research study.

6.12 CONCLUSION

This chapter presented a detailed account of the research methodology applied in conducting the study. It provided a description of the study area and then went further to cover discussion on the research approach, type of research and design adopted in the study. It covered a discussion of the research paradigm, the data gathering instruments, study population sample and the sampling strategy employed. It also presented the method of data analysis and data verification utilised in executing the research. The ethical issues considered in the study and how they were addressed was also contained in this chapter.

The next chapter presents the findings of the study and discusses it in the light of available national and international literature.

CHAPTER SEVEN
PRESENTATION OF FINDINGS AND DISCUSSION

7.1 INTRODUCTION

This chapter presents the findings of the study. Data was analysed employing the thematic method. The presentation is done in a manner whereby the themes and sub-themes are identified followed by a discussion. This chapter begins with a presentation and discussion of the demographical characteristics of the participants. The chapter closes with a conclusion on the summary of the themes covered in this section of the dissertation.

7.2 DEMOGRAPHICS

The table below displays the relevant demographical characteristics of the participants in the study.

Table 7.1 Demographic profile of study participants

Participants	Age	Gender	Marital Status	Religion	Race	No of children	Profile of children
1	65	Female	Widow	Christianity	Black	2	2 Orphans
2	53	Female	Married	Christianity	Black	6	3 Harm, 3 Neglect.
3	56	Female	Married	Christianity	Coloured	6	3 Aban., 3 Neglect.
4	45	Female	Single	Christianity	Black	4	4 Neglect.
5	61	Female	Married	Christianity	Black	6	3 orphans, 2 Uncontr, 1 Abandoned
6	62	Female	Married	Christianity	White	5	5 Abandoned
7	46	Female	Single	Christianity	Black	4	3 Neglect., 1 Abandon
8	50	Female	Married	Christianity	White	2	2 Abused
9	67	Female	Widow	Christianity	White	6	6 Neglect
10	53	Female	Married	Christianity	Black	2	2 Neglect
11	47	Female	Divorced	Christianity	Black	1	1 Abandoned
12	42	Female	Single	Christianity	Black	6	6 Orphans
13	66	Female	Married	Christianity	White	7	6 Orphans, 1 Abandon

14	58	Female	Single	Christianity	Black	6	5 Abandoned, 1 Uncontr
15	56	Female	Widow	Christianity	Black	2	2 Orphans
16	57	Female	Single	Christianity	Black	1	1 Orphan
17	59	Female	Married	Christianity	Black	5	5 Orphans
18	58	Female	Single	Christianity	Black	4	2 Orphans, 2 Abused

As Table 7.1 indicates, the oldest participant was a 67-year-old White widow while the youngest was a 42-year-old single Black woman. There were no participants below the ages of 40 years. Just as participants differed in terms of age, they also differed in terms of numbers of years of experience in fostering and the number of children in their care. Foster parents care experience ranged from 2 to 30 years while the number of children in their care at the time of the study ranged from 1 to 7.

All the participants expressed the view that their age was not a deterring factor when determining the care quality and quantity. This was because they were full of energy and strength required for the daily execution of their care duties considering the age of the children in their care. Rather, to the participants, their age was an asset considering that it afforded them the physical and psychological maturity and experience which quality care necessitated. This is in agreement with Richter and Naicker's (2013:3) classification that the 40-50 and 50-60 year age groups constitute the middle of adulthood. To these authors, people of this age group focus on an individual's contribution to their work, home, childrearing and other relationships. Similar demographics were found by Thurman, Jarabi and Rice (2012:813) in Kenya where about one-quarter of the participants were 50 years and older. This finding is further confirmed by Nyasani, Sterberg and Smith (2009:182) who showed how households coped with the impact of HIV and AIDS in South Africa. In their study, 23% of the participants were over the ages of 60 years.

With regards to gender as seen in Table 7.1 above, all participants were female. However, eight of them were married and living with their partners and the foster placement was in the care of both. The eight husbands of the participants were not interviewed as they were not at home but at work leaving their wives to care for the foster children. This female preponderance factor in foster care and caregiving of

orphans and vulnerable and other at-risk children is replicated in other research studies. For example, Gono (2015:71), Phaka (2015:44) and Nyatsanza (2010:39) showed that women were at the forefront of providing foster care to orphans and other children in need of care in South Africa.

These studies depicted caregiving as mainly a woman's role as it was found that husbands or other male family members played a secondary role. Similarly, Nyasani, Sterberg and Smith (2009:185) found in Richards Bay, South Africa that women and female members of the family were predominantly at the spearhead of the provision of care for orphans and other vulnerable and at-risk children. They found that most of the female caregivers were single, looking after orphans without the help of a husband or partner. This finding differs from the current study findings which revealed that most of the foster parents were married (eight) and five were single and were living with their spouses enjoying the support and assistance for the care of the children in their custody.

Another finding from this study in terms of gender characteristics was that all married foster parents reported that their husbands were wonderful supporters. They reported that their husbands actively took part in the care of the children, even though they were not always physically around. The full and active participation of their male partners may have however been due to the fact that the children were legally placed in the care of both of them through the court. This is in contrast to findings by Van Deventer and Wright (2017:3) in Zimbabwe. They showed that most elderly male respondents acknowledged their female spouses as the principal caregivers of orphans in their households.

It is discernible from the table above that in terms of marital status, eight were married, six reported as being single while three were widowed. One participant reported that she was divorced. The greater number of married foster parents in this study aligns with findings from previous studies. For example, Randle, Miller, Donilcar and Ciarrochi (2014:65) found that foster families were "rather more traditional than other families". They noted that this 'traditional' conception of foster families translated in reality as a structure where a child was placed in the care of a married couple in which one partner, traditionally male, works, while the other,

usually female, stays at home to dispense the care duties and responsibilities. This was the scenario in this study. The placement of children in the care of married couples may be informed by social welfare professionals' observation from findings of research studies in South Africa. They indicated that the presence of a father in the household is associated with positive outcomes. This includes increased protection and children's improved access to resources in the community (Mazembo et al., 2013:10) and less likely to become teenage parents or drug and alcohol abusers, and better school performance (SAIRR, 2013:19). While research has safely concluded that this is true in regard to children living in and out of parental care, further investigation is required to investigate how this fares with regards to children in married and unmarried foster care placements.

With regards to religion, all participants reported that they were Christians. In terms of particular affiliation, participants mentioned that they were Catholics (five), Pentecostals (eight), Baptist (three) and from the Dutch Reformed Church (two). They all reported that their faith played a major role in their ability to cope and ensure that they continued to be willing and available to provide care, despite the enormous challenges they faced. This was due to 'supernatural' strength and encouragement, which they claimed to receive from God that helped them in their care role. It must, however, be noted that the data on religion in this study only reports on how participants identified themselves. It does not, however, measure or indicates the extent to which the foster parents actively practiced or were involved in that religion. This religious characteristic of foster parents in this study resonates with Hedin (2015:177) in the UK.

With regards to race/ethnicity, thirteen participants were Black; four were Whites caring for Black children while only one participant was Coloured caring for Black children. Though Black foster parents tended to be more represented in the sample in this study, it must be noted, however, that the sample was not selected on the basis of ethnic representation. Collectively there were 75 children that were cared for by the foster parents in this study. This finding is consistent with McDermid et al., (2012:14) where Black foster parents were over-represented but differs from Jones (2016:361) where White foster parents were overrepresented compared to the population of looked after children in the UK. The finding of this study in terms of the

preponderance of Black foster parents tends to challenge the assertion from some studies. These studies seek to suggest that children found in need of care in South Africa were mostly Coloured and Black and that they exceeded the number of available and suitable Black foster or adoptive parents (Gerrand and Nathane-Taulela, 2013:4; Mokomane, Rochat and The Directorate, 2012:347).

An interesting finding from this study along racial consideration was the reality of transracial care which translated into White foster parents caring for Black children. The four White foster parents cared for Black children and two of the White foster placements had the diversity of race in the sense that they were caring for both White and Black children. This transracial dimension in care placement resonates with Du Plessis (2015:14) who found that White foster parents cared for Black children in Cape Town, South Africa. She, however, wondered why there was no study or reality of care that described a care scenario where Black foster parents were caring for White foster children. As indicated in Table 7.1, orphaned children were the highest (twenty-seven), followed by neglected children (twenty-one), abandoned children (seventeen) and lastly abused children (four) in the study. In addition, three children were found in harmful circumstances and with uncontrollable behaviour in the study.

While the global nature and challenge of the HIV and AIDS epidemic to public health is emphasised, the particular implication for the proliferation of the orphan population and its continued challenge for communities across the world has also been of note (Kuo & Operario, 2009:2). Meintjes, Hall and Sambu (2015:104) found that there was an estimated 3 million orphans in South Africa during 2013 which was reflected in this study in terms of number of orphans who were in care. Most of the orphans in the study (fifteen) were reported to be both HIV and AIDS orphans who had lost both parents to the disease and had been placed in the care of their family. Placement had broken down and their care was transferred to placements that were non-family related. The other orphans (twelve) had been orphaned through other means such as parental death of natural causes, sickness, car accidents and gun wounds. The observation of the high proportion of orphans in the study is expected considering the context of the HIV and AIDS pandemic in South Africa and globally. Other studies have documented the same results (Kinyua, 2013:8; Thurman, Jarabi and

Rice, 2012:312) and this confirms and explains the preoccupation of research efforts involving HIV and AIDS-orphans in South Africa and indeed the entire SSA region.

The high number of cases of neglect in this study also resonated with earlier studies. Ncontsa and Shumba (2013:1) observed that violence against children manifesting in abuse and neglect is a pervasive problem that affects a large number of children in South Africa. The Department of Social Development, Department of Women, Children and People with Disabilities and UNICEF (2012:2) report using SAPS statistics that between 2011 and 2012 alone, roughly 25 862 children were reported as victim of sexual offences. Reports further indicated that another 23 000 children were physically assaulted and neglected with almost half reporting to have suffered grievous bodily harm.

Similarly, in the UK and Netherlands, Bernedo et al., (2014:47), James et al., (2012:148), and Strijker & Knorth (2009:110) all presented empirical evidence from their studies that showed that in general one-half to two-thirds of the children in foster care have been neglected within their family of origin. With regards to the nature of neglect, it was found that the children in this study had been removed from the care of their parents or previous caregivers due to the neglect of their physical, welfare and supervision needs. This act of neglect has been traced back to poverty and the inability to provide for the children's clothing, education, nutrition and other general needs by their parents. These were mainly found in cases of children living with their parents and as such, they had to be removed by social workers and placed in alternative care. Allegations and suspicion of abuse of foster care grants by foster parents, on the other hand, were observed where the children were not properly cared for. This was the factor behind the transfer of the children to the non-family related foster parents in this study.

Poverty, no doubt has been accountable for many cases of neglect. This happened in the case where the financial resources were not available to meet the needs of the children, parents or guardians who were not around to supervise the children because they were job hunting. In such times, the children were left without supervision and were vulnerable. In this scenario, they became targets for social service investigations and subject to child protection investigations which often led to

their removal and placement in unrelated foster care placements as part of the child protection system.

As indicated in Table 7.1, the number of children being cared for that was abandoned was seventeen. The abandoned children were of two major sources. Firstly, it came through newly born babies being voluntarily given up by their biological mothers after birth at the hospital or left at baby bins operated by Church organizations and other NGOs. These children were subsequently handed over to adoption or foster care agencies for placements in alternative care. Secondly, it came through new-born babies being abandoned by their mothers after birth at the front of people's houses often in garbage bags or swaddling clothes without their identities disclosed. Ten of the abandoned babies in the study were voluntarily given away at birth by their mothers at Baragwaneth hospital in Johannesburg and the foster parents were called as registered volunteer carers to foster the children. Seven others were abandoned at the gate of the foster parents who later informed the police and social services for the statutory process leading to their legal placements. All seventeen abandoned children were placed in the foster care of the participants at birth or before their first birthdays.

This high percentage of abandoned children in the study was not surprising. This is in consideration of Gerrand and Nathane-Taulela's study (2013:3) that there is widespread understanding and knowledge that infant abandonment, specifically new-born abandonment was a significant challenge in South Africa. This was due to the fact that a large number of babies were being abandoned annually. They further observed that it had occurred in primitive and contemporary societies, manifested in all segments of every population and on every continent across the globe. This author and other observers have noted however that the motivation for this practice and phenomenon are varied and dependent on the social norms of a specific geographical region at a given point in time. With reference to the South African experience, France 24 International News reported during an exclusive news report on South Africa in July 2017 that 3 800 babies were abandoned annually in South Africa. This amounted to about 10 every day adding that 65% of the abandoned children were newborns and 90% were under the age of one. They observed in their

broadcast that the figure was steadily increasing due to precipitating social, political and cultural forces.

National Adoption Coalition South Africa (NACSA) (2014) supports this finding above that children were abandoned by their mothers due to poverty, unemployment, the breakdown of the family and teenage pregnancy. The study further found cultural beliefs, rape, incest, 'blessers or sugar daddies', women themselves being abandoned by their children's father and the HIV and AIDS epidemic as drivers of the phenomenon. The prevailing context of the HIV and AIDS epidemic may have been reflected in determining the profile of the foster children in this study as most of the abandoned children in this study were also HIV-positive. Abandoning the children at birth may have been perceived by their mothers as a way of avoiding the stigma and stress associated with the unwanted pregnancy and premature motherhood. This is consistent with studies by Mueller and Sherr (2009:157) in the Netherlands, Mitrut and Wolff (2011:1219) in Romania and Thabane and Kasiram (2015:45) in Lesotho. These studies found that economic factors, political environment, personal stress, the financial and societal value of children, psychological disorders, mental illness and religious beliefs all combined and contributed to infant abandonment.

Only four children had profiles of abuse in the current study: physical abuse (two) and sexual abuse (two) were found. The sample of this study and the profile of abused children was small and does not however reflect the state of the phenomenon in South Africa. This is because abuse of children is identified as a pervasive problem as indicated by many studies (Department of Social Development, Department of Women, Children and People with Disabilities and UNICEF, 2012:3; Jewkes et al., 2010; Optimus Study, 2015:3). The phenomenon of child abuse is an epidemic in South Africa. The Optimus study (2015:2) found that 1 in 5 (19.8%) young people reported having experienced some form of sexual abuse during their lifetime. This was found in a nationwide study to be true for both boys (20.3%) and girls (19.2%). Data further revealed that more than a third (34.4%) of respondents reported been hit, beaten, kicked or physically hurt by an adult who was supposed to be taking care of them. The number of foster children found to be placed in unrelated foster care due to abuse in this study may have been small compared to the general prevalence and incidence level and rates in South Africa

partly due to the fact that most incidences of abuse are not reported by family members due to family norms guiding family relationships. This means that abused children may still remain within the family circle and not be placed in unrelated foster care.

The lowest numbers of children in the profile of the foster children were children placed in alternative care due to the display of uncontrollable behaviour and living in harmful circumstances (three) (Table 7.1). Harmful circumstances in terms of section 150(1) as employed in this study would include situations of addiction to dependency-producing substances, living in the streets and living in CHHs. It would further include children living in or exposed to circumstances that may seriously harm the child's physical, mental or social well-being or being a victim of child labour. The three children in this category were placed in alternative care because two lived with their mothers under the bridge and were used to beg for food while the other child's mother was mentally ill. This made the latter mother incapable of supervising the child and providing for him. This parent related adversity is consistent with findings from a South Africa study by Lunga (2009:68) and international research by Farmer (2009:333) in the UK.

With regards to uncontrollable and behavioural problems, in this study, it manifested due to refusal to adhere to rules and regulations set by caregivers. Further manifestations were seen in dating boys, returning late at night and absconding from home. An interesting observation in this study was that the three children were teenage girls between the ages of 14 and 15 and were removed from the care of their maternal grandmothers. Similar data were obtained in the study by Kinyua (2013:8). They were, however, reported by their foster parents to be well behaved and to have significantly changed positively since being placed with them. This may have been due to a change in the environment and familial factors such as a strong and positive parental support network (Knox, Burkhart and Howe, 2011:491), personal characteristics of the foster parents such as open-mindedness and acceptance of the child's background. It may have been due to foster parents' tolerant, flexible, easy going and deep love bestowed on the child (Kimani-Murage, Manderson, Norris and Kahn, 2010:264).

7.3 PRESENTATION AND DISCUSSION OF THEMES AND SUB-THEMES

The following table presents the themes and sub-themes following by a discussion (Table 7.2).

Table 7.2: Themes and sub-themes

Themes	Sub-themes
Foster parents care motives for fostering non-family related foster children	Fostering as a service and calling
Available foster parents care support that assist them in providing care to non-family related foster children	Pervading social grant, self and faith support
Challenges associated with child fostering	Mutual acceptance and feeling a sense of family Rejection External interference, suspicion and scrutiny Fear, anxiety and worry Stigmatization, discrimination and isolation Financial problem Lack of adequate support Child discipline and behaviour problem

7.3.1 THEME 1: FOSTER PARENTS' CARE MOTIVES FOR FOSTERING NON-FAMILY RELATED FOSTER CHILDREN

As indicated in Table 7.2, a theme emerged around foster parents care motives in response to the question of what motivated them to take on the care role for the non-family related foster children. The following discussion presents the sub-themes which emerged in this category.

7.3.1.1 Fostering as a service and calling

Fostering as a service and divine calling was a major sub-theme that emerged from analysis of the data from the study. When asked about the motivating factor for their choice to care for non-family related foster children, the majority (twelve) of the participants reported to having been motivated by a call by God and a sense of divine purpose to serve humanity. Participants indicated by their responses and

narratives that they took up their caretaking role and duties as an assignment from God and felt it was a matter of the path of destiny that God had ordained for them before they were born to walk in. They seemed to suggest that they were fulfilling a divine mandate and service that they were born to execute. The response of a White widowed foster parent caring for both white and black children succinctly captured this theme:

> "It is a calling. God sent me to care for these children. I didn't just wake up and started to do this. God sent me these little ones over 30 years ago. He sent me to little ones who have got nowhere to go and who nobody wanted. So I took them in and then it just grew from there. Those two are now 31 and 35 (pointing to two grown ladies sitting in the living room who were once in her care). That is how I started and I have remained in the duty ever since and I am enjoying it." (Participant 9).

This theme also came up in the focus group discussions as foster parents alluded to taking on the fostering role as an assignment and mandate from God. A White married foster parent caring for abandoned Black children commented that she was motivated by God to take on the care of children in the face of the fact of the grave impact of poverty, HIV and AIDS, child abuse, neglect and child abandonment plaguing the South African society. She said the following on the issue of motivation for caregiving:

> "I was motivated and called by the Lord to look after these children and serve them and the society in this capacity. This is a divine service to the sick, poor, abandoned and abused in the society and only God can also give you the heart for it. You cannot do this without God because He is the one who looks after us all and provides the means for us to take care of these children." (Participant 6).

Many of the participants (twelve) reported that they felt and regarded their calling by God to serve as foster parents to non-family related foster children as obligatory by assent and viewed it as an opportunity for them to contribute to helping the less privileged and felt committed to fulfilling the divine mandate. Sharing their sentiments in this regard, many of the participants indicated (twelve) that they were executing their care duties and acting in their care roles with a sense of duty for God who they felt was the one they looked to for their reward. They seemed to suggest that serving the Lord as foster parents to non-family related members was in itself a rewarding and inspiring adventure in the light of the fact that they knew their labour was not going to be in vain or go unrewarded. One of the foster parents made this statement:

> "This is a vision that God gave to us. God said I and my husband should take care of other people to help them fulfil their destiny. I just want to fulfil the call and vision of God to help others who are in need of help. I feel that is my service to God and society and I know He is the rewarder." (Participant 10).

Another participant who is fostering for the first time and caring for just one child also described her caretaking role and duty as a service and calling from God who rewards during the individual interview:

> "You know what, I think this is a call from God to help the less privileged ones in the community who don't have families and people that can care for them. I know I love children but the day I saw this boy in my office when they first brought him, something just touched my heart and said, 'you really have to take care of this boy'. I immediately fell in love with him because I know the Lord sent him to me to look after him since his family couldn't. I am just obeying his command and know I will get my reward from him." (Participant 11).

A major observation that generally reverberated throughout the responses of participants both in the individual interviews and the focus group discussions in this regard, was the allusion to God and this higher power as a source of supply of strength and support. They reported that this assisted them in coping with the stress that providing daily care engendered and necessitated. Foster parents indicated that they were engaging in their care duties and roles as caregivers to non-family related foster children with a certainty regarding their reward from God for their services. They also hinted that the conviction and knowledge that they had been called and elected divinely to the caretaking role provided the much-needed assurance and inspiration that enabled them to continue to care when the experiences grew though. This was due to the reality of little or no support from caseworkers and agency and at times from the extended family. The following statement from one of the participants emphasised this during the interview:

> "God is the one who called us to look after these children. He is the one we look to to assist us in providing and caring for them not child welfare or the government. He is the same yesterday, today and forever and never disappoints. He is the one who looks after us. He is the reason I cannot give up even though I want to at times when the challenges and problems become unbearable because I know he is the one I am accountable and answerable to at the end of the day." (Participant 6).

The awareness of being foster parents as a service and calling were seen in the study to be responsible for the resilience, commitment and zeal which the participants possessed. This made them able to absorb and cope with the enormous

challenge and task of caring for non-family related foster children with little or no support from caseworkers and agencies. This was also observed to be the primary factor accountable for viewing their jobs as rewarding. It also compelled them to love and make sacrifices in the face of pervading hard economic and social realities in order to continue to care and stand up for the children.

However, some participants (three) reported to being motivated to care by their personal life experiences. They believed this compelled them to act to provide care for the vulnerable, the poor and children at-risk. This was so that they could offer opportunities which they lacked to these children in order to avert the deplorable and degradable circumstances and condition of life that they had experienced. Foster parents who reported this as their motivation seemed to suggest that it was only a natural thing to do and believed it to be in line with divine expectations. They indicated that it was their way of giving back to the community and thanking God and showing appreciation to him for sending people to rescue them when they were in similar situations of life. A Black participant fostering abandoned Black children made the following statement in the focus group discussion:

> "I decided to care for these abandoned children because I too was abandoned by my mother when I was a baby. I only met and knew her when I was 18 years. I grew up in the rural area in the care of a non-family member and life was really hard for me. I had always lived with the desire to help children who had similar circumstance as mine when I was a child. So when I came to Gauteng and had the opportunity, I decided to take these children and give them that love and care and security which I didn't have when I was growing up." (Participant 14).

Similarly, another participant's narrative in response to the question of care motive revealed the same sentiment as the above participant:

> "I decided to care for these children because I was rejected and abandoned by my mother and so I don't want to see any child suffer what I suffered when I was a child. I don't want children to pass through what I passed through in life." (Participant 7).

Furthermore, two participants reported that they were motivated to care due to the lack of and desire to have a male child and desire to care for children with a disability because she had a biological child with a disability. A married White foster parent caring for two neglected and abused Black children reported that she chose to care

for the two boys because she wanted sons as she was not able to bear her husband male children. She said:

> "I took these two boys because I always wanted sons and I had reached the age where I could no longer have children. I had a medical problem I could no longer have more children. I have two daughters and always wanted male children and I think God brought these children to me in answer to my prayer. I believe God gave me this opportunity to raise these two boys for him." (Participant 8).

The other participant, a married Black foster parent caring for abandoned, neglected and abused Black children with physical and mental disabilities reported to be motivated to provide care due to her life experience of having a child with a physical disability. She made this statement in her response:

> "My motivation for deciding to care for children with physical and mental disability is strongly influenced by the fact that I have a child with physical disability. I know the challenges they go through in terms of the rejection, discrimination, stigma, and at times torture and the rest. Since I know from experience how to care for their peculiar needs, I decided to take them in and care for them so that I can give them love and the same attention as my child." (Participant 16).

From the analysis of data derived from the in-depth interviews and focus group discussions with participants, it further emerged that fostering to make a difference in the lives of the children was another motive for fostering. This was in order to give the children an opportunity to succeed and live fulfilling lives. Responses in this regard from three participants provided insights into the participants' desire to help the poor and vulnerable children who lacked means of surviving and leading normal lives. This arose from their dysfunctional family background. They wanted to contribute to the good of the community and society at large by offering to foster these less privileged children. This theme was highlighted by a Black widowed foster parent caring for orphaned and neglected Black children:

> "My motivation stems from my desire to help my community and society care for the less privileged in order to ensure that children are well cared for so that society could be free from crime and other social ills that may result from a lack of care and safeguard of these vulnerable group." (Participant 1).

On her part, one married Black foster parent caring for abandoned, orphaned and neglected Black children reported that she was motivated by her desire to make a difference in the lives of the children. This was done by creating the platform and

opportunity for them to live fulfilling and successful lives, thereby contributing to their personal and community well-being. She mentioned:

> "I started caring for these children because of the love I have for children and more so because I wanted to make a difference in their lives and help humanity." (Participant 2).

Data from the focus group discussions also captured this theme. One of the participants believed that her motive for care was stirred by God. This made it impossible for her to gloss over the fact that there was a great need for people who would volunteer to care for the vulnerable and at-risk children. This was particularly considering the context of HIV and AIDS, poverty and abuse. The reality of this made her choose to care for children no matter their colour, race or relationship except just to help them have better lives as normal human beings. She said:

> "I started caring for children because of my desire to ensure that I do my best to see that there was no needy child out there without shelter and roof over his or her head and food to eat while I am sleeping comfortably in my house. I don't want to see a needy and hungry child suffer when I can help to provide. This is why I decided to help to do my little best to make a difference." (Participant 12).

A married White participant caring for abandoned Black children also spoke along this line of choosing to care due to the realization and awareness of the great need for carers for this vulnerable and at-risk children group. Her response was:

> "I became motivated and involved with fostering 18 years ago when I first became aware of how bad the HIV/AIDS situation was. I saw how big the need was to provide home and shelter, care and love to children whose parents had died because of the epidemic. I was not happy with the way many of the children born to deceased HIV patients were treated in hospitals and so I decided to volunteer to take them in my care." (Participant 13).

What was interesting and striking from participants' responses regarding care motives was the fact that all of them seemed to suggest that their caretaking role arose from an intrinsic desire to make a difference in the children's lives and not for personal gains. Their motive was found to be no doubt connected to and influenced by their religious beliefs and values which, as the study discovered, provided a buffering and cushioning effect on the negative impact of the care challenge. The motivation of foster parents in this regard enabled them to continue to adopt a positive posture towards their job and foster children in the face of the hard realities of the care experience.

This made it possible for them to continue to exhibit passion and enthusiasm despite the reports of frustration with caseworkers and the agency for the lack of support. It assisted them to cope with the frustration when dealing with the behaviour of the children, financial insufficiency, and other care challenges like discrimination and stigma. This was especially with regards to foster parents involved with transracial and cross-cultural placements. The motive of participants as identified in this regard in this study was strongly observed to have played a major role in foster parents' willingness to continue to care. This is a crucial finding as it has important value for discussion regarding the recruitment and retention of this care category which this study also concerned itself with in order to seek recommendation in this connection.

The study findings with regards to motivation for fostering can be linked to studies in the South African and international literature that support it. The key finding that foster parents are motivated to provide care as a service and calling has also been found in other South African studies by Akintola (2010:59) and Du Toit, van der Westhuizen and Alpaslan (2016:395). Data from these South African studies suggested that foster parents and carers regarded and viewed their caregiving duties and role to the children in their care as a mission and call to serve and not just as paid work. This research found that the strong conviction of foster parents and their work with the children was a mission and calling rather than anything else that provided the impetus (Du Toit, van der Westhuizen and Alpaslan, 2016:395). This enabled them to continue to provide care despite the presence of discouraging and negative circumstances and served as a major reward system for them. This was particularly the case with the foster parents in this study who, although they lacked support and encouragement from the caseworkers and agency, were resolute and determined to continue to provide quality care due to their conviction of being called on a mission to serve. As observed in this study this care motive provided a buffer and immunity against the devastating effect and impact of care challenge in this regard. Therefore, this made it possible for foster parents to be willing and passionate about continuing to provide care.

This finding is further supported by Blythe et al., (2012:15) in the UK who found that foster parents who provided long-term foster care identified and conceived themselves in line with the dominant mothering ideology as 'good mothers' and

‘intensive mothering’. They felt they were uniquely called and equipped on a mission to provide child-centred care characterised by self-sacrifice which was often normally emotionally intensive and time-consuming. This put caregiving in the context of the child’s best interest and fostering was seen as a divine duty to serve and centred on the needs and welfare of the children. This was the case of the participants of this study who due to their sense of divine call to serve, put the interests of the children above their needs and welfare. Therefore they were able to survive the excruciating care challenges and experiences and to forge ahead.

Corroboration of findings that foster parents were motivated to provide care by their personal life experiences align with the study by Malm and Welti (2010:185) in the United States of America. Their study provided supporting evidence which showed that carer’s own past life experiences translated into their willingness and desire to care for children and even adopt them. This was because they had similar experiences and life circumstances to the children and wanted to assist and help them avert and avoid undergoing what they went through by way of empathizing with them. This was seen in the present study where some participants indicated that they elected to care because they too were abandoned, rejected or orphaned and were motivated to provide care. This was in order to assist the children avert and avoid experiencing the pain and other challenges associated with that life circumstances.

A striking finding which also resonates with findings in the literature was that foster parents who had similar past experiences similar to that of the children they cared for exhibited great enthusiasm and determination to care and continue to care. They displayed untiring commitment and demonstrated inspiring passion and showed more tolerance and love to the children in the face of an apparent lack of support and excruciating care challenges (Simula, 2016:42). Du Toit, van der Westhuizen and Alpaslan (2016:396) in South Africa and Rodlach (2009:428,429) in Zimbabwe support the findings of the current study. Foster parents are indeed motivated to care due to the awareness of the need for carers of vulnerable and at-risk children with a view to making a difference in their lives, thereby helping the community and society at large.

7.3.2 THEME 2: AVAILABLE FOSTER PARENTS' CARE SUPPORT THAT ASSISTS THEM IN PROVIDING CARE TO NON-FAMILY RELATED FOSTER CHILDREN

As illustrated in Table 7.2, sub-themes emerged around support available to foster parents that assisted them in caring for their non-family related foster children. This is presented in the discussion below.

7.3.2.1 Foster Care Grant, Self and Faith-Based support

Another theme emanated from the interviews and the focus group discussions when foster parents were asked a question relating to their source of support. Data indicated that the foster parents relied on the foster care grant, and self and faith-based support to provide care for their non-family related foster children. The foster parents acknowledged and reported on the general lack of or limited social worker and agency support. This translated to a lack of assistance and support to the health, education, training and general welfare needs of the foster children. This, they indicated led to heightened and elevated levels of stress for them. Nevertheless, the participants, however, reported to relying on the foster care grant, self, and faith-based organizations for support in meeting the needs of the children and in executing their care duties.

All the participants except one reported receiving the foster care grant which they said assisted in caring for the children though they agreed that the amount was not enough. The majority of the participants spent their grants on food items for the children. Food was identified by most of the participants as the most essential item and when food was at home, the problem of basic need was almost half solved. One of the participants commented on this:

> "The foster care grant is really a big support for us though it is not always enough. At least It helps us to cover the most important thing which you know is food because when we have food in the house we don't have problem because that is the most basic." (Participant 2).

This theme also came out in the focus group discussion. One of the members commented along the same line and said:

> "My major support is the foster care grant because it helps us with the most essential items which is the feeding of the children. The grant ensures that there is always food at home and when there is food, the rest things are not a

problem because then it means the child will not go to school hungry and to bed in an empty stomach," (Participant 1).

Furthermore, nearly all the participants (seventeen) reported sacrificing their personal financial savings, pensions, business and incomes which they directed to the care of the children in addition to the foster care grant. One participant, however, who cared for five orphaned children with disabilities ran a home for children with physical and mental disabilities. She reported that she was funded by the Department of Health in addition to receiving the foster care grant for the five placements and was able to rely solely on the grants for their care. A major observation was that almost all the participants had a form of income which they could draw on for support. Those who were not formally employed were involved in some form of business or 'piece job', receiving a pension or had savings and investments that they relied on that provided supplementary income and financial support. This theme of self-support could be extracted from the narrative of a participant who is a single Black foster parent caring for a Black orphaned child as follows:

> "You know what, I have been relying on the proceeds I get from my business of selling Tupperware products to care for this child in addition to the foster child grant because it is not enough to meet the needs. Though I cannot provide all that she needs yet I am glad that at least I can give her the essentials that will make her feel that she has a family so that she will not have a sense of lack. It is not easy but I have got to make the sacrifice to ensure she gets the best I can afford from my personal income." (Participant 16).

This theme also emerged in the focus group discussion. A married White foster parent caring for abandoned Black children explained:

> "Like you know already the grant we get in respect of these children is not enough to meet their needs. Look we have some savings in our investment we made in Germany many years ago before migrating to South Africa that we rely on to support these children. It is our pension going down the drain but we are not complaining because it is something the Lord asked us to do and he will reward us for it." (Participant 6).

What was palpable in exploring participants' support structures and resources in caring for their non-family related foster children in this study was the general enthusiasm and passion with which the foster parents reported to deploy their personal savings and personal financial support and sacrifices. This was nevertheless without due regard to the fact that they felt they had the moral and legal

right to be supported by the social workers and the system. This passion to personally sacrifice for the care of the children may no doubt be connected to the fact that majority of them felt they were motivated by God to provide care as a calling and service. They were therefore not disappointed by the reality which the care experiences took in this regard as they felt committed to delivering as a matter of divine obligation. Participants' narratives indicated that they were happy relying on and being able to draw from their personal savings, investments and incomes to meet the needs of the children and did not regret or have a negative feeling about the experiences. The following statement from a widowed Black foster parent caring for two orphaned Black children, who went back to work as a teacher in order to supplement the foster care grant points to this:

> "I am glad I receive the foster care grants for my two children but it is not enough as you know. I had to go back to my teaching profession so I can earn regular income so I can support these children. I am able to cope and support them by the grace of God with the salary I earn as a teacher and the grant money. I am happy I am able to do this for the sake of these children and seeing them happy and fulfilled is my joy and fulfilment in life." (Participant 15).

In addition, support from their spouses and own children were major factors. All the married participants reported that their husbands were huge financial, emotional and physical support structures even though they were always at work leaving them at home to be at the forefront of care. All the married participants (eight) indicated that the support from their spouses was the greatest impetus they had as they served as their greatest encouragers, motivators and inspiration. The married foster parents reported that their spouses not only supported financially but assisted with care duties when at the home, especially on weekends. They served as role models for disciplining and talking to the children when they misbehaved and attended parents' evenings at school when the attention of foster parents was required in respect of children's educational progress or behaviour. This participation and support provided by the spouses were reported by participants to be useful in alleviating their stress and burden associated with their caretaking and caregiving roles. The report of this participant sheds light on this fact:

> "I get a lot of support from my husband both financially and emotionally apart from the foster child grant and that helps us a long way in meeting the needs of these children. My husband helps me a lot with them and when things are very tough like when they misbehave or fight, he takes the father figure and sorts it

> out. He is really helpful even though he is not always around due to work." (Participant 3).

This dimension of support was also present in the focus group discussions. A member of the focus group reported to be heavily supported by her husband financially, emotionally and as a role model to instil moral and religious values in the children which helped them develop a positive attitude and character. Her comments in the following statement capture this theme:

> "As you know my husband is a Pastor and does supports me a lot not only financially but also with raising and disciplining these children so that they can grow into responsible and God-fearing adults. He plays the father figure to these children and we really enjoy his support and am glad for that." (Participant 10).

Even foster parents who reported as single parents (five) but were in a relationship with their partner not residing with them reported that their partners were also supportive. It was clear that the participants, whether married, single, divorced or widowed enjoyed pervading immediate or nuclear family support whether it was support from their spouse, partners or own children. This was observed as an asset to the foster parents with regards to its financial, physical and emotional value especially considering that they enjoyed little or no extended family support. This support may have been due to the convergence of thoughts, beliefs and congruence of values regarding the plight and condition of the foster children and the need to offer a helping hand which the foster parents, their partners and own children possessed and shared.

Participants reported that their own children were a major support structure which they relied upon to providing care for their non-family related foster children. They commented that their own children accepted the foster children and viewed their support and contribution as warranted by a sense of family. As participants commented on the support they enjoyed from their own children, it became clear that levels of support differed and varied across the foster families. Foster parents reported enjoying support from their own children as they indicated that their own children assisted with paying some of their bills such as electricity, satellite television and assisted with extra home lessons. They further helped children with homework, assisted with taking the children for hospital and clinic appointments, administered

children's medication, took the children on holidays and helped at times in buying groceries for the house. This related particularly to foster parents' own adult children who lived with the foster family or had their own family due to marriage or lived independently. The following quote from one of the participants provides evidence to this:

> "Apart from the grant and my personal savings and pension that I normally depend on for the care of these children, my own children are very dependable and reliable support. They do understand our situation and assist me with caring for this children. One of my daughters for example helps us with the payment for DSTV, the other one helps with buying additional food stuff from her salary when we run out of stock during the month and it's amazing how they love and help contribute to care for the children." (Participant 9).

Another participant had this to say:

> "My children are a very big support structure for me. They love these children and sacrifice for them to make sure they do not lack. They buy them clothes, take them on holidays so that my foster children know Durban and Cape Town because they have been there on holiday with my own children. They help me take them to clinic when they are sick and talk to them when they misbehave." (Participant 1).

A significant discovery from this study was that the support of older foster parents' own children which took on different aspects of the children's care was a big respite to foster parents. It contributed tremendously in assuaging the cost and burden of care, thereby enabling foster care continuity and enhancing care quality.

Support from the church was reported by all participants as another major support structure that they relied upon and utilised as they provided care for their foster children. Support came in the form of financial donations, clothing, food items and help from church leaders and pastors with counselling and talking to the children when they misbehaved. All participants reported to be Christians and were affiliated to different church groups and congregations. There was a universal indication from the interviews with participants and the focus group discussions that suggested the fact that the foster parents felt socially, financially and spiritually supported by the church group that they belonged to. They were of the opinion that if they had lacked support and care from their church groups and organizations, they would have experienced greater levels of stress. This was in light of the rejection, little or no extended family and community support. It was further as a result of the lack of or

limited caseworker and agency support and involvement that they experienced as they provided care to their non-family related foster children. This sub-theme could be extracted from the statements from participants as follows:

> "My Church Christ Embassy supports us and these children greatly. They come here every Tuesday to motivate them and bring food items and clothing for us. They also make arrangement for transport for the children to go to Church on Sundays and do organize outings for them during the holidays. This is very helpful because it makes the children feel loved and accepted by the community and society." (Participant 2).

Another participant commented on this same faith-based, church support structure in the focus group discussion:

> "Our other big support structure that we rely on is my Church, Delta Church. Every month they come here and bring food and some clothes and at times, they take them out to the swimming pool or park for outing so that they can catch some fun." (Participant 5).

What was easily noticeable from participants' discourse regarding support from own children and their faith-based organization were positive family and social relationships. This points to the underlining importance and necessity of viewing fostering and caregiving as a systemic entity requiring a multidisciplinary approach. Since this support was seen in this study to provide respite and a resource base to foster parents and indicated positive effects for them and the children in their care, it speaks to broader issues. It further highlights the potential stress and burden which a lack of or limited diverse support could portend for the foster family and the foster care outcomes. This study's findings in this regard bring to our knowledge the needs that daily caretaking entails and demands. It also illustrates the fact that fostering affects and requires the involvement of the entire foster family as well as all relevant stakeholders. This no doubt, as the study finds, compels cooperation and concerted efforts to address and respond to the task and demands of caregiving and fostering. This is, however, especially in regard to care for non-family related foster children by foster parents.

The foster care grant was a major support for foster parents in this study, though they all agreed that it was not enough. This is supported by Nyasani, Sterberg and Smith's (2009:187,189:) study in Richards Bay, South Africa. The Richards Bay study found that the majority of the foster carers reported that the grant was their

major regular source of income and means of poverty alleviation. This study and that of Nyasani, Sterberg and Smith (2009:187,189) suggest that the foster care system and its foster care grant which represents the South African state government's response and intervention to orphans and other categories of vulnerable children's care and poverty alleviation, serves its intended purpose. This is in the sense that the majority of the foster parents were in receipt of it and reported utilizing it for food purchases thereby ensuring that the basic necessities such as food to support and care for foster children were always and readily available.

The fact that social grants money serves its intended purpose by targeting the poor and making money available for purchase of food thereby ensuring that there is always food at home even though it does not necessarily guarantee food security is further supported by Gutura (2014:287). The majority of the participants in that study reported to using the money from the grants to buy food every time they received the social grant money. This study's findings in this regard further throws light on the general condition of the poor and vulnerable as they struggle to meet basic needs in their daily lives. This highlights the importance of state interventions in ameliorating and alleviating social and public suffering through grant and cash transfers.

This situation above of depending on the grant and utilizing it on food to ensure survival without worrying about the luxuries of life reflects the general condition and situation of the ordinary poor South African. As with many ordinary poor South Africans depending on the grant money for survival, the foster family's meal was reported to mainly consist of the staples in this study. This was made up of mealie meal (maize meal), wheat, vegetables and fruits for children with HIV and AIDS which are corroborated by Gutura (2014:183). Participants, however, indicated that they were concerned and worried about the nutritional content and value of the diets of the children. This compelled them to resort to their personal and private savings and income which they employed to augment the grant money in order to enhance the quality and quantity.

This is, however, inconsistent with findings from the Centre for Child Law (2013) and the Children's Institute (2015:1) which revealed that more than half a million orphaned children who were eligible did not have access to the foster care grant.

This was found to be due to institutional and legislative challenges including the children's court refusal to make family related placements, the shortage of social workers and the heavy backlog of cases. This tends to suggest the ineffectiveness of the intervention. However, this difference may have been due to significant improvements in institutional arrangements as legislative provisions now make it possible for children to be placed with family relatives in foster care. This was not feasible during the time the Children's Institute and Centre for Child Law studies was conducted. Investigations may also need to be carried out to understand these reasons further. This is because this may be due to issues revolving around foster parents willingness and decision to apply and receive the grant or caseworker and agency factors and not necessarily a system or structural failure as this study found. This is in regards to the participant in this study who reported not to be keen on receiving the grant due to caseworker and agency attitude and general stigmatization surrounding its receipt. It was indicative from participants' narratives that the grant money and its use to purchase groceries assisted in the long-term to mitigate the vulnerability to hunger as also found by Gutura (2014:175).

Foster parents' dependency on their personal savings, income and investments to supplement the grant money indicates a dual revelation. It testifies to their genuine and altruistic intentions to provide care out of a motivation reinforced by a sense of calling and service and desire to make a difference. This thereby renders the argument unreasonable that they provide care for the profit and money involved. It further provides useful and valuable clues pertinent to the recruitment and retention of this care category. This is in the sense that it shows how only caregivers who have multiple incomes and a willingness to deploy it in meeting the care needs of children without kin relations and cultural and family obligations could be suitable and qualified to undertake caregiving to non-family related foster children. This is important for its implication for placement stability and care outcome.

This study found that while the care needs of the children were diverse and not only centred on finances, they were such needs that could be facilitated and enhanced by a strong financial base. This further underlined the need to ensure that foster parents are adequately supported in this regard and screened against this caregiving qualification criterion. Carter and Van Breda's (2016:210) South African study

supports this and takes it further. They suggest the necessity of designing policy interventions that target the creation of enabling supportive environments for households providing foster care to orphans and other categories of children in need. This is in order to combat and reduce incidences of placement disruptions and breakdowns. Blythe et al., (2013:92), an Australian study, provides corroborative evidence that showed foster parents' resort to personal income and savings for the care of their foster children in addition to the care grants. This arises mainly from the perception of their roles as 'mothers' as opposed to being 'paid carers'. This behaviour demonstrates, reinforces and unveils the personal sacrifices and commitments that non-family related foster parents make due to feeling a sense of service, calling, purpose and divine obligation to love and care. This was also the case with participants in this study.

Similarly, Pickin, Brunsden and Hill (2011:61) found that even though foster parents did not feel valued, trusted or supported adequately by caseworkers and the system, they still demonstrated their commitment and love and care for the children. They went all the way to ensure that their care needs were met even at the expense of their own personal savings due to their perception of their role as parents to the children and as a service and call. Evidence from Nyasani, Sterberg and Smith's (2009:184) qualitative study in Richards Bay, South Africa is, however, inconsistent with the findings from this study. Contrary to this, social workers reported financial gains and monetary motivations underlined carers consent to take on care roles for children. Furthermore, a study in Zimbabwe by van Deventer and Wright (2017:1) also opposes the findings. They found that the willingness of caregivers to undertake to care depended on the types of financial costs that care duties and caretaking entailed and necessitated.

Other studies in the South African context supports the finding that the immediate family is a major support structure and resource to foster parents to provide care to the children in their care. To this end, Bejane (2012:74), Warwick and John-Langba (2016:2,3), Kgomo (2009:85) and du Plessis (2015:35) all showed in their studies that the most accessible and utilised form of support to foster parents was the immediate family. Foster parents and caregivers reported in these South African studies that immediate family support created the enabling environment that made

the role of caretaking easy by mitigating unfolding care challenges. This was also true of the experiences of the participants in this study.

7.3.3 THEME 3: CHALLENGES ASSOCIATED WITH CHILD FOSTERING

As indicated in Table 7.2 above, a major theme emerged around challenges surrounding the provision of care when foster parents were asked what challenges they experienced in the daily execution of their care duties. The following discussion presents the sub-themes in this category.

7.3.3.1 Mutual acceptance and feeling a sense of family

A question that sought to explore the nature of the relationship between the foster parents and foster children in the care arrangement was included in both the individual interviews and the focus group discussions. A significant sub-theme that emerged indicated that foster parents did not experience challenges. They rather reported to experiencing a mutual acceptance and a feeling of a sense of family between them and their foster children. It was interesting to find that all the foster parents reported not having any problems regarding their status as a non-family related foster parent. They reported that the children had no problem with their status as non-family members as they regarded each other as a happy family.

The foster parents reported that they viewed the children as their own and treated them regardless of race, colour or ethnic background or any other child characteristics or care needs. This was observed to be true in the case of same race placements as was also true for those in cross-racial placements. The foster parents were full of pride, enthusiasm and had a sense of purpose in disclosing that they regarded and referred to their foster children as their biological children and the foster children regarded them as parental figures referring to them as ‘mum’ and ‘dad’. This theme of mutual acceptance and feeling a sense of family was visible in the following quotes from interviews with participants. One of the Black married foster parents caring for Black children said:

> “You know I have got one child of my own. My child takes the foster children as brothers and sisters. My husband and I take the children as our own children and don’t make a difference between them and our one child. We treat them the same and love them equally. When maybe I don’t want to do something for the children, they just go to their brother (foster mother own child) and say, ‘mama does not want to give us this or that’. Then my child will say to me, ‘Mama,

> please give them what they want'. You see we are a family and live happily together with no difference at all." (Participant 2).

Similarly, one of the White married foster parents caring for Black foster children contributed to this during the focus group discussion:

> "Look these kids are mine and my husband and my own children accept them and treat them as part of the family. The children have no problem seeing us as their family and we just get along well like that as one united family. We give and show them love and that is what is important and not the colour or skin." (Participant 6*).*

It was easy to understand why this atmosphere of mutual acceptance and feeling a sense of family pervaded the responses from the participants. It was observed that some of the participants (seven) responded positively when asked about experiences regarding their relationship with their foster children because they had taken on the care of the children either at birth or before the child was one-year-old. The children had grown up in their care and most of them did not know that they were in foster care placement with a foster family. It was, therefore, easy to form attachments and bonds with the foster family. It was also found that even when the placement was transracial, the twelve Black children who were abandoned and placed with two married White foster parents out of the seventeen abandoned children in the sample, grew up accepting, regarding and seeing the White foster parents as their parents. This was because they had no other known family members and they had been showered with much love, care and tenderness.

A more in-depth exploration of this theme revealed dimensions that showed that one major way this mutual acceptance and feeling a sense of family manifested was first in the foster parents' perception of the children's care needs and challenges. This was conceived as not different from those of their own children or related family members. It was evident from the responses from one of the focus group discussion participants who cared for children with physical disabilities when asked whether she thought that the care challenges and experiences would have been different were the foster child to be her family member:

> "To me I don't see the children as different from my relation or own children. Children are children and you just need to take them as they are. All they need is your love and care and for you to be there for them always just as you would be for your own relation. I love these children especially because I too have a

child with physical disability. I relate with them as I do my own children putting no difference between them." (Participant 17).

Furthermore, the foster parents viewed the foster children's adversities and characteristics as not different from those manifested or possessed by their own children or family members. To the foster parents, the children were all first and foremost, human beings that needed to be loved, cared for and protected. They treated them like their own family members since they possessed the same characteristics in terms of age, developmental milestones and experiences and lived and existed in the same context with the same care needs and challenge ecology.

However, some participants (five) hinted that even though there was a general sense of mutual acceptance and feeling a sense of family, this was not always the case. This was because some of the children exhibited some form of initial adjustments and attachment problems when they were first brought to the foster family. It was particularly true in respect of children who were first in foster care placements either with their kin or unrelated placement prior to being placed in the study placement. The children had developed a sense of awareness of their status and belonging to the former foster parent and placement. The circumstances surrounding the removal and transfer of their care had elicited some psychological and emotional agitations which reverberated to cause some initial adjustment problems in the new placement. The foster parents alluded to the fact that the children had soon quickly come around and adjusted due to the overwhelming love and care and understanding showed to them. Within a short time of their arrival, according to the foster parents, the children had accepted their care reality and resumed normal social functioning. The statement of the following foster parent sheds light on this point:

> "At this point in time now I see she is starting to relax. At first, she didn't trust me. I don't know if she stayed with people before that she did not trust. She couldn't come near me. Even if I tried to pick her up, she would look at my eyes like she is thinking something I don't know what. But she was not happy I think. I don't know but it seems she was confused or so. But after sometime she adjusted and came around. Now she can tell me things because she is now relaxed and used to me. It used to bother me but now we are happy together and getting along as a family." (Participant 1).

This finding of mutual acceptance and feeling a sense of family in this study is particularly interesting especially as it negates and contradicts popular opinion and

general pervading belief. For example, Blackie (2014:6) found that a major reason for the shortage of Black South African foster or adoptive parents was due to the strong Black South African cultural belief. This belief held that each child is intricately tied or connected to his ancestral lineage that cannot be broken by cross-family or cross-lineage relationships or placements without incurring the wrath of the ancestors. This wrath according to the belief system may manifest in strange sickness or other forms of catastrophes and misfortunes to the child and foster family.

While this belief system may have held true from the study done by Blackie (2014:6) one may reason that the predominant belief system of study participants may have been accountable for such outcomes. All the participants in this study were professing and practicing Christians. They alluded to the fact that their election to take on the care for non-family related foster children was tied to the core Christian value of love for God and one's neighbour. Participants perceived their role and behaviour as guided and accountable to their supreme God who they viewed demanded that they accepted people of all cultures, ethnic backgrounds or race and beliefs and to treat them as they would themselves and their own. All the participants reported to have been enormously influenced and supported by their faith in God and claimed that it impacted on their care quality and ability to overcome care challenges and difficulties which they faced. The following statement by a Black foster parent caring for two neglected Black children illustrates this point:

> "You see as a Christian we cannot say we are not going to care for these children because they are not our family or same faith as we. God is the creator and father of us all and has commanded us his children to love all and show compassion to all. So we do not believe in ancestral boundaries because at the end of the day we are all one in the sight of God." (Participant 10).

Another White foster parent caring for both White and Black foster children said this:

> "We do not care about the ethnic or cultural or religious background of these children because God expects us as his children to care for everyone in need. He is the one we look unto for assistance and strength and also for our reward. We love them because they are human beings who deserve our care and do not care about this ancestral thing people are talking about. We just take them in and love them irrespective of their colour or belief because we all belong to the same family of God as his children." (Participant 9).

This finding is supported by other South African studies such as by du Plessis (2015:35) and Warwick and John-Langba (2016:2) and Australian studies by Blythe et al., (2013:90) and Goodwin & Huppatz (2010:81). These researchers all reported that participants identified themselves as 'the good mother' instead of 'paid carers' and regarded and referred to their foster children as 'mine' and 'my child' instead of 'foster child'. Data from these studies suggested that these mothers felt stigmatized when denied the maternal identity and took pride in being called the mothers of the children in their care and not as paid foster parents. This suggested a sense of family togetherness, oneness and belonging (Blythe et al., 2013:90). Accepting and regarding foster children as their own children helps to create enabling environments that facilitate bonding and attachment between foster parents and foster children, thereby promoting peace within the foster family. This has been identified as useful in helping children to cope in out-of-home placements, thus enhancing the care outcomes. This study found that mutual acceptance and feeling a sense of family impacted on placement stability and care outcome.

7.3.3.2 Rejection

One of the subthemes that emerged from the study was foster parents suffering from rejection from loved ones due to their choice to care for non-family related foster children. Some of the foster parents (eight) reported that they suffered from rejection from their extended family members and siblings who felt they were being unreasonable in opting to care for non-family members while the remaining 10 did not report experiences of rejection. A majority (five) of those who reported experiencing rejection in the early days of the placement hinted that this initial hostility and rejection had been eradicated in the long-term after siblings and family members became persuaded that the foster parent meant well for the children and society. However, three of them reported that they continued to suffer from the rejection. The change of mind and stance as it were against fostering non-family related foster children according to participants was due to the positive outcomes of the placement. The relationship and bonding between the foster parent and the child had unfolded well and the placement had impacted well on both foster parents' and child's life and well-being. More so, there was no 'coming to pass' of anticipated evil occurrence or prediction of the foster child bringing bad luck to the family which

formed the basis of the rejection of the foster care placements. One participant related this story with a rather sad tone when she said:

> "A major sacrifice and cost I pay for chosen to care for non-family related foster children is the rejection and criticism from my family. They can't just understand why I have decided to help people who are not our kin and wonder why I want to bring curse to the family. But I have made up my mind and know that they will gradually accept my decision and these children though some of them are beginning to see reasons with me. There is a big need and we must be prepared to extend love and care to these orphans and poor children in our community." (Participant 5).

From the interviews and focus group, it became clear that this rejection and hostility from family members arose due to the feeling of being neglected and abandoned by the foster parents. Participants reported that they were been accused of diverting their attention, care and support from family members to outsiders. Many of the things they used to do for family members like assisting sibling's children with fees or groceries or even spending time with them were either now limited or discontinued. This was due to the need for financial scrutiny and frugality owing to insufficient financial allocation and resources. This could be seen in the words of one participant who reported:

> "Yoh, my family, they have rejected me because I am taking care of other people's children. Some however are now coming to relate with me now. They are angry with me because of financial issues because they feel that I am no longer caring for them but now concentrating on the foster children. Before the children came, I used to help them with their children's needs and even take them to spend holiday with me. But now things are a bit different because my responsibilities have increased with these additional children but my family will not understand." (Participant 15).

This theme also emerged in the focus group discussion. One participant, however, reported that she initially suffered from rejection and hostility from her own child due to the arrival of the foster child to the family. Van Der Riet (2009:91) agrees with this feeling noting that when a foster child enters a family, changes to the family are inevitable. The foster parent's narrative suggests that her own child was jealous and showed signs of insecurity when the announcement of the arrival and placement of the child was made. The foster parent said:

> "My last child was a big problem when my foster child was to be placed with me. She would not cooperate and was very angry. She would ask me if I was going to have another child besides her and tell me that she was not going to allow

> another child to take her mother away from her. It was a difficult time but I kept assuring her that her brother (the foster child) was not going to take me away from her but that rather she was going to have a little cute brother whom she will love. With time she adjusted to the child and now we get along well as a family. She relates well with him and regards him as her brother." (Participant 11).

The rejection had taken the form of hostility, isolation, refusal to visit with the foster family and frequent antagonism. Participants shared the negative impacts this rejection and hostility had on their health and relationship with the foster children. Feelings of elevated stress and anxiety pervaded their discussion on the issue. One participant reported:

> "Some of my siblings and extended family members have since stopped coming to my house or talking to me. The saddest of all is that they don't even inform me about family matters anymore because they feel I value outsiders more than the family and it is painful. It is even telling on the kids because they are feeling guilty for being the reason for the fight and now they are beginning to be stressed because now everybody is calling them names referring to them in derogatory terms as orphans and abandoned children. It is stigmatizing." (Participant 7).

Despite this rejection, all of the foster parents indicated to continue to love the children and do everything in their power to ensure a safe, loving and caring atmosphere that supported their healthy psychosocial and emotional growth and physical development. The fervent conviction of providing care as a matter of service and call from God was reported as some of the forces which they mustered to overcome this care challenge. This also influenced their continued commitment to the care and well-being of the children in their care. All eight participants who reported to have suffered rejection initially and especially the three who reported to continually suffer expressed disappointment with their relatives for not understanding their genuine intention and desire to help the needy, poor and vulnerable.

The affected foster parents regretted the unfounded and undue antagonism reporting that it produced a heavy burden on them. This, they acknowledged was impacting negatively on their health and impeding the care quality. This is consistent with evidence from the literature which revealed how these stressors may further compromise the quality of care children receive and placement stability (Carter and van Breda, 2016:210). To this end, Samrai, Beinart and Harper (2011:38) have

noted that non-parental caregivers may harbour resentment and a discriminatory attitude towards orphaned children. Study findings, however, show that foster parents continued to demonstrate a commitment to quality care to the children in their care in spite of negative experiences and circumstances in this regard.

This finding of rejection of foster parents by birth children and extended family because of the choice to care for non-family related foster children resonates with findings from Van Der Riet (2009:91) and Kinyua (2013:9). It is further supported by Randle (2013:3) who found that birth children may become hostile and reject their mothers for opting to foster other children for fear that they will lose their position and roles in the family. This is especially when their views and feelings are not given consideration. The foster parents' experiences of elevated levels of stress and anxiety due to the frequent conflict, accusations, isolation and rejection is supported by findings from other South African research conducted by Warwick and John-Langba (2017:49) which is further corroborated by Van der Riet (2009:82).

7.3.3.3 External interference, suspicion and care scrutiny

External interference, suspicion and care scrutiny while providing care to their unrelated foster children was another finding of this study. Some participants (seven) described their lives as foster parents subjected to on-going scrutiny by social workers, the community and the biological parents/family of the children in their care. However, the remaining eleven did not report any undue interference, scrutiny or suspicion. From the responses, it was indicative that people from the community were not actually convinced of the altruistic motive and sincere intentions of the foster parents to elect to care for the non-family related foster children. The seven foster parents affected in this regard verbalized that this was a painful and insulting experience which challenged their integrity and goodwill and further made them resolve to do their best for the children in order to prove the accusers wrong. They reported that their daily lives were constantly under the watch and that people took every chance to cast aspersions at them. This took the form of accusations of fostering the non-family related foster children due to the financial remuneration in the form of foster care grants. One participant responded in the following statement:

> "People suspect us that we are caring for this children just because we want to make money out of it because they cannot see why we will want to help other people's children in these difficult times. They know that it is difficult to take a person from another family and care for the person so when they see us they think it is business." (Participant 18).

The seven foster parents who reported experiencing undue interference, suspicion and scrutiny reported being under constant social worker's and agency's 'surveillance' by their unwarranted home visits. These visits were undertaken for inspection and financial inquiries, foster parenting style and behaviour and discipline management. The foster parents felt embarrassed and not trusted by this gesture. They said they thought that the initial screening and having granted permission to foster the children was an indication of agency and the system's trust and confidence in their competence and ability. They wondered what the reasons were to now be subjected to such scrutiny and suspicions. This was evidenced in the statement of this widowed White foster parent caring for both White and Black children:

> "I get a lot of interference from the social worker who is supervising this placement. She comes here every now and then especially at the period of payment of grant and tells me what to do and how to do it. Quite honestly, some of her ideas are weird. You know I have been fostering now for 30 years before she even started practising social work or was born and I do not need them to tell me that I have to take a child to school or buy clothes for them. I know it is about the money so I told them to keep their money because they think I am using the children's money for myself and family. This is painful because they don't know how much of my pension I am spending on these children but I am not complaining. I think it is a lack of trust on their part." (Participant 9).

This theme also came out in the focus group discussions. The participants narrated how this on-going scrutiny led them to become involved in matters that were considered by the foster parents as issues that would ordinarily be dealt with internally as a family. One participant said:

> "You know what, it is very frustrating when these social workers come here and tell you what kind of clothes and food you need to buy and what kind of way you need to discipline these children. These are things we can sort out ordinarily internally by ourselves as a family. It makes you feel powerless, useless and stupid as if you don't know what to do. I raised my own children and didn't have anybody telling me how to do it or what to do. I know they are interfering because of the grant because that is only when they come to visit, when they know you have received the grant. You don't see them when you have problem. They suspect that we are not using the grant well for the children and this is very sad." (Participant 2).

The external interference, suspicion and scrutiny was a major precipitating source of frustration for participants especially with regards to issues concerning children's misbehaviour and discipline measures. The agency and caseworker's interference and involvement mainly under the disguise of ensuring the child's rights and best interests often left the foster parents feeling powerless. This was because the action was viewed as maternally disempowering and potentially harmful for the children's well-being. They felt such intrusion was invidious, divisive and undermined the unity of their family.

Aside from this scrutiny from the agency and case manager, participants also identified interference from the parents or family members of the foster children as potential sources of contention and trouble to them. This was particularly true of children who were removed from their parents due to neglect or from their grandparents as orphans due to parental death and who were allowed to have access and contact with the children in the foster placements. Three of the seven participants who reported to be experiencing interference recalled several instances where the biological mothers or family members of their foster children came to the house to accuse them of not utilizing the foster care grant in the best interests of the children. They hinted that such accusations were often even reported to the agency and case manager. Furthermore, they noted that the accusations were geared at discrediting for the removal of their children from their care and placement with them. The bitterness and hate that accompanied such accusations, suspicion and confrontations were reported to often cause friction and dysfunction in the foster parent-foster child relationship. This had the potential of undermining the foster child's loyalty, stability and well-being. The following narrative from a participant illustrates this point:

> "I have a problem with the grandmother of two of the orphan sibling children in my care. Whenever they do what is wrong and I discipline them, they would run to their grandmother and report to her and maybe tell her many stories and lies. She would come here and make trouble for me demanding for the grant money and accusing me of not spending it well for their needs. The grant money is a big problem because they think I am caring for the children because of the money involved and so every time they always ask and want to see what and how it is used. It affects the children because it makes them to misbehave and disrespect you and be ungrateful". (Participant 12).

The interference of care from the birth family was suggested by the three participants to arise from contention about the care grant. The affected participants reported a fierce challenge from both the family and the children. The children, in some cases, were instigated and incited by their parents and the jealous community who felt that the children were cheated on in the utilization of the care grant. One foster parent narrated this challenge in the following words during the focus group discussion:

> "The problem I have with the mother of one of the boy I am caring for is interference with the spending of the grant money. She would normally accuse me of not looking after the child well and would threaten me to give her the child so she could get the grant and care for him. She forgets that I am just helping her. Now the boy is acting weird and strange. The other day, he came with some neighbours and they started making trouble and demanding the grant money. Because I didn't want trouble I gave them the money and they ended up spending it on drinking. The boy is only 13 but he will say it is his money and deserves to spend it the way he likes. This is a big trouble but we live with it." (Participant 3).

The findings from this study suggest that foster parents providing care to non-family related foster children are subjected to interference and on-going scrutiny due to suspicion of financial gain as a motive for care and possible misuse of the child grant. The negative impacts were observed that this constant interference and suspicion had on the foster parents. It seems to weaken and reduce their zeal and enthusiasm and affects agency and community support to foster parents. In the current context of the HIV and AIDS epidemic with its attendant proliferation of orphan and vulnerable and other categories of children at-risk in need of care, this general attitude towards non-family caregivers should not be allowed to continue unchecked. This is with consideration to the observed diminishing extended family safety net warranting the need for non-family related foster carers indispensable. There is a need for efforts to change this suspicious perception of non-family carers so that support would be accorded to them in their onerous task of meeting the daily care needs of the children in their care. This could promote satisfaction that could result in retention and willingness to continue to provide care.

Four of the participants also commented that external interference manifested in contact and visitation issues of birth parents with their children in the foster care placement. The other fourteen foster parents did not report experiencing such contact problems mainly because the children in their care were abandoned at birth

or were orphans without traceable families or their parents' whereabouts were unknown. Most of the affected participants related the conflictual nature which contact and visitation experiences took and noted the destabilizing and dysfunctional effects of the phenomenon. The four affected foster parents hinted that the children were normally incited against them by their parents during contact and visitation and this created a negative impact on the child regarding continued loyalty and attachment. The scenes of violence and verbal arguments and fights which often accompanied such visitations and contact were observed as detrimental to the continued smooth emotional and psychological functioning of the children. Three of the affected foster parents reported that they had wished that social welfare had stopped such contact and visitations. One however said she learned to cope and manage it since social services believed and insisted it was the children's right and part of reunification services. This frustrating and conflictual nature could be heard and deduced from the following story by one of the participants:

> "Yoh, you know what, one of the biggest challenge we face here in this house is when the parents of these children just come up from nowhere and say they want to visit and make contact with these children after disappearing for a long time. These are children who have been stable and living their lives peacefully and after the visit you see now they are changing and saying they want to go home. Some of the parents will fight and swear at you in front of the children calling you a thief and all that and these children normally get traumatized and become confused." (Participant 2).

Another participant narrated the following regarding the experiences of contact and visitation of birth parents with foster children revealing the disturbing nature in the focus group session:

> "Mena one big problem I have is with the mother of one of my children who wants to always see the child without the consent of the social worker. She wants to come directly to see the child against the rule and when I refuse all hell will break lose. She will swear and shout and scream and bang the gate and do all sorts of things. This is not good for the children. She creates all sort of nuisance in the neighbourhood and makes the child to feel disturbed emotionally." (Participant 1).

Foster parents expressed their preferences in this issue and reported that they felt the children would do better without having contact with their birth parents. This was in view of the instability and uncertainty that surrounded their contact and visits and

its subsequent negative effect on the child and disruption on the foster care placement. One married Black participant narrated:

> "I don't like the idea of the parents visiting or having contact with the children because we suffer for it when they are not responsible parents. You know I don't know the parents of all the children but one of them, the mother came for two years bringing cakes and other gifts but disappeared and we never saw her again. This affected the child psychologically and emotionally. I don't like the behaviour of parents when they are unstable and infrequent like this because it gives us problem in the foster family and placement because the child will start to ask, 'mama, where is my mother? When is she going to come?'. So this creates problems for us because the instability makes the children to misbehave." (Participant 5).

A major finding from this study was that foster parents experienced interference and disturbance from birth parents and family members of foster children where their whereabouts were known and where they were residents in the same area or a close vicinity. Evidence from studies suggest that foster parents' residence and membership in the home community of the foster children is associated with some challenges reflected in interference in terms of roles, the child's sense of family and differences between the birth and foster families (Brown, Gerritts, Ivanova, Mehta and Skrodzki, 2012:1301). On their part, Sen and Broadhurst (2011:298) noted that within this milieu of interference from a broad network of extended and interrelated family and community members, clarity about the different individuals involved in the child's care and their function may be difficult to understand and navigate. This was true for the participants in this study as they felt the interference impacted negatively on their care roles and relationship.

Participants' experience of external interference, suspicion and scrutiny resonates with existing South African research findings (Hearle and Ruwanpura, 2009:429) and in Kenya, (Kinyua, 2013:8). Similarly, this finding is further supported by results from Nyasani, Sterberg and Smith's (2009:189) study investigating the experiences of grandparents fostering children affected by AIDS in Richards Bay, South Africa. They suggested that the foster care grant was the main motivating factor for the grandparents taking on the care of children. However, Samrai, Beinart and Harper (2011:39) opined that the experiences of having one's parenting scrutinised, judged and criticised is not unique to foster mothers or fostering. According to these authors, the phenomenon of 'mother blaming' as it is referred to in the literature is almost

universally applicable as it would seem that all mothers experience a degree of external interference and scrutiny in their care role. As this study found, the experiences have been shown to negatively affect carer's health and well-being, causing feelings of quitting, self-blame and anxiety. This finding is consistent with Kuo & Operario (2009:8).

With regards to the conflicting nature of contact and visitation by birth parents as a strand of the various external interferences that manifested in the study, earlier studies documented similar findings noting its capacity to destabilise and cause placement disruption. For example, Kiraly and Humphreys (2013:358) found that children who had strong relationships with both biological parents and foster parents experienced greater loyalty conflict. Their conclusion is consistent with Farmer's (2010:426) study that failed to detect an association between parental visiting and the positive adaptation of children in foster care. Furthermore, as with the finding of this study, Morrison, Mishma, Cook and Aitkin (2011:1476) found that in practice, caseworkers and foster parents also reported beliefs that children's continued contact with biological parents could be disruptive, causing behavioural problems to worsen and threatening children's coping and adaptation to their foster homes.

The finding on the contentious nature and the politics of foster care grant and how it is shaping and defining the foster parent-foster child relationship was found in the study of Hearle and Ruwanpura (2009:429). They found that the foster care grant was becoming a contentious issue in families and showed how family members fought each other to be in possession of the child's birth certificate and identity document as that normally guaranteed the foster grant. The study also found that foster children exerted power over their foster parents because they were aware and realised that the grant was awarded in favour of their care. This was also reflected in this study where some participants reported that foster care grant was shaping and influencing the way children behaved as they seemed to demand greater care and attention because of their foster care grant.

7.3.3.4 Fear, anxiety and worry

Another theme which emanated was fear, anxiety and worry. Most of the participants (eleven) expressed fear, anxieties and worries concerning their role and status as foster parents to their non-related foster children due to a number of issues. The other seven did not report experiencing fear, anxiety and worry in this regard. These emotions expressed by the eleven participants arose particularly because these foster parents were providing care for children that were orphaned and abandoned and had been in the care of the foster parents since birth. Resounding in this regard was their future concerns regarding what would happen to their foster children if and when they were no longer able to or be alive to care for the children. The foster parents' fear seems to stem from and fuelled by the way the care realities unfolded. This was in the sense that they extremely lacked agency support and experienced rejection from extended family and suspicion from some people regarding their motive to care which was mainly often interpreted as a desire for personal gain. This made them express doubt and fear of the children not finding possible willing alternative caregivers in the event of their demise or incapacitation. These feelings were palpable from the statement of a Black single foster parent caring for orphaned and abandoned children who said:

> "You see, ehh, I am really worried and afraid of what will happen to these kids when I die or old and not able to look after them anymore. I think of them every day because these kids they don't have any other family and my daughter will one day marry and start her own family. You know some of them are sick and need special attention. I am just worried that one day I will not be around to care for them and people will not want them because they think they are orphans and from outside the family." (Participant 14).

Similarly, a narrative from a foster parent who participated in the focus group discussion sheds further light on the future care of the foster child when the foster parent is no longer around to care. A 58-year-old diabetic Black foster parent said:

> "You see when I think about my health condition I get afraid and worried that one day I may no longer be available or around to help and care for these kids. You know I am the only family they have and my family do not really want these children especially because they are sick. Who will give them their medication and make sure they eat their vegetable and fruits and be healthy. I get sick with worrying and thinking. I wish there was something I could do to live forever just for them (laughs)." (Participant 2).

The fear of the foster parents in this regard centred on thoughts of whether the children would receive the same quality care they received from them while they were alive, whether they would be accepted for their foster care and health status and whether there would be a guide and guardian to ensure that their dreams and goals which the children and the foster parents nursed and cherished were watered to fruition. The eleven affected participants spoke in a pessimistic tone while expressing their thoughts on this matter. However, the remaining seven did not see any reason to fear, be anxious or worry as the children in their care had known families where they would be reunited with when the time came or was confident that there would be people to care for them such as their own adult children or partners.

Nine of the foster parents further manifested and expressed fear, worry and anxiety regarding the fact that the children in their care may be reunited with their parents or family when contact is restored, encouraged and fostered. This fear, worry and anxiety were observed to be harboured by foster parents who cared for children whose care were transferred to them due to allegations of either abuse, neglect or display of uncontrollable behaviour in the care of their parents and family. In some cases, the biological parents or family members where applicable and where the whereabouts were known, were often allowed and encouraged to have access and contact with the children when it was assessed not to cause disturbance and disruptions in the care placement. The other nine did not experience fear because the children in their care had no relatives or they were still too young for them to start to worry about their exit from their care.

It was observed that the fear, worry and anxiety of foster parents had emanated from the fear of severance of the blossoming relationship and bonding which had fostered between the foster child and the foster parent. It was further a sincere and genuine concern of fear of return of child to circumstance and condition of danger, a feeling of emptiness and loss of companionship, and an overwhelming feeling of lack of opportunity and time to fulfil foster parent's role as God sent helper and moulder of destiny in the child's life. This is illustrated by Pickin, Brunsden and Hill (2011:62) who indicated that foster families found it rewarding to know that they provided a child with an opportunity to be part of a family system and provided them with a safe and secure home environment. This feeling of fear flowed freely from the following

statements of some foster parents when asked about the challenges commonly faced in their care role:

> "At times I do think and worry that one day this child may be returned to the mother because she is now visiting and contacting her. But you see there are a lot of things that needs to be sorted out and when there is no proper assessment because the social worker is always busy and having too much work, the child may be back to the same circumstance that she was before and that is not going to help her." (Participant 3).

A generally known fact with regards to alternative care and child protection which the foster parents also acknowledged is that reunification is the goal for the majority of children in foster care, at least initially (Department of Social Development, 2009:48). Foster parents, however, expressed their worries and fear which this possible event portends for them. Another participant had this to say:

> "Really it is a big worry for me when I think about these kids and know that one day the social welfare can say it is time for them to be reunited with their family. I know it is their rights but you need to think about us too and how it will affect the relationship and bonding we have built with these kids over the years. It is really a painful challenge that we go through as foster parents caring for non-family foster children. You know it's really hard to say goodbye and see a part of you just go like that." (Participant 10).

Foster parents appeared to be challenged emotionally and psychologically by the thought that the foster children may eventually be reunited one day with their family when circumstances become suitable and their entire dream and efforts and investment in trying to impact the child's destiny would be aborted and remain unfulfilled. This was observed to elicit feelings of frustration and anxiety in foster parents. One foster parent caring for three neglected children seemed to suggest that her major fear, worry and anxiety was living with the reality of the fact that all her efforts in caring for the children would one day be reduced to nothing as the children would be returned to the care of the family. This was evident in her words:

> "You know I battle with the fear and thought of knowing that one day these children will go back to their family and you just stay there and 'lick your wounds'. You see we do this job and hardly get thank you from either the family or social welfare. Instead all we get is threats and suspicion of abuse and misuse of grants. But we leave everything to God because we are doing it for God. But, yes that is one of the challenges and pains you must sometimes experience in this role." (Participant 4).

Another participant conveyed and expressed the feeling of fear of losing time and energy invested in raising and caring for a non-family related foster child with little or no acknowledgement resulting in a sense of personal loss and lack of accomplishment said:

> *"*We seat with the feeling and fear that one day these children will need to go back to their families when things become right. That's is good but you know we are human beings who have feelings and you know what, nobody is thinking about the time and relationship we have built with these kids that will just be lost one day when they are reunited. We lose everything we have put in them and it is very painful when you even think of the insult and lack of appreciation that we receive in caring for them. But it is all right because we are not complaining only that it is painful." (Participant 18).

Similarly, another participant in the focus group discussion said:

> "Let me be honest with you I don't like to think about the day this child will go back to the mother though I know it will happen one day. You see I and my daughter love him so much and have built a relationship with him and see him as part of the family. My worry is that one day all my efforts and investment on him will be lost when he returns to the family and his condition becomes bad again and it is very painful because I know what I passed through in raising him up which was never appreciated by the welfare office or even his family. It is sad but I have to deal with it." (Participant 11).

The responses from the foster parents provided the gateway into the care context. It revealed the reality of care provision marked by ingratitude, disrespect and insensitivity to the honest and genuine motives and intentions of non-family related foster parents in South Africa. All the eleven participants who reported experiencing fear, anxiety and worry, however, reported their clear understanding of their role as God-ordained. They believed that their reward for their service was from God and this gave them the much-needed encouragement and succour to cope and forge ahead.

Another dimension which this theme of fear, worry and anxiety manifested was fear of where the child would live when they turned 18-years-old and were discharged from alternative care. The South African child protection system currently provides

protection for children in alternative care in terms of the Children's Act 38/2005 till the ages of 18 or when the child completes their secondary education (whichever one comes first). Participants, especially foster parents caring for children that were abandoned and orphaned without known family members expressed their worries and concerns of the future of the children in their care when they reached the age of discharge from care. One participant made the following statement that alluded to this fact:

> "I think the government is not seeing what I am seeing because these kids when they grow up and get to 18, where will they go to? I am wishing that I could build a home and have all of them stay and live with me forever but I don't have the money. They have nowhere to go because I am the only family they know. I am thinking about this and I am very worried and troubled and just wish the government could help us find solution to it." (Participant 14).

This fear seemed to have arisen from and was exacerbated by the fact that when the child turned 18-years-old the foster care grant was normally terminated. Since the majority of these foster parents relied heavily on the foster care grant for the care of their foster children, it was only natural that they were worried and afraid of the financial implications from the termination of the care grant. This fear and worry about the financial implication of the lapsing of the foster child grant were evident:

> "Mina I look at the future and think what will happen when these children turn 18 and the government stop paying the grant because they will stop it one day. I know the grant is small but it helps us a lot as you can see I am a widow and pensioner and we normally manage the grant in addition to my pension money and the assistance from my two adult children. I want them to have good education and better future so I usually just worry what will happen and how to handle that challenge. But I believe God will make a way because he knows that these children have no other source of help." (Participant 1).

Termination of the foster care grant for many participants (fifteen) would spell doom and further compound the care challenge as many welfare, educational and health care needs would go unmet. Many of the foster parents (fifteen) reported not to mind the children's continued stay with them after the statutory termination of placement as they regarded them as part of the family but feared that they may not be able to provide for the needs of the children without the support of the state. This was particularly true in the light of the recognition that new care needs and experiences

would emerge in the child's life due to their age and developmental milestones which the foster parents are not able to deal with unaided. One foster parent narrated:

> "What I am worried about is how I am going to manage to continue to meet the needs of the children because as you can see we are really struggling financially. The foster care grant does help with augmenting the support I get from my partner. But when the grant is no longer there, I am just worried because these kids have needs and when they are 18 the grant is supposed to stop. They must just consider and understand that these children don't have any other family and that we are just trying our best for them as much as we can. That is my fear and worry because I don't work but rely on the small tuck shop you see me operate outside the building and it is not bringing in much." (Participant 7).

Foster parents' fear and worry regarding the future care of the children in their care as expressed in the identified ways in this study tend to reflect and point to their love for the children. It also pointed to their unreserved commitment to the children's well-being and success. Many of the foster parents (fifteen) related that such fear and worry exacted negatively on their health but commented that with reliance, faith and trust in God as their biggest supporter and helper they were able to overcome the challenges and keep a hopeful posture about the future. This was depicted in the following quote from one of the participants during the focus group discussion:

> "Am just doing my best for these children and leaving the rest to God because I can't kill myself over what I don't have much power to change. I wish I could control the future but I can't. I trust that God will take care and I pray these kids will be able to end up as successful people whether they leave my care or I am no longer around to care for them." (Participant 5).

Responses and comments from the foster parents, however, revealed the depth of their commitments to the care, safety, happiness and general well-being of their foster children. This was demonstrated by their sacrifice as they went all the way to ensure and guarantee the security of the children's future by depleting their future savings and engaging in fiscal and financial planning and investments by joining insurance schemes adding the children as beneficiaries. A Black foster parent said:

> "I make a monthly contribution for the children from their grant money in a pension fund so that they can have something when they grow up to depend on to start life. We manage the rest and with support from my husband we are able to manage to get by." (Participant 2).

Central to participants' narrative regarding the future care of the children in their care was the acknowledgement of the negative impact it had on their health and the

quality of care for the children. They felt that the way the foster care system operated and the pervading general attitude of hostility and suspicion of their care motives made it difficult for them to actually refrain from worrying. Their concerns in this regard seem to question the existence and operation of the concept of 'Ubuntu' (communal living together and care for one's neighbour) which they felt ought to be the driving and guiding force in the new South Africa, especially in the age of the HIV and AIDS epidemic.

Foster parents were seen in the study to making personal frantic efforts at solving the perceived and anticipated problems in this respect. However, cooperation and coordinated holistic developmental and intervention planned by the government and policy planners are needed. This should take into cognisance the care realities as they unfold as they could be powerful antidotes to allaying the genuine foster parents fear and worry in this area. The importance of this intervention is underpinned by the realization of the association between foster parent's well-being and care outcome for children in their care. Thurman, Jarabi and Rice (2012:812) concur with this and state further that attending to the needs of the foster parents is important due to the observed benefit that it has in nurturing a positive environment that can promote the children's development.

This finding of foster parents' fear, worry and anxiety about the future care of their foster children resonates with studies from Kenya by Kinyua (2013:8) and in South Africa by Gono (2015:78). Data in these studies revealed that carers' commitment to the well-being and welfare of the children in their care informed and influenced their behaviour in this regard. This is consistent with the experiences of the participants in this study. The impact this care burden has on the health and well-being of foster parents and how it affects the quality of care has also been found in studies. For example, Kiggundu and Oldewage-Theron (2009:390) and O'Neill (2011) all found that increased stress from worry and fear about the future concerns of the children coupled with the consuming nature of foster parent's care role combined to impact on foster parent's health and ability to dispense care duties effectively.

7.3.3.5 Stigmatization, discrimination and isolation

Another significant theme that emerged from the study was that foster parents and their foster children experienced stigmatization, discrimination and isolation due to the foster care placement. Ten of the participants reported with utter dismal and disappointment the grim realities of experiences of stigmatization, discrimination and isolation which they go through on a daily basis. This was because of the race and health status of their foster children and their relationships. The other eight foster parents did not however report to be experiencing this. Many of the participants (six) reported experiences of stigma regarding their foster children's HIV status as a major challenge which they faced as they provided care for the children. The children were reported to be stigmatized by both educators and health workers and they related the traumatic experiences associated with this. A participant said this:

> "One major challenge we face is the way people react and see us caring for children that are having HIV and are not our relations. They see us as strange people who are cursed and the way they talk and treat me and the children is really worrying and depressing though some understand our situation. People think it is abnormal to care for a sick person that is not from your ancestral lineage and would regard you as abnormal and mad." (Participant 18).

It was observed from interviews with participants that those who did not report to be experiencing stigma were those who did not disclose the HIV status of their foster children. Foster parents even indicated that part of the initial rejection of and resentment towards the foster children by their family members was due to the stigma and beliefs regarding the HIV status of the foster children. Participants reported that family members were worried that they could be infected or be strained from caring for the HIV-infected foster children. The foster parents indicated that the responses and the behaviour of some educators, health workers and peers towards the health status of the foster children were negative and suggestive of stigmatization. Foster children were addressed as sick orphans, pitied and looked down upon by educators, peers and health care workers. These were painful experiences for participants as one of the foster parents related in her response below:

> "Many of the times these children are treated very badly by their school teachers and even at the clinics they give them bad attitude just because they are sick. The children come back very sad and you see them withdrawn and don't want to talk to people. Every time I ask myself, 'when are people going to

> learn to respect these kids and treat them as normal people?'. This is painful because it makes us sad to see them go through emotional and psychological trauma because of these untrained and ill-mannered people." (Participant 12).

Another Black single participant caring for orphaned and HIV-infected foster children shared a similar story as reported below:

> "I took the other child out of that school (name of school withheld) the other day because most of the time the teachers will say to the child in front of other children, 'you are an orphan'. This makes the child come back depressed and ashamed. That is a challenge at times because the child will not be free to express herself because of the stigma of being an orphan and being in foster care." (Participant 7).

Stigma relating to the foster children was reported to be associated with their health and care status as children in foster care. The stigma manifested in ridicule and teasing from friends and degrading and deriding comments from educators and school feeding scheme administrators whose comments and treatment of the children invoked feelings of shame, an inferiority complex and diminishing self-worth. Foster parents talked of their experiences in this regard, particularly as they revealed the psychosocial and emotional challenge it engendered in the child with its potential negative impact on the care relationship. Feelings of sadness, frustration and grief was palpable as could be evidenced in the following narrative from one of the participants in the focus group discussion:

> "The thing is my heart bleeds when I see these children face a lot of shame and bad treatment from their peers and some of their educators who know their status in school. They look down on them because they are sick and in foster care. They don't treat them and accept them as other normal children. They call them orphans and all sorts of names. I want to see them free as other children. They must be free. I don't want other people to see them as orphans, they must see them and treat them as other normal children. I feel for them and my heart breaks because people don't want to accept them and make them feel loved and welcome." (Participant 5).

Participants indicated from their narratives that they had resolved not to disclose the HIV status and foster care status of their children in order to avoid them being stigmatized, discriminated against and isolated. Though this decision had serious implications for their financial and social support as it made potential support and assistance from people and the community impossible (Ogunmefun, Gilbert and Schatz, 2011:99), foster parents said they preferred it to the negative impacts from

stigmatization experienced by the children and the care arrangement. This point was echoed by the response of one of the participants who said:

> "I don't want people to know that these kids are in foster care and don't want people to know which ones are HIV positive. I don't like the way people look at them and treat them. I know they must attend events organized by the social workers but I don't want them to feel they are welfare children. I hate it when people treat them like welfare children because it affects their dignity and self-worth. They must not feel like they are welfare children so I don't tell people they are my foster children or have the disease." (Participant 2).

The five foster parents involved in transracial placements in the study particularly reported that they were facing harsh, negative criticism, rejection, discrimination, stigmatization and isolation and wondered why the phenomenon was still persisting in the new South Africa. The reality of transracial placements in the study are seen in White foster parents caring for Black foster children. In the study, three White families cared for a total number of 14 foster children in their placement while another White foster parent cared for both Black and White children. A Coloured married couple cared for Black children. All participants of transracial placement in the study reported experiencing stigmatization and discrimination and some reported having been isolated by their extended family members or their racial communities. This stigmatization and discrimination of foster parents was reported arising from the racial differences which foster parents noticed was a serious issue with people both of White and Black backgrounds. A White foster parent's following comment demonstrated this:

> "Yea, there is still a big problem with racial differences in South Africa. People of my colour (whites) think it is not right to live with or care for a black child and so when I go to Shoprite or Pink N' Pay for example, all the white folks keep looking and staring at us. You know that kind of 'what are you doing with a black child' look that makes you really look odd and angry at the same time. But we deal with it. We don't have any problem with it. We are used to it. We just go ahead and give these children love and care and support." (Participant 9).

The foster parents were asked whether their birth children had any trouble with the racial and cultural differences regarding them and the foster children. It was interesting to find out that the participants involved in transracial foster care placement did not report that their own children had issues with the race, colour or health status of the foster children. They reported that their birth children saw the

foster children as their brothers and sisters and accepted them as family members. This, according to the foster parents, was a big relief and mattered to them as they were happy that the fight they had to fight was not from within the immediate family. This gave them a strong impetus and support which assisted them to withstand and overcome the challenges in this area and forge ahead with the care of their foster children. One participant related the following that brought this idea out:

> "My husband and I are glad that our kids did not oppose or discriminate against the foster children because they were black. We were afraid at first but when we talked with them we discovered that they were happy to have them in our care and yes, they have giving them their full support. My senior daughter loves them and takes them virtually everywhere she goes." (Participant 8).

Stigma attached to transracial foster care relationship was experienced by the foster parents and the children in their care from both the white and black communities. It was apparent from the interviews with participants that people who stigmatized the placements saw it as 'abnormal' and an 'aberration'. Participants commented that the stigma associated with the transracial foster care placement manifested from the disapproval of the community. This was frequently seen in the peeping, jeering, weird and fierce responses and unkind questions and inquiries into relationships between transracial foster families. It further took the form of walking away from the foster parent and foster children and painfully, refusing to allow close proximity and space between them and foster family in public places like a shopping mall. This stigma regarding transracial foster care placement was evident in the narrative of a White foster parent who reported:

> "The other challenges were that like living in this side, there is still quite a lot of racial tendencies for people to speak out when they see cross-cultural, transracial family and I don't know how to respond to that when people will swear at us and say unkind word at me and the stuff like that. And my children were little and you know they were at an age when I couldn't explain to them why people were behaving like that or explain to them to try to help them to deal with it. I couldn't deal with it myself frankly speaking. I used to just sometimes go home and start crying and say to my husband, 'I don't know what to say, I don't know what to do'. People were vicious about the fact that you know we had children of colour and they say 'why are you doing something that is stupid'. But the boys and I are now coping and it doesn't affect me that much, but it used to affect me emotionally." (Participant 13).

The White foster parents involved in transracial foster care in the study seemed to suggest that stigma was associated with feelings of perceived White cultural and racial superiority. This could be noticed from the reactions of White people in the above quote who was thought to be stupid for caring for Black children. Jaynes (2010:398) rightly observed that such a quote clearly reemphasizes the need for transformation within communities and the entire South African society as it portrays transracial foster care placements or families as something that is still 'abnormal'. The author believes that reactions to the reality of this care continuum in this way could be construed as a manifestation of racism. This view is further expressed in the narrative of a White foster parent of German origin who cares for abandoned Black children. She contributed the following during the focus group discussions regarding challenges in relation to the race and culture of the children in her care:

> "I do believe in South Africa definitely we do have a problem. If I take them to Germany I won't have any problem. But if I am here in South Africa we have many people who are racist. It is not supposed to be like that according to law but the people's heart takes a longer time than the law to change. So yes, they think it is not normal for white to be seen taking black children in their care." (Participant 6).

Participants reported experiencing stigmatization, discrimination and isolation from both white and black members of the community. They mentioned that the White males were more antagonistic of the placement arrangements while the older female Whites were somehow more understanding, though they still did not view the phenomenon in a positive light. One of the White foster parents reported the following:

> "As time went by I found the Afrikaner older women have also become more understanding and they will actually come and say to me, 'why are you doing this?'. This is strange thing to be doing!'. But English speaking whites and particularly Afrikaans white speaking males are still very critical of what we are doing." (Participant 8).

Participants hinted that white resentment, stigma, discrimination and isolation may be due to perceived white superiority rooted in the history of South African race relations which saw White minority domination over the majority of Blacks. They, however, suggested that Black antagonism, stigma and criticism seemed to originate from a perceived feeling of White insensitivity and ignorance of Black culture, tradition and values associated with child rearing and upbringing. White stigma and

discrimination towards transracial foster care placements resulted from the feelings of White superiority over Black race and culture. From that, it would be considered an abnormal sight for Whites to provide care for Blacks as it would seem the Blacks were worthy to be bequeathed with the White honour or to be served with esteemed White labour. Black resentment and antagonism on the other hand, stemmed from a feeling of defilement and desecration of core Black values of child rearing thus touching on ancestral and cultural pride and identity. The following quote from one of the participants in the focus group discussion highlights this view:

> "One stage I had to watch it always because some of those older black women, they used to say to me, 'you don't know how to bring them up in our culture' and they want to 'kidnap' them. I would say, 'listen here, I have got the children legally. Everything is right from the court, you can't take the children I am so sorry. I will call the police right now. And I go to the flea market in De Deur and there are some ladies who would be there and they always try to take the kids away because they say I don't know their culture and can't bring them up in the proper black African way. I agree with them but the children don't only need cultural identity, they need more than that to live and survive and we can provide that for them." (Participant 6).

While the foster parents involved in transracial foster care placements in this study failed to understand why the White community did not accept the care arrangement, they however agreed that they were actually ignorant of the culture and traditions of the Black foster children in their care. They seemed to believe that the Black antagonism and criticism was partly justifiable. They indicated their understanding of the needs for the child to develop a sense of cultural identity and belonging as these were fundamental to their fulfilment and success in life. One White participant who cares for both Black and White children reported the following which showed her understanding of the needs for the child to develop a sense of cultural identity and belonging:

> "We do try to keep the cultural thing alive for them but some of these black ones we have had since they were 2 or 3 months old. They grew up you know here. I have got my little twins, they don't understand Sotho or anything. They speak English and Afrikaans you know. I send them to the extended family sometimes on weekends so they can get a little knowledge of their background." (Participant 9).

Participants involved in transracial foster care placement indicated that they deliberately made a choice not to consider or be aware of the colour or race of the

children in their care. They, however, suggested that it was not a sign that they did not recognize the need for the children to know their roots or that they did not know that there was a difference between them in terms of culture and traditions. The adoption of the colour-blind approach (Daniel, 2011:2234) in this regard was reported by the foster parents as a coping and adjusting mechanism to assist them to overcome the barriers inherent in these care dynamics. They indicated that the colour-blind approach was not allowed to create a situation of identity crisis in the children in their care as they made a conscious effort to clarify and attend to issues surrounding race, colour and identity to their foster children.

Some researchers have found the colour-blind approach to be a negative force. For example, Mokomane, Rochat and The Directorate (2012:338) found that the adoption of a colour-blind approach where foster parents lacked awareness of or made a choice to ignore their foster child's race was a result of foster parents' lack of understanding of their foster children's individual needs as a member of a different racial group. While McRoy and Griffen (2012:38) have noted that these individual needs refers to the child's ability to deal constructively with racism and discrimination, Mokomane, Rochat and The Directorate (2012:338) observed that it was fundamental in the development of a racial identity. As was discovered by McRoy and Griffen (2012:38-39), a major finding of this study in this regard was that foster parents, while choosing not to consider or be aware of the children's racial and cultural differences by adopting the colour-blind approach, nevertheless they recognized the children's individual need to be treated as a member of a different racial group. This helped to foster participants' understanding that their foster children's experience of race was different from their own. Therefore, this elicited attention from and support for the foster children to deal with the issue in this regard.

Participants related the experience of discrimination which they and their foster children often experienced from neighbours and friends as they carried out their daily living in the foster care placement. Some regrettably indicated that they had to sever relationships and friendships with some friends on the grounds of their discrimination against their foster children because of their race and colour. One participant said the following:

> "When I started at first to take them in in the beginning, they wouldn't invite us anymore or they would say to me, 'look you can only bring your white children with' and I would say, 'thank you very much, I will never enter your house. We are one, ok. You have to accept the black and the white kids the same otherwise we can't be anymore visiting each other." (Participant 6).

One general observation from the interviews involved in transracial placements was the fact that they all seemed to be strongly resolved to fight the resistance, stigmatization, criticism, discrimination and isolation which they experienced while providing care for their foster children. To this end, some of them said things were changing and the community was now becoming receptive and supportive while others reported to be continually experiencing the ordeal. This gradual positive turn of events could be discerned from the following statement of a White foster parent regarding the reaction of the Black community towards her care for Black children:

> "Look I could see body language and the way they watched us. They were waiting to see. They didn't say rude things, they didn't pass judgement except when the children's hair was rubbish and they would give advice not judgement. They would say, 'go here, try that'. But when they realised that I love these children that I was going to care for these children, that it was not a one day whatever, they have been unbelievably supportive. Really supportive to the place where they say to me, 'if ever the parents try to remove these kids, we will all be in court that day to make sure they don't leave your care'. So they are now beginning to see that we mean well for these kids even when we do not know their culture but are willing to learn just to ensure they get the best." (Participant 8).

The theme of stigmatization, discrimination and isolation from this study resonates with other South African studies in the literature. Warwick and John-Langba (2017:48) found that children in care were stigmatized and discriminated based on their health and care status. As with this study, participants refused to discuss or disclose the health and care status of the children in their care with others. This was due to the fear that people would gossip about them, treat them with disdain, ridicule them or look down upon them. This was, however, in spite of the realization that they would suffer the lack of support from other family members and the community at large for this. This finding is further supported and consistent with results from a study conducted by Ogunmefun, Gilbert and Schatz (2011:90) in South Africa. It was found that the stigma related directly to the infected foster children while secondary stigma related to the foster parents with regards to their care for children infected with HIV. They found that stigma experienced by both the children and caregivers

took the same form and exacted the same negative impacts both often culminating in physical and social isolation and separation from family members. It further resulted in being the target of gossip, being laughed at and victims of finger-pointing (Ogunmefun, Gilbert and Schatz, 2011:90). Consistent with the findings of this study, their study found that the main protection from secondary stigma was the caregivers' denial or non-disclosure of the HIV status to others.

Further to this, Kinyua (2013:9) reported that grandparent participants caring for their grandchildren commented on being challenged by isolation and stigmatization while providing care for their grandchildren. This was because they were often seen as the reason for the children being removed from the care of their children. The 'battles' along this line was often underpinned by the involvement of the care grant which the biological parents felt were denied to the grandparents accepting to care for the grandchildren therefore provoking conflict leading to isolation and stigmatization. Research by du Plessis (2015:48) in South Africa produced results which is further consistent with the findings of this study. Her study findings demonstrated that foster parents of transracial placements experienced stigmatization and discrimination while providing care for their foster children.

While du Plessis's study revealed the existence and negative impact of stigma and discrimination in the care context, it, however, proposed the need for foster parents to develop a sense of racial awareness. The study noted that this would be of immense assistance to the foster parents in helping their foster children deal constructively and cope with the reality of the phenomenon of stigmatization and discrimination. Vonk, Lee and Crolley-Simic (2010:227) supports this idea referring to racial awareness as foster parents' possession of a sense of self-awareness of own race, being sensitive towards racism and discrimination and having awareness of the role that foster child's race plays. Participants in this study possessed racial awareness and this helped them to deal with the discrimination and stigmatization which they encountered as they provided care for their non-family related and transracial foster children.

7.3.3.6 Financial problems

Another theme that emerged from the study was financial problems encountered by foster parents as they executed their care duties. Almost all the participants (sixteen) mentioned financial problems as a major care challenge that they faced while they carried out the business of caring for their non-family related foster children. The other two participants reported not experiencing financial challenges because they were professionally social workers and employed at the Department of Social Development. Financial problems surfaced in the narratives by foster parents when asked about the experiences and challenges they faced regarding the welfare, health and educational needs of their foster children. All the participants acknowledged receipt of the foster care grant except for one foster parent. She indicated that she stopped receiving grant for the care of her foster children due to the suspicion and scrutiny involved with it from the case manager and placement agency. They, however, reported that the foster care grant was barely enough and sufficient to meet the needs of the children. The issue of financial problems and insufficient funds could be seen from the following response by this foster parent:

> "The big problem is one, neh, can I talk about it. I like to do big things for these children but the problem is that I can't afford it. Just now one of the children is doing modelling in school and the other one is doing ballet dancing but I can't afford to pay for them every month because the foster child grant is not enough." (Participant 5).

Another foster parent said the below regarding the financial problems experienced:

> "The major thing I must say about the problem we face with these children is money to take care of their needs like food and good clothes for example so that they can look like their friends and not be feeling that they are different children and also to provide other things children like. The grant is too small but we manage it together with help from other sources. But really I need to say the big problem is the money yet people think we are looking after these children because of the money when it is not even enough for their needs, (laughs)." (Participant 2).

Cost incurred in providing the basic necessities for their children such as food was expressed as a concern for the majority of the participants. Many of the foster parents narrated the financial strain involved in providing for additional members of the family as foster children were placed with them. One participant recounted the experience during the focus group discussions in the following statement:

> "I can say the big experience and challenge we face here in the family is the issue of food. These children can eat a lot. They eat a lot that is what I can say. So I am trying to take this grant money to manage to buy enough food so that they can eat and be happy. This money is not enough to raise a child, it's not enough but because I have no option I am trying hard to push and manage to meet their basic need of good and nutritious food." (Participant 14).

Many of the participants (ten) reported being concerned that their foster children eat a nutritious diet especially those caring for children with HIV. They, however, regretted that they were not able or were finding it difficult to do so due to the rising cost of food. Foster parents' narratives revealed and expressed their desire to ensure that their foster children were provided food just beyond the normal staples. They had the desire for their children to enjoy the luxury of eating out at public restaurants like Kentucky Fried Chicken (KFC) as a reward for good behaviour or on public holidays or during the festive periods. Despite this, many of them reported the crippling nature of their financial status in this regard. A White foster parent caring for abandoned Black children made the following statement:

> "I know these children need to eat well balanced and nutritious meals in order to grow and develop properly especially the ones with the disease. But you see the challenge is with the money as these things cost so much to provide. I can't even take them out for meals when I feel that they have really stepped up and tried hard for themselves because of insufficient funds. But we are trying our best to give them the basics and make sure they are not lacking." (Participant 13).

One other participant made the following statement that further alluded to this fact:

> "The problem is the food now is expensive neh. It is expensive. The children for me must always eat fruits and lots of vegetables because it is very important but they are expensive and the grant money is not enough to provide them. We struggle a lot with the food aspect but we manage to get along with support from my partner." (Participant 4).

Some of the participants (five) reported that financial problems also took the form of difficulty in paying for the fees for crèches for toddlers and children who were not yet qualified to attend primary school. This was true for foster parents who were not always around at home during the day to look after the children due to work related engagements. It was also true for those who were eager to engage the services of early childhood development professionals for the well-being of their foster children. Challenges surfaced due to the fact that the children were not exempted from payment of such crèche fees even though the children of primary and secondary

school going age in alternative care were statutorily exempted from payment of school fees. This exacted tremendous burden on the foster parents as it depleted the foster care grant making it excruciatingly difficult to meet other welfare needs of the children. This was brought out in the response of a participant as seen below:

> "The problem is that we find it difficult and struggle to send the little ones to the crèche because now you know the school, they ask us to pay. But for the big ones in primary we don't pay. The crèche is R500 monthly and we really struggle to pay because it is not free." (Participant 18).

Further to this, one of the financial problems also found in the study was difficulty in paying for the transportation of the children to and from school. The majority of the foster parents (twelve) depended on scholar transport since they did not have their own cars and because they resided far from school. Since most of the schools required a certain financial contribution for this service, the burden was often too much for most of the foster parents considering that most of them depended on the foster child grant for payment. The majority of the participants (twelve) reported that the foster care grant was hardly able to bear the cost and to assist with the purchase of other items needed without complimentary support which was often difficult to come by. Four of the remaining six foster parents did not report to have problems with spending the foster care grant on transport as the children could walk to school while the other two reported that it was not a problem as they were able to manage by complimenting it with money from other sources. A statement by the following foster parent brings this financial problem with regards to school transport into focus:

> "Really the transport money is a big problem because these children attend school in the location because I could not get them into nearby schools as they were demanding for too much documents I didn't have. Now I have to pay the scholar transport from the grant money and at the end, we have very little left to manage for other things. It is really difficult." (Participant 12).

Even foster parents who own personal cars also complained of the strain that transporting the children to and from school caused financially in terms of petrol purchases. The foster parents who complained about high costs incurred from petrol purchases in transporting their foster children to and from school acknowledged that the schools were located far from their residence. They reported that the children were sent to such far schools because of the quality of teaching and learning which they felt was of higher priority to them than trying to economize and jeopardize the quality pf education to their children. In the light of the enormous cost and the burden

which they have to bear by this decision, foster parents' love and commitment to the well-being and development of the children in their care could once again be seen and validated. Financial challenges were intensely discussed during the focus group sessions. A White participant caring for abandoned Black children stated:

> "My husband and I decided long time ago that the best thing we can do for these children is to give them a very sound and good education at any cost. Look, the children attend school in Vereeniging and Johannesburg because they are quality schools unlike the ones here nearby which we think are not good enough. I spend about R5000.00 monthly on transportation alone in buying fuel to drop them off and pick them from school. But we are happy because the result is showing. As you can see they are all doing well with their studies and are award winners in their various grades." (Participant 6).

Participants also mentioned incurring enormous costs in connection with the transportation of their foster children to far away private hospitals and clinics. This was because nearby public clinics often took too much time and were of low quality. They seemed to suggest that nearby clinics and public hospitals who knew them and their foster children often stigmatised them and had bad attitudes, so they preferred to go far where they were not known. Such decisions, however, had financial implications for them which constituted a great care challenge. A narrative from another White participants in the focus group discussion revealed this financial challenge:

> "We normally send the children to private doctor not to the government hospital because I don't have time to sit around forever and more so because they are full of attitude especially when they see me with these black kids." (Participant 9).

Another area in which financial problems surfaced in the study was in meeting the regular demands of fund raising events by schools. Children were expected to make small contributions to the school fund raising drives which at times took the form of wearing own clothing to school on some days and paying a little token to do so. In terms of statutory provision, children in alternative care are exempted from payment of school fees in public schools but this does not include involvement and participation in such fund raising activities. Participants (nine) reported that meeting these fund raising demands was often a difficult task as the financial base was lean while the other nine did not mention challenges along this line. The nine foster parents, however, commented that this inability to participate in these fund raising

activities by the children due to a lack of funds normally had a negative effect on the ego and esteem of the children. This came about due to the fact that the children were being derided, laughed at and despised by their peers and as a result felt ashamed. In addition, the children experienced feelings of low self-esteem and inferiority. The following statement is a response by one participant:

> "The other problem I experience with the school is that they usually need money from these children for fund raising at times and we are expected to give the children the money to pay. They don't exempt the children because they are in foster care. At times, I don't have the money to give to them to take to school and they will feel bad like they are orphans and have no family to care for them." (Participant 14).

This study found that financial problems was a major experience by foster parents as they executed the daily caring for their non-family related foster children. This may be connected to the fact that the majority of the participants were engaged in 'piece jobs' or menial income generating adventures, were retired and receiving pensions, or were house wives dependent on their spouse's income. Only two were engaged in gainful employment as professionals and did not complain about financial problems. They, however, hinted at financial restraints considering the nature, quantity and quality of things they proposed to do or would have loved to do for the children in their care. They, nevertheless reported experiences of less financial strain compared to those who were not as financially gainful or productively engaged. The financial problems identified in the study were seen to affect and concern the provision of basic needs such as food, clothing, education and health care of the children and the foster family.

Their experience in this regard further sheds light on the harsh realities of raising children in today's South African society. This is in the face of the rising and escalating cost of food items and other essential commodities and services adjudged as crucial in contributing and determining the welfare and well-being of children and families. Since most of the foster parents in the study were not financially buoyant, but depended heavily on the foster care grant and support from their partners and children, looking at ways of supporting them financially becomes an urgent matter requiring the government and other stakeholders' attention. This is imperative considering that financial challenges due to escalating costs of raising their foster children have no doubt negative personal and social consequences for foster

parents and the children in their care (Preez, Richmond and Marquis, 2015:17). Thurman, Jarabi and Rice (2012:811) found that it could lead to situations compromising the quality of care children received and weakened relationships between children and foster parents. Further evidence from South Africa reports resentment and a discriminatory attitude towards orphaned children (Hearle and Ruwanpura, 2009:428).

Hlabyago and Ogunbanjo (2009:509) further state that the economic status of the fostering household has important and far reaching consequences for the child as it has been observed to have the capacity to promote increased school participation, thereby enhancing the overall well-being of the child. Data from this study suggests that the well-being of the children may be compromised even though the foster parents were committed to ensuring the continued provision of the quality care to the children. This was even at a high personal cost where some of them depended on their personal savings and family support to do so. Tanga's (2013:178-179) study in Lesotho noted how caring for orphans and vulnerable children depleted and impoverished extended family households and indicated that caregivers lacked the sufficient resources to provide the basic needs including food and school materials for orphans and other vulnerable children. In addition, Kinyua (2013:8-9) found the same results of financial problems in Kenya where foster families usually lived below the poverty line and were struggling to meet the basic needs of children in care.

The findings from this study regarding foster parents experiencing financial problems further resonates with other studies. Empirical evidence from studies conducted in Australia (Samrai, Beinart and Harper, 2011:39), South Africa (Kuo and Operario, 2010:344) and Uganda (Osafo et al, 2017:6-7), indicated that financial challenges were the major difficulties experienced by carers as they provided care to additional children in their households. The findings of this research study is further consistent with the South African studies of Warwick (2013:72) and Lunga (2009:68) which found that financial burden was reported by caregivers as the greatest care challenge as they cared for HIV-orphaned and abandoned children.

7.3.3.7 The lack of adequate social worker/agency support

The lack of adequate social worker and agency support was another significant theme that emerged from the findings of the study. When asked whether they faced challenges regarding support from the case manager and agency of placement, nearly all the participants (fifteen) reported experiencing little or no social worker's or agency support regarding the care of the children in their placement. The remaining three reported not experiencing challenges with the social worker and agency support. This lack of support from the case manager and placement agency was observed to have surfaced and manifested in a number of ways which produced heightened and elevated stress for the foster parents. The question was seen to evoke enormous feelings of discontent and dissatisfaction and their responses indicated that the participants desired urgent attention to address it. This was due to the implications it had in increasing the care burden and challenges which they faced while executing their care duties. Of grave concern to the foster parents was the lack of or limited social worker and agency support that was needed after the placement of the children in their care. Many reported not to have known what to do regarding applications for grants, for example, and required the social worker's assistance and support but regrettably found it difficult to obtain. The response from a Black foster parent caring for four neglected siblings stated:

> "The other thing I am suffering is that the social worker is not always there for me to help me when I have issues to sort out with the care of these children. For example when these children were newly placed with me, I was giving the court order and asked to go to SASSA Vereeniging to apply for the foster child grant. When I got there they asked me to come with the social worker but yoh, it took a long time before she was able to go with me and I really struggled with transport fare going to the office because every time I go there she says she is always busy. It was difficult to get the grant registered because SASSA wanted her to explain why so many children were placed with me. They thought maybe I was doing business with them or so I don't know." (Participant 4).

Participants reported experiencing a lack of support or inadequate support from the case managers in dealing with issues surrounding the health care needs of the children. This was firstly seen connected with the presentation of children's clinic cards and other hospital and health documentation often required by hospital management during hospital visits by their foster parents. These documents and papers were supposed to be supplied to the foster parents by the supervising case managers. In most cases, foster parents reported that this was not always the case

as they were not given the documents when children were placed with them. They reported that they were often turned back from the hospitals and clinics who demanded that they present such documents. Foster parents reported that when they approached the case manager or agency for such documents, they were often sent from 'pillar to post' without any assistance or support to resolve the problem. A narrative from this foster parent highlighted this challenge:

> "One of the biggest challenge we face as foster parents of these non-family related foster children is that we don't often have enough documents regarding their health history and the social workers will tell you they don't have it either. When we go to them to assist us when the clinics and hospitals demand for the papers and records it is often a big problem getting them to help you resolve it. You may not even see the social worker for days or weeks because they will tell you they are very busy and have high caseloads leaving us to struggle on our own." (Participant 12).

Secondly, foster parents reported struggle to secure assistance from the social workers and agency regarding consent or signing of papers regarding the treatment, testing or diagnoses of their foster children. This especially related to children with HIV and others needing medical procedures or attention that the clinics and hospital management deemed required the presence and attention of the placement, supervising caseworker or agency. Navigating this process was often a problem for the participants as the social workers were reported to be of little or no support or help to them. This was captured in the response of a foster parent as follows:

> "The problem is that you don't find these social workers when they need their attention in the hospital when the child has an operation or is seriously ill and they need the social worker. We struggle a lot in this area. The hospital insist most times to see them but we try to explain that these children are our children but they won't listen to us. You have to run after them and disturb them before you can secure their attention and this is not good. We are helping them and we must act as a team to give the children the best we can." (Participant 17).

This theme also came up in the focus group discussion as participants discussed experiences of the lack of support and assistance they received in regards to the health care needs of their foster children. For example, one White foster parent caring for abandoned Black children reported that she was disappointed with the case managers and agency of placements. This was due to the negative attitude

towards the health care needs of the children and the lack of support and assistance she was receiving. This was evident in the following comment from her:

> "I don't get support from the case worker or ask for it from them anymore. I solve my problems myself where possible. I had a problem of keeping appointment for check-up for one of my foster child because I was having a broken arm sustained in an accident and so couldn't drive the child to the appointment myself. I went to Child Welfare and asked the case manager to assist me to take the child to the doctor but she refused to take him saying she was very busy. I explained that it was such a life and death issue because he was having problem with his kidneys but they still didn't assist me. I had to beg a neighbour who now agreed to take the child. He nearly died and I was disappointed and surprised." (Participant 6).

Furthermore, from participants' comments and narratives, it became obvious that there was a third way that they experienced a lack of adequate support from caseworkers and placement agencies regarding the health care needs of the children in their care. The social worker seemed to not be available to assist them with the referral of the children for professional counselling or therapy when they needed it. Many of the participants (six out of the fifteen who reported experiencing problems with the caseworker and a lack of agency support) further reported that some of their foster children normally displayed behavioural and emotional problems. This problem was due to the children's dysfunctional family backgrounds, care histories and conflict in resolving problems and challenges in personality and developmental milestones. The foster parents sought the social worker's attention and assistance but complained that it was not forth coming. No mention of this challenge was reported by the remaining 12 participants in the study.

Most of the participants (eleven) indicated that resolving this issue on their own added to their care burden and increased the stress associated with caring for the children as they had to source alternative assistance. They reported that this often involved physical and psychological exertion as they moved from one office to another looking for help and incurring financial costs and debts which they struggled to repay. In this scenario of a lack of adequate support and involvement of caseworkers, foster parents felt alone, unsupported, were tempted to feel unwanted, and saw caseworkers and placement agencies as ungrateful. This left participants with the feelings of being helpless, powerless and overwhelmed. This could be

discerned from the statement by a White foster parent caring for abandoned Black children as follows:

> "See I don't have any support or assistance from the social worker working with these children in my care. Even when I feel that things are too much for me and that I can't do this or I cannot cope with this and don't see why this is happening and I can't see my way clearly through it, there is nobody I can turn to. When the children are giving me headache and I need them to be counselled or go for therapy, I normally don't find the social worker to help us. I feel helpless. I feel like sometimes things are out of control and feel like giving up. I feel left alone and overwhelmed with the children's behaviour and issues and you don't find the case worker to help you sort out the issues and the children. It's disappointing and frustrating." (Participant 13).

Another foster parent shared her own experiences in the following words during her interview:

> "I normally struggle with getting the social worker working with us to help me to resolve the issues we normally face with these children especially when they are emotionally and psychologically challenged and they need to get professional help or counselling. At times from school they call us and report that the children are having behaviour problem or academic problem because they are not doing well and need to be taking for psychological help. We have to pursue the social workers and it will take time if at all before you can get help from them because they will say they have too much caseloads and work pressure. At the end of the day we and the children are the ones that suffer in this situation." (Participant 14).

A few of the foster parents (three), however, had a different opinion as they seemed to confirm that they were enjoying adequate support and assistance from the caseworker. It was observed that these foster parents were those who dogged and seemed unruffled by the seeming 'evasive' posture of the caseworkers. They were persistent in pursuing and demanding attention and services. One foster parent described this:

> "I do get support and assistance from the case worker and child welfare when we do need help like getting the children for medical or psychological test and attention but I am the one that must be on their trail. I put everything aside and pursue them and go to their office everyday otherwise you can't get them to help you. Well at times I don't blame them because they apparently are short staffed and overloaded. But yes, you must be ready to pursue them and be a pain in their neck if you want something from them." (Participant 2).

Another participant reported this along the same lines:

> "I don't have problem with the social workers because whenever I have a problem with my foster children or with the needs of any of the kid I always put

> pressure on them and ensure that they sort us out. And most of the time they do help us though they always complain of being overworked and too busy." (Participant 7).

There were mixed reactions in terms of experiences and challenges regarding support from the caseworkers with a majority claiming not to be supported. Nevertheless, all participants seemed to agree that the prevailing attitude and responses of the caseworkers were not satisfactory and excused as tenable. This was particularly due to their expectation that the caseworkers and agency were supposed to vanguard and be at the forefront of pursuing and promoting the best interests and well-being of the children who they placed with them. Their responses suggested that the social workers and agencies were mainly interested in the way the grant was spent and that the foster parents were responsible with it. This suggestion was made in the light of the inquiries and supervision which seemed to revolve around it. This could be deduced from the response by a participant as seen below:

> "The problem is that you don't see these social workers to help you when you need them in times of trouble with your foster children. But you don't look for them when it is the end of the month and time to receive the foster care grant. They come or call you and tell you or ask you all sort of weird and funny questions. This is annoying and embarrassing because I think there is trust issue and this worries me I must say." (Participant 10).

As participants deliberated on the issue of support and assistance from social workers and the agencies of placement, it also came out that they faced inadequate support and assistance regarding the registration and enrolment of their foster children into schools for learning. Some of the participants (six) reported that they often faced trouble registering their foster children in schools due to their late registration especially for those whose placement were finalized when the schools had closed their admissions. This also applied to those who did not have birth certificates and identity documents. Such cases normally required the presence of the case manager to explain and lobby for their admission and acceptance, but the participants reported that it was often an uphill task getting them to help in resolving this problem. A participant reported this:

> “Really at times we struggle with getting these children into school especially when they bring them to us when the schools have closed admissions. We cannot say we won’t accept the children because they are bringing them late but the problem is that getting them into school is difficult. The schools normally demand that you bring a letter from the Department of Education and the social workers are supposed to assist us with getting these papers. The reality is that you often struggle to get them to go with you to the Education Department or the school to explain that the child should be registered.” (Participant 3).

From the narratives of the participants, the reason the foster parents were facing this challenge became clear. This was due to the lack of or absence of birth certificates or identity documents of the foster children. The foster parents reported experiencing a lack of support and assistance from the social workers in supplying proper documentation when the children were being placed in their care. They indicated that the social workers either said they did not have them and would approach the Department of Home Affairs to secure it or would bring them at a later date after the finalization of the children’s court inquiry. They narrated how this was often difficult to translate into reality and the impact it produced further increased their care burden and challenges. This was because they struggled to get them to fulfil their promises or make plans to alternatively acquire them or obtain the services desired. The following response from one of the participants illustrates this experience:

> “Sam you see the problem we have at times is that we are not given the correct and complete documentation regarding these children’s birth and identity, health and family whereabouts by the social workers. The challenge comes when you want to register them in school and they ask for the birth certificate and you can’t provide it. The social worker who is supposed to assist you to make it faster and easier is not always there and this makes things really difficult at times. They are supposed to go with us to school to explain to the school that the children don’t have certificate due to their family problem or history and ensure that they are admitted but you don’t find them.” (Participant 5).

The study further found that a lack of adequate social workers and agency support was experienced by the foster parents in the area. A lack of involvement of the case managers in the general welfare and supervision of the children in the care of the study participants was also found. The majority of the participants (fifteen) reported that the social workers were unavailable for home visits and did not call or make contact with them to find out how they and the children in their care were doing. They only made contact to scrutinize and enquire about the spending of the grant. While it

was not explicitly stated, participants' narratives inferred that the social workers' presence and active services was felt before and during the children's court inquiries and after the placement was concluded and finalized, they seemed to drift into oblivion. This left the foster parents to handle the unfolding and unveiling of care challenges with little or no visible assistance and support whatsoever.

Foster parents indicated that they expected the caseworkers and agency to be there for them and to always conduct regular home visits and make telephonic contact just to see how they were doing. They said this would make them feel as members of the team, feel appreciated and affirmed in their care role and not alone. They regretted that the failure of the social workers to conduct regular visits and contact to supervise the placement robbed them of the opportunity of gaining first-hand knowledge and observations of the care challenges as they unfolded. This made it difficult for them to sympathize and empathize with them. One participant's narrative clearly highlighted this during the focus group discussion where she contributed as follows:

> "The problem is that the social worker does not come to see us and see how we are doing and what the children needs are. That is the challenge that I am facing because no one is coming to see us and ask of the children. They don't even phone us to ask how the children are doing and how we are managing to cope. Nobody is supporting me from that office and don't seem to appreciate what we are doing. It is like they just dump the children and don't care. That is a painful experience we face with the social workers." (Participant 4).

There was a general consensus among the participants that the social worker's and agency's support was crucial. They all agreed that it would make an enormous difference in mitigating care challenges thereby determining and affecting care outcomes. They seemed to indicate that the kind of support they were receiving from the caseworkers and agency of placements were not commensurate with the amount of work and care they were commissioned to do and provide. Their narratives seemed to regard such contradictions as amounting to failure to construe them as more of an economic and social asset than financial burden to the agency and the government. This was in the sense that they were saving the government money by providing out-of-home care to non-family related foster children who would otherwise be monetary parasites and possible societal nuisances. The reasoning here is due to

the children's care history and family backgrounds. They felt in this regard not valued, adequately supported and appreciated in their role as non-family related foster parents. This was apparent in the following quote from one of the participant in the focus group discussion:

> "Let's be frank, I think these social workers and government don't really understand the work we are doing in caring for non-family related foster children. They are not aware of the great sacrifices and cost we pay to help them with these children if they did, they would treat us with more care, pay more attention and create support structures for us to enable us do our best for these children. Despite their lack of support and unavailability, I can say we struggle to do our best just that it would have been lot easier and we would have been able to do more with their support and assistance." (Participant 6).

Participants' responses and discussions along this theme highlighted some serious implications. It pointed to the many difficulties it engendered in defining the care experiences and reality underlining the provision of care for their non-family related foster children. Of significant mention was the lapsing of care orders and its attendant stoppage of payment of foster care grants by the South African Social Security Agency (SASSA). The foster care grant is statutorily receivable depending on the fact of provision of care to a child in need of care and protection placed in foster care by a children's court. This is normally evidenced and validated by the issuance of a care order which is extended every two years in terms of section 159 of the Children's Act 38/2005. The court order is required for presentation at the point of registration for the said grant at SASSA. Because social workers were not actively involved in the supervision of these placements through regular home visits and contacts to check on the general well-being and care of the foster parents and the foster children, many of the care orders often lapsed without being detected to be extended. The psychosocial, emotional and financial impact of this was palpable in the narratives of the participants as could be seen from the quote below:

> "The thing Ntate (Mr) about this court order is that if you don't go to the social workers to remind them it will lapse because they don't always come here to supervise us and then it will be a problem to reopen it. The grant will be stopped by SASSA because the system will show that it is no more valid. The last time I went to the social worker to remind her about the due date for the extension of the order and when she saw me she shouted, ''oh thank you for coming because I was busy and would have forgotten.'' (Participant 11).

Participants' responses in this regard further revealed another significant effect and impact. This was the delay in initiating and finalizing children's court inquiries and obtaining the correct and complete documentation regarding the foster care placement. This was particularly observed to be true with placements involving transfers from other placements that broke down or children were placed in places of safe care pending further investigations and finalization. Participants complained that they were in most cases left in the dark and lacked the idea of the next procedure that was to be followed as a process in the placement. This was because according to them, the social workers normally brought the children to them and promised to approach the children's court for the opening and finalization of the matter immediately, but was never seen for reasons that were not explained to them other than that they were busy.

The participants expressed frustration with this prevailing attitude and state of things reporting that they normally had to care for the children without the foster care grant. This was because they could not apply for it since the children's court inquiry had not been finalized and the care order was not issued by the court that would enable them do so. Some of the foster parents (six) indicated that the children in most cases were brought to them without proper documentation and identity documents. They said they were under a personal and moral obligation to receive them. They however regretted that the social workers or SAPS officials who brought such children for emergency place of safe care normally did not show up to properly legalize the placement except that they pursued them and followed up to do so. The following responses of foster parents brought this phenomenon out as reported below:

> "The problem we have at times is that the social worker or police will bring a child to you and say it's urgent and you must take the child. They don't come with the correct paper work or anything and promise that they will come so that they can take the child to court to finalize it but you don't see them. You cannot refuse the child because he must be taken care of. We struggle to get the social worker to come as promised to start the court process and we often struggle to care for these children without grant because there is no paper work, no birth certificate, clinic card or court order." (Participant 5).

Another White foster parent caring for abandoned Black children reported her ordeal in this regard in the focus group discussion as follows:

> "Our biggest challenge is that sometimes you don't find the social workers or police after they place these children in your care on safe care and promise to come to finalize and legalize immediately according to law. They normally will not show up until you chase them and fight and threaten to return the children. I think the problem is that there are not enough social workers. The caseload is so heavy, they can't get to you with detailed and meticulous services and that bothers me. That bothers me terribly because I feel that everybody is being short-changed. The foster parent is not supported, the children are not supported and if the foster parent can't cope the children suffer." (Participant 13).

It became further clear as they narrated their ordeals that they experienced crisis and confusion in not knowing who to talk to regarding the children as case managers were often rapidly changing due to staff turnover. They reported that it was often a common scenario to see that when they went to the agency to complain about the unavailability and absence of the case manager and poor service, they were informed that the previous social worker had left the organization. They could also be informed that they had either reassigned the case to another social worker or the position was yet to be filled.

Some of the participants (four) seemed to understand and sympathize with this agency's ordeal of rapid social worker turnover resulting from the shortage of social workers. Others were however of the opinion that they were supposed to be informed of changes in the case managers and strategies had to be put in place to support them. This was with regards to supervising, legalizing and finalizing placements when placing and supervising social workers left the organization considering that they were non-related family members. This was particularly in view of the uniqueness of the care challenges associated with the care continuum. One of the foster parents expressed her views and experiences in the following words:

> "The problem is that you don't get enough supervision and services because the social workers are always leaving before you even know them. I don't blame them at times because they are looking for better pay and there is not enough social workers so we suffer a lot when we expect services and there is no one to render them." (Participant 3).

Another participant had this to say regarding confusion in not knowing who to meet for service provision when she approached the agency for help due to the rapid staff turnover:

> "That is the challenge that I was facing because nobody was coming to see us and ask of the children. Even now no social worker comes here after Mignon left to see how we are doing. We are left on our own. Even when I go to the office, I don't even know the new social worker to speak to about the children because they can tell you the case worker is changed because the other one left for another job." (Participant 4).

The lack of adequate social workers and agency support to foster parents was experienced through a lack of support and preparation of the foster parents and the children for court processes and the care role. Seven of the participants reported not having had any form of preparation and briefing regarding the court process. This was in terms of what was going to happen, what was going to be asked by the magistrate and what the children's court proceedings entailed during the placement of the children in their care. Though all of them agreed that they had a form of screening from the social worker and agency, according to them that concerned their suitability as foster parents. It entailed merely completing forms which required their personal and family details and did not contain what the children's court inquiry and proceeding entailed. One participant said:

> "I did not know what to expect at all during the whole process of placing the foster child in my care though we were giving papers to fill. I think I was not properly prepared in terms of what the whole process will be because the social worker was not always here to visit me except when I went to the office for interview to complete my forms for assessment and application to foster." (Participant 18).

These affected participants as they reported they felt 'lost' and 'left out' as the proceedings unfolded in the court. This was with particular reference to when questions regarding their presence, purpose of hearing and the child and the family were put to them and they could not provide adequate and satisfactory answers and responses. Participants felt useful tips and orientations forming preparatory support from the social worker for the court proceedings would have helped them tremendously. This would have put them in a better frame of mind and position to answer the commissioner and participate actively and effectively in the court proceedings and inquiry. This failure could be captured from the following statement

from a White foster parent caring for neglected and sexually abused Black children as reported below:

> "And the other thing is that I don't feel we are properly prepared for the court process because we are not. I was not even involved in that sort of thing. I know children's court inquiry is not a big deal but to me it was in my mind. What I built up in my mind was a very scary thing and it was nothing like that but I wasn't prepared. I was like imagining the criminal court and all that kind of stuff and you know I was thinking of how I was going to be protected and what would happen if these people were going to hurt me for wanting to take their children. I wasn't prepared. I didn't know how to behave in court. I did not know what I could or could not do in court. I remember being very anxious about the whole court proceedings and felt if I was prepared I would have been able to prepare my children for what to expect and how to deal with the whole process. So to me it's a challenge that we lack support in this area." (Participant 8).

Furthermore, all five participants involved in transracial and cross-cultural placements, except one, who had gained experience from a previous fostering role, reported not receiving any support in terms of preparation and training. This was with regards to the reality of the transracial and cross-cultural care in terms of expectations and standards prior to the children being placed in their care. The transracial and cross-cultural foster parents reported to have struggled with knowing how to care for the children. This referred particularly to considerations of such things as to what food and hair products to use for the children. It further revolved around cultural values and traditions that affected the children's daily lives that they needed to know and relate with in order to effectively and efficiently care for the children and meet their needs. They all agreed that they had overcome the care challenges along this line through practise and learnt along the way. They indicated that the reminiscent was however bedecked with feelings of regret and disappointment on the system and services received as non-family related and transracial foster parents. The following comment from one of the foster parents involved in transracial and cross-cultural placement embodies this fact:

> "I didn't know how to take care of the hair and skin of these children for example at first when they came to my house because they are different from mine and I didn't get support and training from the social worker either. We were not taught or prepared, so we just went into it like that because we were anxious to help them, care for them and love them. I remember sometimes I will put wool into their hair and they will get to school and their friends will tell them, 'no, that's not how to do it' and help them. They were good friends and

> so with time I learnt and now there is no more challenge along that line. It used to be a challenge because people will criticise me you know, about mine not having clue about how to do black kids' hair and all that stuff." (Participant 6).

Another participant related her experiences below:

> "When I got my kids and even till this day, I never had any kind of education with regards to raising a cross-cultural child and so I went in blind. The worst thing as a foster parent raising a black child is that I didn't even know what hair product to use. That was a challenge, I mean I went and stood in the shop and looked at all the hair products and didn't even know which one to use to take care of my son's hair. And the food initially was a challenge but now they eat our meals and are now quite adjusted and I have learnt through the years by experience how to care for their hair and skin and all that." (Participant 8).

From the participants' narratives, there were tremendous clues about the overwhelming nature of the foster parents' care duties and the many sacrifices and commitments they made in a bid to be able to meet the needs of the children in their care. Preez, Richmond and Marquis (2015:12) agrees with this and notes the stressful nature of the daily demands of caregiving, nurturing and child behaviour management to the foster parent and caregiver. What was tangible in the account of the participants in this study was a lack of social worker and agency support which they felt was of great importance in mitigating care challenges and enhancing care outcomes. Supporting foster parents in this regard was thought of by the participants as what ought to be normal and granted considering the level of personal efforts and sacrifices they invested in caring for their non-related foster children. This seemed to make them question the legitimacy of agency and the caseworker's claim to be concerned about the child's best interest. Since they identified themselves as mothers to the children, participants hinted that they found themselves personally obligated to meet the children's needs even though it was excruciatingly difficult without the anticipated caseworker and agency support.

The reality of the care experiences indicated that the participants were alone and not valued. Of significant note was the discovery of the fact that participants shared feelings of disappointment with the system. This was because they said they began providing foster care with an understanding. This understanding was that the system would not only provide financial assistance in the form of the foster care grant but would assist in facilitating access to specialist services and other support services. This was as needs arose in the light of understanding that specialised knowledge

and skill was often required. This was to manage physical, mental and developmental health complexities which such children placed with them expectedly displayed and exhibited. The way the care reality of participants in the study unfolded demonstrated how micro challenges of fostering, that is challenges associated with the actual fostering of a child could be exacerbated by macro challenges. This refers to challenges associated with organizational context as expressed in the social worker and agency's lack of support. Remedying this situation becomes an urgent matter of policy attention with regards to its implication for the recruitment and retention of this care category.

The staff turnover and the shortage of social workers may be largely responsible for the limited or the lack of support the foster parents received. However, there is a need to investigate this further with a view to discovering whether the same treatment is experienced by foster parents caring for kin and family members. This is in light of the fact that participants reported their caregiving context to be characterized by suspicion and scrutiny with regards to the receipt and utilization of the foster child grant and resentment and stigma regarding their care status. Kuo and Operario's (2010:345) research in rural South Africa suggests that in the face of this suspicion and stigma which the foster parents undergo, receiving and gaining support from both caseworkers and community may be difficult.

On their part, Thurman, Jarabi and Rice (2012:815) in Kenya and Kuo, Fitzgerald, Operario and Casale (2012:631) in South Africa have noted the significant place that supporting caregivers and attending to their needs occupies and plays in child fostering. There is evidence of its utility in creating the enabling environment for the stable and healthy development and growth of children in out-of-home care. Thurman, Jarabi and Rice's (2012:815) study in Kenya utilizing a regression analysis method to assess the effect of support group membership after controlling for household, caregiver and child characteristics, showed an association between support group membership and less experiences of social marginalization. It indicated better family functioning and more positive feelings towards the children in their care than non-members. Participants in this study, especially those involved in transracial and cross-cultural placement also seemed to understand the benefits of

such support groups. They implicitly communicated their desire to enlist and belong to one which they felt would have helped them tremendously in their care roles.

This theme of the lack of caseworker and agency support or limited support is supported by other studies in the literature. Casale, Wild and Kuo (2013:1203) noted that the demands on foster parents and caregivers increased with the display and exhibition of complex physical, cognitive, psychological or emotional needs of the children. This required the foster parents' attention and responses to resolve them. They indicated that foster parents reported a lack of adequate support or received limited support from caseworkers and agencies and therefore experienced elevated levels of stress due to the perceived differences between the demands of parenthood and their ability to meet those demands. This was also the case with the participants of this study. In Australia, Blythe et al., (2013:92, 93) provided data that further supports the findings of this study by suggesting that nearly half of the participants in their study reported to have experienced personal blame, reprimand and critique from their caseworkers. This was contrary to their expectation of support from them when they were struggling to provide care for their foster children and manage their complex emotional and behavioural issues. Foster parents' feeling of not being respected, afforded the recognition, being valued and trusted found in this study was also reported in the study by Kinyua (2013:8) in Kenya.

Foster parents' lack of support in the area of regular home visits for supervision and unavailability for assistance to facilitate access to specialist services found in this study was also reported in Mnisi and Botha (2016:239). They found that foster care placements breakdown was mainly due to inadequate communication with and visits by caseworkers and the lack of or limited agency support. The finding that foster parents struggled with support and assistance from caseworkers or agencies in accessing grants and health and educational care needs due to the lack of proper paper work or documentation resonates with findings from South African studies. To this end, Hearle and Ruwanpura (2009:431), Kiggundu and Oldewage-Theron (2009:391) and Kuo and Operario (2010:346) in South Africa reported that foster parents experienced frustration and irritation with the system in this regard. They reported that foster parents often blamed this on the social workers and viewed agencies as being ineffectual, understaffed and ill equipped.

Finding that foster parents in the study involved in transracial placement did not receive training and desired to receive such training and education that would assist them in caring for their foster children is supported by du Plessis (2015:51-52). The study reported that social workers indicated that they did not receive training and education regarding dealing with and supervising transracial and cross-cultural foster care in Cape Town. Data showed that as a result they did not know how to render training and care support to foster parents in the study. However, on a positive side, some foster parents' display of empathy for and understanding the unimaginable caseloads that caseworkers had to deal with in this study and its observed impact on effective service delivery resonates with Samrai, Beinart and Harper (2011:39). They found that foster parents did not monolithically criticise caseworkers but actually showed some understanding of how their high caseloads could influence and deter well-intentioned efforts at rendering effective services.

7.3.3.8 Discipline/behavioural problems

Another theme which emerged from the study was children's discipline and behavioural problems which the foster parents had to deal with as they executed their care duties. Most of the foster parents (ten) especially those caring for children who were within the 12-18 year age group reported having problems with the children's behaviour and with disciplining them. Participants' comments when asked about their care challenges around the behaviour of the children elicited a wide range of responses which indicated the various shades the phenomenon took. A general disrespect for the rules and regulations of foster parents and refusal to do or be involved in domestic chores reverberated throughout participants' responses in the study.

The foster parents narrated how they experienced disrespect from their teenage foster children. This was in reference to their refusal to do their assigned domestic chores and break their rules of care put in place to ensure that the children were organized and brought up adhering to a routine. Foster parents reported that the foster children were assigned daily chores like cleaning and washing dishes for example which are age appropriate. The children were expected to do or be involved

in these chores as part of their daily social functioning as members of the family. They said they often experienced problems around compliance and the completion of these chores and tasks when foster children refused to do them when it was their turn to do so. Foster parents indicated that getting the children to do such chores often involved invoking disciplinary measures and physical and emotional exertions which created stress and tension in the family. This theme could be evidenced in the statement of one of the White participant caring for White and Black children:

> "Really the problem we have here at times is getting the big boys and girls to do their chores. We teach them to cook, to use the washing machine and to do the gardens because they are going to need them one day. But at times we have a problem when they want to wake up and go to school or visit their friends without first doing their chores and we often fight and quarrel about that. Yes sometimes, look I can scream and shout and fight with them to ensure that they do it. They must be responsible." (Participant 9).

Another foster parent reported below:

> "Another big problem we face is trying to make the children to do their chores when it comes to their turn because they must be taught responsibility and discipline. The problem is that they often do not want to wash the dishes and clean the bathroom when it comes to their turn until you shout and fight with them and this is not too good because they think you don't love them when you shout and scream and insist that they do it." (Participant 10).

Foster parents narrated with a sigh of frustration and powerlessness the ordeal they underwent experiencing children's display of sheer disrespect for their orders. They stated that they often received no support from the caseworkers to deal with it and were often afraid to deal with it themselves. This was with regards to the knowledge of the implications with regards to child's rights advocacy and child welfare policy that discourages child discipline. They said they feared in light of this that they may be accused of abusing the children. They seemed to have a convergence of thought that if the children were their own biological children or family members, the case would have been different as they would have been able to discipline them. This feeling of fear of being reported to caseworkers and avoidance of allegations and accusations of child abuse seemed to pervade the participants' response. This further highlights the sensitive nature of the reality of providing care to a non-family member in South Africa.

Foster parents' narratives and comments on the matter, both at the individual interviews and at the focus group discussions, seemed to raise some issues. These related to the debate on the disharmony of intergenerational relationships with regards to discipline and child behavioural problems in South Africa which has lingered on for some time now. One participant highlighted this during the focus group discussion:

> "The problem we have is that we are not supposed to touch these children because of the children's right thing whereas when we were growing up our parents used to discipline us. But if you do that today, they say it is child abuse and so these children are just growing up without discipline and it is not good. You can't control them and so they do what they like and so at the end they grow into spoilt adults." (Participant 18).

Some participants' narratives indicated reasons for the fear and feelings of powerlessness and frustration in not being able to discipline the children or do something drastic to correct the trend. It suggested that these arose from the wide generation gap in thought and perceptions regarding the phenomenon between the foster parents and foster children. This gap is seen in the fact that the foster parents belonged to a generation that permitted corporal punishment as a means of child discipline which is seriously frowned upon by the present generation and care context within which the care of the foster children is carried out. This sentiment could be seen from the comment below made by a Black foster parent caring for two Black neglected siblings as follows:

> "You see there are a lot of things that these children do that is not right and it is difficult to discipline them. For example, we have rules on when to watch the TV and when to go to bed and the chores that everyone is supposed to do as a family. But most times these children will disobey you and do what they like and at times you are frustrated because you cannot discipline them like you would your own children. I can't discipline them because I am afraid if I discipline them they can say I am abusing them." (Participant 12).

An interesting observation was that foster parents who reported that they were experiencing discipline and behavioural problems indicated that the problem was exhibited by their foster children between the ages of 12-years-old and above. It was also observed in children transferred to their care from placements that broke down who were usually about 10-years-old and above. They seemed to suggest that the children did not exhibit behavioural and disciplinary problems when they were below the ages of 10 years. This may be due to the fact that the children who displayed

these problems in the study may have been victims of peer influence. It may also have been due to their developmental stage which made them susceptible to the development of a propensity to explore with the opportunity that comes with age and peer association. Whichever reason may be adduced to the phenomenon, participants verbalized that it constituted a great care challenge for them. The statement of this participant brought this out when she said:

> "Eish the thing is that these children are normally good and easy to raise when they are young but when they get to teenage period between 12 and above and start to have friends and see what their friends are doing, they become difficult to talk to and control. Then they start to do all sorts of funny things that makes your life difficult and stressful. The worse thing is that you cannot discipline them the way you want because you may be accused of abusing them. It is a challenge that we are faced with every day." (Participant 14).

Another Black widowed participant caring for two orphaned children had this to say on her part:

> "You will not have any problem with the behaviour of these children when they are young. They are sweet and lovely but as soon as they begin to grow up to teenage and adolescent stage and make friends and go out with their friends, you start experiencing behaviour problem because now they want to be like their friends and do not want you to control them or tell them what to do or how to behave. That's a big problem with these children. It makes things difficult because you don't know how to deal with it because now they are not your family and you are careful not to be called an abuser or that you are not taking good care of them." (Participant 1).

Another behavioural problem which was displayed by the foster children was in the area of dating and sexuality of the children. Some of the participants (six) reported that their foster children had issues with dating and suspected them to be sexually active. They complained that there was a big problem in keeping the children at home. This was especially during the festive seasons as they found it tempting to go out with their friends and explore. At such times, they often came up with different flimsy excuses for sleeping out and not returning home even when they were given the permission to do so. This was normally done just to avoid the contention that would ensue when they were refused. The fear of what will happen to the children when they contracted STIs or fall pregnant combined to compound the situation and heightened the foster parents' stress and care burden. This was coupled with their apparent powerlessness and frustration of not being able to discipline them due to

the fear of allegations of abuse. This came out from the response of one participant who said:

> "Yoh my fear and worry is that now my girl is a teenager and now moves with boys and wants to go out always and when you try to restrict her it is a big problem. I just don't know what to do because now when she gets pregnant or contract diseases I am to blame but nobody is going to say we could not discipline them because that is not allowed. You see the problem we encounter with these grown up children." (Participant 15).

While the participant felt the issue of child discipline and behaviour management was a sensitive and delicate one, they however indicated that the lack of support from the caseworker and agency contributed to making the matter worse. This was because they reported that they shared divergent and conflicting views on the issue of child discipline with the caseworkers. They claimed that the social workers' stand on the matter tended rather to favour the children's behaviour in this regard. The following statement by one of the participants, a Coloured foster parent caring for abandoned and neglected Black children captures this succinctly:

> "The problem we normally experience with these children is that when they start to grow up they start to experience the outside world and then they start to change in their behaviour. Suddenly now they want to start to go out and visit their friends and even ask for permission to sleep out. The thing is they have started dating and having sex and you cannot do anything about it otherwise they will get you into trouble by running to the welfare to say all manner of lies against you. Like the experience I have now with two of them who are dating and having sex with each other. I have fought it but am not winning the battle because even child welfare is not helping me." (Participant 3).

Another participant reported experiencing problems with her 14-year-old foster child whom she even suspected to be having an affair with her partner. She narrated how she found it very disturbing that the child was not obeying and respecting her rules yet was enjoying the support of her partner and causing tension in their relationship and union. Her narrative in the following statement brings this to light as seen below:

> "The problem I have is with the behaviour of my 14 year old foster child. She is uncontrollable and loves boys too much and always stays out in the street with them and come home late. When I talk to her my partner will tell me to leave her that she is a child. I am not happy with the closeness of this child to my partner, I think something is going on between them. I don't want her to cause trouble between me and my partner or come between us. I am tired of this girl I must confess." (Participant 7).

As participants discussed the issue of discipline and behavioural problems they were experiencing with their foster children, it also came out that they had to deal with the behaviour of stealing, lying, fighting and general disrespect for older people. This was mostly observed to be common amongst foster parents who had children placed with them when the children were already more than 6-years-old. This suggested that they may have been brought up in a wrong way without proper values in earlier placements. Some, however, acknowledged that it may be signs of early and initial adjustment placement though it was troublesome to deal with. Participants who cared for children that were abandoned from birth reported not to experience stealing and lies by their children. This is probably because they had been taught values of integrity and honesty as they had lived with them from birth and had internalized their culture. A participant reported the following which highlighted the behavioural challenge as follows:

> "We love each other but it is not easy sometimes because she does not listen and she likes to do her own things. As we are not allowed to punish or discipline them, she is like disobedient even at school. She is disobedient and it is not easy to raise her. It is not an easy task. I think it is the background where she is coming from because it is not easy to adjust to the life she is now living. She likes to do the old things like stealing, telling awful lies, fighting and then talking back disrespectfully to older people, most especially when I am not around." (Participant 16).

A White foster parent commented on the experiences of her children's behavioural problems which unfolded in frequent disagreements and fighting amongst foster children at home. This she said caused tremendous tension and strain in interaction and communication as follows:

> "Dealing with their behaviour is really hectic at times. Sometimes they get on with each other and sometimes they don't. When they don't get on well with each other, they can be very nasty and aggressive and violent with each other. This is a big problem to me especially the older children. My husband and I don't have the kind of energy that is needed to separate them when they are fighting and to settle them and so it gets out of hand and we have a serious trouble as sometimes they are injured and wounded and we need to seek medical attention for them. In all these, we are often alone most of the times with nobody to help us deal with it." (Participant 13).

Foster parents felt frustrated, powerless and disappointed with the caseworkers and systems due to the lack of or limited assistance and support in disciplining and

resolving the behavioural problems of the children. Some participants, however reported to have managed to devise ways and means to deal with it themselves. They acknowledged and opined that the problem seemed to stem not only from the disharmonised intergenerational gap in thoughts and perceptions about the phenomenon. They indicated that it further sprung from the absence of parental guidance and control. This referred mostly to children removed from parental care due to negligence and uncontrollable behaviour and placed in their care.

Some approaches identified in the foster parents' narratives and comments for dealing with the issue included talking sense and reasoning with the children and pointing to real-life examples of others and foster parents' own personal life experiences. Furthermore, they employed soliciting neighbours, caseworkers, pastors and withdrawal of privileges like going out to visit friends or watching television, for example, to try to curb the problem. One foster parent had this to say in this connection:

> "We cannot give up on them because we know we must teach them discipline and be strict with them so that they can grow up and become responsible and successful adults. We love them but I cannot tolerate their indiscipline and misbehaviour even though I know the social worker may think I am abusing them. I still manage to deal with them. I withdraw some privileges from them when they misbehave like stopping them from going with us to the malls or restaurant to eat out at the end of the month or restraining them from watching TV with us and stuff like that that will make them feel that what they have done is wrong. It's not about punishment but we want to correct them in love." (Participant 10).

A striking and worrisome observation was made by the researcher from listening to the comments and responses from participants. This was as they related their challenges regarding the disciplinary and behavioural problems which they experienced as they provided care to their foster children. This refers to the indication of refusal and unwillingness to further accept to provide care to children above 10-years of age. Most of the participants seemed to suggest and agree that children started to have and display disciplinary and behavioural problems when they began to reach the teenage age and developmental milestone associated with this age bracket. Interestingly, the study found that nearly all the participants who had children in their care who were more than 12 years reported having some form of challenge or the other that could be termed as a disciplinary or behavioural problem.

This mainly involved disrespect and disobedience to rules and orders of foster parents and dating and sexual activities. It also included leaving home without permission and returning late at night and frequent quarrels and fighting amongst foster children.

Participants' feelings along this line was significantly informed by the traumatic and emotionally and psychologically exerting and exacting nature of the incidence. This was compounded by the fact that they did not receive much support for it. They desired to avoid the experience, however for their health and safety reasons. The following response from a foster parent highlights this feeling and position:

> "You see, I have now decided to be caring for the little kids who are much easier to deal with. The problem and challenge is that these children when they grow to teenage stage they start to change and give you problem. The behaviour becomes difficult to deal with because they come from different backgrounds. They are bitter, they have anger, they suspect and lie and forge things that are very strange and start to keep late nights and experiment with sex. We normally don't have support to cope and deal with it, so I have decided to settle for the little ones." (Participant 1).

On her part, a White foster parent caring for abandoned Black children seemed to indicate that she was no longer going to make her home available for foster care placement. This was largely due to the experiences with the disciplinary and behavioural problems of the foster children. She made the following statement during the focus group discussion:

> "With the problem and issues we have with the discipline and behaviour of these children, my husband and I have decided not to take in anymore children. This is it. I can't do this anymore. I am so emotionally and physically stressed and don't have the strength and energy anymore to run after them and deal with their behaviour. I have given 18 years and I have tried my very best. This is the last set of children we are going to care for. We will not let the children in our care now down by asking them to leave because we have had them since they were babies. We have loved them all their lives. I will not abandon them but I can't take any more kids." (Participant 13).

This same sentiment of foster parents' preference of child characteristics with regards to age due to its implication of problems was echoed by another White parent caring for both White and Black children as follows:

> "I find children, both white and black but especially black who are more than 10 years more troublesome and difficult to deal with. We try to avoid them if they can find them somewhere else. But I think that is mainly because I have teenage girls and usually there are challenges and issues we face with their

> dating and tendencies to experiment with sex, stealing, telling lies and fighting." (Participant 9).

Foster parents' reports of the fear of possible accusations of child abuse when they desired to be authoritative and commanding in dealing with the children's behaviour is also reported by Ncontsa and Shumba (2013:1). They reflected the general pervading difficult nature with regards to child discipline in the South African context. This perhaps explains the prevalence of children with uncontrollable behaviour as they seem to grow without being cautioned. Nyasani, Sterberg and Smith (2009:186) have opined that this poor child disciplinary and behavioural problem may not be unconnected to the apparent intergenerational conflicts. This refers to a scenario where the foster parents belongs to a generation that enforced and advocated child corporal punishment. This is in contrast to the children who belong to a generation whose health and social care services are defined and determined by human rights ethos that emphasize and uphold the rights of the child.

This disharmony and distinction in perceptions and viewpoints have been observed to create the prevailing tension in child care and discipline as seen in this study. This indicated that the foster parents were afraid of dealing with the children who often enjoyed the support of caseworkers and often go unpunished when they misbehaved. Mnisi and Botha (2015:241) explored this theme further in their study in the South Africa context investigating its impact on placement disruptions recommending the need for a balance. This balance was found necessary in relation to the needs and rights of foster parents and that of the foster children. They further recommended the development of support programmes to address both in order to ensure the sustenance of effective foster care service delivery and placements.

This theme has been confirmed in other studies. For example, findings from studies by Kiggundu and Oldewage-Theron (2009:392) and Nyatsanza (2010:16) support this study in this regard. They showed that carers experienced conflict with poor discipline and behaviour of their adolescent foster children. This finding is further supported by Nyasani, Sterberg and Smith (2009:186,187). Their study found that grandparent caregivers of HIV-orphaned and other categories of vulnerable and children at-risk reported experiences with child disciplinary and behavioural problems

and a feeling of disharmony in the intergenerational relationship. This was as they provided care for the children in their placement.

Consistent with the findings of these problems in this study is the findings of Hlabyago and Ogunbanjo (2009:510). Their findings showed that caregivers reported frustration and challenges in dealing and coping with disciplinary and behavioural problems of rebellious children in their care. This was reported and observed to emanate from mainly dysfunctional family life. Reyneke (2015:57-59) supports this and explores the theme further. His study found that this life was rooted in the deprivation of parental guidance. It further stemmed from emotional trauma resulting from a parental loss with its concomitant assumption of adult responsibility prematurely by children. The author observed and concluded that in this scenario, the children were at the risk of being susceptible to engaging in delinquent and anti-social behaviour. This was because they grew up under stress and without adequate parenting and support in such circumstances. This resonated with the children in this study who were mainly children from dysfunctional backgrounds and who had spent considerable time without parental support and guidance prior to being placed in alternative care.

Further consistency in findings regarding trouble with adolescence of foster children in the study is reported by Mnisi and Botha (2016:227) in South Africa. They found that adolescence is the typical time for sexual awareness and sexual activity which makes placements prone to breakdown and instability. Selikow, Ahmed, Flisher, Mathews and Mukoma (2009:107) find further that adolescent girls are more likely to have tendencies of engaging in risky sexual behaviour. On their part, Pecora, White, Jackson and Wiggins (2009:132) reported that many adolescents in foster care have behavioural problems. They reported that adolescence is the period when young people are at-risk of involvement in substance abuse and offensive behaviours. These authors observed that this period was the most troublesome period for foster parents as they would have to deal with children's behaviour in this area. The participants in the present study confirmed this as they suggested that dealing with the children's behaviour actually began at that stage. Van der Westhuizen, Roux and Strydom's (2012:478) study in South Africa reported that the children's behaviour

that foster parents had to deal with in their study was drug and alcohol which was not found in this study.

In addition, foster parents' unwillingness and refusal to continue to receive and care for children more than 10-years-old who are likely to display and exhibit disciplinary and behavioural problems are consistent with findings by Pickin, Brunsden and Harper (2011:62-63-37). Their study suggested that foster parents were not willing to care for children who exhibited destructive behaviour and poor discipline including dating and sexual acting out. They were unwilling to care for children prone to keeping late nights and who display general disrespect for foster parents. What is striking in this study is the fact that these non-family related foster parents treated these issues with caution and fear which seemed to suggest that they were not able to control and discipline the children. This may bring into question the quality of care these children are receiving.

7.4 ANALYSIS OF FINDINGS IN TERMS OF THEORETICAL FRAMEWORK ADOPTED BY THE STUDY

This study explored the experiences of non-relative foster parents through the theoretical lens of attachment, ecological and systems theories. Together, insights from these theories have been useful in understanding and explaining the origin, form, content and impact of non-relative child fostering experiences and placement on foster parents and children. The findings presented and discussed in this study no doubt feed into mainstream assumptions and positions of these theories and aid further understanding and explanation of the phenomenon. From literature review and findings of this study, attachment theory enabled us to understand the complexities involved in arranging orphan and other category of vulnerable children's care. As expected, significant attention and preference is accorded extended family or relative fostering while resentment is expressed towards non-relative fostering. This essentially emanates from the underlying assumption and postulation of attachment theory. Fundamental in this direction is the position that for there to be a healthy child development, there has to be the existence of an attachment relationship between the young child and mother or someone in a permanent mother

role. Bowlby (1974:xi) defined an attachment relationship as ‘ a warm, intimate and continuous relationship between a young child and mother or a mother substitute’ stressing the importance of the formation of attachment for children under three years. Bowlby and other attachment theorist hold that attachment relationships are developed by means of reciprocal, adaptable and evolutionary behaviour of child and parents arguing that a failure could possibly result in impaired cognitive, development and dysfunctional emotional behaviour in later life (Bowlby, 1953:23). Attachment theorists conceptualize children’s care as primarily exclusive to biological parents and construct parental loss or death as disastrous and catastrophic due to lack of opportunity for attachment figure. They argue logically from this point of view that in the absence of parental care, extended family or relative care are viable options as children are likely to form attachment to ‘’near and known relatives’’ who are ‘’at hand to take the maternal role in an emergency’’ (Bowlby, 1973:84).

As expected in line with this tradition, the preference for extended family or relative care and hostility against non-relative foster care adequately fit into this scheme and paradigm offering plausible explanation for its manifestation. We are able to understand why community, children’s court and child protection social workers and experts may express reservations and suspicion regarding non-relative child placement as experienced in the study. This may have been fuelled by fears that children in non-relative foster care may find it difficult to form attachment and belonging which may infringe on the child’s best interest principle. More importantly, this may offer plausible explanation for the discipline and behaviour problem exhibited by non-relative foster children that foster parents experienced. This is because it may have been a ‘separation response’ on the part of the children who lack secure attachment with familial and kin relatives who now face impaired cognitive, development and dysfunctional and emotional behaviour and discipline problem (Bowlby, 1953:23)

However, the ecological and systems theory on the other hand, no doubt, give crucial insights into the need to shift our focus from the individual and look beyond the care dyad (child-caregiver relationship and context) in determining child care and development. The ecological and system theories enabled us to understand how norms prescribing and requiring placing children with family may be altering and

significantly affected and influenced by structural and contextual factors. Very importantly, it shows how factors in all the multiple strata of influence in the ecological theory affect the child's developmental trajectories. This include the microsystem representing proximal process within the immediate family where the child is directly situated, for example, child-carer relationship. The mesosystem representing the link between two contexts where the child mostly spends time and that directly affect him, for example, the foster family and extended family or foster parent's family or own children. The exosystem which indirectly affect the child, for example, foster parent's work place, finance or social support networks. The macrosystem representing the wider societal and cultural beliefs and racial and ethnic identities and norms and expectations which indirectly impact on child-foster parent relationship and experience. The last of the layer or strata in the ecological systems theory is the chronosystem representing consistency and change in historical and economic events. This impact on the child and foster parents thereby influencing care and developments and placement outcomes.

Applied in the context of the study, ecological and systems theories revealed how the relationship formation and bonding between the foster parents and children (microsystem) was facilitated and influenced by factors outside the dyad as expressed in beliefs system and racial/ethnic/familial norms and expectations (macrosystem). Foster parents were able to accept the children and experience mutual acceptance and sense of family due to their Christian religious belief of love and acceptance of all (macrosystem). This made them view fostering as a sense of calling and divine purpose thus putting the children's best interest and care uppermost. This acted to offset the deficit in familial relationship which could have hampered relationship building according to attachment theory. Their beliefs further assisted in mitigating the impact of negative care challenges such as harsh criticism and suspicion regarding care motives. This enabled them to continue to be positive about their duties resulting in better care outcomes. In the same vein, foster parents experienced rejection, external interference, suspicion and scrutiny in addition to stigmatization, discrimination and isolation. This was based on cultural practices, laws and policies and norms and beliefs guiding and dictating interracial, cross-cultural/family care (macrosystem). Fear, anxiety and worry over the future care of children could be explained by factors in the macrosystem relating to foster care

policies and laws in respect of reunification and permanency planning. Foster parents support network (exosystem) which was found in the study to consist of the foster care grants, personal savings and support from spouse and own children were revealed by use of the ecological system theory. The impact on foster parent and children of a lack of social worker and agency support and other forms of support was brought to light through this analytical lens which enabled reading of reality in this regard. The chronosystem enables us to understand how the context of HIV and AIDS, endemic crime, poverty and violence against children in contemporary South Africa for example, serve as trigger for children and family vulnerability. By the adoption of ecological and system thinking, its role in compelling the need for non-relative fostering becomes clear as it reveals its weakening and attenuating impact due to rise and proliferation of vulnerable children and shortage of kin carers. We are able to better understand also the issue of discipline and behaviour problem and the nature and dynamics of its manifestation in the study. The foster parents' fear about being accused of child abuse when they attempted to discipline the children in seeking to address the children's behaviour and uncontrollable behaviour emanated from the chronosystem. This was observed to be as a result of differences in context and intergenerational gap in perception and law about child discipline which led to frustration on the part of foster parents.

Overall, the theoretical framework of analysis adopted in the study empowered the gaining of insights into the realities of non-relative child fostering, exposing problems and offering possibilities for their answers. The implication and solution of emerging themes and findings such as child discipline and behaviour problem, manifesting in many forms, including foster children's sexual activity involving foster parents' partners could be easily resolved. While this could prove challenging to handle and have adverse effect on foster parent and children, it calls for innovative and skilful intervention on the part of the case worker. This could be achieved through being more involved in the lives of the foster family by building a good relationship that makes support and assistance readily available when needed. Foster parents' fear to deal with discipline problem of children due to fear of being accused of child abuse reveal serious structural issues. While they may need to be offered parental skills training to explore alternative friendly means of child discipline by social workers, it calls for the need for a broader dialogue and consultation between government and

relevant stakeholders. Foster parents' deployment of personal savings for care of children while likely to no doubt have impact on family and own children's future, speak to underlining altruistic motivation. This no doubt could inform child protection workers/welfare agency selection guideline for recruiting non-relative foster parents. This however, more importantly, has the implication of compelling government and other relevant child protection stakeholders to devise ways to ensure adequate financial and other social support for fostering homes. Conclusively, the value of the use of the qualitative approach in the study enabled the obtaining of first-hand, rich empirical data capturing the experiences of foster parents while providing care for their non-relative foster children from their own perspectives and account. This could provide ample context-based evidence to social workers and the social work profession and indeed other government and relevant stakeholders. This could allow opportunity for the discerning of care experiences which could better inform the development of strategies of intervention to mitigate the care challenges in this regard.

7.5 CONCLUSION

The chapter presented the findings of the study. This included exploring the care motives and care support mechanisms and care challenges involved in fostering non-family related foster children in De Deur, in the Gauteng Province in South Africa. The presented data revealed foster parents' altruistic care motives involving fostering as a calling and service to God which was observed to be a major buffer and mitigating factor against the challenges encountered in caregiving. This was found to influence their determination to continue to provide care in the face of apparent difficulties. It further showed the support and coping mechanisms which foster parents utilised in caring for their non-family related foster children. This is mainly underlined by a pervading reliance on the foster care grant, the self, faith-based, community-based and family support. The chapter thereafter ended with an endeavour to provide an analysis of the study finding linking it to the theoretical framework adopted.

Data indicated that foster parents experienced fostering non-family related foster children as not essentially different from kin relations as they saw them as having the same adversity and characteristics. Data, however, suggested that they encountered

and experienced multiple challenges in their care role. These included rejection, external interference, fear, anxiety and worry, stigmatization and discrimination and isolation. Further challenges were financial problems, disciplinary and behavioural problems with little or no caseworker and agency support.

The next chapter presents the key findings, conclusions and recommendations of the study in line with the findings as discussed in the preceding chapter.

CHAPTER EIGHT
KEY FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

8.1 INTRODUCTION

This chapter deals with the key findings, conclusions and recommendations of the study drawn by the researcher. The conclusions are made in terms of the study findings and recommendations are made with reference to the policy, social work profession, further studies, recruitment and retention of foster parents caring for non-family related foster children. The study limitations are also highlighted in this chapter and begins with the extent to which the aim and objectives of the study were achieved.

8.2 AIM AND OBJECTIVES OF THE STUDY

The aim of the study was to explore and describe the experiences of foster parents providing care to non-family related foster children in De Deur, Gauteng Province, South Africa.

The objectives which the study specifically sought to achieve were as follows:

- To explore the profile of children in need of care and fostering in South Africa.
- To contextualize and conceptualize child protection and the foster care system in South Africa.
- To explore the care motives for taking on the care for non-family related foster children by foster parents
- To determine the care support available to the foster parents that assist them in providing care for their non-family related foster children.
- To explore the care challenges which the foster parents caring for non-family related foster children face in caring for the children.
- To formulate a strategy in order to deal with the recruitment and retention of quality non-family related foster parents.

8.2.1 Findings of the study as per the aim of the study

As indicated above, the aim of the study was to explore and describe the experiences which foster parents caring for non-family related foster children in De Deur, Gauteng Province, South Africa, encountered while they provided care for their children. The aim was achieved through the appropriate use of the qualitative research methodology. As seen in chapter six, section 6.3, a qualitative phenomenological approach was applied using the explorative, descriptive and contextual research design to engage with the participants who had first-hand experiences of providing care to non-family related foster children. This was in order to obtain rich information about their experiences and challenges based on their perspectives and interpretation of the phenomenon. The application of the qualitative approach was appropriate and adequate. It provided ample and succinct opportunities for the researcher to be able to explore and obtain an in-depth understanding and insights about the phenomenon of study. This was in regard to the experiences of foster parents while caring for non-family related foster children from the participants' own perspectives and interpretation of the reality.

Findings revealed that the foster parents reported they and their foster children experienced mutual acceptance and a sense of family. The reason for this was adduced to the fact that foster parents did not see fostering non-family related foster children as essentially different from caring for family related children. This was because foster parents perceived and experienced the non-family related foster children to have the same care needs and associated care challenges as family members. However, findings revealed that foster parents encountered tremendous social, economic and structural challenges for which they received little or no support from caseworkers and placement agencies. These challenges were found to have profound negative impacts on their physical, social financial and emotional lives.

Findings further revealed that foster parents were greatly motivated by intrinsic and altruistic desires to foster due to a religious obligation, to heed a divine call and foster as a service and purpose, passion for children and fostering in response to the urgent need for carers in the HIV and AIDS context. The motivations for fostering was discovered to be a mitigating and buffering force which empowered and enabled foster parents to overcome and cope with challenges encountered while fostering

and to continue to forge ahead. The study revealed that foster parents' major support came from a strong reliance on the foster care grant, on God for spiritual strength, immediate family and own children, personal savings, income, religion, NGOs and the community.

8.2.2 The findings of the study as per the objectives of the study

The findings of the study in terms of the specific objectives which the study concerned itself with are presented in the following discussion.

8.2.2.1 To explore the profile of children in need of care and fostering in South Africa

The findings from the literature reviewed and data from the study in both the South African and international contexts depicted a complementary and collaborative picture. It revealed that children in need of care and protection in South Africa show great diversities in terms of profiles and characteristics. It included HIV and AIDS orphans and orphans of other origin and abused, neglected and abandoned children. Other categories of children in need of care in South Africa included children living in the streets and in CHHs. It further included children living in harmful circumstances and children who display disciplinary and uncontrollable behavioural problems. The category and profiles also include children who abuse drugs and are addicted to dependency-producing substances who are without means of treatment.

The literature reviewed and findings from the study indicated that the burgeoning HIV and AIDS epidemic, rising crime, violence against children, widespread poverty and inequalities, alcohol and drug abuse were major drivers of children and family vulnerabilities. These social forces interacted to promote abuse of children and weakened the capacity of parents to care and protect children. This inevitably led to children being declared in need of care and protection necessitating their removal from parental care to alternative care. The literature reviewed and findings from the study revealed that the number of such children found to be in need of care and protection, especially orphans due to the HIV and AIDS epidemic was increasing in South Africa and globally while extended family care was diminishing. The study revealed that caring for these children and protecting their rights to safety and

healthy growth and development was increasingly troublesome and burdensome for families and the government. It is nevertheless a major government and public policy issue of central interest and position in South Africa. This was due to the realization of the destabilizing effects that neglecting their care and failure to promote their well-being could portend for the economy and the nation.

8.2.2.2 To contextualize and conceptualize child protection and the foster care system in South Africa

The findings from the literature reviewed and data from the study fully answered this study objective. It revealed that in the South African context, fostering and child protection are the government's efforts at ensuring the protection of children and the promotion of the realisation of their rights to safety, healthy growth and development. Fostering and child protection are formally backed by relevant national legislation such as the Children's Act 38/2005 which defines a child in need of care and protection and details specific steps and programmes to safeguard them and promote their well-being. These national documents are aligned to international frameworks such as the UNCRC and are executed in a holistic and systematic way. Child protection efforts and the foster care system are efforts at social engineering necessitated by the unique vicissitudes faced by children and families in South Africa. These are observed to be precipitated by social forces where the HIV and AIDS epidemic, violence, poverty and social inequalities, drug and alcohol and crime are mostly implicated.

Findings revealed that fostering and child protection show significant peculiarities in South Africa in terms of context and concept. Contrary to international application, fostering and child protection in South Africa occurs formally and legally within the extended family and outside of the family. As the literature indicated, formal and legal fostering in the international contexts such as in Australia, the UK and United States of America apply only to caregiving in non-family related contexts. Fostering and child protection in family and non-family related contexts in South Africa as the study revealed, was due to the escalating numbers of children for whom parental care was no more suitable and thus in need of alternative care. It was further due to the need to preserve family and cultural linkages. These are, however, unique forces

to the South African context that is massively hit by the HIV and AIDS epidemic and sensitive issues to race and cultural issues. In the face of this, it is no wonder that such a uniqueness in social devices for child care and protection would operate and underpin efforts in this regard. Evidence, however, suggests that the system is fraught with many problems calling to question its efficacy. Key challenges indicated in the findings include a proliferation of vulnerable statistics and an overwhelming effect on the system in the face of acute and human and institutional shortages and challenges, amongst others.

8.2.2.3 To explore the care motives for taking on the care for non-family related foster children by foster parents

The findings from the study revealed that foster parents were motivated solely by intrinsic and altruistic factors to take on the care for their non-family related foster children. These factors were found to be significantly linked to their religious beliefs and values with a majority of them describing their decision to elect to foster as a call by God to serve humanity and the less privileged. They were, therefore, fostering as a service and saw their foster care duties and roles as a call from God and as a sense of mission and purpose.

The findings further revealed that the foster parents were motivated by a passion for children and the desire to see them succeed and fulfil their destinies. In addition, they were motivated by a desire to meet the urgent need for caregivers for the teeming number of the HIV and AIDS-orphans and other categories of orphans and vulnerable and at-risk children and by personal life experiences. These motivational factors, deeply linked and associated with their core Christian beliefs and values played a significant role in their fostering status. It assisted them in coping and overcoming care challenges and stimulated and sustained their passion and commitment to fostering in the face of continuing challenges and a lack of adequate support.

Findings from the literature reviewed on foster parents' motivation for fostering in other South African and international studies did not show much variation from the findings of this study. Overall, findings from the literature indicated that fostering and

caregiving was motivated by both intrinsic, altruistic and extrinsic factors. Commonly reported intrinsic foster parents' and caregivers' altruistic motives included own life experiences, staying true to and following one's dream and passion and heeding a call. Others were a desire to show compassion and offer opportunity for the less privileged and helpless, to have a good life and family and passion for children and wanting to see them succeed.

Major extrinsic motives revolved around financial gains and considerations, age, sex, health status and cultural and ethnic backgrounds of the children. While these findings from South African and international literature reviewed resonated with findings of this study in many areas, this study found that foster parents were not motivated by extrinsic factors. This was because they did not elect to care due to financial considerations nor gave consideration to the ethnic and cultural background of the children. Evidence from literature reviewed and the study findings in this regard indicated that foster parents' motive for taking on care duties determine and impact on care commitment and care outcome.

8.2.2.4 To determine the care support available to the foster parents that assist them in providing care for their non-family related foster children

The findings revealed that foster parents' fundamentally relied on the foster care grant, immediate family and own children and personal savings and income for their support. They were further found to rely on God and a higher power for spiritual strength which they drew from prayer and church and faith-based organisations. In addition to these support and coping structures and mechanisms, foster parents were immensely assisted by NGOs and community-based organizations for support. This support came in the form of food parcels, groceries, cash donations, clothing and other household materials and even counselling and assistance with children's homework and discipline. The findings revealed that the foster parents encountered excruciating challenges with regards to finances as the foster care grant was not enough, although it assisted in the long-term in ensuring basic provisions like food. This necessitated personal financial sacrifices which they had to inevitably make with little or no assistance from caseworkers and placement agencies.

Evidence from literature reviewed indicated similar coping and support mechanisms that assisted foster parents in providing care. Commonly mentioned supports included community and organization-based support and religion and spirituality. These findings from literature in South Africa and the international context agree with findings of this study in many respects. It also showed the important place that adequate psychosocial support plays in assisting foster parents and caregivers in mitigating and overcoming care challenges. Evidence from both the findings from literature reviewed and findings of this study suggested that a lack of support engendered care burden which triggered elevated stress levels and impacted on care stability, outcome and willingness to continue to provide care (Kiggundu and Oldewage-Theron, 2009:394: Octoman and McLean, 2014:9).

8.2.2.5 To explore the challenges which the foster parents caring for non-family related foster children face in caring for the children

The findings revealed that fostering and caregiving entailed enormous tasks and challenges. Findings from the literature and study indicated that foster parents encountered similar care challenges. These challenges were found to be associated with their fostering roles itself, the foster child and the birth parents. Furthermore, foster parents were found to experience challenges around the foster care system/placement agency, own biological children and family while providing care to the children in their care.

Challenges associated with the fostering role itself included struggling financially to meet the care needs of the children, physical and health problems and stigmatization and isolation. Challenges associated with the children included disciplinary problems while that of the birth parents, the foster care system and own children and family included interference, a lack of support and rejection respectively. Findings from the literature and study suggested that care challenges was a reality and required concerted efforts to address in the context of fostering and caregiving. This is due to its impact on foster parents and fostering outcomes.

While evidence revealed the excruciating nature of fostering especially in the light of little or no support as the review and study indicated, the study findings revealed great sacrifices that foster parents made which pointed to their passion, commitment

and altruistic motives. The study found that there was an urgent need to step up psychosocial support and other forms of support to foster parents caring for non-family related foster children as this could prove invaluable in matters regarding recruitment and retention.

8.2.2.6 To formulate best strategy regarding the recruitment and retention of quality non-family related foster parents

This study found insights from participants' responses and the literature which could prove invaluable to the recruitment and retention of quality non-family related foster parents. Regarding recruitment, it was found important and pertinent that child welfare and the government's child protection organizations adopt a proactive approach to foster parents' recruitment. This was recommended in order to promote the chances of matching placements with children's needs.

The best strategy found from this study included recruitment of foster parents by word of mouth and referral from existing foster parents. This would enhance the chances of placement success as existing successful foster parents are likely to company and have friends who share the same values and beliefs as they. This no doubt, was observed in the study to be crucial in determining their passion and commitment which had implications for care outcomes. In addition, recruitment strategies targeting specific geographical and demographics such as urban, rural, race, cultural, religion and sexual orientation and preferences, for example, could be adopted. This would address the issues discovered in the study concerning stigmatization and discrimination regarding transracial fostering and would eliminate challenges surrounding these issues.

With regards to retention, findings from the literature and narratives from the responses of foster parents formed the basis for recommendations made in this regard. Evidence indicated that the best strategies for the retention of quality non-family related foster parents would be for caseworkers and placement agencies to ensure the provision of adequate psychosocial support, supervision and training to foster parents. This would assist them in coping and overcoming care challenges that surface which are capable of impacting on commitment and passion resulting in

the consideration to withdraw or cease to foster. Furthermore, adequate and proper matching of placements whereby children's needs and characteristics are suited to foster parents' abilities and characteristics which is crucial and indispensable in ensuring the elimination of challenges that could prove to overwhelm foster parents and children. This could therefore destabilize placement and result in unwillingness to continue to care. The sound best retention practice was also found to be in encouraging and promoting good professional working relationships with foster parents where they feel valued, appreciated, involved and considered as a team member. This would increase their resilience and stimulate their passion to continue to care. This would be in addition to caseworkers' encouragement and support to them and to form and belong to foster parents support groups formed and run by foster parents themselves. This would prove immensely useful as a rallying ground for emotional and psychological support for foster parents. It could also serve as a pool to draw experiences from which could promote care satisfaction resulting in willingness to continue to care.

8.3 Key findings

- The findings of the study indicated racial diversity in terms of demographical considerations of participants. The Black African population were the majority of foster parents (thirteen) followed by the White population (four) and Coloured population (one) in the study. All the participants were women and the primary caregivers with a majority of them married (eight), single (six), widowed (three) and divorced (one). All the participants were Christians. The majority of the participants (fifteen) were within the 55-65 year group. Three participants were 65 years and above with the oldest being a 67-year-old White widow while the youngest was a 42-year-old single Black African.

- The study revealed that foster parents were deeply motivated to foster their non-family related foster children by altruistic and intrinsic reasons. Fundamental driving motivations for fostering were found to be a service and calling from God and as such a sense of purpose. Further motivating factors included a desire to help the less privileged, a passion for children, responding to the needs of the community, a desire to see children succeed and have the good life and their own life experiences.

- The foster parents' motivation to foster non-family related foster children was associated with their core Christian religious values and beliefs of love for God and for one's neighbours. Foster parents saw themselves fulfilling their religious obligations to care for and help the less privileged and to do good to humanity without a consideration to race, colour or cultural background. They felt passionate and happy to do so even though it required great sacrifices and vicarious sufferings. The findings of the study in this regard suggested that their religious values and beliefs provided a buffer and helped in mitigating care challenges. This ensured that they continued to passionately provide care.

- The foster parents' fundamental coping and support mechanisms that assisted them with the provision of care to their foster children was a heavy reliance on the foster care grants. It also included spiritual strength from God, personal income and savings and immediate family and own children. They further relied on faith-based organizations and non-governmental and community-based organizations for support. This came in the form of financial and material donations and psychosocial, emotional and spiritual support.

- While the foster care grant assisted in the long-term with basic household items like food, it was, however, not enough. In this circumstance, foster parents had to deploy their personal savings and solicited external support. This involved making enormous sacrifices to ensure the continued provision of the quality care to their foster children. Actions in this direction pointed to markers of passion, commitment and a sense of divine call and fostering as a service in reality.

- Foster parents and foster children experienced no challenges regarding the nature of their relationship in the care arrangement. Findings indicated rather that they experienced mutual acceptance and feeling a sense of family. The foster parents and the immediate family accepted the non-family related foster children and regarded them as part of the family even though they had no familial obligation towards them. Findings revealed that the foster parents called and regarded the foster children as their own biological children while the foster

children called and regarded the foster parents as their own biological parents. Foster parents made no difference between the foster children and their own biological children and family members.

- Fostering non-family related foster children was not essentially different from fostering family related foster children. This was because their personal and social characteristics, profile and challenges were observed to be the same as that of their own children and family members and the general challenge ecology found in the country.

- Foster parents encountered enormous economic, social and structural challenges while providing care. These were associated with the fostering role itself, the foster child, the birth parents, the foster care system/placement agency and foster parent's own biological children and family. Challenges associated with the fostering role itself included struggling financially to meet the care needs of the children. It further included rejection, stigmatization, discrimination, isolation, fear, anxiety and worry about the future of their children. Challenges associated with the foster child were behavioural and disciplinary problems while those associated with birth parents involved interference. Findings indicated that foster parents experienced challenges associated with the foster care system and placement agency in the form of a lack of adequate social work support and supervision and training, interference, scrutiny and suspicion.

- Finally, the findings of the study revealed that in the face of the continued harsh care challenges, foster parents were resolved to continue to care. This was due to their passion for the children and a sense of being on duty for God to serve the less privilege and humanity. Findings suggest this was despite the financial problem, a lack of adequate social worker support, suspicion, discrimination, rejection, isolation and children's behavioural problems that they experienced. Some, however, expressed an unwillingness for further uptake of teenagers with behavioural problems for fear of being accused of abusing them.

8.4 CONCLUSIONS

- The demographics of the participants showed that the majority of the foster parents were Black Africans in the study. Cultural beliefs may no doubt affect the intake and willingness to care for children. However, what can safely be concluded from the findings of the study is that black Africans who are Christians may continue to take in children not related to them. It can also be concluded that since the black African population group continues to be the predominant population group, there will continue to be willing and available number to care for children who are not their family members provided they are supported to do so.

- It was found that all the participants were female and the primary carers even when they were married and the placement was in the care of the couple. An interesting finding was that in all placements, the women were at the vanguard of care though all of them reported to be receiving adequate support from their partners. In the eight cases of the married participants, their partners were not always at home to care as they were always at work. They, however, assisted with care duties whenever they were able to and were at home especially with discipline of the children, homework and financial support. The women were the ones to whom the bulk of the care duties devolved and as such encountered and shouldered the brunt and burden of the caretaking. It could be safely concluded that women will continue to take the centre stage in child care in South Africa.

- It was found that the majority of placements was done in the care of married couples. The majority of married participants in the study may have been as a result of case managers desiring to use placements to ensure stability in the lives of children. This is in order to secure the enjoyment of the benefits and advantages associated with the presence of a father in the family after kinship placement broke down. This may be true in light of understanding that the children may have either lived with their grandparents or were from single-parent households. The quality of care and care outcome regarding placements with married couples, no doubt, needs to be measured and validated by empirical research. It would, however, seem that case managers would likely prefer

placements in the care of married couple. This is because as evidenced from this study, children's well-being enjoyed centre stage and prevailed in placements concerning married participants even though the same could be said of the other participants from the other marital statuses. This forces one to probably look at other factors such as religion and care motives for the reason for the quality care and outcome observed in the study.

- The findings showed that majority of the participants were within the 15-65 age bracket. Only three participants were 65-years-old. Participants indicated that their strength and energy level was adequate and able to meet the physical and psychological maturity and exertion that quality care to children and young adolescents demanded and entailed. The placement of children in need of care and other categories of vulnerable and at-risk children in the care of middle-aged non-family related members would be a viable and credible option for child welfare and child protection practitioners. This is because as this study showed they are likely to be more skilled, experienced emotionally and psychologically to shoulder the enormous challenges surrounding caregiving.

- In terms of religion, the study interestingly found that all the participants reported to be Christians even though their level of commitment and dedication to their professed faith was not sought or explored. What was instructive about participants' narratives regarding their religion was that it served not only to inform their decision to care but fueled their resilience and commitment to continue to care. This was in spite of the many care challenges and problems which they encountered while they executed their care duties and responsibility to their non-family related foster children. All the participants reported to take on the fostering role as a call from God and looked unto this higher power for strength and support believing that they were going to be rewarded by him.

- Findings from the study suggest a possible conclusion of an association between participants' commitment to their care duties and responsibilities, mitigation of care challenges and resilience and their religious faith. Christianity essentially values and advocates love and sacrifice for one's neighbours and for all of

humanity and promises a reward in heaven for adherents who heed to this. The foster parents' election to care for their less privileged and vulnerable neighbours with a sense of duty befitting and equaling that of a family member was no surprise. That they expected little or nothing while doing so could also be seen as a natural fact and a given in the light of this religion. As data indicated from the research, this stance however did not erode the dire need and necessity of external support. It did not also gloss over the fact that foster parents' caretaking and fostering roles exacted tremendously on them. This was found even to the point of some of them being overwhelmed and almost reconsidering their willingness and ability to continue. This was in the face of a continuing lack of resources and challenging children's care needs and behaviour.

- Foster parents were found to be motivated by altruistic and intrinsic reasons to foster expressed principally in heeding a call by God to serve. It can be safely concluded from this study that the foster parents' motivation was greatly linked to their religious values and beliefs. It is concluded in the light of the findings that foster parents who are motivated to foster by altruistic and intrinsic factors as the study participants, are likely to achieve better and more positive outcomes for the children and overall placement stability. This is because the child's best interests are at the core of caregiving as shown in this study when the motive for fostering is influenced by a sense of calling by God and foster parents see themselves on an assignment and on a mission to serve. We can conclude that the study findings in this regard also provide useful and valuable insights into the intricate dynamics of caregiving to non-family related foster children. This is important in revealing penetrating lessons which could prove invaluable in assisting and enhancing their care outcomes, recruitment and retention. Prominent in this direction is bringing to light the need to support, value and develop productive relationships between the caseworkers, agencies and foster parents. This could be achieved through shared awareness of their feelings and experiences which can be facilitated and stimulated by more involved supervision and regular visits and contact. This may prove invaluable in fostering further commitment, enthusiasm and willingness to continue to provide care instead of creating barriers to care continuity.

- Foster parents relied heavily on the foster care grant, the self, immediate family, strength from God and external support in providing care for their foster children. What can be seen from evidence regarding the support and coping mechanisms of the foster parents in this study points to a perpetual struggle to make ends meet for the majority of the participants. It indicates the underlining importance and necessity of viewing fostering and caregiving as a systemic entity requiring a multidisciplinary approach. Findings of this study in this regard provides the basis for the conclusion made here that access to a wide range of support networks is associated with better care outcomes for children and foster parents. As the study found, daily caretaking and fostering, especially non-family related foster children, entails and demands great efforts and sacrifices from a wide spectrum of stakeholders. These includes foster parents, birth children, case workers and placement agencies, the government and the state, community and biological family. It also necessitate a robust resource base of financial, physical, social, emotional and psychological resources if the desired positive care outcomes for children and foster parents are to be met and realized.

- It is concluded that the study provides insights indicating that foster parents may experience elevated stress and strain when subjected to suffocating situations. These situations include financial insufficiency, a lack of or inadequate caseworkers and agency support and increased difficulty in meeting children's needs which may weaken their commitment and desire to continue to provide care. This calls for urgent innovative ways to increase support to this important care category in the face of their importance as a safety net. This is in light against the backdrop of the context of the HIV and AIDS epidemic and its concomitant proliferation of orphan and other vulnerable and at-risk children populations. More so in the face of the weakening of the extended family in order to retain and enhance their effectiveness and productivity.

- With regards to challenges associated with fostering non-family related foster children, the study sought to investigate whether the foster parents experienced challenges regarding their status as non-family related carers. Participants were asked to describe how they and their foster children experienced the foster parent-foster child relationship and how they viewed the care arrangement. This was considering that they did not have a kin relation or family obligation towards each other. Findings from the study pointed to powerful insights in this regard that represents major breakthroughs, at least in the study context, which call to question certain assumptions in South Africa and internationally. This refers to assertions made regarding this care category to the effect that it is not a feasible option due to cultural and traditional factors and that the child's best interests and rights may not be realized in this care arrangement. Furthermore children in non-relative placements may exhibit a greater degree of physical, behavioural and emotional problems.

  In addition to these, it is asserted that children in non-relative placements may not experience love, attachment and maintain contact with their biological family. A major theme that emerged in this connection was mutual acceptance and feeling a sense of family. Overall data indicated that foster parents and foster children accepted the placements and regarded each other as family. There is no doubt that orphaned, abused, abandoned and neglected children who are separated from parental or family care and placed in non-family related foster care may have a history of traumatic experiences. This may be capable of resurfacing and destabilizing current placements that have dire consequences for carers and the children involved. It can be concluded that the alleged disruptions and instability in placements or poor outcomes, whether in family related or non-family related placements, may emanate from other factors as well.

  Principally amongst this may be factors focusing on the mismatch of child and foster parents characteristics than on the particular care arrangement itself. What this study found is that foster parents' characteristics translating to their religion and motivation served as both a buffer and mitigation to care challenges enabling them to be resolved, determined and committed to the children's well-

being and development. It also served as a lens through which the children and their adversities were viewed and conceived. This apparently resulted in the resolution to accept and consider them as part of the family since they were humans worthy of love and care. Therefore it can be concluded that foster parents' characteristics are an important factor in determining care outcomes. When the needs of children and their characteristics are properly matched to that of the foster parent by the case manager, such that the placement meets children's needs, the care outcomes are positive irrespective of the type of care arrangement.

- It was found that foster parents suffered rejection from relatives and their own children. This manifested through hostility, isolation, refusal to visit and frequent antagonism. This was found as a result of their decision and choice to provide care to non-family related foster children. What was noted in this area was the fact that relatives' and birth children's reaction was of a selfish nature. This revealed their typical instinct of always looking out for and defending their own. This further revealed the general societal apathy and indifference towards the vulnerable and less privilege reinforced by cultural expectations and prescriptions. This point to the important conclusion drawn in this study in this regard. This concerns the conclusion that unless societal attitudes and perceptions of orphans, the poor and the vulnerable are deliberately positively stimulated by conscious government policies in serious community awareness campaigns, the notions of 'Ubuntu' will continue to dwindle into an oblivion.

  This will naturally result in an increased individualistic tendency capable of undermining the communal living in the face of the current rapid urbanization and industrialization. This would portend great dangers to the survival of this care arrangement as a safety net. However, it can be conclude that when children and family members are adequately prepared before, during and after the placement, they will less likely be afraid of losing their position and benefits to non-family related members. This would, no doubt, stimulate their interest and promote the possibility of their likely cooperation with the placement. It is concluded therefore that relatives' and their own children's cooperation with foster placements are important for foster parents' physical and healthy well-

being, placement stability and successful outcomes for the children. Foster families will also enjoy greater cooperation from relatives and birth children when their interests and concerns are incorporated to placement planning and supervision and when general societal attitudes are altered through deliberate policies in this regard.

- It was found that foster parents experienced external interferences, suspicion and scrutiny from the community, birth parents and supervising social worker and placement agency. While the feelings of discontent and disappointment of foster parents with this phenomenon was palpable in their responses, it would seem that such scrutiny and interference in itself was not a problem. This is because it functioned to ensure the general well-being of the child. Children's care and well-being can be jeopardized by foster parents when proper and adequate supervision and scrutiny measures are not installed. But when such scrutiny and interference are not professionally conducted with the participation, cooperation and understanding of the foster parents, it could trigger negative reactions from the foster parents. This is more pertinent to those providing care for non-family related foster children as was the case of the participants in this study. This is because it would seem that they are not appreciated and trusted as the data from this study suggested.

  This could be frustrating and disappointing for them to contemplate and experience especially when it turns out to be unfounded and baseless. What can be concluded by this finding in this regard is that there is a general atmosphere of doubt regarding foster parents altruistic care motives for taking on the care of non-family related foster children. This may probably be due to the prevailing unemployment and poverty in the country which makes people easily suspect such moves as amounting to desire to care for the benefit involved. It may further probably be due to the belief amongst black Africans prohibiting and discouraging cross-family and lineage care. This is because people may assume that only compelling financial considerations could suffice to explain such elections to take up caregiving for non-family related members in the face of accompanying conspicuous consequences.

It is clear in the face of all this that foster parents would need to prove their integrity and sincerity. This is true for all matters relating to the children's care. This includes the spending of the grant money and access of the children to their parents and family where necessary and appropriate. Social workers must also endeavour to facilitate professional and well-coordinated supervision services in these two areas, namely child-need-focused grant spending scrutiny and the child's access to parental and family contact and visitation. This should be a matter of children's rights where appropriate, desirable and possible. This is to ensure the realization of the intended consequences. When foster parents are motivated to foster for financial gains, it would not take long before it begins to play out in the loss of commitment and enthusiasm in the face of increased challenges and criticisms which all occurred in this study. It is concluded from this study that foster parents' renewed determination and passion to continue to care in the face of lingering excruciating care challenges proved and validated their genuine, sincere and altruistic motives for fostering.

- With regards to findings of the study regarding foster parents challenges of fear, worries and anxieties regarding the future care of the children, it is concluded that the feelings are genuine and inevitable. This is against the backdrop of the prevailing child characteristics and family circumstances that the findings indicated. One can point out without equivocation that they are only a logical manifestation which could be viewed as indications of the foster parents' altruistic motives. They, no doubt, could be viewed as markers of commitment, love and sincere dedication to the future welfare, development and well-being of the children. Foster parents' emotional and psychological health and well-being was immensely affected by the fears, worries and anxiety in this regard. However, it is instructive to note that only a conscious policy effort and intervention on the part of the government and placement agency geared at aggressively addressing and solving this identified genuine fears can eradicate and alleviate this concern. Without these issues resolved appropriately and practically, foster parents will continue to express these fears which are capable of undermining care outcomes. Also, an important gap in the foster care system would not be addressed therefore leaving serious cracks in the safety net that will render responses at this level ineffective.

- The finding of stigmatization, discrimination and isolation brings to focus some staggering revelations. It suggests that racism and race relations and negative public attitudes toward orphans and HIV and AIDS are pervading and are prevailing issues that have not been properly dealt with in the South African context. While the study found that there were signs of some changes in racial attitudes and public opinions towards orphans and HIV and AIDS, it however concludes that race and stigma surrounding HIV and AIDS is still far from being effectively addressed and combated. This is because they are still sensitive issues pointing to the need for transformation within communities and the entire South African society.

  As this study found, foster parents may continue to suffer financial, emotional and psychological stresses as long as these issues remain. This is because they refuse to disclose the health status of their children, thereby risking the loss of potential donors. On the other hand they risk the shame and stigma associated with the disease following disclosure. It is concluded that this scenario would definitely affect care outcomes and impact on the willingness to continue to provide care which is important in this crucial context of HIV and AIDS. It is further crucial in the face of the concomitant proliferation of the orphan population and overwhelming and attenuation of the extended family safety net in view of their conspicuous and inevitable importance.

- It can be concluded that the findings of financial problems experienced by foster parents in this regard further sheds light on the harsh realities of raising children in today's South African society. This is in the face of the rising and escalating costs of food items and other essential commodities and services crucial to children and family welfare and well-being. It is concluded from the study that since most of the foster parents in the study were not financially buoyant but dependent heavily on the foster care grant and support from their partners and children, looking at ways of supporting them financially becomes an urgent matter requiring the government's and other stakeholders' attention. This has become imperative considering that financial challenges due to escalating costs

of raising their foster children have no doubt brought negative personal and social consequences for foster parents. It could lead to situations of compromise in the quality of care children received.

More importantly, the question and issue of finances will continue to play key and vital roles in determining decisions and willingness to care. It would also continue to be the sources of family and household feuds and conflicts that promote family disintegration and dysfunction. This conclusion is made considering the enormous and complex care needs of orphans and children with HIV and AIDS and indeed all categories of children in need of care. It comes in the consideration of the lean financial base of non-family carers as this study indicated which scores the same in kinship care as the wider literature revealed. Finding ways to boost foster family income and financial strength through income generating means to supplement and complement foster care grants are therefore imperative as this study showed.

- An interesting conclusion regarding the lack of social workers and agency support or limited support is that foster parents experienced stress, anxiety and frustration as a result of working with the system. This stress, anxiety and frustrations are observed to negatively impact on their health and well-being. Sound social work practices that dictates and prescribes strong and effective foster family support underlined by regular home visits and contact is concluded as a panacea to this malady. This would provide the avenue for caseworkers to be acquainted with the challenges encountered in fostering so as to better be able to respond with appropriate services and also to observe deficiency in the children's care.

  When social workers are actively involved in supervision and monitoring of placements, it could be concluded that foster parents are likely to feel more valued and feel a sense of team spirit. They are likely to also be more serious knowing that their care activities are monitored. This produce positive outcomes for both sides, the foster family, the caseworker and the placement agency. While not ignoring and glossing over the fact that the shortage of social workers and rapid turnover exists, it is noteworthy to suggest that agencies can surmount

the challenges by adopting innovative measures. This may necessitate delegating some of the non-statutory duties to their social auxiliary workers or any other improvisation that would prove remedial in the interim. In light of this knowledge of the importance of this care category in the South Africa care continuum, it is concluded that supporting and assisting foster parents caring for non-family related foster children is crucial and key to maximizing their contribution and promoting the retention rates. Of particular importance is the realization of the significant influence foster parents have on foster children. Equally, research also documents the impact maternal well-being has on child well-being. It has been observed that this could help to ensure and guarantee the health and well-being of vulnerable children in alternative care placements as well as that of their foster parents and caregivers. This was observed to be true in the case of participants in this study.

- It was found that foster parents' major challenges regarding the care of their non-family related foster children surfaced in children's disciplinary and behavioural problems. What can be concluded in this regard is that children's behavioural and disciplinary problems was found in the study to be a major challenge and experiences of the foster parents as they provided care. There is a solid ground in the findings of the study in this regard in concluding that the way the issue impacted on the foster parents' health and well-being and ultimately their willingness to continue to provide care compels one to take a more serious and committed look at the phenomenon. The reason for this apparently revolves around the acknowledgement and awareness of its capacity to cause placement disruption and affect the care outcomes.

  It is concluded that the lack of caseworkers and agency support or limited support the foster parents' experienced in dealing with such sensitive and troublesome issues as the disciplinary and behavioural problems of the children may have worsened it. It can also be concluded that an observation of their frantic efforts and struggles to deal with and manage it themselves highlights the resilience of the foster parents. It also indicated the urgent need for more carefully planned placements of care in this care category with child characteristics anticipated in this regard and difficulties identified early and

supports put in place promptly to assist foster parents. This will assist them to cope and deal with the issues thereby enhancing their performances and encouraging the recruitment and retention of this care category.

8.5 RECOMMENDATIONS

The recommendations are made with regards to the key findings of the study for policy, the social work profession, recruitment and retention of non-family related foster parents and further studies.

8.5.1 Recommendations for policy

The following recommendations are therefore made in this study regarding policy adjustments and development that would ensure and guarantee a better and more effective foster care system in the country.

1 Firstly, there should be an urgent re-examination by government of the premise and condition for finding an orphan in need of care necessitating statutory placement in foster care through the court system. Proper overhaul in this regard will serve to lighten the system. It would also ensure that the program is repositioned in the original context of care and protection of children from abuse and other vulnerabilities in the South Africa context.

2 The government should develop and implement policies that support, encourage and promote efforts and actions geared at raising awareness and educating the community and general society about the plight of HIV and AIDS orphans. This will also target other categories of vulnerable children with the intention of eroding negative perceptions and stigma surrounding their circumstances and care. Actions in this direction will also target the dispelling of traditional and cultural myths and superstitions surrounding non-family children's care.

3 Government should develop and implement comprehensive Independent Living Program (ILP) recognized and provided for by legislation. This will cater

for children who exit the foster care system but who have no relatives or families to return.

4 Government should strengthen the foster care program by consulting with and sensitizing its agencies directly involved with servicing the foster care program on the need to align policies and programs to reflect the ground level realities. This is with a view to relaxing some administrative requirements and qualification criteria for accessing services for this categories of children in foster care in order to lighten burden. This speaks to such agencies as SASSA and the Departments of Health, Education and Home Affairs.

8.5.2 Formulation of best strategies to recruit and retain quality foster parents

8.5.2.1 Introduction

Studies avail evidence that suggest that recruiting and maintaining a robust base of qualified and competent foster parents/carers and retaining the right types of individuals and families is a central key to achieving successful placement (EveryChild, 2015; Sherwin, 2011). As fostering roles and duties (whether in relative or non-relative care) often entail daily routines that require the commitment or the emotional engagement needed to work with children in care, poor recruitment can lead to abuse and neglect. Careful selection and screening/assessment of prospective foster parents is predicated on the knowledge that children who may require care may possess certain severe adversities and characteristics that may be exacerbated by foster parents and placement child growth and development-inhibiting characteristics. Children in such care with severe trauma, abuse, orphan and neglect and other categories of vulnerabilities are likely to experience a situation of compromise of their wellbeing, poor outcomes and eventual placement breakdown (Carter and Van Breda, 2016:2010).

One of the study objective was to formulate a strategy in order to deal with the recruitment and retention of quality non-relative foster parents. This was

contemplated in response to the perceived dearth of and inadequate resource regarding assessment and recruitment of foster parents identified in the literature (Simula, 2016:3; Carter and Van Breda, 2016:208). The study sought to provide a foundation for the development of context-relevant and evidence-based social technology in this regard. This could be useful as a general guideline to frontline child protection workers/policy makers regarding best practice in recruiting and retaining quality foster parents. While acknowledging that the development of a full scale assessment/recruitment tool for assessing foster parents was not the main aim/ goal of this study, it however intends to offer insights that could inform such study.

8.5.2.2. STRATEGY FOR RECRUITMENT

The guideline emanate from information gleaned from foster parents' responses and narratives capturing and expressing their contextual realities, knowledge and skills which describes an 'ideal' or 'suitable' foster parent. A guiding framework was a reliance on existing literature especially the South African Children's Act 38 of 2005. Section 182 (2) (a) – (d) of the Children's Act 38/2005 provide a general guideline for the assessment and recruitment of foster parents. Section 182 (2)(d) of the Act makes provision for the proper assessment of a prospective foster parents by a designated social worker following guidelines stipulated in sub-sections (a), (b), (c) and 182 (3). While employing the term, 'fit' and 'proper person' and 'unsuitable' in subsections 2(a) and (3) respectively, the Act laid the foundation of the assessment that is based on the psychosocial and physical characteristics of the prospective foster parent. These criteria scrutinize a wide area of functioning and provide a picture of a qualified and good and suitable foster parent. Together with literature from South Africa (Give a Child a Family, 2012; Carter and Van Breda, 2016:217; Simula, 2016:79; Todd, 2014) and internationally (EveryChild, 2015; Harlow, 2011; INABIF and Buckner, 2012:42; Sherwin, 2011), foster parents' experiences and knowledge were employed in determining a strategy for the assessment of a good and suitable prospective foster parent. The following themes could be gleaned from their narratives which align with mainstream literature: Altruistic and intrinsic

motivation to care; ability to nurture and care; physical stability; and safe and secure environment.

8.5.2.2.1. Altruistic and intrinsic motivation to care

As the study found, participants' narratives indicated that prospective non-relative foster parents must be altruistically and intrinsically motivated to provide care to be qualified as a fit, proper and suitable caregiver. This is important in ensuring that the child's best interest is at the core of such care arrangement. Probe would include determining whether prospective foster parents are willing to go the extra mile in meeting children's needs even if it means utilizing personal funds. It would further include for example, their personal world view about caring for children and associated challenges. Foster parents motivated by altruistic and intrinsic motivation are able to love children unconditionally, see themselves as serving humanity, a sense of calling and purpose and thus be more dedicated and committed to children's care as the study found.

8.5.2.2.2 Ability to nurture and care

Another assessment/screening criteria which could be gleaned from foster parents responses for a good and fit and suitable prospective foster parent is ability to provide a nurturing and caring relationship and atmosphere for the child. Probe would include determining whether foster parents would always be available to care and supervise children, accept diversity and characteristics of children and promote children's welfare and commitment to children's best interest. This would largely depend on the ability of the foster parent to empathize with the children. As the study found, non-relative foster parents were able to accept the children, love them and view them as a part of their family because they themselves had been in a similar position in their lives before. It was easy because they had been in the same 'shoes and knew where it hurt'. Prospective foster parents must demonstrate ability and willingness to be able to nurture and care for children to enable them grow and develop and fulfill their potentials to be saddled with children's care.

8.5.2.2.3. Physical stability

Physical stability is another condition which the experiences of foster parents in the study and evidence from literature stress as a vital assessment component for prospective foster parents. This include financial, marital and emotional stability. Probes would include determining the ability of foster parents to provide physical, stable home environment and accommodation for children and to support them financially with income from regular source. It would seek to ascertain the physical, mental and emotional maturity, wellbeing and capacity of the prospective foster parents and their criminal record. It would also further include investigating whether they have a healthy and enduring and stable family life relationship. This could be in marriage or responsible union that would promote the healthy growth and development of foster children. Foster parents in the study and literature seem to agree that the daily demands of caregiving require physical and emotional maturity and foster parent family and marital harmony to handle and cope.

8.5.2.2.4 Safe and secure environment

This assesses the prospective foster parent's ability to provide evidence of being able to ensure and guarantee the physical, social and psychological safety and security of the child. Foster parent's characteristics and living arrangement and condition that could be inimical to the children's healthy growth and development are proved and investigated in this component. This would include whether there is alcohol or drug use for example, in the house or surroundings, whether the home environment is safe and clean and hygiene for dwelling and whether there are people or things that could jeopardize the safety and wellbeing of the child. As found in the study, foster parents believed the child's best interest and safety and welfare needs must be paramount and plan that always concerns them and their safety and wellbeing is key to validating claims of love for them. Fear, anxiety and worry over the future care and safety of children even when they exited care or foster parents were no more around or able to care for children captured this important component.

While the above mentioned assessment criteria could be employed to screen and determine the suitability of non-relative foster parents, practical ways to actually recruit prospective foster parents would be the following:

1. Child welfare and the government child protection organizations can recruit prospective foster parents through word of mouth. This can be done by employing the services of existing foster parents with observed positive outcomes for children in their placements to assist with recommending their friends or associates who share similar attitudes, preferences, values, beliefs and characteristics as them. This is not only cost effective but it also a way of ensuring that observed positive foster parent's attributes are replicated.

2. Recruitment drives and campaigns targeting specific geographical and demographical populations using flyers and printed handbills should be regularly executed. This strategy will guarantee the supply of potential foster parents with the same child characteristics such as race and religion, for example, thereby minimizing the incidence of racial stigmatization, criticism and resentment.

3. Child welfare and the government child protection organizations should develop and maintain a steady and ready pool of adequately and appropriately screened and assessed prospective foster parents. This would form a pool from where prospective foster parents could be drawn on when foster care placements are considered. This will ensure that there is enough time to meticulously match the children's needs and characteristics with foster parents characteristics and suitability which guarantees increasing chances of success.

8.5.2.3 Strategy for retention

Four themes could be gleaned from foster parents' experiences and literature which could be used to formulate a strategy and recommendation for the retention of prospective and active foster parents. They represent what the foster parents encountered as a challenge which they agreed posed tremendous threats to their continued willingness to provide care. They are briefly presented below:

8.5.2.3.1 Provision of individualized and adequate support

Social workers and placement agencies should strive to provide foster parents and the foster family individualized attention and adequate material, financial, training and other relevant and needed psychosocial support. This will prove invaluable in responding to foster parents' needs and challenges encountered while providing care to non-family related foster children. This will lead to satisfaction and the desire and willingness to continue to foster.

8.5.2.3.2 Proper matching of children's need and foster parents' capacity

Social workers must ensure proper matching of children's needs and foster parent's ability and capacity. This is in order to reduce and minimize or eliminate foster parent's experiences of challenging children behaviour and certain special needs like health needs. This could produce elevated stress and strain that could weaken commitment and willingness to continue to care.

8.5.2.3.3 Provision of clear and adequate information on children's circumstances

Foster parents must be provided with clear and adequate background and circumstance information about the children they care for before they assume care. This is so that they will be able to decide whether they have the abilities and capacities to meet the needs of the children. Foster parents should be provided with respite support whereby children may be temporarily removed or transferred from their care in times of stress and strain associated with challenging children's needs and behaviour so that they could recuperate and have time to refresh.

8.5.2.3.4 Linkage to foster parents support groups

Social workers and placement agency should develop, encourage, assist and link foster parents to foster parents support groups. This would be made up of foster parents and facilitated by foster parents themselves to meet the needs for social networks of foster parents. This will also provide the platform for foster parents to rally around and support each other thus promoting care satisfaction that can lead to the desire and willingness to continue to foster.

8.5.3. Implications for social work practice

Sound social work practices directed at addressing the identified concerns and challenges raised by foster parents in the study are recommended as measures as follows:

1. Statutory social workers placing children in non-family related foster care must endeavour to ensure that the children's needs and characteristics are well matched with foster parents' characteristics and resources. This will guarantee that the placements will serve the best interests of the child while at the same time averting potential strain and stress associated with placement mismatch. This will ultimately result in positive outcomes for both the children and foster parents.

2 Social workers should support foster parents to form and belong to foster parents support groups. This would provide the platform where they would be able to share experiences and challenges amongst themselves and have 'shoulders to lean on' when the going gets tough. They should also be encouraged and assisted to start income generating enterprises which would assist in providing supplementary income for the foster family.

3 Social workers should ensure the proper preparation and education of foster parents and the children for children's court inquiries. They should explain in detail the entire process and implications of the procedure for the children and foster parents while providing adequate physical and emotional support for all through the process.

4 Social work and other social services professionals and staff should be adequately and regularly trained and developed. This is in order for them to be able to keep abreast with the latest trends and issues in children's and families'

vulnerabilities and welfare. This will no doubt enhance their services and responses in the provision of care to the foster families.

8.5.4 Recommendations for future studies

1. Future studies should examine the differences in care outcomes such as educational and general well-being and welfare for children in family related versus non-family related foster care placements.

2. Research studies should explore the experiences of children in non-family related foster care placements.

3. Studies should be conducted to explore fully the role of men in the provision of care for non-family related foster children as this study only focused on women.

4. There should be studies focused on exploring fully the role and the impact of the socio-cultural, racial and political factors of fostering non-family related foster children in South Africa.

8.6 Limitations of the study

1. The participants' knowledge of the fact that the researcher was himself a social worker may have interfered with or influenced their responses. This is because they may have felt that speaking the truth about their experiences especially in connection with the social work profession and services received may not go down well with him. This Hawthorne effect may have constituted a limitation to the study (McCambridge, Witton and Elbourne, 2014:267).

2. Time management was another limitation of the study. Some interviews were longer than the expected scheduled time due to much probing while some interviews were shorter than the expected time. This was due to time

constraints of the participants as they had emergencies they had to attend to on the day scheduled for the interview. Much probing could not be used as a result and this may have affected the quality and quantity of responses.

3. The researcher could not interview the male partners of participants even though placement was in both their care. This was because they were always at work and so their views and experiences are excluded in this study. This may have limited the quality of the data. The study recommends in this regard future studies focusing principally on their role in fostering non-family related foster children.

8.7 Concluding Statement

In summary, foster parents and foster children experienced mutual acceptance and a feeling of sense of family. Foster parents saw no differences between family and non-family members as children's profile, characteristics and challenges were not different from that of family related members. However, as in kinship foster care, foster parents experienced serious challenges while executing their fostering duties to their non-family related foster children. This included rejection from extended family, external interference, suspicion, undue scrutiny, stigmatization, discrimination and isolation.

Furthermore, they experienced financial problems, a lack of adequate or limited social worker and agency support and child disciplinary and behavioural problems. These challenges, as expected, resulted in elevated stress levels and strain having serious impacts on the physical and psychological and emotional well-being of the foster parents. They were however unruffled, unwavering and undeterred in their resolution and commitment to continue to care in the face of all these excruciating challenges underlining the care context.

The study found that these foster parents' determination and passionate posture to the care of the children emanated from and was significantly influenced and informed by their altruistic and intrinsic motives to foster. Motivations in this regard principally stemmed from a call by God and a divine assignment to serve humanity and

personal life experiences. This conviction was largely rooted in their core Christian religious beliefs and values that emphasised and promoted love and care for one's neighbour, the less privileged, the vulnerable and all of humanity. It served as a buffer and mitigating element which enabled them to cope with and overcome care challenges. This made them able to continue to provide care passionately and with great zeal and commitment knowing that their reward was from God. The study found that this calling from God and reliance on Him was a source of support for the foster parents. This was in addition to the tremendous support that the foster care grants, support from the immediate family through spouses and partners and their own children and faith-based organisations availed to them.

Generally, this study found that caring for non-family related foster children may not be significantly different from caring for family related members. This is because it would require the same skills. This is with regards to the consideration that the characteristics and profile of children and their care needs and issues are essentially the same. This is more so with regards to the country, care needs and challenge context and ecology. While data in this study suggested that non-family related foster parents may be younger than most reported kin caregivers, observation is made of the fact that the majority of the available research concerns informal kinship arrangements. Most of the informal arrangements arose due to family obligations with little or no choice as caregiving devolves almost automatically.

This may be different in formal kin fostering where placements may involve some form of screening and assessment that may consider age and physical fitness. In this scenario, the majority of informal caregivers are old and sick grandmothers slightly different from the profile and demographics of participants in this study who were mainly of middle age. Be that as it may, these elderly kin carers also face basically the same challenges that are encountered by non-kin carers. While adequate social and material support is associated with positive outcomes in both the family and non-family related placements, it is however observed to be important in the attraction and retention of non-family related foster carers as they have no obvious kin or family obligation to care.

On a final note, it may be instructive to comment that the study findings has significant contribution no doubt to the on-going debate about non-relative fostering in South Africa. Evidence provide ground for the interrogation and possible rejection and dispelling of the basis for the general apathy and suspicion surrounding the care arrangement, at least in the study context. This relates to the anecdotal evidence that suggest the possibility that the child best interest could be compromised due to caregiving happening outside the family confines. This is normally believed to be as a result of the inability or difficulty of the formation of attachment between foster parents and children as non-kin. It is also believed to be due to a lack of nurturing and caring environment as non-relative foster parents are likely to be motivated by financial gains for electing to provide care. Evidence to the contrary from this study will no doubt compel the need to be cautious in making such blanket and sweeping statements but rather to look beyond the particular care arrangement in determining children's outcome and placement stability. If nothing else, this provides a stimulating impetus for the investigation of foster parents and children's characteristics rather than care arrangement in choice of care option for vulnerable children's care and protection in South Africa. .

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ANNEXURES

ANNEXURE A: PARTICIPANT INFORMED CONSENT DECLARATION

INFORMED CONSENT DECLARATION

(Participant)

Project Title: Experiences of Foster Parents Caring for Non-Family Related Foster Children in De Deur, Gauteng Province, South Africa.

Samuel Osarhiemen Emovon (name of researcher/person administering the research instrument) from the Department of Social Work, University of Zululand has requested my permission to participate in the above-mentioned research project.

The nature and the purpose of the research project, and of this informed consent declaration have been explained to me in a language that I understand.

I am aware of the purpose of the research and that the University of Zululand has given ethical clearance to this research project and I have seen the clearance certificate. I am aware that by participating in this research I will be contributing towards filling the gap in the literature on foster care and building on theoretical explanations on fostering and the foster care system in South Africa.

I understand that I will participate in the project by making myself available for interview to respond to interview questions designed to obtain information from me regarding my experience as a foster parent caring for non-family related foster children and has been made aware that my participation is voluntary and that I may withdraw from the study at will without any consequences.

I am aware that I will not be compensated for participating in the research, but my out-of-pocket expenses will be reimbursed and that should there be any risk associated with the research, steps have been taken to prevent the risks and resolve them. I have been made aware that the research findings will be published but that careful steps have been taken to ensure confidentiality and anonymity of my identity and that I will get feedback regarding the result of the study.

I understand that any further questions that I might have concerning the research or my participation will be answered by the researcher or his supervisor at my request.

By signing this informed consent declaration, I am not waving any legal claims, rights or remedies and that a copy of this informed consent will be given to me and the original be kept on record.

I have read the above information/confirm that the above information has been explained to me in a language that I understand and I am aware of this document's contents. I have asked that all questions that I wished to ask and these have been answered to my satisfaction. I fully understand what is expected of me during the research.

I have not been pressurised in any way and I voluntarily agree to participate in the above-mentioned project.

_____ _____

Participant's Signature Date:

ANNEXTURE 2 : IN-DEPTH INTERVIEW QUESTIONS/GUIDE

EXPERIENCES OF FOSTER PARENTS CARING FOR NON – FAMILY RELATED FOSTER CHILDREN IN DE DEUR, GAUTENG PROVINCE, SOUTH AFRICA.

Thank you for taking time to meet with me. My name is Samuel Osarhiemen Emovon. I am a doctoral student of social work in the University of Zululand.

This is a research study in conjunction with the Department of Social Work, University of Zululand.

The study is conducted with a view to exploring and understanding your experiences and challenges regarding your care for your non – family related foster child.

As the consent form you signed mentioned, this interview and any information you provide is confidential and will be kept anonymous. I will report on this interview and the research findings but it will be written in general terms such that your identity and views will not be identified.

Today, I will be asking you some questions about you and your foster child and would appreciate you kind and honest response.

DEMOGRAPHICS

Name:

Age:

Marital status:

Sex

Race/ethnicity:

Own children:

Religion

INTERVIEW QUESTIONS

1. How long have you been a foster parent?

Probe: How many times have you done this?

2. How many foster children do you care for?
3. What is the background of the child you care for?
4. What are the daily experiences involved in caring for your foster child?

Probe: 1(a) experiences regarding your relationship with the foster child?

(b) Experiences regarding the relationship between you and your own

children and family because of the foster child?

(c) Experiences regarding you and the biological parent or family of the foster child if known

5. What are the care duties that you provide and undertake as a foster parent caring for your foster child?
6. What are the care challenges that you encounter in caring for your foster child? Do you think it would have been different were the child your family member or relation?

Probe: 6 (a) challenges in relation to the health care needs, educational, supervision and welfare needs of the child?

(b) Challenges in relation to the foster care system and agency of placement?

(c) Challenges in relation to your status as a non – family related foster parent?

What are the support structures or resources if any that are available to you that assist you in overcoming the challenges encountered in caring for your foster child?

Probe: 7 (a) support in terms of capacitation and materials from social workers and placement agency

(b) Support from the community?

8. What is your motivation and reason for deciding to care for a non – family related foster child?

Thank you for your kind response and cooperation. I will be in contact with you.

ANNEXURE 3: FOCUS GROUP DISCUSSION GUIDE

Let me first thank you very much for being so helpful first in making yourselves available during the individual interview and now again in showing up to participate in this focus group discussion. As you already know, this research study is conducted with a view to exploring your experiences and challenges which you undergo in providing care for your non-family related foster child. It is hoped that important information about this care category in the alternative care continuum would be unveiled which would prove useful in building on what is already known thereby providing a rounded and well-grounded theoretical base and explanation on fostering and the foster care system in South Africa.

I will be asking virtually almost the same questions that were asked during the individual interview only that in this focus group discussion, opportunity will be given for a more detailed and comprehensive exploration and examination of the questions so that we can explore divergent views and experiences regarding the issues raised. So, please feel free to express yourselves as you would love to as you can rest assured that the discussions and your identify and views would be treated with the utmost confidentiality.

The topic/questions we will cover will be in four broad categories as follows:

Question 1: What is your experience regarding caring for a non-family related foster child like? Do you think it would be different were the foster child your family member?

Question 2: What challenges do you experience while providing care for your non-family related foster child? Do you think they would be different were the child a family related foster child?

Question 3: What are your motives for deciding to care for a non-family related foster child?

Question 4: What are the support and coping mechanism available that assist you in providing care for your non-family related foster child?.

Question 5: Is there any other comment or general observations that you would like to make as we close this group discussion?