

**FACTORS CONTRIBUTING TO THE BREAKDOWN OF FOSTER CARE  
PLACEMENTS: FOSTER PARENTS' AND ADOLESCENTS' PERSPECTIVES**

by

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**DECLARATION**

I declare that “Factors contributing to the breakdown of foster care placements: Foster parents’ and adolescents’ perspectives” is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.

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Ms Rosina Mmamokete Mnisi

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DATE

## **DEDICATION**

I dedicate this study to my late mother Sarah Sepeng ne' Baloyi.

## ACKNOWLEDGEMENTS

All thanks to my Almighty God on high for affording me the opportunity and all the necessary means to complete this study.

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## **ABSTRACT**

As a social worker at the Desmond Tutu Child and Youth Care Centre in Gauteng province, the researcher noticed an increase in the number of applications for adolescents' admission to the Centre due to a breakdown in their foster care placements. This raised a question regarding the factors contributing to this breakdown. The aim of the study was to develop an in-depth understanding of factors contributing to the breakdown of foster care placements from the perspectives of the adolescents who were fostered and from those of their foster parents.

The qualitative research approach was used applying an explorative, descriptive and contextual design. Purposive sampling was used to select the participants. Data was collected using semi-structured interviews and was analysed according to the framework provided by Tesch (in Creswell, 2009:186). For data verification, Guba's model (in Krefting (1990:214-220) was applied. Conclusions are drawn and recommendations made about foster care involving adolescents.

**Key concepts:** Adolescent/adolescence, child, child in need of care, Child and Youth Care Centre, foster care, foster care breakdown, foster parents, kinship foster care, perspectives.

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# CHAPTER 1

## INTRODUCTION AND GENERAL ORIENTATION TO THE STUDY

Chapter 1 provides an overview of the topic of the study, the research methodology and the ethical considerations taken into account.

### 1.1 INTRODUCTION, PROBLEM FORMULATION AND MOTIVATION FOR THE STUDY

In this section the researcher will introduce the area of concern, formulate the problem and provide a motivation for the study.

#### 1.1.1 Introduction

Every child deserves to be provided with a safe and secure environment and, as a country, South Africa has the obligation to protect children. Gelders (2011:140) states that in South Africa, only one in three children live with both biological parents. Overall, one in five children has lost one or both parents, though there are large differences between the various provinces. The HIV/AIDS epidemic has had a huge influence on the growing number of orphans. An estimated number of 1.9 million children have lost one or both parents due to HIV/AIDS. It seems that poor children are more often deprived of parental care (Gelders, 2011:140). Due to the high number of children in South Africa affected by HIV/AIDS, there will be a continued need for substitute care for children who require protection (Halkett, 2003:4).

South Africa is a signatory to the United Nation's Convention on the Rights of the Child (UNCRC) and has committed itself to make the rights of all children paramount. It therefore must secure the safety of children (Department of Social Development, 2005:4). In 2005 the then Minister of Social Development, Dr Skweyiya (2005:4), in the foreword to the policy framework for orphans and other children made vulnerable by HIV/AIDS mentioned that the government, in partnership with child care organisations, work to enhance existing efforts to create a supportive and enabling environment for our children. He also referred to Section 28 of the South African Constitution providing for the rights of children in South Africa, specifically the right of the

child to survival, development and protection from abuse and neglect. According to Gelders (2011:6), South Africa has made great progress in ensuring that children in need of alternative care are placed in appropriate alternative care options. The same author states that over 88 600 children were declared in need of care by a children's court during 2009/10 and placed in alternative care. Gelders (2011:6) further mentions that close to 500 000 children live with foster parents and benefit from the Foster Care Grant, while the number of adoptions has increased to more than 5 850 annually. Approximately 13 250 children reside in registered Child and Youth Care Centres. Halkett (2003:4) states that the term "alternative care" is becoming very confusing since there are so many "cares" – foster care, residential care, place of safety care and now kinship foster care, professional foster care and community-based care. In South Africa, foster care is seen as a very acceptable care model.

Thomas and Philpot (2009:15) define "foster care" as the formal arrangement, by local authorities, to place children in substitute family care but without acquiring all the legal rights and responsibilities and decision making, as is the case with adoption. Webb (2011:234) defines "foster care" as "a temporary arrangement for child care in a substitute home when the parents cannot take care of their own child because of some serious difficulty." A child is in foster care when the child has been placed in the care of a person other than a parent or guardian. Foster care is supposed to recreate the family environment and only six children can be placed in any one family. This placement is done through a court order or through a decision to transfer a child who is in alternative care in terms of the Children's Act (Act No 38 of 2005) (2006: section 171). According to Mahery, Jamieson, Scott and January (2011:44) as well as Thomas and Philpot (2009:99), the overall aim of placement is to promote the well-being of the child and help him/her to develop successfully.

According to Mahery et al. (2011:44-45), the purpose of foster care as adapted from the Children's Act (Act No 38 of 2005) (2006:Section181) is to:

- Protect and nurture children by providing a safe, healthy environment with positive support;
- Promote the goals of permanency planning, and firstly towards family reunification;

- Connect children to other safe and nurturing family relationships intended to last a lifetime; and
- Respect the individual and family by demonstrating respect for cultural, ethnic and community diversity.

Different forms of foster care or foster care parenting are described in the literature. Kinship foster parenting is described by Farmer and Moyers (2008:14) as placing children with related family or friends. This placement entails placement with family members other than the biological parents, such as grandparents, aunts, uncles, cousins or older siblings. The arrangements are done by the family and foster parents who realise that they are experiencing problems and need assistance with their children. Most people use this form of foster care when problems with the children become evident. This is mostly practised by the African community, especially when the children are orphaned. The placement is however not legalised.

The second form of foster parenting, as explained by Farmer and Moyers (2008:14), is when the families involved seek the mediation of a social worker who facilitates the children's court enquiry. The court order which is then issued legalises the arrangement. The potential foster family undergoes a screening process that is conducted by the social worker. The social worker will then be expected to monitor the placement and review it every two years.

Thomas (2005:113) outlines six types of foster care as classified by Sellick and Shorts:

- "Relief care": Care offered to provide a periodic break for parents or children.
- "Emergency fostering": Provided by caregivers who undertake to be available whenever needed to take children in, pending more planned arrangements.
- "Short term care": Used when there is a need for temporary care or for when the family needs to undergo some kind of assessment.
- "Intermediate or medium-length fostering": This is said to cover the majority of foster care placements. It should last for approximately eight weeks to two years, and is intended to give parents time to sort out their difficulties, to help children overcome difficulties, or to protect children.

- “Long term or permanent fostering”: This is for children who need care for the remainder of their childhood.
- “Private fostering”: Is arranged by the child’s parents, although the local authority must be notified.

According to Thomas and Philpot (2009:32-33), foster care is about the relationship between the foster parent and the child. It is about how the foster parent and the child feel about each other and about the circumstances in which they find themselves. When referring to the kind of person who provides foster care, Thomas (2005:114-115) makes mention of the age groups, marital status and sexual preference. He refers to the study by Triseliotis, Barlads and Hill (2000) conducted in Scotland, which found that most carers start fostering before they turn 40 years of age. This study reported that most carers are married or either in a stable relationship and those who are single, are either divorced or separated. He further mentions that there has been some controversy about approving applications by gay or lesbian people as foster carers.

Thomas (2005:114-115) states that the right placement for a particular child is chosen by assessing the needs of the child and who is regarded as best to meet those needs. Thomas (2005:116) further states that the main aim of foster care is to provide, as far as possible, a normal family life for the child. The foster parents have to undertake to raise the foster children as their own and need to develop a good relationship with the children, provide good physical and emotional care for them and enable the children to feel at home, without negatively influencing their existing attachments or relationships. They have to prioritise the needs of these children, who often have a range of problems, and be prepared to work in partnership with social workers and other professionals. This is supported by Mahery et al. (2011:44-45) when they state that a prospective foster parent or anyone working for or who is involved with a non-profit organisation (NPO) that manages a cluster foster care scheme must be fit to be entrusted with the foster care of the child; be willing and able to take the responsibilities of such care; be able to provide an environment that is conducive to the child’s growth and development; and be assessed by a social worker for compliance with these requirements. A cluster foster care scheme is a scheme that allows children to be taken into foster care and is managed by a non-profit organisation (NPO) registered for that purpose by the provincial head of the Department of

Social Development. This person must monitor the management of this scheme. It is usually not permitted to place more than six children with a single foster parent or two people sharing a household unless the children are siblings, related or if a court considers it to be in the best interests of the children. However, more than six children can be placed in a cluster foster care scheme (Children's Act (Act No 38 of 2005) (2006: sections 183, 185 and regulations) as referred to by Mahery et al. (2011:44-45).

The placement of children in alternative care has an entry and an exit point. In South Africa it is regulated by legislation which is monitored by the Department of Social Development. When placing a child, there should be a plan with relation to the legislation. Mahery et al. (2011:42) refer to the Children's Act (Act No 38 of 2005) (2006:section 180-190) which states that a child is entitled to stay in alternative care, of which foster care is one form, until the end of the year in which he or she turns 18 years. After turning 18, the person who was placed in alternative care may be allowed to remain in alternative care until the age of 21 years if he or she makes an application to the provincial Department of Social Development. This department can allow the extension if the current alternative care-giver agrees and is able to care for the applicant and if it is necessary for the applicant in order to complete his or her studies or training.

Children placed in foster care are seen as children in need of care in terms of the Children's Act (Act No 38 of 2005) (2006: section 150), meaning they are removed from their homes due to a lack of care or due to the fact that there are problems or circumstances that make their homes to be regarded as not being in their best interest. These children come to the new families with the hope of being cared for. They also come with the baggage of emotional stress and discomfort from their previous settings. Adjustment in the new family may be a challenge for both the foster child and the foster parent.

Thomas (2005:117) states that success in the placement is not always easy to predict as there are a number of factors associated with either success or failure. Schofield and Simmonds (2009:171-172) refer to factors contributing to the disruption in foster care namely age, emotional disturbance and difficult behaviour. They further state that different studies have reported the most common factor to be behavioural issues. In their study, Sinclair, Wilson and

Gibbs (2005:152-154) present a report in which social workers and foster parents report the problems experienced with children in foster care and significantly those experienced with children between 11 and 15 years of age. According to Sinclair et al. (2005:154), these behaviours included truancy, drugs and running away. In the study by Farmer, et al. (2004:197-198) which focused on the children aged 11 to 17 years of age, they indicated the main reasons for foster care breakdown to be “the young person’s behaviour; the parent undermining placement; children wanting to live somewhere else; another child moved into placement; breakdown of the relationship between the child and foster parents and allegations against the foster parent”.

Nthepe (2008:1) reports on the findings of a study where ten children and ten foster parents were interviewed. The study was conducted in Daveyton, with the assistance of the Benoni Child and Family Welfare Society. She reports that it was evident from the study that in foster care, children of all ages are vulnerable to placement instability which often results in the breakdown of the placements. The study also indicates that problems such as poor communication, lack of social work supervision and unresolved problems between foster children and foster parents play a major role in the breakdown of the placements. It also appears that foster children experience more problems with foster families than with foster parents. Sallnäs, Vinnerljung and Westermarck (2004:143) define “breakdown of foster care” as the termination of a foster placement that is not according to the initial plan. They give several scenarios that can be classified as an obvious breakdown:

- “Foster parents terminate a placement against the wishes and intentions of child welfare authorities. Foster parents or residential staff refuses to provide further care, due to discipline-related problems.
- An adolescent runs away, refuses to return to care afterwards and, in effect, terminates the placement.
- Child welfare authorities terminate a placement upon determining that a foster parent provides inferior care (for example, the child is abused).”

Booyesen (2006:61-72) reports on a qualitative and descriptive study focusing on foster care conducted in London, England. The population consisted of foster parents and professionals

involved with placement of children aged 11-16 years. Semi-structured interviews were conducted with the sample which consisted of three children in alternative care that changed placement, five professionals and five foster parents. The aim of the study was to explore factors contributing to foster placement breakdown. Booysen (2006:61-72) states the following as reasons for foster care breakdown from the perspectives of the foster parent and the foster child: the involvement of the social worker and lack of intervention; inadequate information from the social workers before and during the placement; unbecoming behaviour of the adolescent, and relating to teenagers, the involvement in criminal activities. ;

The researcher interviewed three social workers working in the field of foster care to gain information on kinship foster care and services currently rendered to these foster families. They confirmed that kinship foster care arrangements are being made by families and for them to be recognised, the involvement of a designated social worker is needed to legalise the foster care placement. These families should be subjected to the normal processes of foster care screening and if they qualify, recommendations are then made to the court to legalise the foster care placements. These social workers also indicated the significance of the active involvement of the social worker with the foster families for support and prevention of the breakdown of foster care (Moshupje, 2014; Mohale, 2014; Landman, 2014).

### **1.1.2 Problem statement and motivation for the study**

The research problem involves specifying our general interest in the research topic which leads to the setting of the research goal (Welman, Kruger & Mitchell, 2005:12). McMillian (2004:22) defines the research problem as “the topic you would like to address, investigate or study whether descriptively or experimentally. It is the focus or the reason for engaging in your research.” Creswell (2009:98) states that the research problem is the problem or issue that necessitates a study. He further asserts that the research problem might originate from an experience in researchers’ personal or work lives, from an extensive debate in the literature or from a policy debate in government.

From the literature it appears that foster care placements of adolescents are more likely to break down than those of younger children. Booysen (2006:20) mentions that as a practising social

worker in England she noticed children moving between foster placements as a result of breakdown and that most movements occurred between the ages 11 to 15 years old. According to her, adolescent placements are more likely to break down than others. She could not identify causes for the breakdowns, but states that there seem to be no easy answers. Farmer, et al. (2004:9) refer to the studies of Baxter (1989), Berridge and Clave (1987), Scottish office (1991) and Trisellis et al. (1995) which support that the disruption of adolescent placements is very high. They quote studies by Alligate and Hailey (1986); Baxter (1989); Fenyo, Knop and Barnes (1989) that prove that children's behaviour problems play a major role in the breakdown of foster care placements and they state that behavioural difficulties are particularly likely to be an issue with adolescents. Foster parents reported the following behaviours and emotional reactions by adolescents which occurred within and outside their home environment (Farmer et al. 2004:95-100):

- Conduct problems that included disobedience; defiance; uncooperativeness and lying.
- Emotional difficulties that included episodes of depression; sleeping and eating disorders; self-harm and suicide.
- Aggression that included physical aggression towards both adults and children.
- Over-activity that included difficulty in concentration and restlessness.
- Sexual behaviour that included inappropriate sexual behaviour such as talking sexually and sexually abusive behaviour.

According to Biehal (in Schofield & Simmonds, 2009:171-172), researchers have consistently found that disruptions in foster care are higher for adolescents, particularly for those aged 11 and above. Biehal (in Schofield & Simmonds, 2009:171-172) further mentions that studies indicated that for 11-15 year olds, around 40% of placements break down during the first year.

Adolescents who experience difficulty in foster care often move to other alternative forms of care. Maluccio, Kermann and Freundlich (2009:92-93) refer to this movement as placement instability. According to Thomas and Philpot (2009:38), there are children and young people who resist foster care and prefer residential care. As foster care is regarded as an attempt to offer substitute care for children removed from their family of origin, instead of residing in

institutions, such as Child and Youth Care Centres, it becomes a concern when children are admitted to institutions due to foster care breakdown.

As a practising social worker at the Desmond Tutu Child and Youth Care Centre the researcher has developed an interest in how the children and adolescents enter and exit the child care system. Children and adolescents enter the system for a number of reasons which may include being neglected, orphaned and lost, as well as due to the breakdown of foster care. Most of these children and adolescents are admitted to a Child and Youth Care Centre. The researcher is not directly involved with foster care placements, but comes in contact with the adolescents once the placements have broken down. The field worker requests placements of the adolescents in the Child and Youth Care Centre when the foster placements have broken down. This is done according to the guidelines as prescribed by the Children's Act (Act No 38 of 2005). According to the records of the Desmond Tutu Child and Youth Care Centre between the years 2004 and 2011, 41 children were admitted due to the breakdown of foster care and all of them were adolescents aged between 12 and 17 years, 20 of them being boys and 21 girls.

Placement breakdown is a painful experience for affected adolescents and can be demoralising not only to the adolescents, but also to the foster parents, as well as the social workers involved. This is according to the study conducted by Sallnäs et al. (2004:142) on the premature termination of placements, for a Swedish national cohort of young people entering care between the ages of 13 and 16 years of age. Sallnäs et al. (2004:142) state that there is a lack of knowledge regarding placement breakdowns, not only in Sweden but also on an international level. As mentioned, Booyesen (2006:20) also states in her study that she could not find an easy answer to the question of what causes the breakdown of foster placements of adolescents. Van der Riet (2009:6) quotes Nutt (2006) who is of the opinion that there is little evidence available from previous studies about the foster care family itself regarding their experiences, perceptions and understanding of being foster parents and a foster family. She found that much of the information on foster families came from questionnaires, surveys and the opinions of social workers and not from the role players themselves. Van der Riet (2009:54) then conducted a study with a sample consisting of a total of 17 respondents: 13 birth children of foster parents and four

social work professionals involved in foster care. Neither the perspectives of the foster parents nor the adolescents in foster care were included.

Studies done so far refer to the breakdown of foster care placements and indicate that these breakdowns occur mostly with adolescents. However, there is still a lack of indigenous research on factors contributing to these breakdowns as well as an absence of the perspectives of the adolescent and their foster parents. The researcher is therefore of the opinion that there is a need for research into the contributing factors of the breakdown of foster care placements of adolescents from the perspectives of the adolescents as well as from their foster parents. The researcher thus aims to establish an understanding of factors contributing to the breakdown of foster care placements of adolescents.

## **1.2. RESEARCH QUESTIONS**

Brink (2006:80-81) refers to the research question as being precise and flowing from the research's purpose and narrowing the focus of the study. According to Neuman and Kruger (2003:152-154), the research question has been narrowed down from the research topic and it is part of data collection. According to Flick (2006:106-107), the research question originates from the researcher's personal biography and social context and it depends on the researcher's personal interest and involvement in the social context. He further states that formulating the research question helps to specify the area of study.

The research question for this study aimed to simplify the purpose of the study and to state exactly what the focus of the study was. It emanated from the experience of the researcher as a social worker involved with adolescents who have previously been in foster care and were subsequently placed at the Desmond Tutu Child and Youth Care Centre, situated in Pretoria North, which falls under the authority of the Gauteng Department of Social Development. The following research questions were formulated:

*From the perspectives of adolescents previously in foster care, what are the factors contributing to the breakdown of foster care placements of adolescents?*

*From the perspectives of previous foster parents, what are the factors contributing to the breakdown of foster care placements of adolescents?*

According to Maxwell (2005:67), the function of the research questions are to ask what your study attempts to understand; helps you to focus on the study; and gives you guidance on how to conduct it. As stated, the researcher hoped to understand factors contributing to the breakdown of foster care placements from both the perspectives of the adolescents and the foster parents. The research questions assisted the researcher to focus on a particular population and sample. The focus was on the breakdown of foster care placements of adolescents and not all age groups.

### **1.3 RESEARCH GOAL AND OBJECTIVES**

According to Richards (2011:12), a goal is what question you are going to answer and in what shape you think the answer will be. Richards (2011:134) further states that a goal is what you are trying to answer. The goals of this study were stated as follows:

- *To develop an in-depth understanding of the factors contributing to the breakdown of foster care placements from the perspectives of adolescents who were previously in foster care.*
- *To develop an in-depth understanding of the factors contributing to the breakdown of foster care placements of adolescents from the perspectives of their previous foster care parents.*

Brink (2006:80-81) describes the difference between the research question and research objective. He states that the research question is interrogative and the research objective is declarative. An objective is a concrete, measurable end towards which ambition is directed (Brink, 2006:79). Brink defines research objectives as “clear, concise, declarative statements that are written in the present tense”. In order to attain the above-mentioned goals the following research objectives were formulated:

- *To explore and describe the factors contributing to the breakdown of foster care placements of adolescents from the perspective of adolescents who were previously in foster care.*
- *To explore and describe the factors contributing to the breakdown of foster care placements of adolescents from the perspective of their previous foster care parents.*
- *To draw conclusions and make recommendations about factors contributing to the breakdown of foster care placements of adolescents.*

## **1.4 RESEARCH METHODOLOGY**

Silverman (2010:109) defines methodology as a general approach to conducting a study on a research topic and making a choice on what to study, the methods of data gathering, and the forms of data in planning and undertaking a research study. He further states that social research methodology is either qualitative or quantitative. The researcher needs to choose the approach that is in line with the aim and purpose of the study.

### **1.4.1. Research approach**

Creswell (2009:3-5) distinguishes between qualitative, quantitative and mixed methods of research:

“Qualitative research” is a way of exploring the meaning individuals or groups assign to a social problem. The process is characterised by emerging questions and procedures, data is usually collected in the participant’s setting, data analysis is inductive, and the researcher interprets the meaning of the data.

“Quantitative research” refers to testing objective theories by examining the relationship among variables. These variables and numbered data can be analysed through statistical procedures.

“Mixed methods of research” combines both qualitative and quantitative research and involves philosophical assumptions.

Since the researcher undertook a study of a social problem and human behaviour, a qualitative study was appropriate. Dudley (2011:26-27) gives several descriptions of qualitative research

such as methods that are inductive in nature; methods used to discover the quality of something; and methods that observe social behaviours and discover new social phenomena. Silverman (2011:4) describes qualitative research as being interested in behaviour as much as how people see things. It studies how people interact with one another in particular settings. In this study, the researcher was interested in how adolescents and foster parents, who have experienced the breakdown of foster care, perceive their experiences and the settings in which they find themselves.

Welman et al. (2005:6) define quantitative research “as the approach that holds that research must be limited to what we can observe and measure objectively, and exists independently of the feelings and opinions of individual”. The researcher was interested in more than the concept of foster care breakdown; she focused on the perspectives of the adolescents and foster parents regarding this phenomenon - therefore quantitative research was not applicable for this study. Welman et al. (2005:8), when mentioning the functions of quantitative research, state that quantitative research tries to understand the facts from the perspective of the outsider, while qualitative research endeavours to achieve an insider’s view by talking to participants or observing their behaviour subjectively. They believe that first-hand experience of the focus of the research produces the best data.

The goal of this study was to develop an in-depth understanding of the factors contributing to the breakdown of foster care placements from the perspectives of adolescents who were previously in foster care as well as to develop an in-depth understanding of the factors contributing to the breakdown of foster care placements of adolescents from the perspectives of their previous foster care parents. Therefore, the nature of the quantitative approach would not have met the goal of the study. When the researcher chooses to use the mixed methods of research, the researcher should be in the position to apply both the qualitative and quantitative approach in the study (Creswell, 2009:204-205). This includes extensive data of numeric nature and text, as well as analysing data of both quantitative and qualitative nature. The researcher was however not interested in the quantity of the subject in study, but in the experience and perspectives of human behaviour towards the subject. Applying the mixed method was therefore not applicable.

In this paragraph the researcher will further elaborate on the reasons for selecting the qualitative approach for this study. According to Babbie and Mouton (2001:270-271), the following are the key features of a qualitative study:

- Research is conducted in the natural setting of the social actors. In this study, the foster parents of the adolescents were interviewed in their homes, whilst the adolescents were interviewed at the place of safety.
- Qualitative research involves in-depth understanding and description of actions and events. Semi-structured interviews were conducted in a manner that encouraged the participants to fully describe their experiences with foster care and the factors contributing to failure.
- The main concern is to understand social action in terms of its context, not to generalise to a theoretical population. This study did not compare the population to any other. The focus was only on the adolescents and the foster parents involved in the breakdown of foster care placements.
- The qualitative researcher is seen as the “main instrument” in the research process. The researcher conducted one-to-one interviews. She recorded the interviews with the permission of the participants and then transcribed the responses of each participant.

#### **1.4.2. Research design**

According to Flick (2006:135), the research design refers to the planning of a study. He quotes Ragin (1994) defining the research design as a plan for collecting and analysing evidence that will lead to answering the research question. Alston and Bowles (2003:65-66) refer to the research design as how data will be collected, analysed and reported. It also includes types of sampling, methods of data collection and analysis to be used and it is influenced by the methodology chosen. For this study, an explorative, descriptive and contextual research design was adopted.

Mouton (2001:148-180) tabulates and describes a number of designs that are qualitative and quantitative in nature. He classifies the following as qualitative in nature:

- Ethnographic design: participant observation studies which aim to provide an in-depth description of a group of people or community.

- Ethnographic design: case studies that aim to provide an in-depth description of a small number of cases.
- Participatory design or action design: involves the subjects of research as a vital part of the design.
- Evaluation design: involves the use of primarily qualitative research methods to describe and evaluate implementation rather than outcomes.

Babbie and Mouton (2001:79-80) define explorative research as “social research conducted to explore a topic, or to provide a basic familiarity with that topic”. Silverman (2011:42-43) states that choosing an effective research design revolves around the following: considering the range of methods of data collection you can use making sure that your method is appropriate; avoiding too many data collection methods; and making sure that you do not collect too much data.

In order to answer the questions about the breakdown of foster care with adolescents the researcher applied the explorative design. Babbie and Mouton (2001:80-81) suggest the following as the reasons for conducting an exploratory study:

- “To satisfy the researcher’s curiosity and the desire for better understanding”. In this study the researcher identified a need to better understand the breakdown of foster care placements of adolescents.
- “To test the feasibility of undertaking a more extensive study”. The researcher may in future conduct further research with the aim of establishing guidelines that may assist in rendering services to the adolescents who are in a place of safety due to the breakdown of foster care placements.
- “To develop methods to be employed in any subsequent study”.

The results of this study give guidelines on the methods to reach the objectives as stated in paragraph 1.3.

Neuman and Kruger (2003:22) state that descriptive research “presents a picture of the specific details of a situation, social setting or relationship”, while Marshall and Rossman (2011:69) write that descriptive research is used to document and describe the phenomenon of interest. This study concentrated on a detailed picture of the breakdown of foster care with adolescents; and

described factors contributing to the breakdown of foster care with adolescents from the perspective of adolescents as well as from the perspective of their foster families.

According to Babbie and Mouton (2001:272), contextual research refers to an understanding of events against the backdrop of the whole context and how such a context gives meaning to the specific events. Kayrooz and Trevitt (2005:10) describe contextual research design as seeking to gather evidence of participants' perceptions relating to the larger context in which they occurred. Welman et al. (2005:191) talk about a person being viewed as having no existence apart from the world he/she lives in. They emphasise the view of the philosopher Heidegger that the researcher has to understand the context of the participants. This study aimed to understand the factors contributing to the breakdown of foster care with adolescents from the perspective of adolescents as well as from the perspective of their foster parents by interviewing both the adolescents and their foster parents. The interviews with the foster parents took place in their homes, in order to understand the larger context. Silverman (2011:36) refers to "contextual sensitivity" which he describes as the recognition of uniform institutions having the ability to have a variety of meanings in different contexts. In this study, the researcher took into consideration that both the parents and the adolescents would be interviewed in different settings which gave unique meaning to their perspectives of the problem being studied.

The research design is discussed in further detail in Chapter 2, paragraph 2.2.2.

### **1.4.3 Research methods**

Silverman (2010:110) defines the research method as specific research techniques that are used either qualitatively or quantitatively. Marshall and Rossman (2011:57) state that research methods are not separate from the research design. Marshall and Rossman (2011:57) refer to them as interlinked, as the detailed overall design, the population of interest, the specific methods of gathering data, and an initial discussion of strategies for analysing the data, ensure the trustworthiness of the study, the biography of the researcher, and ethical and political issues that may arise when conducting the study. The next section is an outline of how the researcher conducted the study in terms of population, sampling and sampling techniques.

#### **1.4.3.1 Population, sampling and sampling techniques**

Brink (2006:2007) defines “population” as a whole set of persons or objects that have some similar characteristic that is of interest to the researcher. Descombe (2010:23) defines it as all members of the group being studied. The researcher was interested in two populations namely, the population of the adolescents who had been admitted to the Desmond Tutu Child and Youth Care Centre in Pretoria North due to foster care breakdown during the period of field work, as well as the population of foster care parents from whom the adolescents were removed. In cases where the foster parents are couples and both were designated as foster parents, they were both interviewed during separate sessions. It was planned that if, by the time the researcher conducted the interviews, the participants at the said centre were not sufficient in number to conclude the study, participants from other similar child and youth care centres would be considered for inclusion. Since the researcher managed to obtain only five families from Desmond Tutu Child and Youth Care Centre and the data did not reach saturation, three more families were identified at Ga-Rankuwa Rearabilwe Child and Youth Care Centre.

Welman et al. (2005:74) define “sample” as a relatively small subgroup of the population. They also mention that the sample should have the same characteristics as the population (Welman et al. 2005:55). Arkava and Lane (in De Vos, Strydom & Fouché, 2005:27) define a “sample” as “elements of the population considered for actual inclusion in the study”, or it can be viewed as a subset of measurements drawn from the population in which we are interested. Grinnell and Unrau (2011:574) give a similar definition stating that a sample is “a subset of a population, objects, or events chosen to participate in or to be considered in a study”. Descombe (2010:23) describes it as a group chosen for study.

In order to reach the desired sample from the population, the researcher needs to select the sampling techniques that he/she will apply. Both Descombe (2010:25) and Dudley (2011:140) refer to two approaches or techniques of sampling which is “probability sampling” and “non-probability sampling”. Descombe (2010:25) refers to “probability sampling” as sampling that uses random selection which is based on statistical theory. He refers to “non-probability sampling” as approaches that do not operate on the principle of random selection and are used when the researcher aims to produce exploratory data. The participants are chosen in terms of

their expertise, experience or the fact that they might be unusual or different from the norm. Their selection is not through a matter of chance. Dudley (2011:140) refers to “probability sampling” as being when everyone in the population has the chance of being selected and the sample is considered representative of the population; whilst in “non-probability sampling” we do not know if every person in the population has an equal chance of being selected. Dudley (2011:144) also states that non-probability sampling is used in exploratory studies interested in gaining insight from the people in the sample.

According to Dudley (2011:144-146) as well as Descombe (2010:34-38), the following are the types of non-probability sampling which are defined as follows:

- “Convenience sampling”: Dudley (2011:144) also refers to this as “availability sampling”. It is the selection of people who are easiest to find and use in pilot studies. Descombe (2010:37-38) states that convenience sampling is built upon selections which suit the researcher.
- “Quota sampling”: According to Dudley (2011:144-145), quota sampling is used when comparing two or more groups and is used when the population is unknown to the researcher. Descombe (2010:34) defines the quota as used in market research as a method of choosing the event or people that make up the required number within each category and it is left to the researcher to choose who fills the quota.
- “Criterion sampling or purposive sampling”: According to Dudley (2011:145), in this method the participants are selected in terms of those who meet the criteria according to the purpose of the study. The method is used because a study is interested in views, the experience of people or people with a certain status, diagnosis, experience or set of circumstances. We can obtain the best information through focusing on a relatively small number of cases deliberately selected on the basis of their known characteristics (Descombe, 2010:34).
- “Snowball sampling”: According to Dudley (2011:146), this method is appropriate to use when it is difficult to identify or locate the kind of participants who are the focus of the study. The method reaches the desired sample by interviewing the people who are known to meet the criterion and they are asked to identify others, until the desired numbers of participants are found. According to Descombe (2010:37), with this method the sample

emerges through a process of reference from one person to the next who meets the purpose of the study.

Since this study was qualitative and used the explorative method and included participants who have experience with foster care placement and have experienced a breakdown of foster care, it was appropriate to use the non-probability sampling approach, applying the method of purposive sampling. The inclusion criteria for the two sets of samples can be summarised as follows:

**TABLE 1.1 INCLUSION CRITERIA FOR THE SAMPLES**

<b>All the adolescents who were in a place of safety and have experienced a breakdown of foster care.</b>	<b>Designated foster parents who have fostered adolescents who were in a place of safety and have experienced a breakdown of foster care.</b>
Males and females aged between 13-17 years who are willing and able to participate.	Foster parents who are willing and able to participate. In cases where the parents were a couple, both parties to be included in the sample.
Using any of the official languages of South Africa and translation would be done where necessary.	Using any of the official languages of South Africa and translation would be done where necessary.
Participants from the Desmond Tutu Child and Youth Care Centre. Should there be insufficient participants at Desmond Tutu Child and Youth Care Centre; the researcher would engage participants from the Ga-Rankuwa Rearabilwe Child and Youth Care Centre.	Residing within the Gauteng area.

The adolescents were approached by the researcher on a face-to-face basis and were presented with the letter requesting their participation and informing them about the research. The foster parents of the adolescents were first contacted telephonically to arrange for an appointment. The

head of the Desmond Tutu Child and Youth Care Centre granted permission for the study. The researcher presented the request verbally in a formal meeting. Since the adolescents were under the guardianship of the Department of Social Development, the researcher addressed a letter with the research proposal attached to obtain permission from the Head of the Department to conduct the study. This request was made using the standard application form as expected by the Gauteng Department of Social Development. This included a request for permission to contact the parents for the purpose of the study. Since the Ga-Rankuwa Rearabilwe Child and Youth Care Centre also falls under the same department, the researcher sent a copy of approval by the Head of Department to the head of the institution as a request for information and contact with the children in the Centre. The head of the institution who is also a social worker by profession, gave consent on behalf of the adolescents and the adolescents gave verbal consent to proceed with participation in the study as they were still minors. (See Addendum D)

#### **1.4.3.2. Methods of data collection**

Data collection is the process by which observation of behaviour is made (Cherulnik, 2001:452). Creswell (2007:118) refers to data collection as a series of interrelated activities aimed at gathering information to address the research question. Alston and Bowles (2003:67) quote Sarantakos (1998) saying that data collection methods are research tools for social scientists and further state that they are instruments used to obtain desired information.

Grinnell and Unrau (2011:414) make a distinction between the data collection method and the data source saying the data collection method consists of a detailed plan of procedures that aim to gather data for a specific purpose, that is to answer a question or test hypothesis while the data source is the supplier of the data e.g. people, records, and data bases. In this study, the purpose of collecting data was to answer the research question.

According to Marshall and Rossman (2011:137), qualitative research relies on four primary methods of gathering data:

- **“Participating observation”**: In this method, the researcher is both the participant and the observer simultaneously. This method of data gathering was not relevant as the researcher was not an expert in the field and did not meet the criteria of the sample.

- **“Observation”**: It involves capturing activities such as hanging around in the setting, getting to know the people and learning the routes. This method was not be relevant in this study as the research involved obtaining the perspectives of the participants and this could not be achieved by observation alone. There was a need to interact with the participants.
- **“Interviewing”**: Marshall and Rossman (2011:137) give the definition by Kvale saying that an interview is a “construction site of knowledge where two or more individuals discuss a theme of mutual interest”. Interviewing was used as a method of data collection as the researcher was interested in the breakdown of foster care of adolescents.
- **“Analysing documents and material culture”**: According to Marshall and Rossman (2011:160), this may include the researcher gathering demographic, geographical and historical data to justify selection of the site for research. This method sometimes supplements participating, observing and interviewing methods.

Descombe (2010:175-178) outlines different types of research interviews as follows:

- **“Structured interview”**: this involves “tight control” over the format and wording of the questions and answers. It is a questionnaire administered face-to-face with the participants.
- **“One-to-one interview”**: This involves an interview between the researcher and one participant. The views expressed during the interview stem from one source.
- **“Group interview”**: Refers to interviewing more than one person at a time.
- **“Focus group”**: Consists of a small group of people who are brought together by the researcher to explore attitudes, perceptions, feelings and ideas about a specific topic.
- **“Internet interview”**: This is conducted by using the internet. Not all participants have access to the internet.
- **“Semi-structured interview”**: Here the researcher has a list of clear issues to be addressed and questions to be answered. Both the interviewer and interviewee are flexible in terms of the order of the questions and topics to be considered. According to Cherulnik (2001:320), this method is based on asking the participants a series of organised questions either face-to-face or by telephone. De Vos, Strydom, Fouché and Delport (2011:351-352) state that semi-structured interviews are conducted to obtain a

detailed picture of the participant's beliefs, perceptions or accounts from the participant. The researcher has a pre-set of questions as a guideline but the order of the questions can vary and the researcher can explore new topics that may arise during the interview. Wengraf (2011:5) describes semi-structured interviews as being designed to have a number of interview questions prepared in advance, but such questions should be open enough so that the subsequent questions used during the interview can be improvised in a careful way. According to Silverman (2010:194), the interview guide is a set of questions used by the interviewer as a guide to allow the interviewee to set the pace.

Since the researcher aimed to explore and describe the factors contributing to the breakdown of foster care placements of adolescents from the perspectives of the adolescents and those of their foster care parents; **semi-structured interviews** were appropriate. These were conducted face-to-face and two sets of interview guides were used for the different samples (foster care parents and adolescents) as tools to set the pace of the interviews. In cases where the foster parents were couples and both were designated as foster parents, they were interviewed during separate sessions. As described by Marshall and Rossman (2011:160), the researcher used the registers and files of the clients from the centre to gather demographic data and to describe the geographical and historical particulars to justify selection of the site for research as well as those of the participants.

Descombe (2010:186-187) discusses the recording of interviews. He states that researchers should not depend on human memory only, as it is unreliable. Descombe (2010:187) mentions two ways of recording that can be used simultaneously. Field notes is when the researcher takes notes during the interview relating to the context of the location, climate and atmosphere of the interview, clues about the intention behind the statements and aspects such as non-verbal cues. Audio recordings offer a permanent record that is complete. The researcher used both methods. She clearly informed the participants about the aims of the research and asked their permission to record. This was included in the consent form.

The following are the interview guides followed for the two sets of samples:

### **Interview guide for foster parents involved in a foster care breakdown**

- What is your marital status?
- How old are you and your spouse?
- What is your gender?
- How long have you been fostering the adolescent?
- What motivated you to become a foster parent/s?
- Tell me about your experience in fostering an adolescent.
- In your understanding, what were the causes for the foster care breakdown?
- What advice would you give to foster parents who still have children in their care, who are growing to become adolescents?
- If you were to improve anything about the foster parenting experience you had, what will it be?

### **Interview guide for adolescents involved in a foster care breakdown**

- How old are you?
- What is your gender?
- How long have you been in foster care?
- Tell me about your experience of foster care.
- What is your understanding of foster care?
- In your understanding, what were the causes for the foster care breakdown?
- If you were to improve anything about being in foster care, what will it be?
- If you were given the opportunity to return to the same family, what would you do differently?

The above interview guides were only tools to assist the researcher to gather relevant data. The researcher used interviewing skills to assist the participants to provide sufficient relevant data. According to Donalek (2005:124), the purpose of all qualitative research is to understand some part of the human experience and therefore requires skills to conduct the interviews. The International Training and Educational Centre for Health (I-TECH) (2008:3-6) provides guidelines for getting the most out of an interview and describes the following:

**Building rapport:** This includes building a working relationship with the participants. According to I-TECH (2010:4) people are more willing to express themselves if they feel comfortable and safe. The quality of this relationship likely affects participants' self-disclosure, including the depth of information they may share about their experience. According to Knox and Burkard (2009:7), interviews should start with an appropriate greeting and an introduction of the interviewer and the purpose of the interview. Participants should be told why they have been selected for participation, and how the information they provide will be used, e.g. to better understand a problem in order to help improve services. The researcher provided this information verbally when meeting with the participants and in writing, namely the letter requesting participants to be a part of the study (see Addendum D).

**Question sequencing:** Sequencing interview questions is regarded as important. According to I-TECH (2008:4), it is necessary to "warm up" before tackling challenging, complicated questions. The researcher should begin in the present and move to questions about the past and future. This technique is especially appropriate when the interview requires a participant to reveal highly sensitive, illegal, or stigmatising information. This study required the participants to reveal sensitive information and therefore the researcher applied this skill.

**Probing:** Probing is an effective way to stimulate participants to provide more information. This technique encourages participants to say more without the interviewer inserting him- or herself into the narrative. The researcher had to apply this skill in order to gather rich information that might otherwise have been missed, as well as to get the participants to give information on their first-hand experiences with the breakdown of foster care placements (I-TECH, 2008:4).

**Summarising:** This is used at the end of an interview or after the participant has given a lengthy or complicated answer to a question. By summarising the response, the interviewer can make sure she or he properly understood the essence of what the participant communicated (I-TECH, 2008:6). The researcher used this skill from time to time in order to ensure that the correct meaning of the participants' response was captured.

#### **1.4.3.3 Pilot study**

Welman et al. (2005:148) mention that it is useful to test out a new research instrument and this process is called the pilot study. This is when the researcher administers the interview with a limited number of participants from the population to be studied using the guide prior to the

actual research study. According to Strydom and Delpont in De Vos et al. (2011:384), the pilot study should be administered in the same manner as the actual study. The researcher conducted a pilot study at the Desmond Tutu Child and Youth Care Centre. The following are the purposes of a pilot study, as summarised by Welman et al. (2005:148):

- To detect possible errors in the interview guide: With the pilot study the researcher established how adequate the interview guide was and made improvements where needed.
- To identify unclear questions or ambiguity: The interview guide was tested on whether it was clear and understood by the participants.

A pilot study gives the opportunity for the researcher to get a better sense of how the prospective participants think and live and to gauge what the questions might mean to them” (David & Sutton, 2011:97). More detail will be provided on changes made to the interview guide in Chapter 2, paragraph 2.2.3.

#### **1.4.3.4 Method of data analysis**

De Vos in De Vos et al. (2005:333) define data analysis as “the process of bringing order, structure and meaning to the mass of collected data”. Creswell (2007:148) mentions that data analysis in qualitative research consists of preparing and organising data into themes through a process of coding and presenting them in the form of figures, tables and discussions. According to Brink (2006:184-185), data analysis in qualitative studies involves examination of words rather than the numbers in the form of words gathered. He further states that data analysis does not occur separately from data collection. Coding is used to organise the data collected during the interviews. In organising the data the researcher establishes codes relevant to the research questions as well as his research objectives. In her study the researcher used the eight steps of the data coding process by Tesch (Creswell, 2009:186):

- The researcher read through all the transcripts carefully and wrote down her thoughts as they came to mind.
- The researcher chose the transcribed interview of the second participant as it appeared to be the most interesting and the shortest in the pile. She wrote down her thoughts on the underlying meaning of the interview.

- After finishing this task for several participants, the researcher made a list of all topics. She categorised similar topics together and listed these topics in columns as major topics, unique topics and left overs.
- The researcher used the list, abbreviated the topics as codes and wrote the codes next to the relevant parts in the text. The researcher found descriptive wording for the topics and turned them into themes, sub-themes and categories.
- She then made a final decision on the abbreviations for each theme, sub-theme and category and alphabetised these codes.
- The researcher sorted the data belonging to the each category in one section and performed an initial analysis.
- The researcher did not have to recode the existing data. She then started reporting her research findings.

Grinnell and Unrau (2011:448) state that the purpose of analysing data in qualitative studies is “to sift, sort and organise the mass of data acquired during data collection in such a way that the themes and interpretations that emerge from the process, address the original research problems identified”. Through this process, the researcher gathered data that addressed the original identified research problems. According to Mouton (2001:108), the aim of data analysis is to understand the various elements of one’s data by looking for the relationship between concepts, patterns or trends. Following the eight steps of Tesch, the researcher found commonalities from the data collected from adolescents who experienced foster care breakdown and those from the foster parents. The data was used to understand foster parents’ and adolescents’ perspectives of the factors contributing to the breakdown of foster care.

#### **1.4.3.5 Method of data verification**

Neuman and Kruger (2003:328) refer to verifying data as cleaning data after coding by checking that there are no coding errors. Grinnell and Unrau (2011:497) cite Lincon and Guba (2000) who defines the trustworthiness of a study as finding it to be authentic enough to allow researcher to act upon it with confidence. According to Marshall and Rossman (2011:40), trustworthiness refers to the trust we have in the study; how we evaluate it; and what evidence supports the

claims. The researcher referred to this process as data verification and applied the model of Guba, as outlined by Krefting (1990:214-220).

According to Krefting (1990:214-220), Guba's model of trustworthiness is relevant for qualitative research. This model refers to the four aspects of trustworthiness: "truth-value", "applicability", "consistency" and "neutrality".

- "Truth-value": Qualitative research is usually obtained from the discovery of human experiences as they are lived and perceived by participants. A qualitative study is credible when it presents data obtained from participants who experience the phenomenon being studied. Guba (in Krefting, 1990:217) refers to different strategies to ensure credibility. In order to ensure credibility the researcher used triangulation of data sources by gathering data from the adolescents who have lived in foster care and had the experience of foster care breakdown as well as the parents who fostered them. Peer examination was used as the researcher requested the input of her colleagues at the Child and Youth Care Centre. Her supervisor was also involved with the whole research process. The researcher used reflexivity to ensure credibility by making notes of her observations during the research process.
- "Applicability" refers to the degree to which the findings can be generalised – thus applied to other contexts or groups. Guba (in Krefting, 1990:214-220) refers to applicability in qualitative research as "fittingness" or "transferability". This means that the findings can fit other contexts or populations other than those of the research. Applicability was ensured by a dense or detailed description of the research process, including a detailed description of the context and sampling methods.
- "Consistency" refers to the constancy of data, that is, whether the findings would be similar if the research was replicated with the same participants or within a similar context. In qualitative research, the researcher learns from the participants without trying to control them, while the setting in the quantitative research is controlled. In qualitative research, the study is conducted in the participants' natural setting. Qualitative research emphasises the

uniqueness of the human situation, so that variation in experience rather than identical repetition is important. The participants might have the same experience, however they still maintain their uniqueness as individuals; therefore the findings of the study will not be expected to give the same results if conducted with another population with the same experience. In Guba's model (in Krefting, 1990:217), consistency is defined in terms of dependability which was ensured by describing the research method in detail and asking colleagues to check the research plan and steps of implementation.

- “Neutrality”: refers to the freedom from bias in the research procedures and results. It refers to the degree to which the findings are a function solely of the participants and conditions of the research and not of other biases. Guba (in Krefting, 1990:214-220) suggests that neutrality is about the data and not the researcher and that conformability needs to be established. In this study, conformability was increased by triangulation of data sources (both adolescents and foster parents) and reflexivity.

The methods of data verification are described in more detail in Chapter 2, paragraph 2.5.

## **1.5 ETHICAL CONSIDERATIONS**

When conducting scientific research there is an interaction with society and as such the researcher is expected to follow guidelines and regulations. Mouton (2001:238) refers to this as ethics and states that ethics refer to what concerns wrong and right in the conducting of research. Strydom (in De Vos et al. 2005:57) defines ethics as “a set of moral principles which is suggested by an individual or group, is subsequently widely accepted and which offers rules and behavioural expectations about the most correct conduct towards experimental subjects and respondents”. This set of principles can be used in different settings as sets of rules of conduct to be adhered to. According to Flick (2006:45), the purpose of ethics is to regulate the relations between research and the people and fields studied. Researchers should avoid harming participants involved in the research by respecting them and taking their needs and interests into account.

The following ethical principles, as suggested by various authors were applied in this study in order for the researcher to avoid harming the participants involved.

### **1.5.1 Avoiding harm**

Cone and Foster (2002:335-343) state that social research should “never injure the people being studied, regardless of whether they volunteer for the study or not”. The researcher should take reasonable steps to avoid harm to participants and minimise possible harm. Silverman (2010:156) gives a similar definition, namely that the researcher should take the responsibility of making sure that the research is conducted in such a way that it will protect participants from any danger or undesirable consequences. The topic of this study might have harmed some adolescent participants as they were under age. There was a chance of further harming the relationship between the adolescents and the foster parents. To avoid this, the researcher carefully explained the research aims and objectives to both sets of participants. Counselling was also made available to participants should they have felt a need for it or if the researcher identified possible harm. This was, however, not necessary as no harm was done during the study.

### **1.5.2 Maintaining anonymity and confidentiality**

According to Cone and Foster (2002:335-343), the researcher has the primary obligation to take reasonable precautions to protect confidentiality. Grinnell and Unrau (2011:93) describe anonymity and confidentiality as the inability of the researcher to connect any piece of information in a study to any given participant. The foster parents might have expected the researcher to divulge information shared by the adolescents. In this study, no information was shared with other participants. The implications of confidentiality were discussed with the foster parents and adolescents. Grinnell and Unrau (2011:304) further state that with interviews, anonymity can be compromised. Maintaining anonymity in this study might have been compromised by the nature of the setting. Since the researcher not only met the participants face-to-face, but also visited the homes of the foster parents, this might have become a challenge. The researcher however ensured that the information was kept confidential and ensured sufficient anonymity as suggested by Wengraf (2011:187). The researcher also made sure that the names of the participants did not appear anywhere in the records and that false names were used on all

records. The researcher also informed the participants about her legal as well as her professional obligations.

### **1.5.3 Informed consent**

Grinnell and Unrau (2011:91) refer to informed consent as safeguarding the individual's right to participate or not to participate and regard this as the critical element in ethical research. The researcher should receive permission from the participants after they are provided with information on the purpose of the interview and the study (Welman et al. 2005:201). According to Mouton (2001:244), the aims of the research must be communicated to the participants. The participants should be informed as to what will happen, on the repercussions of the study and the anticipated consequences. Creswell (2009:89) mentions that the researcher should develop an informed consent form for participants to sign before they engage in the study. He further mentions that the researcher should take into consideration the needs of vulnerable participants, who in this study were the adolescents, as they were minors. To accommodate these adolescents, they signed the forms with their guardian/s. Silverman (2010:155) elaborates on what informed consent entails:

- It provides information on the research which is relevant to participants' decisions on whether to participate in a research project.
- It provides information (verbally and in writing) to the participants, ensuring that they understand the information.
- It ensures that participation is voluntary. Where participants are not competent to agree (e.g. minors), consent needs to be obtained by proxy (i.e. from parents, guardians).

Flick (2006:49) is of the opinion that research should take the principle of informed consent as the precondition for participation. The participants of this study were informed of the purpose as well as the aims and objectives of the study and the use of voice and written recordings. They were provided with sufficient information about the study to allow them to decide to participate or not and this was done in a written form (see Addendum A, B and C). The heads of the Desmond Tutu Child and Youth Care Centre and the Ga-Rankuwa Rearabilwe Child and Youth Care Centre granted permission for the study. Since the adolescents were under the guardianship of the Department of Social Development, the researcher obtained permission from the Head of

the Department of Social Development to conduct the study (see Addendum E). As minors, the adolescents gave consent under guidance of the social worker or the head of the centre.

#### **1.5.4 Offering inducements**

Cone and Foster (2002:335-343) state that participants should not be promised any reward or incentives for participating in the study. Since the researcher practised as a social worker in the study setting, the danger existed that the participants could have expected a favour in the form of professional services in return for participating in the study. The researcher therefore clearly distinguished between her role as the researcher and that of a social worker.

The ethical considerations taken into account are discussed in further detail in Chapter 2, paragraph 2.6.

### **1.6. CLARIFICATION OF KEY CONCEPTS**

**Adolescent/adolescence:** Adolescence is a stage between the ages of 12 and 20 years that is marked by rapid transition between childhood and adulthood. It is a time of exploration and making choices, a process towards self-development (Kaplan, Sadeck & Sadeck, 2007:36-37). Papalia and Feldman (2011:396) describe adolescence as a transitional developmental stage that involves physical, emotional and social change occurring between the ages of 11 and 20 years of age. The study focused on the age group of 13 – 17 years as the researcher was interested in adolescents who are still minors.

**Child:** A child is any person under the age of 18 years (Richter, Manegold & Pather, 2004:12). The Children's Act (Act no 38 of 2005) (2006: section 1) also defines child as any person under the age of 18 years (Children's Act (Act no 38 of 2005) (2006: section 1)).

**Child and Youth Care Centre:** A child and youth care centre is a facility that provides residential care for more than six children who are not living with their biological families. This definition covers not only children's homes, but also places of safety; secure care centres, schools of industry, reformatories and shelters for street children (Mahery et al., 2011:8).

According to the Children's Act (Act No 38 of 2005) (2006: section191) it is a facility for the provision of residential care for more than six children outside the children's family environment in accordance with a residential care programme suited for the children in the facility.

**Child in need of care:** "Child in need of care and protection is a child who has been abandoned or orphaned and is without any visible means of support; displays behavior which cannot be controlled by the parent or care-giver; lives or works on the streets or begs for a living; is addicted to a dependence-producing substance and is without any support to obtain treatment for such dependency; has been or is at risk of serious physical or mental harm; or has been abused, neglected, or exploited" ( Children's Act (Act No 38 of 2005) (2006: sections 150).

The Department of Social Development (2005:5) also refers to a child in need of care as a vulnerable child and defines this as "a child whose survival, care, protection or development may be compromised due to a particular condition, situation or circumstance and which prevents the fulfilment of his or her rights". The participants in the study were all found in need of care and were placed in foster care. Since the foster care placement broke down, they were all placed in a Child and Youth Care Centre.

**Foster care:** Foster care is when a child has been placed in the care of a person who is not the parent or guardian of the child as the result of an order of the children's court, as described in the Children's Act (Act No 38) of 2005 (2006: sections 180). Foster care means 24-hour substitute care for children placed away from their parents or guardians and for whom the State has a placement and care responsibility. This includes, but is not limited to, placements in foster family homes, foster homes of relatives, group homes, emergency shelters, residential facilities, child care institutions, and pre-adoptive homes (Kris, 2000:1). According to Sellick (2006:69), foster care could have a short-term or longer term focus. Foster care could refer to supplementary and substitute care for short-term fostering, including a respite service for families and children to assist them in overcoming a temporary crisis often related to parental absence through illness or imprisonment or where the child has been or is likely to be harmed. In this study, both definitions apply.

**Foster care breakdown:** A foster care breakdown refers to the premature and unintentional termination of foster care (Sallnäs et al. 2004:143). A foster care breakdown refers to the situation in which one of the involved parties terminates the intervention before having achieved the goals established for the case plan (López, Del Valle, Montserrat & Bravo, 2011:111). This study did not discriminate in terms of who initiated the termination of foster care.

**Foster parent/foster carer:** According to the Children's Act (Act No 38 of 2005) (2006: section 180), a foster parent is a person who has care of a child by order of the children's court, and includes an active member of an organisation operating a cluster care scheme and who has been assigned responsibility for the care of a child. Foster carers provide a family-like environment within their homes for children who are unable to live with their biological families (Blythe, Jackson, Halcomb & Wilkes, 2012:237).

**Kinship foster care:** According to Save the Children (2007:2), kinship care is “an alternative care that is family based, within the child's extended family or with close friends of the family known to the child. Geen (2004:132) describes kinship foster care as living arrangements in which children do not live with either of the parents but who are instead cared for by a relative or someone with whom they had a prior relationship. All the adolescents in this study were found to be in kinship foster care.

**Perspective\**s: Litchfield and Gentry (2010:187-188) describe a perspective as the process of internally imagining the viewpoint of another. The Oxford South African School Dictionary (2010:449) defines perspective as the ability to think about problems and decisions in a reasonable way without exaggerating them.

## **1.7 DISSEMINATION OF RESEARCH RESULTS**

The research findings are outlined in the form of this report. An article will be compiled for submission and review and possible publication in a professional journal. The summary of the findings will be submitted to the Gauteng Department of Social Development as the research was conducted at their centres.

## **1.8. STRUCTURE OF THE RESEARCH REPORT**

The following section gives an outline of the content of the various chapters of the research report.

### **Chapter 1:**

This chapter consists of the introduction and the orientation of the report and the processes undertaken to reach the final results. It includes the following: problem statement; research question; research objectives; research methodology; research approach; research design; research design; ethical consideration and clarification of terms.

### **Chapter 2**

Chapter 2 describes how the researcher applied the qualitative research process. It also gives a detailed step by step explanation on how the methodologies were applied to reach the findings.

### **Chapter 3:**

In Chapter 3 the focus is on the detailed presentation of the findings compared to the existing literature related to the study. A full presentation of the data collected is presented in terms of themes and subthemes and then analysed.

### **Chapter 4:**

The last chapter serves as a summary of the research report. The research findings are outlined in the form of a summary, conclusions and recommendations.

## **1.9 CONCLUSION**

Chapter 1 provided an overview of the study and included the background of and motivation for the study, the research goal and objectives, as well as the methodology used during the study. Ethical considerations were discussed and key concepts defined. Chapter 2 focuses in more detail on how the planned methodology was implemented during the research study.

## **CHAPTER 2**

### **APPLICATON OF THE RESEARCH METHODOLOGY**

#### **2.1 INTRODUCTION**

In the previous chapter an outline of where the study emanated, the intention of the researcher as well as the aim and objectives of the study were discussed. This chapter will give a full description on the process of how the study was undertaken. The discussion will focus on how the research methodology and the research approach were applied to reach the aim and objectives of the study.

#### **2.2 RESEARCH METHODOLOGY**

Marczyk, DeMatteo and Festinger (2005:22) define research methodology as “the primary principles; procedures and practices that govern research”. According to Sim and Wright (2000:7), research methodology refers to “the general principle of investigation that guides a study; based on the underlying theoretical and philosophical assumptions.” In Chapter 1, paragraph 1.4, the researcher used the definition by Silverman (2010:109) that defines “methodology” as a general approach to studying a research topic and “the choices we make about cases to study, methods of data gathering, and forms of data in planning and executing a research study.” He further states that social methodology is either qualitative or quantitative. The researcher needs to choose the approach that is in line with the aim and purpose of the study. Welman et al. (2006:2) define research methodology as the logic in the techniques used while Marvasti (2004:146) describes it as the techniques for investigating a topic. Since the research is a behavioural science study with the aim of understanding the foster care breakdown from the perspectives of the foster parents who fostered adolescents and those of the adolescents who were in foster care, the researcher had to decide on the methodology most suitable to the purpose of the study.

### **2.2.1 Research approach**

According to Ryan-Nicholls and Will (2009:72), the two main approaches used in behavioural studies are “qualitative research, which employs such methods as life histories, historical narratives, ethnographic prose, first-person accounts and biographical and autobiographical accounts; and quantitative research which uses mathematical models and statistical tables and graphs, and often reports the research findings in impersonal, third-person style”. Wiid and Diggines (2013:59) describe the qualitative approach as research that explores issues and understands underlying reasons and motivation. They then describe the quantitative approach as research that aims at determining the relationship between phenomena. According to Marlow and Boone (2005:9), the quantitative approach requires studying large groups and they aim to predict what causes events. When describing the qualitative approach, Marlow and Boone (2005:11) declare that with this research the researcher composes knowledge inductively and describes the relationship among phenomena. As opposed to the quantitative approach, it uses words instead of numbers to understand the meanings and patterns of relationships. The number of participants is usually small because the focus is on collecting data in depth from each participant to understand the participants’ subjective experience of the phenomena studied.

When deciding on the research design and approach, the researcher has to determine the specific question to be answered (Marczyk et al. 2005:123). Gravetter and Forzano (2012:158) give the definition of the quantitative approach as research based on measuring variables and usually using scores, while the qualitative approach is based on making observations that are summarised and interpreted in a narrative report. They further mention that the difference between the two is the kind of data they produce. Quantitative research produces numerical data whereas qualitative research attempts to describe and interpret the phenomena being studied. According to Marlow and Boone (2005:12), both approaches have advantages to the researcher but the decision depends on the type of study.

In this study, the researcher hoped to find answers to the following research questions: From the perspectives of adolescents previously in foster care, what are the factors contributing to the breakdown of foster care placements of adolescents? From the perspectives of previous foster parents, what are the factors contributing to the breakdown of foster care placements of

adolescents? The intention was to engage with the participants and interpret the phenomenon, namely the breakdown of foster care placements of adolescents. An in-depth understanding of the participants' perspectives of the phenomenon as well as their descriptive knowledge about it was needed in this study. The researcher aimed to obtain information from the adolescents in foster care as well as from the foster parents which is descriptive, in-depth and explains clearly their experiences about foster care breakdown. To achieve this, a qualitative approach was therefore identified as most suitable and was therefore implemented. The data produced was narrative in nature.

In Chapter 1 paragraph 1.4.1 of this study, the key features of the qualitative approach were outlined, according to Babbie and Mouton (2001:270-271). In this section the researcher will give a brief explanation of how these features or characteristics were applied. The first feature of the qualitative approach is that it is conducted in the natural setting of the participants. The foster parents of the adolescents were interviewed in their homes whilst the adolescents were interviewed at the place of safety. According to Welman et al. (2005:193), the task of the qualitative approach is "to uncover and explicate the ways in which people in particular settings come to understand and manage their situation as well as problems and difficulties they encounter". In attending to this task, the researcher included in the interview guide questions that allowed participants to give data on how they perceive the breakdown of foster care. Both the adolescents who were in foster care as well as the foster parents were asked about their own experiences of foster care and how they could have handled the situation better. Participants were also afforded the opportunity to describe their family background and setting and how they influenced the breakdown.

The next key feature of the qualitative approach, according to Babbie and Mouton (2001:270-271), is that qualitative research involves "in-depth description and understanding of actions and events". In this study, semi-structured interviews were conducted in a manner that encouraged the participants to fully describe their experiences with foster care and the factors contributing to its failure. The participants from both sides gave their own understanding of what foster care is and their experience of foster care from the start until the breakdown. According to Ulin, Robinson and Tolley (2005:50), in qualitative approach the researcher also seeks to know how

participants make sense of their world as well as the interaction with their human interaction. The interview guide included questions that collected data on the behaviour of the adolescents as well as how the foster parents handled the problems.

The third key feature of the qualitative approach, according to Babbie and Mouton (2001:270-271), is the concern of understanding social action in terms of its context rather than attempting to generalise to some theoretical population. According to Green and Thorogood (2009:25), the researcher seeks to understand the world of the participants and will do this by not concentrating on what participants do not know, but rather on what they do know. This study did not seek to compare the perspectives of the adolescents in foster care to those of the foster parents; however the data collected from them aimed to bring their perspectives together in order to gain a common understanding of the factors contributing to foster care breakdown with adolescents.

The following section gives a description of how the research design was applied and the processes utilised in producing the data.

### **2.2.2 Research design**

Green and Thorogood (2014:36) view the research design as decisions about what sort of study will be undertaken, how data will be collected, generated and analysed. Wiid and Diggins (2013:54-55) describe and elaborate on what a research design is and also view it as the outline of the research plan that includes how data will be collected and analysed. According to Monette, Sullivan and DeJong (2002:8-9), with research design the key issues addressed include who will be studied; how they will be studied; and what information will be gathered from them. Marvasti (2004:90) refers to the research design as the steps that the researcher follows to complete his/her study from start to finish. In following these steps, Wiid and Diggins (2013:55-56) state that the researcher may use specific objectives which may be explorative, descriptive, conclusive or causal. According to Monette et al. (2002:3), research in social science generally focuses on prediction, description, exploration, or evaluation as the goals of the research. For the purpose of this study, the researcher used the explorative, descriptive and

contextual design as the goal of the research was to explore and describe the phenomena of foster care breakdown within a specific context.

#### **2.2.2.1. Explorative design**

Monette et al. (2002:3) describe the explorative research design as involving an explanation to the why and how of the situation. It does not only describe however, it also looks at the causes of the event (Marlow & Boone, 2005: 13). According to Wiid and Diggenis (2013:56), the objective of exploratory research is not just to acquire or collect relevant data, but it also aims to develop insight and understanding of the phenomenon being studied. It is often used when information is needed about a problem. In this study, the interest was on the problem of the breakdown of foster care with adolescents. The researcher needed to have an understanding of the phenomenon by collecting information that would explain factors contributing to the problem. The explorative design used was appropriate as it assisted the researcher to acquire the in-depth understanding needed. Again, the manner in which the interviews were conducted gave the opportunity to collect data that could be used to explain how the participants understood the breakdown of foster care.

#### **2.2.2.2 Descriptive design**

Bhattacharjee (2012:6) defines descriptive research as “attempting to describe systematically a situation, problem, phenomenon, service or program, or provides information about an area of research”. Descriptive research’s emphasis is on the in-depth description of the phenomenon under study (Wiid & Diggins, 2013:56). It provides vital information that determines the extent of the particular problem (Marlow & Boone, 2005:13). Using this method in the qualitative approach gives a rich description of the phenomenon. However, the researcher needs to sample participants who are well versed in the subject. According to Monette, et al., (2002:3), the descriptive design targets facts and reality. Applying the descriptive design in this study was meaningful as it culminated in a description of how both the foster parents and the adolescents previously in foster care viewed foster care breakdown from their own experience as well as how they described this phenomenon as a problem. Collecting data directly from the participants who had experienced foster care breakdown gave the opportunity to obtain information that can be viewed as meaningful and that are factual from first-hand experiences.

### **2.2.2.3 Contextual design**

Stinchcombe (2005:16) gives a description of context in social science. His view is that most causal processes are bound to conditions. These conditions include the environment and how they shape meanings. According to Leong and Austin (2006:448), cultural factors constitute the theoretical background. Qualitative researchers value the natural settings in which research is done, so that the study can be better understood from participants' own perspectives. The natural environment of the participants influences their perspectives, experiences and responses to the study (Ulin, et al.2005:22). These authors hold the same view as Leong and Austin (2006:448) that social culture shapes the meaning of the study. Conducting research within the environment of the participants' lives provides a better and richer understanding of their experiences.

In this study, the researcher's intention was not just to gather information on the breakdown of foster care, but also to develop an in-depth understanding of the phenomenon from the perspectives of both the foster parents and those of the adolescents who experienced foster care breakdown. The researcher had to find data collecting methods that would best achieve the intention. She also had to perform the data collection in the natural settings of the participants therefore all the foster parents were interviewed in their home setting. Since the adolescents had already experienced foster care breakdown, their natural setting was the place of safety they were placed in as an alternative to foster care. The places of safety were Desmond Tutu Child and Youth Care Centre as well as Ga-Rankuwa Rearabilwe Youth Care Centre. This gave a better understanding of how the adolescents perceived being in alternative care as part of the foster care breakdown.

## **2.3 RESEARCH METHODS**

Various authors give their views of what constitutes research methods. For Green and Thorogood (2014:57) it is the description of how data will be collected, who will be the sample and the issues of how to access the data. Flick (2002:147) defines research methods as specific research techniques that are used in the research process. According to Welman et al. (2005:2), research methods include procedures, sampling, measuring variables, collecting and analysing data. They further mention that the aim of the study will determine which method is suitable. The next

section gives a description of which research methods were applied; who the populations of interest were, and how participants were sampled from the populations, as well as how data was accessed, collected and analysed.

### **2.3.1 Population and sampling**

Bhattacharjee (2012:65-66) gives the definition of a population as all people or items with the characteristics that one wishes to study and Gravetter and Forzano (2012:138) assert that it is the larger group of interest to the researcher. Welman et al. (2005:52) define population as the objects, organisations, humans and events and comprises the total collection in which the researcher is interested. In this study, the researcher was interested in two specific populations, namely the population of the adolescents admitted to the Desmond Tutu Child and Youth Care Centre due to foster care breakdown as well as the population of their foster care parents. The researcher planned that should it occur that by the time she conducted the interviews, the participants at the said centre were not sufficient to conclude the study, participants from other similar Child and Youth Care Centres, such as Ga-Rankuwa Rearabilwe Child and Youth Care Centre or Father Smangaliso Mukhatshwa Child and Youth Care Centre, would be considered. This was indeed the case and the adolescents residing in the Ga-Rankuwa Rearabilwe Child and Youth Care Centre were added to the population.

According to Wiid and Diggines (2013:181), it is not possible to interview the whole population and therefore one needs to select a sample. They give the definition of a sample as the number selected from the population that represents a true reflection of the population the researcher is interested in (Wiid & Diggines, 2013:183). Gravetter and Forzano (2012:138) mention that populations are too large to reach as they contain too many individuals, therefore the researcher must rely on the smaller group which he refers to as a sample. In defining the sample further, the authors state that it is “a set of individuals selected from a population intended to represent the population in a research study”. To obtain the sample, the researcher needed to choose a sampling method.

In Chapter 1, Paragraph 1.4.3.1, various sampling techniques were discussed which assisted the researcher to reach a decision in this respect. Some of the techniques used in research will be

briefly reviewed from the perspectives of different authors. Gravetter and Forzano (2012:137) mention probability sampling and non-probability sampling as the main sampling strategies in research, while Ulin et al. (2005:54) refer to probability sampling and non-probability or purposeful sampling.

Descombe (2010:25) refers to “probability sampling” as sampling that uses random selection which is based on statistical theory. He refers to “non-probability sampling” as approaches that do not operate on the principle of random selection and these are used when the researcher aims to produce exploratory data. The participants are chosen because of their expertise, experience or the fact that they may be different from the norm. Their selection is not a matter of chance. According to Dudley (2011:140), “probability sampling” is when everyone in the population has the chance of being selected, and the sample is considered representative of the population; whilst in “non-probability sampling” we do not know if every person in the population has an equal chance of being selected. Dudley (2011:144) also states that non-probability sampling is used in exploratory studies interested in gaining insight from the people in the sample.

In Chapter 1 paragraph 1.4.3.1, a summary is provided of the various types of non-probability sampling described by Dudley (2011:144-146) as well as Descombe (2010:34-38). In this section the researcher expands on this summary and applies it in more detail:

- **“Convenience sampling”:** Dudley (2011:144) also refers to this as “availability sampling”. It is the selection of people who are the easiest to find and is often used in pilot studies. Descombe (2010:37-38) states that convenience sampling is built upon selections which suit the researcher.
- **“Quota sampling”:** According to Dudley (2011:144-145), quota sampling is used when comparing two or more groups and is used when the population is unknown to the researcher. Descombe (2010:34) defines quota sampling as being used in market research as a method of choosing the event or people that make up the required number within each category and it is left to the researcher to choose who fills the quota. The sample is selected conveniently from the subgroups of the population (Gravetter & Forzano, 2012:154).

- **“Criterion sampling or purposive sampling”**: According to Dudley (2011:145), in this method the participants are selected in terms of those who meet the criteria according to the purpose of the study. The method is used because a study is interested in views, experiences of people or people with a certain status, diagnosis, experience or set of circumstances. This method operates on the basis that “we can get the best information through focusing on a relatively small number of instances deliberately selected on the basis of their known attributes” (Descombe, 2010:34). This technique was chosen as the most suitable for qualitative studies (Green & Thorogood, 2014:121). These authors mention that if the study aims to explore the phenomenon, the purposive technique is relevant as it selects the participants that are likely to generate appropriate and useful data sufficient to answer the research questions. Wiid and Diggins (2013:190) refer to this technique as “judgment sampling” and describe it as the technique where the participants are subjectively and deliberately selected by the researcher to represent the population as he/she believes they are knowledgeable and have experience of the research subject. According to Monette et al. (2002:151), in purposeful sampling the researcher uses judgment and prior knowledge to choose the sample that would best serve the purpose of the study.
- **“Snowball sampling”**: According to Dudley (2011:146), this method is appropriate to use when it is difficult to identify or locate the kind of participants who are the focus of the study. The method reaches the desired sample by interviewing the people who are known to meet the criteria and they are then asked to identify others until the desired numbers of participants are found. According to Descombe (2010:37), with this method the sample emerges through a process of reference from one person that meets the purpose of the study to the next person. Ulin et al. (2005:58) refer to this technique as a form of sampling technique whereby the researcher asks participants to identify other individuals who might meet the criteria. This technique is useful when the individuals have knowledge to provide information or data on the phenomenon. According to Swanborn (2009:135), snowballing is used in cases where the population is hard to find.

According to Nicholls (2009:639), in qualitative studies the sample should provide appropriate and sufficient insight into participants’ experiences; should use participants who will enrich the

researcher's explanations; and participants should represent a variety of human experiences. In qualitative studies, generalisability and sample size are not vital but rather the focus is on exploring the experiences, the quality of data and the sample should provide information that will be of value to the study (Monette et al. 2002:137-138). Taking the above-mentioned criteria and nature of the qualitative study into account, non-probability studies are more relevant when one is conducting a qualitative study (Murphy & Dingwall, 2003:104-105).

The researcher in this study took advantage of these characteristics and chose to apply the non-probability sampling methods using the purposive sampling technique. She embarked on selecting the participants whom she thought would fit the criteria. The sample included adolescents aged between 13 and 17 years of age who had been admitted to the Desmond Tutu Child and Youth Care Centre and the Ga-Rankuwa Child and Youth Care Centre who had experienced a breakdown of foster care, as well as their foster parents who were willing to participate. Adolescence is a stage between the ages of 12 and 20 years (Kaplan et al. 2007:36-37). The study focused on the age group of 13 – 17 years as the researcher is interested in adolescents who are still minors.

English was the main language used, however the participants were at liberty to respond in their own language when they felt more comfortable to express themselves better and the researcher also used English and the preferred language of each participant. The languages included Setswana, Afrikaans and IsiZulu. It was not difficult for the researcher to reach the homes of the foster parents as they resided in the surrounding areas of Pretoria except one who was in Brits, not far from Pretoria. As anticipated, due the nature of the movement of the children in places of safety there were not sufficient participants at the Desmond Tutu Child and Youth Care Centre during the data collection period to reach data saturation. Therefore the researcher also engaged participants from the Ga-Rankuwa Rearabilwe Child and Youth Care Centre which is also a place of safety in Pretoria run by the same department.

The two groups of participants were selected from the records of the two places of safety. With the first place of safety (Desmond Tutu Child and Youth Care Centre) the researcher had the advantage of being employed there and had access to the records and permission to use the

records was granted verbally. With the second place of safety (Ga-Rankuwa Rearabilwe Child and Youth Care Centre), the information from the records had to be provided by the social worker with the prior permission of the head of the institution and the Head of the Gauteng Department of Social Development. This information assisted to identify the most suitable participants from the population according to the selection criteria tabled in Chapter 1. The sample consisted of 18 participants, being eight adolescents who experienced foster care breakdown and who were placed in a place of safety as a result; and 10 of their former foster parents.

The table below indicates the biographical details of the participants.

**TABLE: 2.1. BIOGRAPHICAL DETAILS OF PARTICIPANTS**

Name (pseudonym)	Biographical details of the participants							Child and Youth Care Centre (C.Y.C.C)
	Adolescents interviewed			Foster parents interviewed				
	Gender	Age	Race	Name (pseudonym)	Gender	Age	Race	
Sasha	Female	14	Indian	Mrs. S	Female	52	Indian	Desmond Tutu Child and Youth Care Centre (D.T.C.Y.C.C)
Mpho	Female	14	African	Mrs. M	Female	68	African	D.T.C.Y.C.C
Phindile	Female	15	African	Mr P	Male	58	African	Ga-Rankuwa Rearabilwe Child and Youth Care Centre (G.R.C.Y.C.C)
				Mrs. P	Female	58	African	
Lesedi	Female	15	African	Mrs. L	Female	43	African	G.R.C.Y.C.C
Anna	Female	14	Coloured	Mrs. A	Female	68	Coloured	D.T.C.Y.C.C
Joyce	Female	17	Coloured	Mr J	Male	47	Coloured	D.T.C.Y.C.C
Dennis	Male	16	White	Mr D	Male	56	White	D.T.C.Y.C.C
				Mrs. D	Female	56	White	
Tebogo	Male	15	African	Mrs. T	Female	69	African	G.R.C.Y.C.C

As mentioned above, the total number of participants was 18 with six female and two male adolescents and seven female and three male foster parents all of whom had experienced foster care breakdown. Five of the adolescents interviewed were placed at Desmond Tutu Child and Youth Care Centre and three were from Ga-Rankuwa Rearabilwe Child and Youth Care Centre.

### **2.3.2 Data collection**

Marlow and Boone (2005:164) describe data collection as obtaining information from the participants. According to Flick (2002:11), there are mainly two ways of data collection used in qualitative research which are verbal and visual. Flick (2002:12) describes visual data collection as the method whereby the researcher will observe the participants, be among the participants or take photographs or even a video. Monette et al. (2002:225) refer to this as observation and describe it as a method where the researcher has direct contact with the participants which may include video and audio recordings. The researcher hears the words and sees the behaviour of the participants. Marlow and Boone (2005:164) suggest that the researcher may even be amongst the participants and refer to this as participant observation. Verbal methods of collecting data make use of semi-structured interviews or narratives. In the next paragraphs the preparation for data collection and method of data collection are discussed.

#### **2.3.2.1 Preparing for data collection**

According to Flick (2002:55), the first level of data collection may include seeking authorisation from relevant authorities. Monette et al. (2002:175) give guidance on how to apply for approval to conduct research with human participants from the relevant authorities. They emphasise the importance of knowing the correct procedures and forms to be used. Since the participants were the clients of the Gauteng Department of Social Development the researcher had to apply to the Head of Department before administering the interviews. A standardized Departmental application form and the proposal for this study were sent as a request for permission and permission to conduct the study was granted in March 2013 (see Addendum E). The participants included the adolescents who were minors residing at the two places of safety Desmond Tutu Child and Youth Care Centre and Ga-Rankuwa Rearabilwe Child and Youth Care Centre, therefore further negotiations were made with the managers of the two facilities to gain access and sign the consent forms on behalf of the adolescents. The researcher had to negotiate participation with the individual adolescents. Appointments were made with the adolescents to explain to them the purpose of the study and to confirm their individual consent to participate in the study and continue with the interviews.

In respect of the foster parents, telephonic contacts were made to request participation as well as arranging for interviews. In instances where two parents participated, each one signed the individual consent form before proceeding with the interview (see Addendum D). The purpose of the study as well as the ethical considerations, were clearly explained to all participants. The researcher explained the methods to be used which included administering the semi-structured interviews.

### **2.3.2.2 Pilot study**

Monette et al. (2002:9) define a pilot study as the trial run of all procedures planned in administering and gathering data. Ulin et al. (2005:122) refer to this process as the rehearsal by the researcher to test if the participants will understand the questions in the interview guide and whether the participants will understand the purpose of the study. According to Green and Thorogood (2014:57), a pilot study in qualitative research tests the feasibility and predicts barriers with the data collection method. Tuner III (2010:757), on the other hand, states that a pilot test should be conducted with participants who have the same characteristics as those who will participate in the study and it is usually a small part of the target population. The pilot test also assists the researcher to evaluate the appropriateness of the interview guide.

When conducting a pilot study, the data collected should be analysed as they would be in the complete project (Monette et al. 2002:98). According to Ulin et al. (2005:123), the process of the pilot study should be recorded and transcribed as it is also included in the study. In this study, the pilot was conducted with two adolescents and three parents of the participants. The data collected was transcribed and analysed with the rest of the data collected in the main study. In this process the researcher made the following amendments to the questions in the interview guide provided in Chapter 1, Paragraph 1.4.3.2.

**TABLE: 2.2. INTERVIEW GUIDE FOR ADOLESCENTS PREVIOUSLY IN FOSTER CARE**

<b>In the initial interview guide</b>	<b>Amendments</b>	<b>Additions</b>
What is your gender?	Left out	Who was staying in the household? (Was added to gain an in-depth understanding of the context of the participants).
How long have you been in foster care?	How old were you when you entered foster care?	What were the reasons for being fostered? (Was added to gain in-depth understanding of the participants of the study).
		Was the foster care formalised by the court? (Was added to gain in-depth understanding on the subject of the study).
		How was your relationship with the family members? (Was added to gain in-depth understanding of the subject of the study and the context of the participants).
		What was your expectation of being fostered? (Was added to gain in-depth understanding of the subject of the study and the context of the participants).

**TABLE 2.3 INTERVIEW GUIDE FOR FOSTER PARENTS**

<b>In the initial interview guide</b>	<b>Amendments</b>	<b>Additions</b>
What is your gender?	Left out	Who was staying in the household? (Was added to gain in-depth understanding of the context of the participants).
		Was the foster care formalised by the court? (Was added to gain in-depth understanding of the subject of the study).
		What was your expectation when you decided to foster a child? (Was added to gain in-depth understanding of the subject of the study and the context of the participants).
		How did the biological parent influence foster care? (Was added to gain in-depth understanding of the subject of the study and the context of the participants).

**2.3.2.3 Methods of data collection**

In Chapter 1 paragraph 1.4.3.2, the description of data collection by Cherulnik (2001:452) is given as the process by which observation of behaviour is made. Monette et al. (2002:9) refer to this as the part of research that gives a description of what kind of data will be collected and how

it will be done. Mouton (2001:104-105) gives a full discussion of data collection methods and mentions four methods to collect data in social research which include observation, interviewing, testing and selecting and analysing texts. He further identifies various types linked to each data collection method as follows: observation includes experimental, systematic and participant observation; interviewing consists of structured self-administered questions, structured telephonic interviewing, semi-structured interviewing and free attitude interviewing. Testing incorporates psychometric and psychological testing while selecting and analysing includes textual analysis, textual criticism, discourse analysis, conversation analysis and ethnomethodology.

According to Ulin et al. (2005:71), the three main methods of data collection in qualitative research are observation, in-depth interviews and group discussions. In Chapter 1 the researcher referred to Marshall and Rossman (2011:137) who identify “participating observation”, “observation”, “interviewing” as well as “analysis of documents and material culture” as primary sources of data collection used in qualitative research. Descombe (2010:175-178) outlines different types of research interviews namely “structured interview”, “one-on-one interview”, “group interview”, “focus group”, “internet interview” and “unstructured interview”. Based on the categories identified above, the researcher will discuss data collection methods and motivate her choice of method:

**“Participant observation”:** According to Monette et al. (2002:227), this method is used when the researcher is interested in behaviour. It may include the causal understanding of the everyday world of the population and, depending on the purpose of the research; the researcher may be an observer from a distance or become part of the participants (Ulin et al. 2005: 72). This method of data gathering was not relevant in this study as the researcher is not involved in foster care and does not meet the criteria for the sample.

**“Observation”:** This involves capturing activities such as hanging around in the setting, getting to know the people and learning the routes (Marshall & Rossman, 2011:137). This method was not relevant in this study as the research involved obtaining the perspectives of the participants

and this could not be achieved through observation only. There was a need to interact with the participants.

**“Analysing documents and material culture”:** According to Marshall and Rossman (2011:160), this may include the researcher “gathering demographic data or describing geographical and historical particulars to justify selection of the site for research”. This method sometimes supplements participating, observing and interviewing methods. Marlow and Boone (2005:164) refer to this method as logs and journals and it is often used in interpretive studies. This study is an explorative and descriptive study and the researcher did not make use of any documents.

**“Focus group”:** According to Ulin et al. (2005: 89), a focus group is the use of group interaction to gather information that would not be accessible without the dynamics found in the group. According to Nicholls (2009:642), focus groups are used by qualitative researchers because the members of the focus group are seen to represent a microcosm of the population. Marlow and Boone (2005:40) describe the focus group as a special group formed to help decide on the research question and research method. This group is used mostly when the study is funded by an agency or is even about a particular community. Considering the purpose of this study as well as the nature of qualitative study the researcher was interested in, this method was not seen as ideal.

**“Interviewing”:** Ulin et al. (2005: 81) state that interviewing is the method whereby there is a one-to-one exchange between the participant and the researcher. Interviews are vital in qualitative research as researchers need to understand the lived experience of the participants. Monette et al. (2009:163) describe interviewing as the interviewer reading the questions to the participants and recording the responses. They further state that interviewing affords the researcher the opportunity to explain questions that the participants may not understand (Monette et al. 2002:185). According to Nicholls (2009:640), interviews can be structured, semi-structured or unstructured.

**Structured interviews** are based on a predetermined topic, and the interview follows a pre-prescribed format (Nicholls, 2009:640). Welman et al. (2005:165) describe structured interviews as compiled questions from an interview schedule and the researcher is restricted to the order and the wording of questions in the interview schedule. According to Marlow and Boone (2005:166) with structured interviews the interviewer knows in advance the questions to ask, which may be developed by the agency, i.e. any organisation conducting the study.

Marlow and Boone (2005:167) define **unstructured interviews** as similar to a conversation except for the fact that both the interviewee and the interviewer know that they are in an interview. With this type of interview there is no predetermined set of questions (Ulin et al. 2005:43).

**Semi-structured interviews** are described by Nicholls (2009:640) as the opposite of structured interviews. They are also based on a pre-defined set of broad questions and themes, but they allow for variations where the researcher decides that new information is needed. These interviews are guided by an interview guide, consisting of a list of questions. However, the order and wording of these questions may be changed and more questions may be added (Welman et al. 2005:165). In this study, the researcher made use of semi-structured interviews to allow her room to change the wording depending on the individual participant and how the interview developed. These dynamics were experienced by the researcher and she had to pose the same questions differently to different participants due to the way in which each interview unfolded. Each participant narrated data in such a manner that the researcher could not stick to the order of the questions in the interview guide. She posed the questions in a manner that was best to collect the most valuable data from each individual participant in order to understand the life experiences of the participant.

According to Pope and Mays (2006:16), the researcher conducting an interview in a qualitative study needs to have skills. Amongst others, these may include reflecting and probing. According to Monette et al. (2002:183), probing is used when the researcher needs clearer and more complete responses. Ulin et al. (2005:84) define probing as a kind of question that takes the discussion to a deeper level. This skill was used to get the participants to give in-depth data on

their experiences. Pope and Mays (2006:18) state that when collecting data, the interviews can be recorded either as written notes or audio recordings and to avoid missing information audio recording is preferred. The researcher opted to use both in order to keep notes of non-verbal cues that may not be audio recorded.

As the study unfolded, a need to have the voice of an expert was realised. The researcher wanted to confirm whether what was said in the literature relating to kinship foster care and services offered to foster families correlated with the current situation within the selected populations. This may be viewed as another form of triangulation that involves the use of a wide range of participants as defined by Shenton (2004:66). She describes this as the process whereby an individual's viewpoints and experiences can be verified against others and, ultimately, a rich picture of the attitudes, needs or behavior of those under scrutiny may be constructed based on the contributions of a range of people. In order to obtain this, the researcher interviewed three social workers who work with foster care placements from the Gauteng Department of Social Development, the Christelik Maatskaplike Raad and Tshwane Child Welfare. The social workers from Gauteng Social Development and Tshwane Child Welfare were identified by the researcher as they had previously placed adolescents at the Desmond Tutu C.Y.C.C due to foster care breakdown whilst with the social worker from the Christelik Maatskaplike Raad the researcher was referred to her by another social worker in the same organisation who had previously placed adolescents in the Desmond Tutu C.Y.C.C due to foster care breakdown. The worker contacted the three officers telephonically to make appointments and e-mailed the consent forms as well as the information letter prior to the interview. The social workers from the Gauteng Department of Social Development and Tshwane Child Welfare were interviewed telephonically whilst the social worker from Christelik Maatskaplike Raad was interviewed at the offices of the Christelik Maatskaplike Raad in Acardia.

#### **2.4. METHODS OF DATA ANALYSIS**

Monette et al. (2002:9) define data analysis as “unlocking raw information hidden in the raw data and transforming it into something useful and meaningful”. “It is how data fits together as a whole; bringing together context and meaning” (Ulin et al. 2005: 144). According to Hunt, Chan,

Quiebec and Mehta (2011:193), data analysis is also valuable for evaluating the broader interview process. Listening to audio recordings of an interview while reviewing transcripts helps with identifying the verbal cues used, and silences allowed or resisted and whether the participant was able to express her- or himself fully. The step of reviewing transcripts or recordings with supervisors or mentors can also provide an additional and valuable source of feedback. Swanborn (2009:14) refers to data analysis as “compressing data” collected and interpreting it with the research question in mind. According to Ulin et al. (2005:144), data analysis in qualitative research includes the sequence of “reading”, “coding”, “displaying”, “reducing” and “interpreting”.

In this study, the researcher applied the eight steps of data coding process method by Tesch as outlined by Creswell (2009:186) and they are explained in chapter one, paragraph 1.4.3.4.

Engaging others in data analysis may encourage a broader approach to that of the researcher. This is called “open coding” by Green and Thorogood (2014:247). Through this; the researcher may include a data expert to challenge his/her assumptions of the data and ensure that he/she has not closed off other avenues of enquiry. In doing this, the researcher in this study subjected the transcript to an expert (a professor in social work with extensive research experience) who also brought other avenues and dimensions to the themes, subthemes, categories and subcategories. Although there were broad commonalities between the two, the researcher used, in comparison to the expert, more detailed categories. After discussion between the researcher and her supervisor, many of the researcher’s sub-themes and categories were merged when it became clear that there were insufficient storylines to support them. The themes and sub-themes identified by the expert and by the researcher are tabulated below:

**TABLE: 2.4. A COMPARISON BETWEEN THE CODING BY THE RESEARCHER AND THE INDEPENDENT CODER**

<b>The researcher</b>		<b>Independent coder</b>	
<b>Theme</b>	<b>Sub-themes</b>	<b>Theme</b>	<b>Sub-themes</b>
Family	Ages of the teenagers	<i>The coder did not have themes relating to</i>	

compositions	in foster care	<i>family composition</i>	
Motivation for fostering	Onset of foster care	Understanding of and motivation for fostering	
	Expectation of foster care	Foster children's wish list for self and others	To return to foster parents "not naughty"  Never to return to foster parents  Be accepted as a unique person
	Period of foster care	<i>No themes</i>	
	Understanding of foster care		Foster care is alternative care within family/relatives context
Experiences of foster care	Teenagers' experiences	Experiences of foster care when entering the foster home	Mostly satisfactory first memories
	Foster parents' experiences	Foster parents' experience of fostering and breakdown	Predominantly good experiences of early childhood behaviours
Reasons for foster care breakdown	Foster parents' reasons		Uncontrollable adolescent behaviour
	Teenagers' reasons	Adolescents' experiences of foster care and causes of breakdown of foster	Carry burden of house work  Foster mother's anger provoked anger

		care	Favouritism left feelings of rejection
	Biological parents' involvement	<i>No themes</i>	
	Other family members' involvement	<i>No themes</i>	
Behaviours of the teenagers	Behaviours presented	<i>Mentioned under experiences</i>	Uncontrollable adolescent behaviour
	Reasons for behaviours according to the teenagers	<i>No themes</i>	
	Reasons for behaviours according to the foster parents	<i>No themes</i>	
Support by the social service	Involvement of the social worker		Social work support and intervention
Removal to the alternative care	Involvement of the social worker	<i>No themes</i>	
Preventing the breakdown of foster care	The view of the teenager	<i>No themes</i>	

The final themes, subthemes and categories used to describe the findings are presented in the form of statements in Chapter 3.

The sample in this study included different races namely white, coloured, Indian and African. All these races spoke different languages which included Sepedi, Setswana, isiZulu, Afrikaans and English. Although the interview guide was in English, the researcher had to translate the questions for most of the participants. Her transcriptions and notes however were converted into

English. She therefore had to translate all the other languages to English during the transcribing from the audiotapes. Since the researcher is fluent in these languages it is believed that the translation did not influence the data. She also did not make use of any commercial qualitative data analysis software and the coding of data was done using MS Word.

## **2.5 METHODS OF DATA VERIFICATION**

Errors may occur when coding data and there may be a need to ensure that these errors are corrected (Wiid & Diggins, 2013:231). According to Monette et al. (2002:388), this may occur no matter how careful the researcher is, therefore examining data is recommended and this process is called data verification.

In verifying data, the researcher used Guba's model of trustworthiness as stated by Krefting (1990:214-220). As mentioned in Chapter 1, paragraph 1.4.3.5, the model is based on the four aspects of trustworthiness: "truth-value", "applicability", "consistency" and "neutrality".

**"Truth-value":** According to Guba (in Krefting, 1990:214-220), a qualitative study is credible when it presents data drawn from persons familiar with the phenomenon being studied. It should represent interpretation of human experiences of people who share that experience. To validate the truth-value, the researcher obtained data sources by gathering data from the adolescents who lived in foster care and had experienced foster care breakdown as well as the parents who fostered them. According to Ulin et al. (2005: 167), in order to ensure credibility the researcher may move beyond the initial research question to gain in-depth perspectives and this can be achieved by comparing the final interpretation with the initial expectations. Monette et al. (2002:388) refer to truth value as triangulation and define it as the process whereby the researcher checks the data obtained to those of other researchers. In this study, the collected data was analysed with reference to previous research studies with a similar focus. The supervisor was involved and consulted as the process of the study was unfolding. Good interviewing techniques were used that helped in making notes and maintaining observation during the interviews. To further qualify the data collected, three social workers who render foster care services in three different sectors namely Gauteng Department of Social Development, Christelik

Maatskaplike Raad and Child Welfare were interviewed regarding kinship foster care arrangements and how they are viewed by their organisations (see paragraph 2.3.2.3).

When applying the criteria “**applicability**”, the researcher made reference to Guba (in Krefting, 1990:214-220), stating that applicability refers to when the findings of the study can be applied to other contexts and settings or with other groups and that they can be generalised. This means that the findings can fit other settings or populations other than the researcher’s original study. Ulin et al. (2005:26-27) refer to this as being able to generalise the outcome in such way that if it is repeated it will yield the same results. The sampling method used in this study provided a good representation of the population as it offered data that was rich enough to represent the experiences of adolescents and foster parents that have experienced foster care breakdown. This chapter also provides a detailed or dense description of the methodology of the study and should enable other researchers to follow the same process.

“**Consistency**”: Guba’s model in Krefting (1990:217) refers to the constancy of data, that is, whether the findings would be similar if the inquiry were replicated with the same participants or within a similar context. The key in qualitative research is to learn from the participants rather than to control them. Qualitative research is conducted in the participants’ natural setting. It emphasises the uniqueness of the human situation, so that variation in experience rather than identical repetition is the ideal. The participants may have the same experience but they still maintain their uniqueness as individuals. Therefore, the findings of the study will not be expected to give the same results if conducted with another population having the same experience. In Guba’s model (in Krefting, 1990:217), consistency is defined in terms of dependability which is ensured by describing the research method in detail and asking colleagues to check the research plan and steps of implementation. The research steps planned for this study were clearly described in the research proposal and the supervisor assisted the researcher to follow these steps as far as possible. According to Ulin et al. (2005:26), due to the contextual nature of qualitative research it is not expected that if the same study is replicated with a population with similar characteristics it would yield exactly the same results, but it would find logically consistent patterns. To attain consistency, the researcher needs to have clear research

questions connected to the research purpose. The research questions in this study were clear and relevant to the purpose of the research.

**“Neutrality”:** Guba (in Krefting, 1990:214-220) defines neutrality as freedom from bias in the research procedures and results and states “It refers to the degree to which the findings are a function solely of the participants and conditions of the research and not of other biases”. Guba (in Krefting, 1990:214-220) suggests that neutrality is about the data and not the researcher and that conformability needs to be established. This implies that the researcher will be objective with the information obtained from the participants (Marlow & Boone, 2005:165). According to Welman et al. (2005:178), in order to maintain neutrality the researcher should avoid using leading questions. Ulin et al. (2005: 26) define conformability as the ability of the researcher to maintain a distance between personal values and those of the participants in the study. As a professional social worker, the researcher has the obligation to maintain non-judgemental values and ethics. She was not biased when analysing the data from either the adolescents or the foster parents. Data used was solely derived from the reports of the participants. None of the questions in the interview guide or even the follow up questions was leading in nature.

In Chapter 1 paragraph 1.4.3.5, the researcher mentioned that she will increase conformability by applying both reflexivity and triangulation. Green and Thorogood (2014:23-24) give guidance on how the researcher applies reflexivity and state it involves reflecting critically on the research itself. The researcher should reflect on the following: why is it possible to ask the research questions; are the questions legitimate; and how do they attract findings? This will help in answering the assumptions that are brought to the study. According to Murphy and Dingwall (2003:183-184), applying triangulation involves the use of multiple data collections methods. In this study, data were collected from two populations which were adolescents in foster care as well as the foster parents of adolescents. The data gathered from the two samples complemented each other. Whilst conducting the interviews, the researcher also observed the non-verbal cues of the participants which included facial expression; tone of voice; as well as gestures when responding to questions.

## 2.6 ETHICAL CONSIDERATIONS

According to Murphy and Dingwall (2003:142), all research involving human participants raises ethical questions and this includes the obligation the researcher has as well as the rights of the participants. Marvasti (2004:133) refers to ethical considerations as the do's and don'ts with regard to the participants and the information about them. In Chapter 1, paragraph 1.5, the definition of ethics by Strydom in De Vos et al. (2005:57) was given, as "a set of moral principles which is suggested by an individual or group which is subsequently widely accepted and which offers rules and behavioural expectations about the most correct conduct towards experimental subjects and respondents. This set of principles can be used in different settings as sets of rules or conduct to be followed or adhered to." According to Monette et al. (2002:50), ethical considerations refer not only to participants, but also apply to the sponsors of the study and the beneficiaries. These authors make mention of six basic issues in social research, namely informed consent; deception; confidentiality and anonymity; physical or mental distress and fraud in sponsored research (Monette et al. 2002:55).

Monette et al. (2002:62-63) state that researchers have the responsibility to avoid subjecting participants to either physical or mental distress. This may include physical danger or being stigmatized. According to Murphy and Dingwall (2003:152), **avoiding harm** includes refraining from asking questions that may cause distress. All researchers are obliged to protect the participants from harm that may occur in the process of the study. Risk should be minimised and removed. This may be physical or emotional (Gravettor & Forzano, 2012:77). Where potential harm exists, the participants should be informed of this (Monette et al. 2002:62). In this study the only harm which may have occurred could have been emotional distress to participants emanating from discussing their personal experiences that may have been unpleasant. The researcher did not observe this occurring with any of the participants. Interviewing skills were applied to avoid the possibility of this risk. The researcher avoided confrontations and posed questions in a sensitive manner. The participants were also made aware that they were at liberty not to answer any question with which they felt uncomfortable. Marvasti (2004:137) supports this action by saying that participants need to be informed in advance about the type of questions and that they may end the interview as they wish. To allow the participants to be at ease the

researcher may also remind the participants about the confidentiality of the information which was done in this study (Ulin et al. 2005: 89).

**Maintaining anonymity and confidentiality** are ways of ensuring the privacy of participants (Monette et al., 2002:60). Anonymity means that no-one can link specific data to a particular participant. Green and Thorogood (2009:69) explain that confidentiality is not divulging the information gathered from interviews. According to Marvasti (2004:137), confidentiality and anonymity include safeguarding the identities of the participants and this is the important part of ethical considerations. In making sure that this ethical issue was observed, the researcher secured the information from the interviews using disguised names when recording and made use of codes when transcribing. Having to approach the head of each place of safety for permission of entry as well as to schedule appointments with the adolescents may be viewed as compromising the anonymity of the adolescents. However, the head of the institution did not know which adolescents would be approached and adolescents selected did not know who else participated in the study. To secure confidentiality, the researcher did not share any information or data obtained from the interviews with other participants.

Donalek (2005:125) states that the **informed consent** from participants 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 consequence". According to Green and Thorogood (2009:68-69), informed consent implies that the participants are capable of making sound decisions about participating in the study and should not be forced. Murphy and Dingwall (2003:159) refer to this as having autonomy and self-determination. According to Marlow and Boone (2005:106), informed consent involves informing participants fully about their role and the consequence of participating in the study and seeking their permission. It should assist the participants to understand the purpose and process of the study and that they are voluntarily participating in the study (Gravettor & Forzano, 2012:84). The process of signing an informed consent form should be undertaken in advance. All participants must receive and sign an informed consent form that clearly stipulates their right to participate or not in the study, before the interview takes place. This consent form must include information on any possible risks to participants. In the case of participants under the age of 18, this form must

be signed by their parent or legal guardian (Bhattacharjee, 2012:138). In this study a clear informed consent form, based on the requirements of the university, was presented to the participants before the interview. The foster parents, as participants, were requested to sign after the research goals and process had been explained to them. The heads of the places of safety provided consent for the adolescents as they were younger than 18 years, however the adolescents were also informed about the research and agreed to participate (see Addendum A, B, C and D). The form included the information about the study as well as their rights to participate (see Addendum C). This was also explained to all the participants. Foster parents were informed about the purpose of the study over the phone when requesting and arranging for an appointment. This information was repeated before the start of the interview. Adolescents were informed during the initial request to participate as well as before the interview began. None of them were forced to participate in the study.

According to Monette et al. (2002:171), **offering inducements** refers to offering payment to increase the response rate. Gravettor and Forzano (2012:79) state that in studies where inducement is likely, the researcher should avoid making excessive promises. This study had no inducements for the participants and as such none was promised. The researcher did not experience any challenges in this regard with the participants. Since the participants in the study also included the clients from the Centre where the researcher is a social worker; it was anticipated that the clients might expect some form of favour from her. This challenge was not experienced. The researcher ensured that none of the participants were her clients.

## **2.7 POTENTIAL LIMITATIONS OF THE STUDY**

According to Marlow and Boone (2005:280), no research study is perfect. There will always be errors and limitations and they reflect the nature of the study. Flick (2002:91-92) explains the limitations of semi-structured interviews. He makes mention of the assumptions that the participants will respond to the questions freely and openly and that the sequence may be restrictive to the researcher. In this study, the researcher was not restricted to the sequence of the questions in the interview guide. A pilot study was also conducted to test the suitability of the guide which assisted in making changes to the original interview guide. Regarding responding

freely, the impression is that not all participants disclosed the information as it actually was. For example, when talking about the behaviour of the adolescents, two foster parents mentioned involvement of the adolescents in occult activities while the particular adolescents did not mention anything of that. This could be due to the nature of the information and the adolescents not knowing what the researcher may do with the information.

Access to the institutions in which the participants reside may be viewed as a limitation to the research. There may be a need for authorisation which was the case in this study. According to Flick (2002:55), this may become complicated when different levels of authority have to be approached to gain access. This became a limitation in the sense that the researcher had to await authorisation from the head of the Gauteng Department of Social Development for five months which dramatically delayed her progress. Furthermore, the researcher had to approach the head of each place of safety for permission to enter as well as to schedule appointments with the adolescents.

Another limitation may be the willingness of participants to participate in the study (Flick, 2002:57). The researcher did not experience barriers in this regard. The purposive sampling method was used. This means that the participants were available and willing to participate in the study (Marlow & Boone, 2005:144-145). Using purposive sampling was an advantage as the researcher selected the sample that included the foster parents who were experiencing foster care breakdown with adolescents as well as the adolescents they had fostered.

## **2.8 CONCLUSION**

In this chapter the researcher gave an in-depth description of how the study was conducted. A full discussion of the research approach, research design and research methodology including techniques of sampling, the data collection method, the method implemented to analyse the data, as well as the strategies followed to ensure data verification were included. The discussion also incorporated the ethical considerations affecting the study and the limitations of the study.

The next chapter will concentrate on the findings of the study which are presented with the necessary literature review.

## CHAPTER 3

### RESEARCH FINDINGS AND LITERATURE REVIEW

#### 3.1 INTRODUCTION

In this chapter, the results of the study are outlined. An overview of the biographical data of the participants is presented in the form of a table followed by a discussion. The findings are presented in the form of a discussion with a literature review. The results are outlined in terms of the themes, sub-themes, categories as well as the sub-categories.

#### 3.2 BIOGRAPHICAL DATA OF THE PARTICIPANTS

Table 3.1 gives a summary of the biographical data of the participants. For the purpose of this study, the sample consisted of two groups: the adolescents who experienced foster care breakdown and were admitted to a Child and Youth Care Centre (place of safety); and their foster parents. The foster families resided in the areas surrounding Pretoria and in Brits.

**TABLE: 3.1. BIOGRAPHICAL DATA OF THE PARTICIPANTS**

Name (pseudonym)	Biographical data							Period of foster care
	Adolescents interviewed			Parents interviewed				
	Gender	Age	Race	Name (pseudonym)	Gender	Age	Race	
Sasha	Female	14	Indian	Mrs. S	Female	52	Indian	12 years
Mpho	Female	14	African	Mrs. M	Female	68	African	13 years
Phindile	Female	15	African	Mr P	Male	58	African	Less than a year
				Mrs. P	Female	58	African	
Lesedi	Female	15	African	Mrs. L	Female	43	African	12 years
Anna	Female	14	Coloured	Mrs. A	Female	68	Coloured	12 years
Joyce	Female	17	Coloured	Mr J	Male	47	Coloured	7 years
Dennis	Male	16	White	Mr D	Male	56	White	5 years
				Mrs. D	Female	56	White	
Tebogo	Male	15	African	Mrs. T	Female	69	African	10 years

The total number of participants was eighteen, consisting of eight adolescents and ten parents. There were five males, two being adolescents and three parents. The number of females was thirteen, being six adolescents and seven parents. For three of the families, foster care lasted between five and ten years; for four families, the period was twelve to thirteen years; and only in one family, foster care lasted for a period of less than a year. With this particular family, the adolescent entered foster care whilst being in the adolescent stage already. In the three families where foster care lasted between five and ten years, the adolescents entered foster care in their toddler developmental stage; the others entered foster care when they were infants.

With all these placements, the expectation was that the adolescents would be in foster care until at least the age of eighteen and might well stay with the families until they were independent. In the study conducted by Farmer et al. (2004:9, 41-42, 85) on factors facilitating the success of adolescent foster placements, 68 participants between the ages of 11 and 17 years were included. Social workers also expected that the children would be in foster care until they were independent. However, the duration of placement varied from over six months to more than a year. Sinclair et al. (2005:7) conducted a study with 596 children in foster care for up to 14 months with the primary purpose of discovering how successful foster placement can be defined and measured. They found that children who stayed in the same family for longer than three years were in the minority. Only 18% of their sample stayed in foster care for longer than three years. According to them, the determining factor was age. The children who stayed in foster care for longer than three years were under the age of 14 years. They concluded that foster care provides permanency for children under the age of ten (Sinclair et al. 2005:129-132).

In this study, only one adolescent (Phindile) was in foster care for a period of less than two years which equals 12.5% of the participants, while 87.5% were in foster care for a period of five to 13 years. Phindile entered foster care when already in the adolescent stage, while all the rest entered a foster family before they turned nine years of age. Although the percentage differs substantially, these findings are supported by those of Sinclair et al. (2005:129-132) in that it seems that foster care provides permanency for children who entered foster care under the age of ten years.

### 3.3 DISCUSSION OF THE THEMES, SUB-THEMES, CATEGORIES AND SUB-CATEGORIES

When analysing the findings, the researcher organised the data in terms of themes, sub-themes, categories and sub-categories. Table 3.2 gives the summary of this analysis.

**TABLE 3.2 SUMMARY OF THE THEMES, SUB-THEMES, CATEGORIES AND SUB-CATEGORIES**

THEMES	SUB-THEMES	CATEGORIES	SUB-CATEGORIES
1. Family structure	1.1. The composition of the foster families and the relation to the foster child varied		
	1.2. All the adolescents were in kinship foster care		
2. Motivation of foster parents to foster a child			
3. Experiences and understanding of foster care	3.1 Foster parents had positive and negative experiences of foster care		
	3.2. Foster parents provided reasons for foster care breakdown	3.2.1. Adolescents' behaviour in foster care contributed to the foster care breakdown	3.2.1.1 Adolescents' substance abuse and involvement in occult contributed to the foster care breakdown
			3.2.1.2. Adolescents' inappropriate sexual behaviour contributed to the foster care breakdown
		3.2.2. Contact with biological parents or other relatives contributed to the foster care breakdown.	
	3.3. Adolescents had positive and negative experiences of foster care		
3.4. Adolescents provided reasons for the foster care breakdown		3.4.1 Their behaviour contributed to the foster care breakdown.	3.4.1.1. Their inappropriate sexual behaviour contributed to the foster care breakdown.
			3.4.2.2. Their involvement in substance abuse contributed to the foster care breakdown.

		3.4.2. Contact with biological parents or relatives contributed to the foster care breakdown.	
		3.2.3. Abuse in the foster family contributed to the foster care breakdown.	
4. Preventing foster care breakdown	4.1. Involvement of social workers can prevent foster care breakdown	4.1.1 Foster parents had positive and negative perspectives on the involvement of social workers	
		4.1.2 Adolescents had positive and negative perspective of the involvement of social workers	
	4.2. Advice to other foster parents can prevent foster care breakdown		
6. Removal to alternative care			
7. Re-unification			

The rest of the chapter discusses each of the themes with their accompanying sub-themes, categories and sub-categories by providing story lines from the interviews, which are verified by existing literature.

## **THEME 1: FAMILY STRUCTURE**

The total number of 18 participants who came from eight sets of families were interviewed as individuals. Each one participated as an independent individual and, in order to gain a better understanding of how each participant experienced foster care, it was necessary to obtain an overview of their family composition. The background of each family will also assist in understanding their dynamics as entities as well as how each structure contributes or affects the perspectives of an individual participant.

Each one of the families had their own unique characteristics. Four races participated in the study, namely whites, coloureds, Indians and Africans. There were large and small families and families with more than one adolescent as a foster child. All of them were biologically related to the foster child or to the spouse of the biologically related parent.

The following section gives a description of the families that participated in the study as they appear in Table 3.1.

### **Sub-theme: 1.1. The composition of the foster families and the relation to the foster child varied**

Gullota and Blau (2008:29-30) define the family by using a description by the family system theory. They state the nuclear family today is not only composed of the biological parents and their biological children. It encompasses stepparents, foster parents, grandparents and others who are also part of the family system. They further mention that the manner in which a family functions is determined by the boundaries it sets. Van der Riet (2009:37) is also of the opinion that family is “mostly constituted of members who are biologically related or bound in some form of legal contract”. He further states that “families may also have their own broader idea of who belongs to their system. The children are added to the system by birth, foster care, adoption or other guardian arrangements”.

All the families that the researcher encountered in this study varied in terms of their composition. There were families with only the adolescent and the foster parent; those which fostered a number of siblings from different parents and from the same parents; those which had own children living in the same household; as well as those whose children have already grown up and left the household.

Part of the first family was a 14 year old Indian female adolescent (Sasha) who was in foster care since the age of two years. The family consisted of her and her paternal grandmother as well as her 11 year old brother who was also fostered. This means that the foster parent (Mrs. S) was biologically related to the adolescent in foster care. Both the grandmother and the adolescent described their relationship as strained due to the behaviour of the adolescent. The biological mother passed on and the biological father was not actively involved with the family.

*“I was fostered by my grandmother; my father’s mother.”*

*“It was fine at the beginning. It became a problem when she started going out with friends. She will not listen to me. You see I don’t want her on the streets. She must come back home from school, do homework and do dishes after supper but she will come back very late and refuses to*

*do her homework. This child became naughty. She started with the relationship issues with girls; smoke and drink alcohol.”*

The second family was African, consisting of only the foster mother (Mrs. M), who was the maternal grandmother and the 14 year old female adolescent (Mpho) in foster care. Mrs. M was divorced. The two have been together for 13 years even though there was a breakdown for a few months previously. Their relationship had been described as not good even before the adolescent stage. Both biological parents passed away.

*“It was in 2006 and we took a break when she went to her paternal grandparents in Limpopo and continued in 2007.”*

*“Well! She is my grandchild. My daughter’s child! She passed on and that is not the reason for fostering her. They were staying with my ex-husband before my daughter passed on and they both could not care of her. So she has been with me since age two”*

The third family that the researcher encountered was an African family. The family had both a foster mother and father (Mr and Mrs. P) who were not married. They fostered three children who were their grandchildren from their daughter who passed away a year before the interview. There were other members of the family who stayed in the household. The adolescent who was interviewed was a female aged 14 years old (Phindile). She was in foster care for a period of less than a year. The relationship with both foster parents was reported to be strained.

*“The boy is now 18 years old; the big girl is 15 years old and; the youngest is 11 years old they are all my late daughter’s children.”*

*“My grandfather is as bad as my granny. Sometimes he was fine sometimes he was not. He was unemployed and depended on my granny.”*

The fourth family was that of an African 15 year old female (Lesedi). In this family there were both a foster father and mother, however only the foster mother (Mrs. L) was interviewed as the

father was unavailable during the visit to their home for the interview. The couple was legally married and had one son older than the foster child. Their relationship with Lesedi was strained due to her behaviour; however it was described as good before her adolescent stage. The adolescent is related to the foster mother who is her paternal aunt. She has been in foster care since she was two years old. The biological mother was reported to have since abandoned her and left her with the father at age two. The father has not been actively involved since the child was placed with the aunt.

*“She is my brother’s daughter.”*

*“I’m married but my husband is not here at the moment.”*

The fifth family consisted of a 14 year old coloured female (Anna) who was fostered by her maternal grandmother (Mrs. A) who was divorced. She has been in foster care since she was aged two years old. The foster mother was also fostering other grandchildren from three of her daughters. The foster mother and all the foster children were residing with the foster mother’s brother, the maternal uncle to the adolescent. The adolescent was reported to have a strained relationship with most members of the family due to her behaviour. Mrs. A described the adolescent’s biological mother as interfering with discipline.

*“It was fine when I was small but when I got big she started hitting me, swear at me and I did not like it.”*

*“Like my other grandchildren that I fostered were removed to another place of safety and it did not work as there are no Afrikaans schools there. It did not work out they were confused.”*

The next adolescent participant was a 16 year old coloured female (Joyce) who was fostered by her maternal uncle and his wife. She had been in foster care for seven years before she was removed to a place of safety with allegations of both physical and emotional abuse by the foster mother. The couple also fostered three other adolescents from the foster mother’s family. They were still with her as the couple was in the process of divorce. Only the foster father (Mr J) was

willing to participate. The relationship between him and the adolescent was described as good and the breakdown was blamed on the foster mother. The biological mother passed on and she had given no information about the father to the family,

*“I was staying with my maternal uncle; his wife and her brothers and her sister.”*

*“Like I said I take her as my own child, I love her very much. This is where I teach her a lot. I talk to her. Speak to her. I motivate her a lot. I also give her love. The times I did not visit her in the place of safety it was difficult for me.”*

Both parents participated in the study from the seventh family. They were a white couple (Mr and Mrs. D) who fostered an adolescent (Dennis) for five years before he was removed to a place of safety due to uncontrollable behaviour. Dennis, a 16 year old male in foster care, is the nephew of the foster father. His father was the elder brother of the foster father. He passed away five years before the study was conducted. The biological mother who was not actively involved with the foster family, seldom visited, however when she did, she had the habit of disrupting the foster system. The son of the foster parents was part of the family and he had a good relationship with the adolescent in foster care. Both the adolescent and the foster parents described their relationship as strained due to the behaviour of the adolescent in foster care.

*“Ok. Me and my uncle’s wife! She did not like me so much. I did not listen. I smoked in the caravan; I was cheeky with her. That is the reason.”*

*“Yes. So when the father died, he died with lung cancer. It was just a case of we had to decide where the children were going as the mother was not here. She was there and here. She disappeared for months on ends.”*

The last family, the eighth, was that of a 15 year old African male (Tebogo) who was fostered by his mother’s paternal aunt (Mrs. T) because his mother passed on and there were no other close relatives for him and his two siblings. The two siblings, one of whom was also an adolescent, were still in foster care and no problems were reported with them. The foster family was

composed of other family members, including the foster mother's two daughters and the couple's own children. They were all reported to have a good relationship with the adolescent. He was removed due to alleged inappropriate sexual behaviour.

*“It was very nice. She did everything for us. If you asked her something and she does not buy, it means she did not have money and she usually explained.”*

*“It was in 2003 when their mother passed on. She was my brother's child who was staying in another province. When he died I had to look after her, however she was staying with the father of the three children in Alberton.”*

Farmer et al., (2004:41-42; 67) came across almost the same kinds of family composition in a study on improving the foster care of adolescents. In their study, out of a sample of eight families only three families consisted of two foster parents and both foster parents could only be interviewed from two of the families. With all the families there were other family members in the household except for one where it was the adolescents and the foster mother only. The family members included the children of the foster parents, their relatives as well as the siblings of the foster child.

Questions can be raised as to whether a foster care placement can be defined as a family. Sinclair, et al., (2005: 149-150) raised this question and in trying to arrive at some answers, they administered a questionnaire to foster children. Six questions were asked including whether foster care is family care. Different responses were given. The conclusion of that study was that adolescents viewed foster care in terms of their relationship with their carers. Some viewed it as a safe and satisfactory alternative care and some as a threat to their family bond. In this study, the issues of relationships as well as relations were considered as factors that may contribute to the breakdown of foster care. The adolescents had different views about their foster families depending on their circumstances. Most of them wanted to become part of the foster family at the beginning of the placement and before the adolescent stage. However, this changed as they became teenagers and did not fit in with the life style and structures of those families.

Van der Riet (2009:30) states that foster care is all about family life and children. She gives a definition by Whitelaw, McFadden, Michaud and Costin (cited in Van der Riet, 2009:30) that “family foster care is a social system with many component or parts and complex interrelationships between those parts”. This is what was observed in the families that participated in the study. There were different components interrelating with one another.

Booyesen (2006:37) describes adolescents in foster as being faced with the fact that they have to adapt to a new family system that they are not used to, while bringing their own ideas about family life with them. Whilst having to cope with these changes, they also have to deal with their own developmental needs. In contrast, in this study most children were placed in foster care when they were young; only one had to deal with adjustment to foster care and adolescence at the same time.

### **Sub-theme: 1.2. All the adolescents were in kinship foster care**

The Committee of Inquiry into Foster Care of Children (cited in Van der Riet, 2009:30-31) defines foster care as a “statutory care within the context of family for the child who cannot be cared for by parents in the short, medium or long term; while services to parents are continued with the purpose of restoring the child to their care within a certain period of time. The purpose of foster care is to create permanency in a child’s life either by restoring him to parental care or by achieving continuity in the foster care placement”. In South Africa, foster care is defined in terms of the Children’s Act (Act No 38) of 2005 (2006: section 180). This is also the pillar in legalising foster care. The definition also mentions with whom the child can be placed and that includes family members who are not the parent or guardian of the child.

In this study, all the foster parents were family members or related to the children in foster care. All foster parents reported that they did not formalise foster care immediately when they took the children into their care. They were either advised by a social worker or relative to formalise when they were experiencing some kind of challenge with the children. None of the families had a social worker involved from the outset. The reasons for involving a social worker differed:

*“I actually did not know. I was helped by the social worker. She is the one who said I must get the grant because child was not mine.”*

*“The welfare worker suggested that it will be in the best interest of us and the child.”*

*“We are not actually the foster parents. We are not the legal foster parents. We were for a short period. His father my brother lived with us and his family on the farm for twelve years and he passed on in January 2008 we took him to stay with us under our care for more or less than a year. Then it came to a point where we went to the magistrate and we fostered the child.”*

As indicated above, all placements in this study entailed placements with relatives other than biological parents, such as grandparents, aunts and uncles. Of the eight adolescents, one was fostered by the paternal grandmother; two by the maternal grandmother; one by both maternal grandparents; one by the paternal aunt and husband; one by the maternal uncle and wife; the other one by the paternal uncle and wife and finally one by the paternal aunt of his mother. In five of the families, the foster parents were related to the biological mother of the adolescent being fostered.

In Chapter 1 the different types of foster care were outlined, which include the following: “kinship foster care”; “relief care”; “emergency fostering”; “short term care”; “intermediate or medium-length fostering”; “long term or permanent fostering”; and “private fostering”.

With kinship foster care, children are placed with relatives and placements are rarely made by the social workers. Social workers get involved long after the child has been staying with the family (Farmer & Moyers, 2008:14,104). In their study on kinship foster care, Farmer and Moyers (2008:29) found that most of the children were placed with their grandparents and maternal grandparents were in the majority.

According to the information gathered from the interviews with expert social workers working with foster care cases, foster care with relatives is being encouraged and there are families coming forth to formalise their foster care (Moshupje, 2014; Mohale, 2014; and Landman, 2014).

In this study, all adolescents were fostered by their families or relatives. It can therefore be concluded that the type of foster care for all the adolescents in this study was kinship foster care. The findings of this study also correlate with literature indicating that social workers only become involved long after the children started to live with the family and that most of the children were placed with relatives from the maternal side of the family and in half of the cases, with grandparents.

## **THEME 2: MOTIVATION OF FOSTER PARENTS TO FOSTER A CHILD**

The purpose of foster care, as stated in Chapter 12 section 181 of the Children's Act (Act No 38) of 2005 (2006:section 181), is: "To protect and nurture children by providing a safe, healthy environment with positive support; promote the goals of permanency planning, first towards family reunification, or by connecting children to other safe nurturing family relationships intended to last a lifetime; and respect the individual and family by demonstrating a respect for cultural, ethnic and community diversity." Fernandez (2013:31) mentions that there are multiple factors that contribute to the decision by families to take a child into their care. These factors include all forms of child abuse; physical abuse of the child as well as substance abuse by biological parents. Thomas (2005:21-24) also lists the same reasons, but includes the need for education.

In this study, all the foster parents indicated that the children were placed in their care as a matter of fulfilling social responsibilities and being loyal to the family. All the children were in need of care and the foster parents were the ones available for them. The children's parents experienced problems and they needed assistance with their children e.g. the parents could not take good care of the children due to social problems such as substance abuse. Some children were placed because their parents were deceased.

Sasha was fostered because her parents could not take care of her and her little brother due to the biological mother's mental condition before her death. The paternal grandmother had to take responsibility.

*“Their mother had a nervous breakdown before her death I had to take them though the girl was already staying with me. My son has a drinking problem so for my grandchildren to have a better life I had to take them.”*

*“That was when the little one was born in 2003 but I was staying with the girl from since she was about four. You see she is my son’s child and he and his wife they could not take care of them then I had to take them.”*

Mrs. M reported that she fostered her granddaughter, Mpho, because her daughter could not cope with having a child. It was a mutual agreement. Contrary to the other parent who fostered her grandchildren, she reported that she had to take the child due to total neglect resulting from alcohol abuse.

*“Well! She is my grandchild. Her mother my daughter passed on and that is not the reason for fostering her. My daughter was staying with my ex-husband (her father) in Rustenburg who went unemployed and bankrupt. She told me that they were going hungry as well as the baby. I said bring the child here even though I was working and had to take the child to crèche at 7am.”*

*“This is my daughter’s child. My daughter drinks a lot. I went there a very long time ago by taxi and I found her very drunk. She stays in another section. This child was there with her other sibling and I could only take her at that time. She was 2 years old.”*

Mr and Mrs. P fostered three of their late daughter’s children it was because she had left them with her partner who never married her. It was the same reason with the foster parent who fostered her niece’s children because they were left with their father who never married their mother before she passed on. The grandmother, Mrs. T, was the only available family member to take the responsibility.

*“I took the children as they are my grandchildren. Their mother passed on while they were staying with a man who never married her and he is not even their father therefore I had to take them.”*

*“Since they were never married when she died I had to take the children as they were relatively my grandchildren. The father contested that and we went to court then I was granted them.”*

Mrs. L fostered her niece because the biological mother abandoned her during her father’s illness. Mrs. L also reported that the family gave her the child to be her own. Mr. and Mrs. D reported that they took in Dennis who was abandoned by his mother after the death of his father. His father, who is the foster father’s brother, lived with them on the same premises. The mother had a substance abuse problem that led to her neglecting and eventually abandoning the child, leaving him and his two siblings to be in the care of the foster parents.

*“My mother gave me the child. Her father was staying with my mother and he got ill. Her mother was from Maputo and she left them. Since my mother was too old to take care of such a small baby I then agreed to take her. I was glad because I have one child, a boy he is 23 years old now, then it was nice to have a daughter.”*

*“The father died, he died with lung cancer. It was just a case of we had to decide where the children were going as the mother was not here. She disappeared for months.*

*“The child’s father was my husband’s brother. They lived on the farm as well.”*

The last parent, (Mr. T) fostered his niece, Joyce, just after the death of his sister. He was the only family member of the child. He also had three other adolescents in his care during the same period that were related to his wife and had no other option but to stay with them.

*“It was me because I had no choice but to take care of the child. She is my sister’s child. If someone had to look after her it was me. I took her as my own.”*

*“When I went there I found there was a child. But the father was no way to be found.”*

The information above gives the picture that the participants’ main reasons for fostering were to take care of children who were in need of care. They felt the obligation to take responsibility of a

family member. The children were either without care at all or the parents were neglecting them. In this study, the majority of the children entered foster care because either one or both parents passed on. However, no specifics were indicated in terms of the cause of the parents' death. The study also indicated that the parent who passed on was usually related to the foster parent.

Literature confirms death and neglect as reasons for foster care and foster parents, often relatives finding themselves socially obliged to care for the children. Ngwenya (2011:3) and Van der Riet (2009: 2) mention the plight of HIV\AIDS as the main factor why children enter foster care with relatives, as they find themselves in need of care due to being an orphan. Both Fernandez (2013:31) and Farmer and Moyers (2008:47) mention neglect as the primary reason for children to be placed in alternative care. Usually the neglect occurs as a result of drug and alcohol abuse. Biehal, Ellison, Baker and Sinclair (2009:90-91) support the view that the primary reason for entry into foster care is neglect. They also mention that there are children who entered foster care because their parents died, although in their study these children were few.

In the next section, the perspectives of the foster parents and those of the adolescents previously in foster care are unpacked.

### **THEME: 3. EXPERIENCES AND UNDERSTANDING OF FOSTER CARE**

In order to obtain an overview of the experiences of foster care as well as participants' understanding of foster care, the same questions were asked of both the adolescents and parents and they were as follows: "Tell me about your experience of foster care"; "What is your understanding of foster care?"; "In your understanding, what were the causes of the foster care breakdown?". Different responses were given by the participants depending on their experiences. The adolescents did not specify their expectations; however they were implied in the different statements they made during the interviews.

### **Sub-theme 3.1 Foster parents had positive and negative experiences of foster care**

Foster parents reported having had good and bad experiences of fostering adolescents. All of them fostered the children before they entered the adolescent stage, except for one who fostered the adolescent when she was already 13 years old. They described their experience of fostering before adolescence as good. There was, however, one parent who had problems from the onset and one parent who did not report problems with the adolescent, but rather with his spouse in favour of the adolescent.

*“She was fine until two years back. I realised that I could not assist her with school work because the things they do is not same as I did. I then registered her in the aftercare programme as referred to by this lady. The place is near the police station. She then started being naughty.”*

*“Firstly the situation was so bad..... She (the foster mother) was physically abusing the child. The child had to clean the house like a maid. She had to even wash her panties. I had to send the child to my family in Klerksdorp until my aunt passed away. My wife was using the money undercover and she would say it was stopped.”*

*“You know she grew up being just a baby. And then when she was five, six years old maybe, I forgot how babies behave. My partner then would say this child is naughty and I did not want to hear that. I just said he (the partner) was jealous as he wanted me to take his grandchildren too. I denied when he told me what she was saying as he would (say she said) to him he must not sit on my couches, he will make them dirty. I then said you can't marry me if you don't want my child. I denied and said there are no way a five year old can say such things; it was later when I realised that she can be naughty when she started schooling. She became truant.”*

In describing their experiences, parents talked about how and when the adolescents came into their care. They also gave a brief background on the functioning of the adolescents' families of origin and shared the challenge of incorporating the adolescents into their own family structures. It appeared that most of the adolescents came from families that the foster parents described as lacking proper structure and routine for the adolescents or children. Even those parents, who fostered the adolescents at an infant stage, seem to put the blame for the lack of discipline and

structure on the biological family or parents. The parents reported that the children did not fit in with their rules and lifestyle. Their expectation was that the adolescents would follow the structure they laid down. Foster parents reported on how they tried to incorporate the children within the structure of their families without success. Even the three adolescents who joined the families as infants were described as “different” from the foster families.

*“The experience is that when you have children that were raised in a different environment where they let them to do anything by themselves it becomes difficult to instil discipline in them. They were used to the tendencies of staying until late from home which was allowed by their mother and it became a problem when we did not allow it. They would just come from school, eat and leave dishes; not do household chores and did not want to be reprimanded. They would roam the streets until at night which is not safe and when one tells them they turn to accuse that they are not being loved. The rule here at home is that we lock the doors at 8 pm and everyone should be in then; they did not like that.”*

*“Look, when you have your own kids you bring them up in a certain way. And you take responsibility (for) them. But when you have another child (who) is not your own; and he or she is been brought up in a totally different way and environment; now they are suddenly in your own house or (under) your roof and you can't in that way be responsible for their behaviour because you taught your child this way, but this other child, foster child, was not taught your principles.”*

*“They wanted to come and leave home as they please at any time. When we discussed this they said their mother used to let them. According to them they were allowed to play until 9 pm. We then explained to them that it is dangerous in this area telling them that it would not be easy for us to sleep not knowing where they were. As they were used to that routine then they developed a tendency of running away to this relative who allowed such tendencies. They just sleep over there without arrangements. I remember my wife and their brother having to go and look for them late at night and they were at the police station until at 1am.”*

Fostering an adolescent was seen as a challenge by the foster parents. They mentioned how the adolescents behaved in a manner that made it difficult for them to control and discipline them. Lack of parenting skills could also have been a factor in fostering an adolescent becoming a challenge. Their responses gave the impression that it was easy to foster the children until they got to the adolescent stage.

*“There was a lot of fighting and alcohol abuse in the family. They experienced a lot of abuse. Not to say they were abused but the parent they abused one another. They had very loose morals. So the first year was fine. It was when he got in to his teenage years. It got to beyond what we could not handle.”*

*“Our parents raised us without the grant but we (were) disciplined. Even my father could show me when I was wrong. I never had to stay away from home or be disrespectful.”*

*“I actually asked the social worker (to remove the adolescent) also for me to be safe. It went to a point where there (was) conflict[s] with my husband because of her. It was very smelly where she was sleeping; she refused to bath; she would urinate on her bed intentionally even when she was awake.”*

In the study of kinship foster care conducted by Farmer and Moyers (2008:63), it was reported that 45% of the carers were struggling to cope with the adolescents, particularly in managing their behaviour. They make mention of the challenges the foster parents have due to a lack of parenting skills. Booysen (2006:64) found in her study on the causal factors of foster care breakdown that the foster parents expected the adolescents to fit in as part of their families, follow their routine and abide by the rules of the house. Farmer et al. (2004:43-44; 125-128) found in the study they conducted on fostering adolescents with 68 adolescents aged 11-17 years of age, that foster parents experienced the behaviour of the adolescents as challenging and that they lacked parenting skills. Farmer et al. (2004:12) reported that there is very little research on how foster carers parent the children they foster. According to Biehal (in Schofield & Simmonds, 2009:169), the behaviour of adolescents may influence the parenting skills of the carers. The

more problem behaviour the adolescents presented, the harder the carers found it to be responsive.

As stated by Thomas and Philpot (2009:32-33), foster care is about the relationship between the parent and the child. It is about how the parent and the child feel about each other and about the circumstances in which they find themselves. Foster parents have to “prioritise the needs of the children and young people with a range of problems without causing harm and work in partnership with social workers and other professionals”. Thomas (2005:116) states that the main aim of foster care is to provide, as far as possible, a normal family life to the child. The foster parents have to undertake to raise the foster child as their own and need to be able to develop a warm relationship with the children, provide good physical and emotional care for them and make the children to feel at home, without unsettling their existing relationships.

The findings of this study correspond with literature. It appears that the foster parents also had difficulty in managing the behaviour of the adolescents and this also strained their relationship and the experience of foster care as a whole. Some parents stated that they tried to provide a warm relationship and good physical and emotional care to the fostered adolescents; however their behaviour made it difficult. The foster parents also reported issues where the adolescents did not live up to their expectations. The foster parents traced these tendencies to the lifestyle of the biological parents. This made it difficult for them to instil discipline and provide proper structure for the adolescents.

### **Sub-theme: 3.2 Foster parents provided reasons for the foster care breakdown**

In the previous section a description was given of how the foster parents experienced foster care. From this description, the factors that appeared to have contributed to the breakdown of foster care were implied. The next sub-theme will specifically look at the responses of the foster parents when asked: “What is your understanding of foster care breakdown as well as what contributed to it?” The responses are analysed according to two categories, namely the behaviour of the adolescents in foster care; and contact with biological parents or other relatives. The perspectives of the adolescents will be dealt with separately.

### **Category: 3.2.1 Adolescents' behaviour in foster care contributed to the foster care breakdown**

There were common behaviours that the foster parents reported about the adolescents' behaviours that contributed to the foster care breakdown. They reported how they could not manage or handle this behaviour. This included violation of routine; engagement in inappropriate sexual behaviours; involvement in the occult and substance abuse. Only one parent did not report any behaviour problems.

The adolescent stage may signify “a dynamic period of growth that can be perceived as enjoyable and enriching, tumultuous and challenging, or a combination of both for many adolescents. During this phase of development, adolescents' emotions and behaviours are more susceptible to influence by social and environmental factors than adults. (Moon, Mo & Basham, 2010:1). Ross, Wamsley and Khashu (2001:5) refer to early adolescence as a time when many mental illnesses and behavioural disorders manifest themselves, and the increased physical size of these youth makes them more difficult to control. Schofield and Simmonds (2009:170) mention that many adolescents in foster care have behavioural problems. Schofield and Simmonds (2009:170) state that adolescence is a period where young people are at risk of involvement in substance abuse and offending behaviours. They mention that the carers find themselves having to manage difficult behaviour. The findings of this study correspond with those of other authors.

According to López, et al., (2011:3), age is a very important factor and various studies have shown that the older children are at the time of placement, the higher the probability is of foster care breakdown. Lopez et al. (2011: 3) further mention that there is evidence that behaviour problems, particularly aggression, cause higher levels of breakdown. Behaviour problems seem to be the most robust predictor of all those analysed in foster care breakdowns. Van der Riet (2009:52) refers to the family system theory's view of disruption in the family system. She indicates that with foster placement a new addition is made to the system and the family members may experience this addition differently.

Foster children bring with them new unfamiliar demands which may impact on the functioning of the family system. According to Thomas and Philpot (2009:93-94), foster parents are expected to deal with the situation efficiently. They need to realise that this will be an on-going process and that challenges may present differently in the various developmental stages.

All the foster parents in this study except for one reported that the children were fine until they entered adolescence. The two common behaviour patterns reported included involvement in substance abuse and the occult and inappropriate sexual behaviour and these are discussed in detail in the next section.

### **Sub-category 3.2.1.1 Adolescents' substance abuse and involvement in occult activities contributed to the foster care breakdown**

In relation to substance abuse, five out of the seven adolescents with behavioural problems were reported to be engaged in substance abuse. The four females and the one male were mainly suspected of using alcohol; dagga and other substances; however they were never tested. The parents reported that the adolescents smelled of alcohol. Some foster parents put the blame on peer pressure and others on the history of the biological parents as well as their influence. The parents complained about how the adolescents were influenced by friends and would stay away from home to be in the company of negative friends. The life style of the family of origin was also reported to be the contributing factor when coming to both sexual activities and substance abuse, and more particularly substance abuse. Biological parents were reported to have exposed the adolescents to inappropriate behaviours. Some of them were alleged to have allowed the adolescents to use alcohol or cigarettes.

*“She (the biological parent) comes to help me in the house and gives her (the adolescent) cigarettes. I asked her do you let her smoke and she tells the child I don’t like her.”*

*“Well, I would say during the first year it was fine. But then we have another background. The children did not stay in the house. We had another house that subsequently broke down. So then they were a family unit in their house. The social worker worked with them for a while especially*

*with the mother because there was a lot of drinking. All three children are born with foetus alcohol syndrome”.*

*“Then I tell her (the biological mother) about the child coming home late and the child continued with the behaviour; running away to her mother and I also heard stories that she was drinking, smoking cigarettes and I could not take it any longer and I told her to make a plan.”*

In their study, Farmer et al. (2004:41-42; 112-113) found that 39% of the adolescents in foster care abused alcohol as reported by the carers, whilst only 17% of these adolescents admitted to substance abuse. According to Hill et al. (cited by Biehal in Schofield & Simmonds, 2009:319), children in care are four times more likely than their peers to engage in substance abuse. Booysen (2006:67) also mentions ongoing use of drugs and alcohol as one of the reasons for foster care breakdown as given by the foster carers.

This study found that two females were alleged to have been involved or in contact with occult activities. The parents reported according to what they had been told by the adolescents and the community. None of these adolescents mentioned this in their interviews. The parents however, felt strongly that this formed part of the the reasons for the adolescents’ behaviour. They mentioned that the adolescents behaved in a strange manner at home and at school.

*“We allowed them to participate in the recreational activities nearby only to find out later that they stopped that for some time and they were visiting this church. The issue came out one evening when the brother said to us that the girls wanted to tell us a secret. The elder one alleged that they were involved in Satanism from this church. The behaviour of coming in late became worse. We used corporal punishment until we realised that it was not working. Then we requested the social worker to remove them. The elder girl was worse as she was in the adolescent stage.”*

*“With this sniffing she nearly burned the school; was swearing at the teachers; bunking classes and not doing her school work; bullying another child; and being involved in Satanism.”*

*“(Once) they left school and never returned. It was not the first time. The other time it was when we were just sitting and the boy said that the elder girl wanted to tell us a secret. The youngest one was not yet back and we all did not know where she was. They said they were supposed to kill me and were not supposed to tell or they will be killed. I then called the elder ladies from the neighbours. They said they were told that if they kill me they will be made queens of waters. The next day I went to look for the youngest who confirmed that she was scared to return home as he was told to kill me. The school said I must take them to the social workers then they said I must take them to the pastor, I forgot his name. He prayed for them. We thought that it was church issues, while they were influenced by these distant family members so that can stay with them. They told them to behave as such so that the social workers will say they must stay with them.”*

According to Clark (2007:461), Satanism is “a destructive religion that promises power, dominance, and gratification to its practitioners”. It is said to be founded and inspired in the late 1960s by Anton LaVey’s Church of Satan (Reichert & Richardson, 2012:47). Some adolescents are drawn to these promises, often because they feel alienated, alone, angry, and desperate. Clark (2007:461) further mentions that adolescents who turn to the esoteric are often searching for meaning in their lives or for ethical values and goals they think adults have lost in their quest for wealth. Most of them suffer from identity crises, hopelessness and anxiety about the future. They yearn for a sense of belonging. Klosinski (2004:84-89) states that adolescents are confronted with physical changes in their bodies as well as confusing emotions brought on by their sexual awakening. He also mentions that where social or religious norms work to suppress these libidinal drives, worship of "the sinister" can offer an opportunity to identify with one's own aggressive and sexual desires.

According to Mikesell (cited in Leake, 2007:136), the first experience of belonging, or not belonging, takes place in the family because the family is the primary context of human experience. Adolescents are at a stage when they may experience feelings of emptiness and alienation from friends, family and the community, and may be searching for an identity and a place to belong. Some adolescents find fulfilment by aligning with subcultures such as Satanism (Clark, 2007:461)

The researcher did not come across literature to support this factor as specifically contributing to foster care breakdown. However, taking from what has been defined and described by literature about the involvement of adolescents in Satanism and how it can be destructive to family life; one may conclude that this factor did contribute to the foster care breakdown of those adolescents who experimented with Satanism as perceived by their foster parents.

**Sub-category: 3.2.1.2. Adolescents' inappropriate sexual behaviour contributed to the foster care breakdown**

Of the seven adolescents reported with behaviour problems, six of them were alleged to have engaged in inappropriate sexual behaviour. With one adolescent, the matter even went to court and according to the foster parent this was the main factor that made him and his wife decide that they had to finally terminate the foster care. He expressed how it was not part of the agreement to find him being dragged to court for something that he did not find acceptable. To them, it was not fair as they fostered the child to help out and then they ended up being held liable for his wrong doing.

In terms of the other male adolescent, it was reported that he was actually found in the act with one of the little girls in the household. The other four adolescents accused of inappropriate sexual behaviour, were females and it was only allegations and suspicions. The one female was even suspected of being a lesbian and this practice was said to be totally against their religion.

*“We all went to the magistrate as I said and undid it (foster placement). The reason was that the child did a very naughty thing with one of the boys. You see I have tenants on the farm and the tenant made a case against him.”*

*“It started when I noticed this two year old girl's genitals being bruised. When I asked there was no explanation. It was until one day when there was a ceremony for one of my nieces here at home and I was called at the back to find that child F was accused of molesting the child.”*

*“This child became naughty. She started with the relationship issues with girls; smoke and drank alcohol.”*

Adolescence is a period of change during which risk situations may arise, making this a period of vulnerability in which love and peer relationships provoke new experiences (Mateos, Bassells, Molina & Fuentes-Peláez, 2012:27). According to Floresheim (cited in Makhitha, 2013:2) most adolescents begin to experiment with sexual behaviour and gradually develop some comfort with their sexuality. According to Farmer et al. (2004:166), adolescence is a typical time for sexual awareness and sexual activity; therefore the foster carers should be in the position to supervise the adolescents. Farmer et al. (2004:100-101) report on the experiences carers had with adolescents regarding sexual behaviour. An almost similar encounter to the one described earlier in this section was reported where an adolescent boy was charged with sexual assault and the carers had to appear in court. According to Farmer et al. (2008:101), adolescent girls are more likely to have tendencies of engaging in risky sexual behaviours. In this study, it was alleged that four out of the total of six girls were engaged in inappropriate sexual behaviour, however for the two boys that participated in the study, this was the main reason for their foster care breakdown.

All the parents expected the adolescents to present with good behaviour. It became a challenge for them when the adolescents presented with problematic behaviour which mostly emanated during early adolescence. When they did not meet the expectations it became a challenge and disruptions were reported in the functioning of the family as well as the relationships with the other members of the family. Only one foster mother described the adolescent as having connected with the family, except for one challenge that led to removal to another alternative care for his own protection.

### **Category: 3.2.2 Contact with biological parents or other relatives contributed to the foster care breakdown**

Contact and involvement with the biological parents, in the cases where they were still alive, were reported to be negative and disruptive in terms of the process of discipline and structure. Three of the adolescents still had one or more biological parents who were alive and the foster parents reported having had negative experiences with the biological parents. They were either influencing the adolescents to be negative or interrupting with the foster care and also interfering with the management of the foster care grant.

*“She (the mother) is involved just enough to upset everything because everything will be going fine; he will be doing fine; we will be managing the situation and she will suddenly appear [on] (at) our gate and she will be ‘O my kind my kind; ek (vir jou) so lief’ you know and the child is obviously drawn to his mother and he wants to be in his mother’s company like it happened the last time.”*

*“Unfortunate she is a bad influence. I mean she does not come around. All the years since their father’s death I think she has seen them only three times. Unfortunate those times they see her even with the girls; I don’t know if you understand Afrikaans. They say ‘Hulle koppe kom los hulle’ .They present with a totally different behaviour. It is actually a peace of mind if we do not see her.”*

As mentioned earlier, the foster parents reported that the adolescents did not fit in with their family structure, rules and lifestyle. They blamed this on unstructured and distressed biological families characterised by the use of alcohol; abuse between the parents; exposure to pornographic material; uncontrolled movements of adolescents that included staying away from home and sleeping over without proper arrangement; lack of support with schooling to such an extent that the child was either allowed to skip school without good reasons or even allowing no schooling for the adolescent.

*“You know between you and I the mother let her take alcohol.”*

*“The experience is that when you have children that were raised in a different environment where they are allowed to do anything by themselves it becomes difficult to install discipline on (in) them.”*

*“This child was never the same as others. She liked adult issues. The other thing that contributed is the influence of the mother and it is said that she used to watch pornographic videos with her.”*

Some foster parents reported that there were disputes over the foster care grant with either the adolescents or the extended families. The adolescents would question the usage of the grant and allege that foster parents misused the grant for personal gain or used it for other children in the family. There was one foster parent who alleged that his partner was the one who used the grant for personal gain.

*“The boy is my other daughter’s child. His older brother is working and he asks from him to buy things, then the mother tells the (foster) child that I bought for him. This (created) problems with the child and the mother wanted that.”*

*“I used to buy clothes for everybody even her mother and father. I gave them money. When I gave the child money she (the mother) would take it from her and the child never told me.”*

*“I just asked for the review when I realised that they were still getting the grant that can help her.”*

Two families had relatives interfering with the guardianship as well as the foster care grant. The extended families were reported to have contributed to the breakdown of foster care in different forms and they influenced the adolescents negatively. Only three parents did not experience this. Conflict about the grant also led to a dispute over guardianship since having the guardianship means control over the grant.

*“After a while another story came out that the mother had previously made an agreement that she would give up the youngest child to this relative as she could not bear children. The two relatives were influencing the girls negatively against us so that they can be placed with them. They would tell them to behave negatively and complain to the social worker that we were ill-treating them so that they can be removed from us to them. It was until one morning they went through the window to this relative and we only found out after two day that they went there.”*

*“People even said that I neglected tradition; the child does not belong to my surname clan however with her father’s surname clan.”*

The foster parents acknowledged that the adolescents had the right to contact their parents; however their way of living was contrary to the best interest of the adolescents. Sinclair et al. (2005:256) support that contact with birth families is vital; however where there is history of abuse, supervision is recommended. Farmer and Moyers (2008:172) in their study received feedback from the foster parents that the children would be confused after contact with the birth parents who promised that they would make sure that the adolescents return to them. The foster parents reported that the negative influence of the relatives contributed to the inappropriate behaviour of the adolescents.

### **Sub-theme: 3.3 Adolescents had positive and negative experiences of foster care**

Of the four adolescents who had both a foster mother and foster father, two of them reported having had a negative experience with the foster mother or foster father to whom they were not directly biologically related. In this study, adolescents reported that they felt that they were misunderstood by the foster parents. They could not fit in with the expected routine and also did not like the way foster parents handled issues.

*“Ok. Me and my uncle’s wife! She did not like me so much till (this) now that I visited. I did not listen. I smoked in the caravan; I was cheeky with her. That is why. ”*

*“Wow! Me and my uncle we had a close connection but it started kind of separating from now and then because I saw him less because he’s in the army so he travels a lot so now and then he is around, then he is not, then he is home, so we were on and off.”*

*“Yes. At first I used to refer to her as Mommy till she made a rule to say, fine my mom passed on and she does not have children so I must call her sister.”*

With the adolescent who was fostered by her paternal aunt; both the adolescent and the foster parent, described their relationship as good however strained by the adolescent’s behaviour. She also had a good relationship with the rest of the family.

*“It was good for me. They treated me just like their own child. I did not have any problems. It was always good since I can remember from the beginning.”*

*“She does not shout. He is soft. My aunty makes noise when you do wrong things. She is very strict with me.”*

One adolescent was staying only with her biological maternal grandmother. According to both of them their relationship was strained from an early age.

*“You see my grandmother she does not talk to me. Sometimes when I tell her about my friends at school she listens and sometimes she would say we do not talk about such things.”*

*“When she made me angry I will take a knife and threaten her with it. Sometimes I will steal money, not do household chores, be aggressive to her and around with friends.”*

Two adolescents reported having had a good relationship with the foster parents. The first one was in foster care with her biological paternal grandmother until she was an adolescent. Her little brother came to stay with them; she then became jealous of her little brother and she felt left out. Another adolescent was fostered by his mother’s paternal aunt. He was the only one who described their relationship and his relationships with all the members of the household as good. Even the foster parent reported the same.

*“It’s like she (the foster mother) pushed me away. I don’t know but that is how I felt. Its likes she left me and makes time for him. I don’t know if it is like that for her. But it’s likes I’m alone. And this made me angry. She takes his side for everything.”*

*“My aunty is also very good. She takes care of us when granny is not there.”*

The experiences reported by the adolescents included physical and emotional abuse; misuse of the grant, an element of sexual abuse from someone who was close to the family and favouritism with other siblings or children in the household.

*“It was fine when my brother was not born. It was a bit ok when he was coming for holidays you know. It was the same like when we visited my parents on holidays. Then as I grew up it (the jealousy) got a bit worse.”*

*“It was not nice. It was me and my little sister and elder brother. My granny ill-treated me and my sister and favoured my brother. She would tell us that our mother was killed by our promiscuousness and used to call us bitches.”*

*“Yes he hit me and wanted me to work always. And I was seven and I had to work.”*

According to Berliner and Fine (2001:3), most children in foster care placement suffer some emotional or behavioural problems due to maltreatment and their parents' inability to resolve conditions that led to placement. This results in poor functioning at home, at school, in the community, or in relationships with others. From their study conducted with 343 adolescents who had been placed in foster care by the child welfare services of a Midwestern metropolitan area. Cabrera, Auslander and Polgar (2009:273, 282) found that there was a significant relationship between physical and emotional neglect and abuse experienced by the adolescents in foster care and engagement in risk behaviours. In this study, the adolescents made mention of similar experiences.

The adolescents expressed the wish to be accepted by the foster parents as well as their family members. This was implied from the way they described foster care as well as their experiences of the foster parents. All the adolescents, except one, had negative experiences of foster care which was mostly before they entered the adolescent stage. They described the foster parents as cruel and abusive. Most adolescents described the foster care experience as good before they were adolescents. Only one adolescent experienced foster care negatively from the outset. This participant entered foster care as an adolescent which might explain her situation.

*“You just have to accept that you are not in the medicals (on the medical aid); the wills you know; that is not what I want in the family. I want love; care and that is it. Not for the inheritance or not for their health or not for whatever.”*

*“He was just like my granny. Sometimes he was fine, sometimes he was not. He (my grandfather) was unemployed and depended on my granny. She would not buy anything for him but for my brother. Like she bought him a flat screen TV, a big bed and let us sleep on very sloppy beds. My granny did not take good care of us. She would even do funny stuff in front of us”.*

A study conducted by Sinclair et al. (2005:10) with social workers, foster children and their foster parents in London, describes the needs and common recommendations made by the children regarding their placement in foster care. These recommendations are linked to corresponding quotes from this study:

*Need for normal life:* the children wanted the placement to be as normal to family life as possible. They wanted to belong (Sinclair et al. 2005:60).

*“So everything, like if there was a birthday party and it was not celebrated or did not happen or was forgotten, it would be like if my mom was here I could have gotten this. I was still there but my mom was not there, so it was kind of hard”.*

*Respect for individuality:* the need for different values and culture to be recognised (Sinclair et al. 2005:60).

*“I want to be accepted ya! Be accepted. The person loves me for who I am and not to change me and make someone else, that’s why.”*

*“Contact with own family:* contact with the family of choice and how to contact them (Sinclair et al. 2005:60).

*“I want to stay with my mother because I love my mother more than my grandmother.”*

*“She is my mother’s aunt. We went to her on a Friday and she kept us for the weekend and took us to the social worker on Monday.”*

*A say in their careers in care:* this meant the wish to be fostered or adopted and by whom (Sinclair et al. 2005:60).

*“Yes, in October 2010 when my mother passed on. We were staying with my stepfather and my grandmother took us. She accused my stepfather because she says he killed my mother. She even did not tell him when she took us. She took us from school and brought us to her place”.*

The adolescents expect to be treated with dignity and respect not be judged according to the history or circumstances of their family of origin.

Goodyer (2011:109) states that the characteristics of the carer are considered as the key factor in the success of fostering and foster parents who are able to offer support to foster children in ways that they feel accepted enhances stability. According to Rhodes (2005:1), researchers believe that as many as three-quarters of foster care youth may experience difficulties in forming healthy, trusting relationships and close bonds.

To further understand the perspectives of the adolescents, the question “What is your understanding of foster care?” was asked. The adolescents voiced various perceptions depending on the manner in which they were fostered.

*“Is like when my grandmother takes care of me. Get the grant for me and she buys me clothes.”*

*“I’m not sure, (it) is like if your parents cannot take care of you and the social worker put you with the person that can take care of you. Like if that parent passed away and they put you with that person and you are in safe hands.”*

*“I don’t really know.”*

*“Foster care for me is like taking care of a child like a guardian is kind of taking someone else’s child or family member’s child until there is a time when one of the members can adopt or you stay with them until you grow up until 18 or 19 I guess.”*

Farmer et al. (2004:78-79) are of the opinion that it is vital to give accurate information about foster care to both the adolescents and the carers prior to placement. According to them, this need has been overlooked. In the study they conducted with young people in foster care as well as with their carers, 62% of adolescents had inadequate information on foster care as well as the majority of the carers as well. According to Biehal (cited in Schofield & Simmonds, 2009:162-163), the majority of placements are done as a matter of crisis and there is rarely any time to

meet with the foster carer and the adolescents. In this study, none of the placements were planned. There was no social work intervention before placement. All placements came as a matter of a need to attend to a problem; therefore no prior planning and information sessions took place. Beesly (2010:75) emphasises the importance of the preparation stage of foster care and says it will help both the child and the foster parents to reflect on their needs and expectations. He further mentions that foster parents and the adolescents must learn to cope with the reality of their circumstances as frustration can damage the relationship and ultimately undermine that stability of the placement.

### **Sub-theme: 3.4 Adolescents provided reasons for the foster care breakdown**

The adolescents in the study identified the same reasons for foster care breakdown as those discussed by the foster parents; however the descriptions were different. The two groups agreed on the influence of the behaviour of the adolescent as the primary factor. The foster parents also identified involvement in occult activities which the two adolescents implicated did not mention at all. A factor that was mentioned by the adolescents but only by one parent was abuse by a foster parent.

It is mentioned by Strijker, van Oijen and Knot-Dickscheit (2010:93) that it is usually the foster parents' perspectives and not those of the children in foster care that are studied. They identified a lack of research into the assessment of behavioural problems from the perspectives of the foster children themselves. Strijker et al. (2011:93) then conducted a study investigating the level of agreement between foster parents and foster children about problem behaviour and how this is associated with the breakdown of a foster care placement. Their sample consisted of 60 foster parents and the foster children in their sample were aged 11–17 years. They concluded that the adolescents and the foster parents blamed one another for the breakdown even though behaviour problems still remained the main contributing factor. The reasons provided by the adolescents in this study for foster care breakdown are given according to three main categories, namely their behaviour; contacts with biological parents or relatives; and abuse in the foster family.

### **Category: 3.4.1. Their behaviour contributed to the foster care breakdown**

Only two adolescents did not report their own behaviour as being a reason for the breakdown of foster care. The foster parent of the one girl concurred with her, while the report of the foster parents of the other girl was totally the opposite of the adolescent's.

*“Well for me is like my dad, I call him my dad. My uncle it was like trying to be closer to me and defending me and it felt like. The site were been taken and it was like the foster care was not truthful. There was something always going on with the money and there was not enough care when my dad complains, his wife would put up a fight.”*

*“Ok. Is because me and my sister we woke up very early to the social workers and explained that we not well taken care of. We asked her to remove us. My granny came and yelled at her. We were then placed with our aunt for a while.”*

According to Kaye (2007:137), during adolescence, youth are developing their identity and obtaining the life skills that will be necessary for independence. At this life stage, acting out behaviours are more severe than those of younger children and can include delinquency, violence, running away, or destructive behaviours. Behaviours also begin to carry more serious and longer lasting consequences for youth and others in the community. Kaye further quotes Erikson (Kaye, 2007:137) by defining adolescence as a critical developmental period for successful transition to adulthood. He also mentions that adolescents who have been abused or neglected and placed in a substitute family face unique challenges to healthy development, including substantial risk factors and abnormal and discontinuous life circumstances. Lopez et al. (2011:112) note that international studies list a number of factors associated with foster care breakdown. These factors are grouped in four spheres: the characteristics of the foster children, the family of origin, the foster family, and, lastly, the placement process. Similar factors can be identified in this study. The following story lines give the views of the adolescents themselves about their behaviour.

*“Because I used to go to the park and do things I must not do things that are not good. I did not want to go to school.”*

*“Hmm ok maybe for behaviour. I used to come home 6. Used to help granny and not come back home straight after school.”*

*“When I came home late; do not do dishes or do drugs.”*

**Sub-category: 3.4.1.1. Their inappropriate sexual behaviour contributed to the foster care breakdown**

There were four adolescents who were alleged to have engaged in sexual activities. Two were boys and two were girls. The two male adolescents reported inappropriate sexual activities as the reason for the breakdown of foster care. The one girl admitted to lesbianism which her foster parent did not approve of. The other girl was reported to have been involved with older men. This was said to have emanated from the abuse she suffered from a family member.

*“It was in 2011. We held a ceremony for my aunt. The next day when they bathed her child they noticed there was something wrong with her and they said I raped her. When they asked me why I did that, I did not know either. They were supposed to have punished me or hit me. But my aunty did not speak to me for a very long time.”*

*“They (uncle and aunt) were so upset. Fighting, I was I little bit naughty with boys”*

According to Farmer et al. (2004: 101), in their study, the majority of the foster care breakdowns were due to adolescents' inappropriate sexual behaviours. They gave examples of young people masturbating openly; a 13 year old who inappropriately touched a four year old girl; and an account of the foster parent who had to accompany the adolescent to the police station as he was charged with sexually assaulting a six year old. In this study, similar accounts were also reported as the major causes to the breakdown of foster care.

**Sub-category: 3.4.1.2. Their involvement in substance abuse contributed to the foster care breakdown**

Out of all the adolescents, four experimented with substances such as alcohol and dagga. Two mainly abused alcohol and dagga to such an extent that their lives were in danger. This was part of the main reasons for the foster parents to seek help and the adolescents also attested to this.

*“I was naughty; doing drugs; smoking dagga, cocaine and so on. I was also skipping school and I was suspended for bullying other children.”*

*“Because I used to go to the park and smoke with friends; do things I must not do things that are not good.”*

*“Look, I used to smoke with friends and they are not going to take me anywhere. Now I’m here and they are writing exams and don’t worry about me. See, when I come out; I want to be a better person.”*

When reporting about alcohol and drug misuse, Farmer et al. (2004:112-113) mention that 17% of the young people in their study admitted to smoking dagga and having used other drugs in the past. The adolescents mentioned peer pressure as the contributing factor to their unacceptable behaviour and which led to foster care breakdown. Only one adolescent took full responsibility for his behaviour. His foster parents reported their concern about the adolescents’ friends and their influence on him. According to Papalia and Feldman (2011:459-460), peers and friends are a source of emotional support during the transition of adolescents. The influence of peers normally peaks at ages 12-13 and during this period adolescent may engage in anti-social behaviours such as trying drugs and also trying to prove to their peers how independent they are from their parents. Booysen (2006: 65) adds that the foster carers in her study did not encourage adolescents to have contact with their friends of the same age due to their fear of negative influences.

Thompson and Auslander (2006:61) give a brief report of a study they conducted with 320 adolescents in foster care, aged 15 to 18 years old. The study was on the influences of individual

social risk factors of marijuana and alcohol in foster care. They found that 40% of the participants used alcohol; 36% used marijuana; and 25% used both. They further quote results from another study by Cook et al. (1994) where 17% of the adolescents in foster care were using alcohol. Kohlenberg, Nordlund, Lowin and Treichler (2002:7) conducted a study on substance use and risk factors in two groups of adolescents; those living in foster care and those living with their biological parents. The findings were that adolescents in foster care were more likely than adolescents living with their parents to be at high risk for substance abuse (Kohlenberg et al. 2002:v). In the researcher's study the use of substance abuse was also reported by the participants as contributing factors to the breakdown of foster care.

#### **Category: 3.4.2 Contact with biological parents or relatives contributed to the foster care breakdown**

Compared to the foster parents, the adolescents did not view the extended families as a negative influence. They viewed them as a positive support. Some adolescents said that if they had options, they would even attempt to stay with the particular relative. In one case, the children even ran away to the extended families.

The adolescents had issues about the usage of the grant by the foster parents which seemed to be an influence coming from the extended families. Again, this was related to disputes over guardianship as the adolescents involved even expressed the wish to be with the identified relative rather than with the foster parents. Allegations included misuse of the grant by the foster parent either by spending it on themselves or on other children in the family. One parent even said that the biological mother was the one who influenced the adolescent to make such allegations. The following storylines indicate that the adolescents at times ran away or went and stayed with a relative:

*“She is my mother’s aunt. We went to her on a Friday and she kept us for the weekend and took us to the social worker on Monday.”*

*“It was because my grandmother shouts at me. I did not want to go to school; I hated my grandmother and like that Wednesday when I went to my mother and I stayed two weeks not going to school at it became a problem. I don’t want to stay with my grandmother.”*

*“Me and my mother we used to sit outside and talk. Make some bread and coffee for her and biscuits and sometimes go fishing.”*

Many “looked after” children would like to maintain relationships with their family of origin (Goodyer, 2011:145). According to Thomas (2005:101), based on the attachment theory it is vital for the children to keep contact with the family of origin. Thomas (2005:103) further mentions that contact arrangements should be formalised as they may create difficulties. He adds that the biological parents may sometimes be presented as harmful to the children. Farmer et al. (2004:188) support this statement by saying that the families and relatives may send unreliable, disruptive messages to the adolescents. He mentions that parents with unresolved attachment issues may cause harm to the adolescents. Fernandez (2013:74-75) reports that a research study, exploring a case manager’s observation of family interaction and attachment between children and parents, included the impact of contact with the birth parents and this was found not always to be positive for some children. It resulted in children exhibiting some challenging behaviour. Biehal et al., (2010: 190-191) interviewed foster parents on their views of adolescents’ contact with their birth parents and the general impression was that a lack of contact resulted in distress for the adolescent. Contact with relatives and birth parent is significant for them. (Biehal et al., 2010: 195-196). Beesley (2010: 143) indicate that children do not want a conflict of loyalty between their foster parents and birth families. They want their views about the birth parents to be respected, regardless of the difference with the foster parents.

### **Category: 3.4.3 Abuse in the foster family contributed to the foster care breakdown**

All the adolescents reported to have suffered some kind of abuse by the foster parents, except two who said their foster parents were good parents and that they would like to return to them. The others mentioned incidents of both physical and emotional abuse. Two adolescents reported that they did not get along well with the foster parent, who may be described as the spouse of the main foster parent. The one adolescent reported that she only realised that she is being abused

when she became an adolescent. She mentioned incidents of both physical and emotional abuse by the foster mother who was the ex-wife of the foster father at the time of the interview. She described her foster mother as abusive and not treating her well as compared to the other children in the family who were related to her. She however had good relationships with the children in the foster family even though the foster mother caused conflicts. The foster mother was not available for the interview.

*“Me and my grandmother use to have fun. We would go for shopping; but then she started to hit, make me, make me clean and she would shout at me.”*

Another adolescent, who was related to the foster father, described the relationship with him as good but he described a strenuous relationship with the foster mother which was, according to him, due to the adolescent’s behaviour. Another adolescent alleged both physical and verbal abuse by the foster mother. The foster mother also described the relationship as strained and put the blame on the biological mother who influenced the child negatively. There was competition between the foster child and the other children in the family, but the adolescent had a good relationship with the other adults in the house.

*“It was fine when my brother was not born. It was a bit ok when he was coming for holidays you know. It was the same like when we visited my parents on holidays. Then as I grew up it got a bit worse.”*

*“She would not buy anything for him but for my brother. Like she bought him a flat screen TV, a big bed and let us sleep on very sloppy beds”.*

Another adolescent alleged that the foster mother (grandmother) was neglecting her emotionally and verbally abusing her whilst the grandmother blames the adolescent for her own behaviour. The other adolescent explained clearly that the foster parent was reacting to his unacceptable behaviour.

*“Like we would wash curtains and her sister would watch TV and do nothing and the house was very big. I would polish the house you know; make the house to shine and after that she would want food. For a small mistake she would get a weapon to hit with. I used to have marks. I developed anger and started to hate her and I realised it was time for me to go.”*

*“It was because my grandmother shouts at me. I did not want to go to school; I hated my grandmother and like that Wednesday when I went to my mother and I stayed two weeks not going to school and it became a problem. I don’t want to stay with my grandmother.”*

There was only one report of sexual abuse by a member of the foster family that was seen as a contributing factor to the adolescent’s inappropriate sexual behaviour, which also contributed to the foster care breakdown.

*“He then raped the child when I was away on shopping, he was found by my son and according to the child he forced her; however she was not screaming and did not show any sign that she was being forced.”*

Farmer and Moyers (2008:20,175-176) report that there were allegations of physical and emotional abuse against the foster parents in the study they conducted. Based on a cross-section of children who were living in kinship and unrelated foster care placements, formal allegations of maltreatment were made against 12 kinship and six unrelated foster carers. Two of the unrelated foster placements and five of the kinship placements were terminated (Farmer & Moyers, 2008: 169). Farmer and Moyers (2008: 88) further mention that the birth parents also have tendencies of alleging abuse of adolescents by the foster parents. Biehalet al. (2010:5) give a summary of what influences placement instability and mentions behavioural and emotional problems of the adolescents as important factors. They mention that children in foster care do report allegations of abuse but do not specify further. According to Lipscombe (2004:101), an adolescent who displays inappropriate sexual behaviour, stands the risk of being abused. In this study, sexual, emotional and physical abuse was indicated.

Having discussed foster parents' and adolescents' perspectives of foster care breakdown the next section concentrates on their efforts to prevent the foster care breakdown.

#### **THEME 4: PREVENTING FOSTER CARE BREAKDOWN**

Breakdown of foster care has been defined as “the situation in which one of the involved parties terminates the intervention before having achieved the goals established for the case plan” (Lopez et al. 2011:111). Prevention of breakdown and the study of the risk factors of such breakdowns should be a priority (Lopez et al. 2011:111). In understanding the perspectives of both the foster parents and the adolescents, the researcher deemed it necessary to look at the attempts made to prevent the foster care breakdown. The next section looks at the efforts made by the foster parents to prevent the breakdown of foster care.

##### **Sub-theme: 4.1 Involvement of the social worker can prevent foster care breakdown**

The support from the Department of Social Development relies on the involvement of the social worker with both the foster parent and adolescent in foster care. With all the foster care families in this study, foster care was not initiated by the social worker. In the long run, the social worker had to be involved as foster care is a statutory service that is rendered and managed by a professional social worker.

*“I had no other option. I was actually pleading. I went all over looking for social workers that can help me with this matter until I met woman called M. She introduced me to a social worker in Pretoria West. They were the ones that helped me.”*

*“Yes the social worker said that we needed to formalise it because of the grant and things like that. We went to court and things like that.”*

*“When she was due for crèche I registered her. And the social workers said I must have a birth certificate for her and also said get a grant.”*

In South Africa, legislation of foster care is regulated by the Children's Act (Act No 38) of 2005 (2006: section 180-190). In section 184(1) of the Children's Act (Act No 38) of 2005 it is stated that before the child can be placed in foster care the report of the social worker must be considered.

The foster parents and adolescents in foster care had different perspectives on their relationship with the social worker.

#### **Category 4.1.1 Foster parents had positive and negative perspectives on the involvement of social workers**

From the input of the foster parents it seemed that the social worker was only involved when the families experienced problems. There seemed to be a lack of understanding of the role of the social worker. The parents were left with the child; with no skills to handle the challenges and no proper resources such as education and a psychologist for the child. The social worker only appeared when the problem reached a point of no return. In all the cases, the foster parents were the ones who requested removal. The social worker was contacted when the problems became a crisis. There was no indication that there had been proper and regular foster care supervision. The service providers included the Department of Social Development as well as various NGOs. Most of the foster parents did not seem to have confidence in the social welfare system. Only one parent reported to have had support from the social services. Most parents did not understand why the social worker should interview the adolescent or children separately without them being present. The foster parents mentioned that if they had had timeous support they would have handled the situation better.

*“Yes the social worker. I did not like the fact that she interviewed the children separate from us. How could she just take their story from children?..... To me that is unprofessional. As a parent I needed to know what they were discussing with the children.”*

*“No foster parents can manage because most foster parents are not the elite. They are not the wealthy people, if they are they can but we could not take the child for (to a) psychologist. It was a lot of finger pointing to the foster parents and at that time we experienced a lot of finger*

*pointing especially from the social workers in the area. We should have done this better. If you are not trained and not skilled to do that, it is very difficult. I mean because love is just so much. I mean that is why you study (referring to the researcher). You got to know that.”*

*“I asked the social worker for help. She also did not want to be here as she (the adolescent) was thinking I was ill-treating her. We had so many social workers before. I think it was three or four before this one really helped us. They would come listen to the story and do nothing. This one really helped by removing the child. She can now realise that she needs to listen.”*

Thomas (cited in Van der Riet, 2009:34) states that a good working relationship with the social worker is vital for successful fostering. Welfare organisations are obliged to monitor foster care placements. In her report, Van der Riet (2009:78) gives the view of the social workers about their involvement in foster care. All the professionals agreed that they should be actively involved in the placements. Booyesen (2006:64) supports this view, saying that social work support includes all the support from the Department, including the support from the supervising social workers. According to Thomas (2005:127), regular visiting and regular reviews are part of the social work processes to ensure that children and young people are being looked after. Beesley (2010:23) refers to supervision and stresses that it should not be seen as a luxury or something to offer as the need arises. He also suggests group supervision as a tool to offer support to foster parents.

Thomas (2005:129-130) states that there can be misunderstandings between the foster parents and the social workers with regard to managing difficult behaviour of the child in foster care. Golding (cited in Thomas, 2005:129-130) suggests that social workers and foster parents should work together in trying to understand the behaviour of the adolescents. Fisher et al. (cited in Thomas, 2005:118) state that foster carers prefer that the social workers show an interest in how the carers are managing; be easy to contact and responsive when contacted; do what they say they are going to do; be prepared to listen and offer encouragement; keep foster parents informed and include them in planning; ensure that payment, complaints, etc. are processed as soon as possible; attend to the foster child's interests and needs; and involve foster parents in this where possible. Thomas and Philpot (2009:116, 125) give the views of the foster parents that social work support is needed which includes regular visits; providing therapy; and also recommends

support groups where adolescents' behaviour can be discussed. Booysen (2006:88) supports this statement by mentioning that social workers have the responsibility to work with foster carers in a therapeutic manner. Lopez et al. (2011:119-120) recommend placement programmes that provide adequate support to families and assist them in coping with behaviour problems displayed by adolescents to avoid breakdowns. They further suggest that foster parents need to establish relationships with services and professionals and should receive training in education, development and child behaviour.

#### **Category 4.1.2 Adolescents had positive and negative perspectives of the involvement of social workers**

The adolescents also had their own views regarding prevention and the intervention of social workers. There were those who thought that the intervention was useful to them and those who expressed that the intervention could have been earlier.

*“Yes because the social worker could have talked to me to stop being naughty and listen to my granny and I would have done so.”*

*“Yes, the social worker assisted a little bit but there was a time she was so sick and could not come to us, it was not good then. That is when I ran away to my mother's house. She came there and talked to us and took me back to my granny.”*

Not all adolescents had confidence in the social worker; although some expressed the wish to have had earlier intervention from the social worker. Like some foster parents, they referred to favouritism, but felt the social worker favoured the foster parents. For some of the adolescents, the removal to the place of safety came at the right time. They expressed the need to be away from the foster parents.

*“I don't know, (it) is like the social worker came to the house and said I must go. He said he wanted to see me. He was looking in my file and he was also making me angry. And he said ‘Do you want to get out of this place?’ and I said ‘Yes’. I thought he was going to ask me where do I want to go and I was asking where I'm I going and he said to a place of safety.”*

*“Because I was naughty and the other time we came here and we had a meeting and I said I will change and I changed and the social worker is the one that said I must come here.”*

In the study by Farmer et al. (2004:113-114), the adolescents expressed dissatisfaction with the support of the social worker. Fox, Frasch, and Berrick (2000:174) refer to adolescents in foster care expressing dissatisfaction with the intervention as well as the visits of social workers. They complained that social workers often miss appointments, change appointments, do not give adequate notice of appointments, do not call promptly or at all, are late, and terminate visits earlier than planned. The study was conducted in 1999, with three focus groups in three San Francisco Bay areas with 32 adolescents, most of who were still in foster care, while others had already experienced foster care breakdown.

#### **Sub-theme: 4.2 Advice to other foster parents can prevent foster care breakdown**

Advice to other foster parents was offered or implied. All the parents mentioned that they tried open communication with the adolescents; however most of them implemented this at the time when the problem was at a peak. They mentioned that they would advise the foster parents who are fostering adolescents to use open communication with the adolescents and never to resort to corporal punishment. They should encourage the adolescents to be open with them about any issues which may be problematic to them. Parents were advised to have a meeting with the children to discuss the structure in the household which should include setting out the rules with the children. Parents should have a better understanding of how the children feel and help them deal with the loss of their biological parent/s, where applicable. Parents mentioned that involvement in positive activities such as church attendance may also assist in instilling discipline and minimising the uncontrollable behaviour that may result in the breakdown of foster care. Spending quality time and supporting the adolescent with school activities were also considered necessary.

*“To disciple them let them know that they need to listen and attend school for the future. They should be told what (is) not right. The parent must know that to hit them does not work. You must set the rules and regulation in the house. One needs to be patient with them. Do not count old*

*mistakes each time the child makes one. Help them to realise what is wrong without using hurting words.”*

*“I may or not have an answer there, because one thing about children that are orphaned is that they are challenging, cheeky and never satisfied. They always use some defence that they do not have parents. I would say to the parent to have patience. You need to keep them in church to keep their minds clean from negative influence. I used to take them to church every Sunday but now I’m challenged with my eye sight. Keep them in the positive activities which will be the church and school.”*

*“You see the cell phones! I will start with that. They need to be monitored. The parent must know what the children are doing on the phones. That is where the problems come. They talk to friends and make appointments you don’t know. One needs to make rules. Be strict of what you want in the house.”*

Thomas and Philpot (2009:118-119) suggest that it is vital to develop a healthy relationship between the foster parent and the adolescent. This can be attained by praising and acknowledging the adolescent for positive interaction which promotes a sense of self-esteem and positive integration. This will promote a sense of trust and attachment between the adolescent and the foster parent. The foster parent’s role is to provide an opportunity to discuss emotions and allow positive development. This is referred to as “therapeutic parenting” by Archer (cited in Thomas & Philpot, 2009:119).

In the study undertaken by Farmer et al. (2004: 9), it was found that 43% of adolescents in foster care who, were encouraged by the foster parents to be involved in positive activities or hobbies such as sports, did not do so but those adolescents who did get involved had less time to become involved in anti-social behaviours. Those foster parents, who were involved in the extramutual activities of their adolescents, were more aware of their activities outside the family and thus had more ability to supervise them (Farmer et al. 2004: 162). This supports what was reported in this study by both the adolescents and the foster parents. Regarding the responsibility of the foster parents, Booyens (2006:88) mentions that the foster parents need to take responsibility for

knowing themselves and the adolescents. In this study, the foster parents indicated the importance of understanding the adolescents as well as their developmental stage. Sinclair et al. (2005:158) assert that the foster parents need to take their parental role seriously. They need to show love and care. The adolescents in this study also mentioned the need to be recognised; to celebrate their birthdays; and to fit into the family by being treated the same as the other children in the family.

## **THEME 5: REMOVAL TO ALTERNATIVE CARE**

The removal to alternative care came as a solution to the challenges experienced by both the adolescents and the foster parents. There were different perceptions and understanding about the removal to the place of safety as an alternative care, taking note that foster care is also a form of alternative care. The parent who did not agree with the removal was not opposing the removal in particular; however she preferred the children's home as an alternative placement. Some of the parents rather viewed the removal as a relief for the problems they experienced with the adolescents.

*“She told me she found place of safety and I said to not put her there, find a children's home and somewhere where she can go to school and said a place of safety will not work. Like my other grandchildren that were placed in another place of safety and it did not work as there are no Afrikaans schools there. It did not work out, they were confused.”*

*“I think knowing what I know now, I would have taken the child to that place of safety almost immediately. I think it was about for 18 months trying to get him time to stabilise him. Rather if he had gone immediately to the home it would have been easier for us. I think it would have (been) harder for him.”*

*“So this is when I started looking for a place where somebody can help me. I went to look for a place for the child to stay. I just want to be honest with you. This place of safety was the best place ever. I never knew there was a place like this.”*

Not all the adolescents understood the reason for their removal and, like the foster parents, not all of them were pleased with the removal to the place of safety. Some felt that both the foster parents and the social workers were not honest about the removal. There were, however, those who also felt it was like a break from the foster parents.

*“My granny said that the reason for me to come here is that the social worker made arrangements and she had to explain to the government why she is not bringing me anymore.”*

*“And I did not have a choice. But I thought if I don’t go away from this people what is going to be my future. Then I got here and I had to get used to the place and now I’m fine. I see now it was for my own good. You see if I was still with my granny I was not going to be fine. Look, I used to smoke with friends and they are not going to take me anywhere. Now I’m here and they are writing exams and don’t worry about me.”*

Studies on foster care show that foster care placements do not always succeed (Thomas, 2005:117). It is not always easy to know what will be the next best placement - either another foster placement reunification with the birth family or residential care. Gilbertson and Barber (2003: 329) conducted a qualitative study on foster carers who ended a placement because of the young persons’ disruptive behaviour and examined ways in which the system’s shortcomings might be affecting placement outcomes. They reported on two adolescents who went to residential care after foster care breakdown who said they prefer residential care to foster care. The carers were not pleased with the placement, expressing that they were undermined by the social worker. In this study, there were two sets of adolescents; those who were not happy with the placement; and those who liked the placement. It was the same with the foster parents, as some welcomed the decision of removal and others did not. There were also those from both carers and adolescents who requested the removal.

## **THEME 6: RE-UNIFICATION**

Most of the adolescents did not have birth parents to return to. Only two of them still had a mother. With the history and profile given of these birth parents, it would not have been in the

best interest of the adolescents to be reunited with them. All four foster parents of the adolescents who still had a birth parent did not view reunification with the birth parents as an option that would be in the best interest of the adolescents. They viewed the placement in alternative care as the best option. There were those foster parents who were still willing to accommodate the adolescents in their homes and there were those who even started with the processes of reunification with the child through the welfare system.

*“I still love her. I really do not know how I would stop her from going to her friends but I will tell her what is expected (of her) as a child. I also expect the place of safety to teach her. (teach her); make her realise that her behaviour is unacceptable. She has to come back eventually because when I go home I must take her with. So I expect her to do what is expected as a girl child.”*

*“Yes. And I cannot allow my grandchildren to stay with other people. I told the social worker they can remove the foster grant, I don’t care. I just want my children back.”*

*“And I want to tell you that I want him to remain in Desmond Tutu until he turns 21 years old. I think it will be a disaster [thing if he goes before he turns 18. So he got some place he can stay until he turns 21; preferably where he can learn cooking. It is very important. If we can get a place where he can take a course in cooking and he can have a minor position in a hotel then he has a chance in life.”*

All the adolescents, even those whose parents were deceased, wished to be reunited with their parents. They mentioned how different it is to be with another family, other than their own biological parents. Most of the children were willing to be reunified with the foster parents and these were mostly those whose parents were deceased or those who had entered foster care at infancy. Only one adolescent reported clearly that she hated her foster mother and she would never return to the same family.

*“It would be nice to return back to my uncle.”*

*“I will never return to my granny. There is nothing we can fix. I will not forgive her. She hurt me a lot. Telling that my mother was killed by her promiscuousness; saying very bad things about my mother. She would insult us on my mother’s name saying we are not humans; we are just like our mother; we will die like her. She also told us that if it was not for the grant, she would have chased us away a long time (ago).”*

*“Everything I will be the same person again. I will listen to my granny. Help her because she is old. Do my school work; stop dating girls. I will take care of my small brother. Even if I don’t like something I will not fight like I used to.”*

Thorpe (cited in Goodyer, 2011:63) conducted a study with 121 children in foster placement in England. The children were interviewed on what they thought and felt about being in care. The findings included three themes: children’s feelings of not belonging; needing a proper home and insecurities about being sent back. Thorpe (cited in Goodyer, 2011:63) concluded that children need to know what is going to happen to them and need to be involved in the planning. According to Schofield and Stevensons (in Schofield & Simmonds, 2009:178), no matter the quality of relationship between children and their birth families prior to foster care placement, the children would like to maintain the relationship with birth parents and other relatives. Schofield and Stevensons (in Schofield & Simmonds, 2009:191) further mention that it is the responsibility of the social worker to assist the child with dealing with the multiple family relationships. Farmer (in Schofield & Simmonds, 2009:84) mentions that for the child to return to the birth parents, the change in the child’s behaviour as well as the social circumstances of the birth parents should be considered. There should not be possibilities of abuse and neglect re-occurring. In this study, the foster parents warned against the possibility of re-abuse and neglect of adolescents where birth parents were still alive.

Mahery et al. (2011:45) elaborate on this: “If reunification between biological parents and the child who is being placed in foster care is possible and in the child’s best interest, the children’s court can make the foster care order subject to certain conditions that will allow a designated social worker to facilitate reunification services for the child and the parents. However, if the child and parents have not been reunited before the order expires, then the social worker

facilitating the reunification must submit a report to the court, indicating why the child was not reunited with the biological parents, and giving recommendations about any steps to be taken to stabilise the child's life. Following this report the court can either order the social worker to continue to facilitate the reunification process or order that reunification services should be discontinued if there is no prospect of success. Child and youth care workers could also assist here in supporting the child in the reunification process as part of the family preservation services that they provide." Schofield and Simmonds (2009: 183) also state that reunification with the birth parents should meet the needs of the adolescent. Nothing is mentioned in the Children's Act 38 of 2005 with reference to the reunification with the foster family.

### **3.4 CONCLUSION**

In this chapter, several factors contributing to the breakdown of foster care placements of the adolescents were identified from the perspectives of the foster parents and those of the adolescents. Foster parents identified unacceptable behaviour of the adolescents (substance abuse, involvement in occult activities and inappropriate sexual behaviour) as well as interference by the biological parents or relatives as factors contributing to the breakdown of foster care. On the other hand, adolescents referred to their own unacceptable behaviour (inappropriate sexual behaviour, involvement with substance abuse) as well as contact with biological parents or relatives and abuse in the foster family. Participants' efforts to try to prevent foster care breakdown, as well as the possibility of reunification with either the biological parents or the foster parents were discussed. In the next chapter the conclusions and recommendations of the study, based on the findings, as discussed in Chapter 3, will be presented.

## **CHAPTER 4**

### **CONCLUSIONS AND RECOMMENDATIONS OF THE STUDY**

#### **4.1 INTRODUCTION**

The previous chapters focused on the process of the study. Chapter 1 outlined the plan on how the study would be undertaken. Chapter 2 gave a full description on how the research methodology was applied to reach the aim and objectives of the study, while Chapter 3 described the results of the study which were presented in the form of a discussion with the literature review in terms of the themes; sub-themes; categories as well as the sub-categories. In this chapter, the researcher draws conclusions on the research process as well as the findings of the study. Recommendations will be made pertaining to the qualitative research process, the findings of the study and future research.

#### **4.2 CONCLUSIONS**

In terms of conclusions, the focus is on both the research process and the findings of the study. The qualitative research process, as it was applied in this study, will first be discussed and then the findings per theme.

##### **4.2.1 Conclusions relating to the qualitative research process**

The aim of this study was to develop an understanding of factors contributing to the breakdown of foster care placements of adolescents. The intention was to gain an understanding of the perspectives of adolescents previously in foster care as well as the perspectives of previous foster parents. A qualitative approach was applied using the exploratory, descriptive and contextual research design to engage with the participants and interpret the phenomenon which was the breakdown of foster care placements of adolescents. This approach enabled the researcher to achieve an in-depth understanding of the phenomenon from the participants' own perspectives; a clear understanding of their experiences of foster care breakdown, as well as their descriptive first-hand knowledge. The contextual design facilitated an understanding of the context of the participants and knowledge about their world.

Two populations were initially identified to provide valuable data for the study namely the population of the adolescents who had been admitted to the Desmond Tutu Child and Youth Care Centre due to foster care breakdown as well as the population of their former foster care parents. In order to draw a sample, a specific sampling method and technique had to be used. The probability sampling method, applying the purposive sampling technique, was used with the intention of reaching the sample that provided appropriate and adequate insight into experiences of foster care breakdown. The sample identified consisted of 18 participants, being eight adolescents who had experienced foster care breakdown and were placed in a place of safety; as well as ten of their former foster parents. As insufficient participants were identified at the Desmond Tutu Child and Youth Care Centre at the time of the study, participants from the Ga-Rankuwa Rearabilwe Child and Youth Care Center were also included in the study. The foster parents resided in different areas of Tshwane Municipality and in Brits.

Semi-structured interviews were selected as the method to collect data from the participants. For the preparation of this process, the researcher compiled an interview guide and administered a pilot study that also assisted her with evaluating the appropriateness of the interview guide. The pilot study was conducted with two adolescents and three parents of the participants. As a result, a few amendments were made to the initial interview guide.

Data analysis was done using the eight steps of the data coding method by Tesch (in Creswell, 2009:186). Themes from data collected from both the adolescents previously in foster care and their foster parents were identified and compared with literature. In order to ensure the validity and credibility of the study, data verification was done using Guba's model of trustworthiness as stated by Krefting (1990:214-220). The four aspects of trustworthiness as described by the model were: "truth-value", "applicability", "consistency" and "neutrality".

Throughout the process of the study the researcher adhered to the ethical principles of anonymity and confidentiality; avoiding harm or deception of participants; and informed consent.

In conducting this study the researcher's goals were to attain the following:

- *To develop an in-depth understanding of the factors contributing to the breakdown of foster care placements from the perspectives of adolescents who were previously in foster care.*
- *To develop an in-depth understanding of the factors contributing to the breakdown of foster care placements of adolescents from the perspectives of their previous foster care parents.*

In order to attain the above-mentioned goals the following research objectives are were also achieved.

- *To explore and describe the factors contributing to the breakdown of foster care placements of adolescents from the perspectives of adolescents who were previously in foster care.*
- *To explore and describe the factors contributing to the breakdown of foster care placements of adolescents from the perspectives of their previous foster care parents.*
- *To draw conclusions and make recommendations about factors contributing to the breakdown of foster care placements of adolescents.*

The researcher is confident that these goals were met, regardless of the limitations encountered. The participants responded freely and openly to the questions asked to the extent that relevant information was gathered. The only limitation in this regard was two adolescents whose foster parents made mention of their alleged involvement in occult activities, whilst the adolescents did not mention this at all. Due to confidentiality, the researcher could not probe with the particular adolescents in this regard.

#### **4.2.2 Conclusions relating to the research findings**

The conclusions are drawn from the themes, sub-themes and categories that emerged from the semi-structured individual interviews with the participants and the observations made by the researcher.

#### **4.2.2.1 Biographical data of the participants**

For the researcher to meet the objectives of the study, she needed to have a sample that would provide the relevant data. As such, the sample consisted of a total number of eighteen participants consisting of eight adolescents and ten foster parents. There were five males, two being adolescents and three parents. Females totalled thirteen, being six adolescents and seven parents. This means more females were available to participate. The three male foster parents fostered children with their female partners. Of the seven female parents, five were single parents.

With three of the families, foster care had lasted between five and ten years. In the case of four families, the period was twelve and thirteen years and there was only one family where foster care lasted for a period of less than a year. With this particular family, the adolescent entered foster care as an adolescent. The three families where foster care lasted for the period between five and ten years, the adolescents had entered foster care at their toddler developmental stage, the others entered when they were in the infant stage of development.

With all these placements, the expectation was that the adolescents would be in foster care until at least the age of eighteen and may well stay with the families until they were independent. It can thus be concluded that reaching the adolescent stage played a crucial role in the breakdown of previously stable foster care relationships.

#### **4.2.2.2 Theme 1: Family structure**

In order to have a better understanding of how each participant experienced foster care, data on their family background was collected with the aim of assisting in understanding their family dynamics as entities and how each contributed or affected the perspectives of an individual participant. The total of 18 participants, who participated as independent individuals, came from eight families.

From the findings it was realised that the families had commonalities as well as uniqueness in their composition. There were large and small families and families with more than one adolescent as a foster child. In some families the adolescent was the only child in the family at

the time of foster care. Families also consisted of other children in foster care and/or the foster parents' biological children.

All of the adolescents were biologically related to the foster parents or to the spouse of a biologically related parent and entailed placements with relatives other than biological parents, such as grandparents, aunts and uncles. Of the eight adolescents, one was fostered by the paternal grandmother; two by the maternal grandmother; one by both maternal grandparents; one by the paternal aunt and husband; one by the maternal uncle and wife; the other one by the paternal uncle and wife and finally one by the paternal aunt of his mother. In five of the families the foster parents were related to the biological mother of the adolescent being fostered. This finding implies that all the adolescents from the foster care placements which broke down, were in kinship foster care.

All parents reported that they did not formalise foster care immediately when they took the children into their care. They were either advised by a social worker or relative to formalise when they were experiencing some kind of challenge with the children. All the children entered foster care as an arrangement by the family when the children needed care.

#### **4.2.2.3 Theme 2: Motivation of foster parents to foster a child**

In order to gain a clear understanding of the perspectives of the foster parents, the researcher deemed it necessary to acquire knowledge of what motivated them to foster a child. From the data collected, it was clear that all the parents fostered the children as a result of fulfilling their social responsibility and being loyal to their families. All the children were in need of care and the foster parents were the ones available for them. The primary reasons were social problems that included the following: unstable mental condition of the biological mother; being orphaned; abandoned by the biological mother or father; neglect resulting from alcohol abuse; absence of the biological father and the mother's inability to cope with the child. In this study, the majority of the children entered foster care because either one or both parents passed on. However, no specifics were indicated in terms of the cause of the parents' death.

#### **4.2.2.4 Theme 3: Experiences and understanding of foster care**

The findings in this theme showed that each participant had his/her own unique understanding of what foster care is, depending on their own experiences and expectations from fostering or being fostered.

Foster parents reported to having had both good and bad experiences of fostering adolescents. Seven of the parents indicated they had good experiences with the children before they entered the adolescent stage. Their responses indicated that it was easy to foster the children at a young age until they reached adolescence. One child entered foster care when she was already 13 years old and the parents experienced problems from the beginning.

Adolescents also reported to have had positive and negative experiences of foster care. Some had good relationships with the foster parents and families, whilst others reported physical and emotional abuse; misuse of the foster care grant; an element of sexual abuse from someone who was close to the family; and favouritism with other siblings or children in the household. It seemed that the negative experiences intensified when they entered adolescence. The adolescent who entered foster care when she was 13 years old, experienced foster care negatively from the outset.

All the foster parents, except one, indicated negative or disruptive behaviour of the adolescents as the main factor contributing towards foster care breakdown. The kinds of behaviours reported by the foster parents included violation of routine; engagement in inappropriate sexual behaviours; involvement in the occult and substance abuse. All the adolescents, except one, agreed that their behaviour was the primary factor to the breakdown of foster care.

Some parents stated that they tried to provide a warm relationship as well as good physical and psychological care to the fostered adolescents; however the adolescents' behaviour made this difficult. The foster parents also reported that the adolescents did not live up to their expectations. The challenge was to incorporate the adolescents into their own family structure. Having adolescents that came from families that may be described as lacking proper structure and routine was seen as a contributing factor to their negative experience of foster care. The

adolescents behaved in a manner that made it difficult for parents to control and discipline them. The adolescents' behaviour disrupted the functioning of the family as well as the relationship with the other members of the family. The lack of adequate parenting skills could also have been a factor in making the fostering of an adolescent a challenge. From the adolescents' perspectives, complaints were about the parent to whom they were not biologically related, namely the spouse of the parent to whom they were related. The adolescents felt that they were misunderstood by the foster parents and could not fit in with the expected routine of the foster family. They expressed the wish to be accepted by the foster parents as well as their family members.

Four females and one male adolescent were suspected to be using alcohol, dagga and other substances, but were however never tested. Negative peer pressure was associated with this behaviour. Biological parents were blamed for having contributed to this through the adolescents learning the behaviour from them. All five adolescents who were reported to have experimented with substance abuse admitted to it as one of the contributing factors to the breakdown of foster care. This can again be associated with adolescent stage that the foster parent could not manage.

Involvement or contact with occult activities was reported by two parents as a factor which contributed to the breakdown of foster care. The parents' reports were based on what they were told by the adolescents and the community and mentioned that the adolescents behaved in a strange manner at home and at school. The adolescents did not make mention of this. It could be that the adolescents did not feel secure enough to disclose this to the researcher, not knowing what she will do with the information.

Inappropriate sexual behaviour was seen as another factor contributing to foster care breakdown. Out of the seven adolescents reported demonstrating behaviour problems, six of them were alleged to having engaged in inappropriate sexual behaviour. With one adolescent the matter even went to court. Two adolescent boys and their foster parents saw this as the main factor contributing to foster care breakdown and they were all of the opinion that removal of the adolescent from foster care was the best option as the relationship with the family was strained due to this kind of behaviour. The other four teenagers alleged to be engaged in inappropriate sexual behaviours, were also reported to have engaged in other behaviours which included

running away from home; substance abuse and not following rules. The one female was suspected of being a lesbian. Only one male adolescent who was alleged by the foster parents to have engaged in inappropriate sexual behaviour, did not mention his sexual behaviour which could be because of its sensitive nature as it involved other boys. Inappropriate sexual behaviours in adolescence are common and this can be seen as “normal” behaviour that needs to be managed appropriately.

Three of the adolescents still had one or more biological parent/s that was alive. Contact and involvement with the biological parents in the cases where they were still alive was mentioned as a contributing factor by all the foster parents, but not by the adolescents. Biological parents were viewed by foster parents as a negative influence and disrupting the process of discipline and creating a structure for the adolescents. Biological parents were accused of using alcohol; abusive behaviour; exposing children to pornographic material; allowing uncontrolled movements of the adolescents, which included free movement such as staying away from home and sleeping over without proper arrangements; lack of support with schooling to such an extent that the child was either left to skip school without good reasons or even allowing no schooling for the adolescent. The deceased parents were also blamed for their negative influence or for the manner in which they raised the children when they were still alive. The adolescents who still had biological parent/s expressed their need to belong to and associate with their biological parents. Unlike the foster parents, they did not view the parents as disruptive in any way to the foster care or even contributing to the breakdown.

Foster parents identified disputes over the foster care grant with either the adolescents or the extended families as another factor contributing to foster care breakdown. Extended families were seen as interfering in the management of the grant. Two families reported relatives interfering with the guardianship as well as the foster grant. Not all the adolescents had issues on the usage of the grant by the foster parents, but those who did, also saw it as contributing to the breakdown of foster care. Adolescents did not view extended families or relatives as interfering with the grant or guardianship. In the cases where a dispute over custody was reported, the adolescents involved expressed the desire to be with the alleged relative rather than with the foster parents.

The one factor that was not reported by the foster parents but by the adolescents was being abused in foster care. One foster parent acknowledged abuse but put all the blame on his spouse. All the adolescents reported to have suffered some kind of abuse by the foster parents or their family members, except two who said their foster parents were good parents and they would like to return to them. Incidents of sexual, physical and emotional abuse were reported. To the foster parents, what was viewed by the adolescents as emotional and physical abuse was seen as a form of discipline when the adolescents presented with unacceptable behaviour. From the data collected, the findings show that managing the behaviour of the adolescents as well as parenting adolescents, are serious challenges.

There was a single report of sexual abuse by a member of the family that was seen as a contributing factor to the adolescent's inappropriate sexual behaviour that also contributed to the foster care breakdown. Both the foster parent and the adolescent did not receive proper debriefing regarding the incident. Removal from foster care was seen as the solution rather than providing the family with coping skills.

#### **4.2.2.5 Theme 4: Preventing foster care breakdown**

This study focused on understanding the perspectives of both the foster parents and the adolescents regarding the foster care breakdown. Therefore, collecting data and gaining understanding of how they tried to prevent the foster care breakdown, was viewed as vital.

Involving the social worker was one of the ways in which families tried to prevent the breakdown of foster care. As mentioned in Chapter 3 sub-theme 4.1, foster care in South Africa is regulated in terms of the Children's Act (Act no 38 of 2005) (2006: section 180-190). Section 184(1) of this Act states that before the child can be placed in foster care a report by a social worker must be considered. With all the families that participated in the study, foster care was not initiated by a social worker. The families made their own arrangement which is one of the characteristics of kinship care as mentioned in Chapter 1 of the study. A social worker got involved at a later stage and this was when the families were faced with challenges. Even after the foster care was formalised, the impression was that the parents were left with the child; with no skills to handle the challenges and no proper resources such as education and psychological

support for the families. The social worker only appeared when the problem reached a point of no return. There was no sign that there was proper foster care supervision. The service providers included the Department of Social Development as well as NGOs.

The foster parents and adolescents previously in foster care viewed their relationship with the social worker differently. However, the findings showed that with the experiences they had, the foster parents, as well as the adolescents, did not have a good understanding of the role of the social worker in foster care. The social worker was contacted when the problems became a crisis. In all cases, the foster parents were the ones who requested removal of the adolescent as a way of dealing with the challenges they experienced. Most of the foster parents did not seem to have confidence in the social welfare system. Only one parent reported to have received support from the social work services. The foster parents mentioned that if they had timely support they would have handled the situation better. The findings also showed that not all adolescents felt that the intervention by the social worker was helpful to them; they expressed that the intervention could have been earlier. Some foster parents felt that the social worker favoured the adolescents, while the latter were of the opinion that the social worker sided with the foster parents. Some of the adolescents experienced the removal to the place of safety as a relief.

All the foster parents indicated that they tried open communication with the adolescents in an effort to prevent the breakdown of foster care; however most of them implemented this at the time when the problem was at its peak. They mentioned that they would advise parents who are fostering adolescents to use open communication with the adolescents and never to resort to corporal punishment. Adolescents should be encouraged to be open on any issues which may be problematic to them. New foster parents were advised to have a meeting with the adolescents to discuss the structure in the house which should include setting out the rules and what was expected from the adolescents. Foster parents should have a better understanding of how the adolescents feel and help them deal with the loss of their biological parent/s, where applicable.

Foster parents mentioned that active involvement in the adolescent's life and activities, specifically positive activities, e.g. church attendance, may be one of the measures to prevent and minimise the uncontrollable behaviour that may result in the breakdown of foster care. Spending

quality time and supporting the adolescent with school activities are also necessary. The adolescents in this study also mentioned the need to be recognised, to celebrate their birthdays; and to fit into the family by being treated in the same way as the other children in the family.

#### **4.2.2.6 Theme 5: Removal to alternative care**

The removal to alternative care served as a final confirmation of the breakdown of foster care. There were different perceptions and understanding about the removal to the place of safety as an alternative care, yet both the adolescents and the foster parents saw it as the solution to the challenges they had. The foster parent, who did not agree with the removal, was not opposing the removal per se, however she preferred a children's home as an alternative placement. Some of the parents viewed the removal as a relief to the problems they experienced with the adolescents rather than a breakdown. Not all of the adolescents were pleased with the removal to the place of safety; however some felt that both the foster parents and the social workers were not honest about the removal. Adolescents were thus not properly prepared for the move. There were however those who saw it as a break from the foster parents.

The fact that the adolescents were removed from the care of their foster parents to another type of alternative care serves as evidence that foster care with adolescents is a challenge. Six out of eight adolescents entered foster care before their teenage stage. This may mean that having to deal with the challenges of the adolescent stage is a concern in foster care which requires attention.

#### **4.2.2.7 Theme 6: Re-unification**

In this study, reunification was viewed in two ways. The adolescent is either returned to the biological parents or to the foster parents. Both options were explored with the adolescents and the foster parents to obtain their perspectives. The two adolescents whose biological parents were still alive expressed their preference to be reunited with them rather than the foster parents. According to their foster parents, this was not in their best interest as they viewed those biological parents as unsuitable. For the adolescents, the latter did not matter. Being with their biological parents was a priority. The adolescents who had no surviving parents also had the same wish, even though they knew it would never be possible. They preferred residential care as

opposed to foster care. Although returning to foster care was seen as an option by foster parents and adolescents, nothing is mentioned in the Children's Act (Act No 38) of 2005 (2006: section 180-190) to reunification with the foster family.

Having outlined the findings, the next section concentrates on the recommendations based on these findings.

### **4.3. RECOMMENDATIONS**

In this section the researcher will make recommendations on the research methodology applied in the study to reach the findings and also make recommendations on the findings presented. The recommendations can be applied by foster families as well as the professionals working in the field of foster care.

#### **4.3.1 Recommendations pertaining to the qualitative research process**

The researcher applied the qualitative approach in line with the aim and purpose of the study. This approach was applied because it is recommended in behavioural science studies which generally focus on human beings. The explorative; descriptive and contextual nature of the study afforded the researcher with the opportunity to obtain information from the adolescents in foster care as well as from the foster parents which was descriptive; in-depth and clearly explained their experiences of foster care breakdown. It is recommended that the qualitative research approach with an explorative, descriptive and contextual design could be used successfully in research on similar topics.

The application of purposive sampling afforded the opportunity to reach the participants who could provide the researcher with rich data for realising the aim of the study. For this purpose, conducting semi-structured interviews using an interview guide is recommended. It is furthermore recommended that a researcher should conduct a pilot study as a trial run to rehearse the questions in the interview guide and evaluate whether they will provide the researcher with valuable data that serves the purpose of the study. In this study, conducting a trial pilot study gave the researcher the opportunity to improve the interview guide.

The eight steps of the data coding process of Tesch as outlined by Creswell (2009:186) alongside Guba's model of trustworthiness is highly recommended as a method to follow as it gives the opportunity to analyse every aspect of the data collected and leads to valuable research findings (Krefting, 1990:214-220).

According to Sim and Wright (2000:23), the ethics in research require that the design and methods of research should not threaten the rights or welfare of the research participants. The researcher recommends that all researchers should observe the research ethics in all respects. It is however also recommended that that new researchers consult a variety of research literature sources in order to prepare for the research process.

Having made recommendations on the research process, the next section focuses on recommendations pertaining to the findings of the study.

#### **4.3.2 Recommendations pertaining to the findings of the study**

The following discussion concentrates on the recommendations pertaining to the study and they are outlined in terms of some of the trends derived from the data collected.

##### **4.3.2.1 Review of the process of kinship foster care**

From the findings, it is clear that all the participants were involved in kinship foster care and all of them entered initially into foster care without the involvement of the social welfare sector. It was only at a later stage, when problems were experienced or foster care needed to be formalised, that a social worker from either the Department of Social Development or a non-profit organisation became involved. Kinship foster care is defined as a type of foster care in Chapter 1 paragraph 1.1.1 (see Farmer & Moyers, 2008:14). This type of placement entails placement with family other than biological parents, such as grandparents, aunts, uncles, cousins or older siblings and the arrangements are done by the family and foster parents who realised that they were experiencing problems and that they needed assistance with their children. From the interviews with the three social workers who rendered foster care services from three different organisations namely Gauteng Social Development; Christelik Maatskaplike Raad and Tshwane Child Welfare, it was confirmed that kinship foster care arrangements are being made and for

them to be formally recognised, the involvement of a designated social worker is needed to legalise the foster care placement. Such families are then subjected to the normal processes of care screening and if they qualify, recommendations are made to the court to legalise the foster care placements. With the challenges experienced with this kind of foster care, it is recommended that the Department of Social Development review how kinship foster care is identified and managed within the community. Recommendations as to how this can be done, will be discussed in the next paragraph. It is also recommended that the community should be made aware that family foster care arrangements need to be legally formalised and that they should consult with social workers from the beginning and not only when challenges are experienced. This can be done through awareness sessions making use of radio talks, pamphlets and talks to different community organisations, such as churches and social clubs.

#### **4.3.2.2 Guidelines to improve kinship foster care placements**

The conclusion has already been made that there is a need to review the process of kinship foster care. Therefore the question is which aspects need to be reviewed. The findings indicate that challenges in kinship foster care were experienced by both the foster care parents as well as the adolescents in foster care. It is therefore recommended that there should be standardised guidelines for screening foster care placements with families who have already made informal arrangements without the social worker's involvement. There is a need for social workers to undertake a thorough investigation with regard to the suitability for foster care of both the parents concerned and the adolescents. The challenge with this will be the period of investigation as we are already aware that with kinship foster care the social welfare system is either never involved or only when the child is already in informal foster care. Assessment of both the potential foster parents as well as of the child in need is essential. The requirements for people to be entrusted with the care and protection of children which includes foster care placement and how they must be screened are outlined in the Children's Act (Act No. 38) of 2005 (2006:section 182) and are as follows:

- “be a fit and proper person
- have the willingness, capacity and a capability to undertake this responsibility
- provide an enabling environment conducive to the positive growth and development of the child

- be willing to be assessed by a designated social worker for compliance to the above.”

Msibi and Shabadin, (2014:4-5) further suggest that even though the Children’s Act only prescribes the above requirements, the following principles of foster care placement should be adhered to:

- **“Child centeredness** – foster care services which focus on the needs and unique circumstances of each child;
- **Family preservation** – ensuring that family reunification and support services form an integral part of service delivery to both the biological parents as well as the foster parents;
- **Empowerment** – striving to unlock human potential in order to identify and access opportunities for development
- **Child participation** – children are empowered to contribute to and share in decisions that affect their lives with due weight being given to their opinions, according to their age and maturity
- **Respect and dignity** – ensuring that all individuals are treated with dignity and respect
- **Accountability** – everyone who intervenes with the foster child and the biological parents is to be held accountable for the delivery of effective and quality services
- **Best interest of child** – ensuring that the best interests of the child remain paramount in all issues affecting the child
- **Permanency planning** – providing every child with the opportunity of being cared for within their own family. Permanency planning is undertaken for purposes of ensuring that a child is able to grow up within the context of a stable family relationship. Where this is not possible or proved not to be in the child’s best interest, permanency planning and the establishment of the child’s relationship with one family should be protected.
- **Non-discrimination** – it is a right enshrined in the Constitution that every person shall have a right not to be discriminated against. Children in foster care must not experience any form of social exclusion on any grounds, particularly due to the nature of the circumstances that render them vulnerable.”

Based on the findings of the factors which contribute to the breakdown of foster care placements with adolescents, the researcher recommends that more specific criteria be used to assess the suitability of the foster care placements in the case of kinship foster care. The table below gives suggestions by the researcher on which factors could be considered to assess the suitability of a kinship foster care placement:

**TABLE 4.1 FACTORS TO BE CONSIDERED DURING THE ASSESSMENT OF THE SUITABILITY OF A KINSHIP FOSTER CARE PLACEMENT**

<b>Factors</b>	<b>Parent</b>	<b>Child</b>
Age	Is the age of the parent compatible with that of the child?	Will the parent be able to handle the developmental stage of the child?
Marital status and relationship	If the child will be fostered by a couple, do both partners agree to foster the child? What is the marital relationship like?	
Behaviour of the child	Will the parent/s be able to handle challenging behaviour if any?	Does the child have a history of any challenging behaviour?
Reasons and motivation for fostering	Are the reasons to foster the child in the best interest of the child?	Does the child have a clear understanding of the reasons for being in foster care?
Relationship	What was the relationship between the foster parent/s and the child before the initiation of foster care?	When applicable, how is the relationship of the child with the non-related partner?
Financial needs	Does the foster parent/s understand the needs of the child? Will the foster parent/s be in a position to support the child?	
History of biological parents	Are the biological parents still alive? What is the relationship between the biological parents and the foster parent/s?	If the biological parent/s are still alive, what is the relationship between them and the child?
Family composition	Will the child fit into the family of the foster parent/s? Do all members of the family understand foster care?	Does the child have a clear understanding of his position in the family?
Expectations	What do the foster parent/s and the family expect from fostering the child?	What are the child's expectations from being fostered?

In the next paragraph, recommendations are made concerning the role of the social welfare system.

#### **4.3.2.3 Involvement of the social welfare system**

In the paragraph above, recommendations were made regarding factors to be considered when assessing the suitability of kinship foster care placements. The question to be asked now is who will conduct an investigation to ensure that the suggested criteria are adhered to? In the researcher's opinion it remains the primary responsibility of the Department of Social Development to guarantee that such investigations are undertaken. Section 184 of the Children's Act (Act No 38) of 2005 clearly states that before the children's court places a child in foster care by court order, in terms of section 156 of the same Act, the court must consider a report by a designated social worker. This section only makes mention of the suitability of the foster parent but is silent on the suitability of the child and the compatibility of the parent with the child. These issues could be considered for incorporation into the Children's Act. Based on such an investigation and assessment, the social worker involved with the foster family will be in the position to determine what support is needed for the child as well as for the foster parent.

According to Schofield and Simmonds (2009:154-155), the role of the social worker in foster care should include that the social worker should engage with the child in foster care by visiting regularly; listening and assessing the child's needs, preparing the foster parents for placement and assisting in networking with necessary agencies such as the Department of Education.

It is essential that social workers should also fulfil these roles in regard to kinship foster placements and not only in placements where foster parents and children are not related. It should not be assumed that parents and children who are related do not need these services.

In view of the above recommendations, it is clear that there should be programmes offered to the foster parents as well as to the adolescents in kinship foster care placements. The next section gives an outline of recommended programmes.

#### **4.3.2.4 Programmes for foster parents and adolescents in kinship foster care**

Proper investigation and assessment will assist social workers in determining the individual needs of each kinship foster care family. From the findings, it was recognised that common challenges are faced by foster parents and adolescents in foster care. The recommendations made below are based on the findings.

**Pre-fostering support programme:** This programme can entail an assessment process that will aim to prepare both the foster parent and the family for the new member. The same programme is essential for the child to prepare him or her for joining the new family. This programme may not be possible with all kinship foster placements as many are arranged without the social worker. Therefore, a **debriefing programme** may also be incorporated whereby both parties will be assisted to deal with the already experienced challenges. This could be rendered in the form of a support group or even on an individual basis. In cases where the biological parents are still alive, they should be included as part of family conferencing. This will also address the expectations of all parties involved. Issues such as guardianship, managing the foster care grants, as well as visitation rights by the biological parents must be incorporated.

**Bereavement programme:** From the findings, it was established that all the adolescents who participated in the study suffered some kind of loss. If the parents were not deceased, they were separated from them in a manner they did not accept. There was no indication that the adolescents received bereavement counselling after losing their parents. The emotions that were never attended to may manifest as negative or disruptive behaviour. Not only the adolescent experienced loss; but so did the foster parents. In some of the families, the foster parents blamed the adolescents for the death of the parents or the removal from the parents and the adolescents also blamed the foster parents. Foster parents may also need bereavement counselling to deal with the loss of their loved ones. It may be loss from death or due to a difference in social life style.

**Parenting skills programme:** This should entail equipping the foster parents with skills that will assist them to manage children during different developmental stages. From the findings it was evident that the foster parents experienced challenges managing the behaviour of the

adolescents. With good parenting programmes, the foster parents would become better skilled. The foster parents also indicated the need for support by social workers in dealing with the challenging behaviours of adolescents and even referral to specialised services such as a psychologist.

**Substance abuse awareness and prevention programme:** From the findings it was evident that the adolescents need to be made aware of the danger of substance abuse. This may include both the biological parents as well as the foster parents as both sets of parents are affected. The parties may be referred for specialised services such as at SANCA or other substance abuse treatment. Discussions on substance abuse may be included in the support groups.

**Sexuality programme:** This programme should be for both the foster parents and the adolescents. For the adolescents it should be a prevention programme as well as a self-awareness programme. They should be assisted with skills in handling the challenges of sexuality in relation to their developmental stage. For the foster parents, it should be incorporated in parental skills. The programme should be incorporated in the support groups as well as during the family conferencing.

Further studies might contribute to the realising of the recommendations made. This will be addressed in the next paragraph.

#### **4.3.3. Recommendations pertaining to further studies**

Research on the following aspects would further enrich the knowledge-base on this topic:

**Survey on existing kinship foster care not legalised:** From the findings it was learnt that in all the cases of kinship foster care, the social worker was only involved with the families when there were some kinds of challenges, especially with the behaviour of the adolescents. This may imply that if it were not for the challenges, these cases would never have been legalised as foster care placements. The question which is raised is how many of this type of foster care placement are not legalised in South Africa. To answer this, a survey at local schools or churches within a specific community could be undertaken to establish the extent of the problem. Legalising foster

care will assist in the prevention of foster care breakdown. It will afford the families the opportunity to receive the necessary support from the Department of Social Development and other welfare service organisations. It will afford the social workers the opportunity to assess the needs of these families, make recommendations and place them in relevant programmes.

**Foster care or residential care:** Further research can also be undertaken on when foster care and when residential care is the best form of alternative care. All the adolescents who participated in the study moved from a foster care placement to residential care as another form of alternative care. The study only focused on the foster care breakdown and not on what could have been the best option. Since residential care became an option when foster care did not work, the question arises whether residential care could have been in the best interest of the adolescent from the onset. Such a study may assist in determining which children and parents are better suited to be in foster care and at what age is it best to place children in foster care. This research may also provide the opportunity to review the assessment criteria pertaining to foster care placement.

#### **4.4 CONCLUSION**

As set out in the aim of the study, the perspectives on the breakdown of foster care placements of both adolescents and foster parents were obtained. Commonalities in these perspectives indicated the most important factors contributing to foster care breakdown with adolescents. The main factor for both the adolescents and the foster parents was the unacceptable behavior of the adolescents in foster care. Difficulty in adjusting within the foster family, as well as the family having to deal with a new family member was another common factor identified by both parties. A lack of support by the social welfare system was highlighted by both foster parents and adolescents as a contributing factor. They indicated that if support had been available when needed; the main factors could have been resolved. For the foster parents, the involvement of the biological parents and other extended families was another reason for foster care breakdown. Adolescents also referred to physical and emotional abuse by foster parents.

The recommendations were derived from this study's findings. It was recommended that the process of kinship foster care should be reviewed and that specific factors should be taken into account when assessing the suitability of a kinship foster care placement. Specific programmes have been recommended for both foster parents and adolescents in assisting to prevent the breakdown of foster care placements where adolescents are involved. It is believed that reviewing the placement system can bring improvement to both a problem identified, which in this regard is foster care breakdown with adolescents, as well as kinship foster care as a type of foster care. This can strengthen foster care as the ideal and best suited alternative care for all children in need of care.

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**ADDENDUM A: EXAMPLE OF THE LETTER REQUESTING THE PARTICIPATION OF THE FOSTER PARENTS**

Dear .....

I, Rosina Mmamokete Mnisi, the undersigned, am a student social worker and a social worker in service of Gauteng Department of Social Development stationed at Desmond Tutu Child and Youth Care Centre in Pretoria North, and also a part-time master's student in the Department of Social Work at the University of South Africa. In fulfilment of requirements for the masters' degree, I have to undertake a research project and have consequently decided to focus on the following research topic: *Factors contributing to the breakdown of foster care placements: foster parents' and adolescents' perspectives*

In view of the fact that you have experienced the breakdown of a foster care placement of an adolescent and you are well-informed about the topic, I hereby approach you with the request to participate in the study. For you to decide whether or not to participate in this research project, I am going to give you information that will help you to understand the study (i.e. what the aims of the study are and why there is a need for this particular study). Furthermore, you will be informed about what your involvement in this study will entail (i.e. what you will be asked/or what you will be requested to do during the study, the risks and benefits involved by participating in this research project, and your rights as a participant in this study).

Within the next two weeks I will contact you telephonically to arrange for an appointment with you. I hope you will be able to participate in this study.

Thanking you in advance

Kind regards

R.M Mnisi

Signature of researcher

Contact details:

(cell) 0828304650

(Fax) 012 546 0640

(Email) MmaphefoM@gpg.gov.za

**ADDENDUM B: EXAMPLE OF THE LETTER REQUESTING THE PARTICIPATION OF THE ADOLESCENTS PREVIOUSLY IN FOSTER CARE**

Dear .....

I, Rosina Mmamokete Mnisi, the undersigned, am a student social worker and a social worker in service of Gauteng Department of Social Development stationed at Desmond Tutu Child and Youth Care Centre in Pretoria North, and also a part-time master's student in the Department of Social Work at the University of South Africa. In fulfilment of requirements for the masters' degree, I have to undertake a research project and have consequently decided to focus on the following research topic: *Factors contributing to the breakdown of foster care placements: foster parents' and adolescents' perspectives*

In view of the fact that you have experienced a breakdown of a foster care placement as an adolescent and you are well-informed about the topic, I hereby approach you with the request to participate in the study. For you to decide whether or not to participate in this research project, I am going to give you information that will help you to understand the study (i.e. what the aims of the study are and why there is a need for this particular study). Furthermore, you will be informed about what your involvement in this study will entail (i.e. what you will be asked/or what you will be requested to do during the study, the risks and benefits involved by participating in this research project, and your rights as a participant in this study). Within the next two weeks I will contact you telephonically to arrange for an appointment with you. I hope you will be able to participate in this study.

Thanking you in advance

Kind regards

R.M Mnisi

Signature of researcher

Contact details:

(cell) 0828304650

(Fax) 012 546 0640

(Email) MmaphefoM@gpg.gov.za

## **ADDENDUM C: INFORMATION DOCUMENT**

I, Rosina Mmamokete Mnisi, the undersigned, am a student social worker and a social worker in service of Gauteng Department Social Development stationed at Desmond Tutu Child and Youth Care Centre in Pretoria North, and also a part-time master's student in the Department of Social Work at the University of South Africa. In fulfilment of requirements for the masters' degree, I have to undertake a research project and have consequently decided to focus on the following research topic: *Factors contributing to the breakdown of foster care placements: foster parents' and adolescents' perspectives*

For you to decide whether or not to participate in this research project, I am going to give you information that will help you to understand the study (i.e. what the aims of the study are and why there is a need for this particular study). Furthermore, you will be informed about what your involvement in this study will entail (i.e. what you will be asked/or what you will be requested to do during the study, the risks and benefits involved by participating in this research project, and your rights as a participant in this study).

This research project originated as a result of the researcher practising as a social worker in the Desmond Tutu Child and Youth Care Centre which falls under the Gauteng Department of Social Development. The researcher developed an interest in how the children enter and exit the child care system and specifically the breakdown of foster care placements of adolescents. The aim of the study is to:

- To explore and describe the factors contributing to the breakdown of foster care placements of adolescents from the perspectives of adolescents.
- To explore and describe the factors contributing to the breakdown of foster care placements of adolescent from the perspectives of their foster care parents.
- To draw conclusions and make recommendations about factors contributing to the breakdown of foster care placements of adolescents.

The information gathered from this study will contribute towards

- developing an in-depth understanding of the factors contributing to the breakdown of foster care placements of adolescent from the perspectives of adolescent.

- developing an in-depth understanding of the factors contributing to the breakdown of foster care placements of adolescent from the perspectives of the foster parents.

Should you agree to participate, you would be requested to participate in the face-to-face interviews that will be conducted at Desmond Tutu Child and Youth Care Centre or at your home from December 2012 to January 2013. It is estimated that the interview will last approximately for 1hr 30 minutes. During the interviews the following questions will be directed to foster care parents:

What is your marital status?

How old are you and your spouse?

What is your gender?

How long have you been fostering the child?

What motivated you to become a foster parent/s?

Tell me about your experience in fostering an adolescent

In your understanding what were the causes the foster break down?

What advice would you give to foster parents who still have children who are growing to become adolescents in their care?

If you were to improve anything with the foster parenting experience you had what will it be?

The following questions will be directed to adolescents:

How old are you?

What is your gender?

How long have you been in foster care?

Tell me about your experience in foster care.

What is your understanding of foster care?

In your understanding what were the causes the foster break down?

If you were to improve anything with being in foster care what will it be?

If you were given the opportunity to return to the same family what would you do?

With your permission, the interview(s) will be audiotaped. The recorded interviews will be transcribed word-for-word. Your responses to the interview (both the taped and transcribed

versions) will be kept strictly confidential. The audiotape will be coded to disguise any identifying information. The tapes will be stored in a locked safe at my home and only I will have access to them. The transcripts (without any identifying information) will be made available to my research supervisor, a translator (if they need to be translated into English), and an independent coder<sup>1</sup> with the sole purpose of assisting and guiding me with this research undertaking. My research supervisor, the translator and the independent coder will each sign an undertaking to treat the information shared by you in a confidential manner. The audiotapes and the transcripts of the interviews will be destroyed upon the completion of the study. Identifying information will be deleted or disguised in any subsequent publication and/or presentation of the research findings.

Please note that participation in the research is completely voluntary. You are not obliged to take part in the research. Your decision to participate, or not to participate, will not affect you in any way now or in the future and you will incur no penalty and/or loss to which you may otherwise be entitled. Should you agree to participate and sign the information and informed consent document herewith, as proof of your willingness to participate, please note that you are not signing your rights away.

If you agree to take part, you have the right to change your mind at any time during the study. You are free to withdraw this consent and discontinue participation without any loss of benefits. However, if you do withdraw from the study, you would be requested to grant me an opportunity to engage in informal discussion with you so that the research partnership that was established can be terminated in an orderly manner.

As the researcher, I also have the right to dismiss you from the study without regard to your consent if you fail to follow the instructions or if the information you have to divulge is emotionally sensitive and upset you to such an extent that it hinders you from functioning physically and emotionally in a proper manner. Furthermore, if participating in the study at any time jeopardises your safety in any way, you will be dismissed.

Should I conclude that the information you have shared left you feeling emotionally upset, or perturbed, I am obliged to refer you to a counsellor for debriefing or counselling (should you agree).

You have the right to ask questions concerning the study at any time. Should you have any questions or concerns about the study, contact these numbers 012 429 6739.

Please note that this study has been approved by the Research and Ethics Committee of the Department of Social Work at Unisa. Without the approval of this committee, the study cannot be conducted. Should you have any questions and queries not sufficiently addressed by me as the researcher, you are more than welcome to contact the Chairperson of the Research and Ethics Committee of the Department of Social Work at Unisa. His contact details are as follows: Prof AH (Nicky) Alpaslan, telephone number: 012 429 6739, or email [alpasah@unisa.ac.za](mailto:alpasah@unisa.ac.za).

If, after you have consulted the researcher and the Research and Ethics Committee in the Department of Social Work at Unisa, their answers have not satisfied you, you might direct your question/concerns/queries to the Chairperson, Human Ethics Committee, College of Human Sciences, PO Box 392, Unisa, 0003.

Based upon all the information provided to you above, and being aware of your rights, you are asked to give your written consent should you want to participate in this research study by signing and dating the information and consent form provided herewith and initialling each section to indicate that you understand and agree to the conditions.

Thank you for your participation.

Kind regards

R.M Mnisi

Contact details:

(cell) 0828304650

(Fax) 012 546 0640

(Email) [MmaphefoM@gpg.gov.za](mailto:MmaphefoM@gpg.gov.za)

**ADDENDUM D: INFORMED CONSENT DOCUMENT**

Title of the research project:

*Factors contributing to the breakdown of foster care placements: Foster parents' and adolescents' perspectives*

Reference number: 33913684

Principal researcher: R.M Mnisi

Contact telephone number: 082 830 4650

<p>declaration by or on behalf of the participant:</p> <p>I, the undersigned, _____ (name), [ID No: _____] the participant or in my capacity as _____ of the participant [ID No _____] of _____          _____ (address)</p> <p><b>A.</b> hereby confirm as follows:</p> <p>1. I/the participant was invited to participate in the above research project which is being undertaken by (name) _____ of the Department of Social Work in the School of Social Science and Humanities at the University of South Africa, Pretoria, South Africa.</p>	<p><u>Initial</u></p>
<p>2. The following aspects have been explained to me/the participant:</p> <p>The researcher is studying factors contributing to the breakdown of foster care placements of adolescents. The information will be used to develop an understanding from which the recommendations will be made to assist these families with re-unification instead of further placing the child in another form of</p>	<p>_____</p>

alternative care.	
<p>3. I understand that:</p> <p>The researcher has the right to dismiss me from the study without regard to my consent if I fail to follow the instructions or if the information I have to divulge is emotionally sensitive and upsets me to such an extent that it hinders me from functioning physically and emotionally in a proper manner. Furthermore, if participating in the study at any time jeopardises my safety in any way, I will be dismissed.</p>	<u>Initial</u>
<p>4. Risks:</p> <p>My participation may evoke the emotions that I encountered with the experience of the foster breakdown.</p> <p>Having to provide information that may be regarded as confidential by the other participants.</p>	<u>Initial</u>
<p>5. Possible benefits: As a result of my participation in this study</p> <ul style="list-style-type: none"> <li>• The researcher will develop an in-depth understanding of the factors contributing to the breakdown of foster care placements of adolescents from the perspectives of adolescent.</li> <li>• The researcher will develop an in-depth understanding of the factors contributing to the breakdown of foster care placements of adolescents from the perspectives of their foster care families.</li> </ul> <p>Contribute to the social work profession in developing appropriate interventions programmes with the aim of preventing foster care breakdown.</p>	<u>Initial</u>
<p>6. Confidentiality: My identity will not be revealed in any discussion, description or scientific publications by the investigators/researchers.</p>	<u>Initial</u>
<p>7. Access to findings: Any new information/benefit that develops during the course of the study will be shared with me.</p>	<u>Initial</u>
<p>8. Voluntary participation/refusal/discontinuation: My participation is voluntary. My decision whether or not to participate will in no way affect me now or in the future.</p>	<u>Initial</u>
<p>9. The information above was explained to me/the participant by _____ (name of relevant person) in</p>	<u>Initial</u>

<p>Afrikaans/English/Sotho/Xhosa/Zulu/other _____ (indicate other language) and I am in command of this language/it was translated to me satisfactorily by _____ (name of the translator). I was given the opportunity to ask questions and all these questions were answered satisfactorily.</p>	
<p>10. No pressure was exerted on me to consent to participate and I understand that I may withdraw at any stage from the study without any penalty.</p>	<p><u>Initial</u></p>
<p>11. Participation in this study will not result in any additional cost to me.</p>	<p><u>Initial</u></p>
<p>B. I hereby consent voluntarily to participate in the _____ above project.</p> <p>Signed/confirmed at _____ on _____ 20__</p> <p>_____</p> <p>Signature or right thumbprint of participant</p> <p>_____</p> <p>Signature of witness</p>	

## ADDENDUM E: APPLICATION TO UNDERTAKE RESEARCH



### **GAUTENG PROVINCE**

SOCIAL DEVELOPMENT  
REPUBLIC OF SOUTH AFRICA

Internal Memo:

Enquiries : Refilwe Makapela  
011 355 7676 ; Cell No. 082 469 3131  
Sub-directorate Research and Policy Co-Ordination  
Dir.: Research and Demography  
CD: Development and Research

**TO:** Ms.S. Raman  
**FROM:** Mrs. R. Makapela  
**DATE:** 12/02/2013  
**SUBJECT:** An Application Letter for a Research to be  
Conducted in the Department

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Kindly find an approval letter for a research to be conducted within the Department for the HOD's signature.

Attached are the endorsed standard terms and conditions for conducting research within the Department

Also attached is the cover memorandum for the HOD to expedite matters

With Thanks.

Refilwe Makapela (MRS)  
DD: Research & Policy Co-ordination  
Department of Social Development  
Date: 12/02/2013



## **GAUTENG PROVINCE**

SOCIAL DEVELOPMENT  
REPUBLIC OF SOUTH AFRICA

Enquiries : Refilwe Makapela  
011 355 7676 ; Cell No. 082 489 3131  
Sub-directorate Research and Policy Co-Ordination  
Dir.: Research and Demography  
CD: Development and Research

Dear Ms.R.M. Mriisi

**RE: YOUR APPLICATION TO CONDUCT RESEARCH WITHIN THE DEPARTMENT**

Thank you for your application to conduct research within the Gauteng Department of Social Development.

Your application on the research on "*Factors Contributing to the Breakdown of Foster Care Placements: Foster Parents and Adolescents Perspective*" has been considered and approved for support by the Department as it was found beneficial to the Department's vision and mission.

The approval is subject to the Departmental terms and conditions as endorsed by you on the 1 November 2012.

May I take this opportunity to wish you well for the research.

Looking forward to a value adding research and a fruitful co-operation.

With thanks,



**MS. W.R. TSHABALALA**  
**HEAD OF DEPARTMENT OF SOCIAL DEVELOPMENT**

DATE 8/3/2013



## APPLICATION FORM TO UNDERTAKE RESEARCH

DEPARTMENT OF SOCIAL DEVELOPMENT

DEVELOPMENT & RESEARCH  
SUB-DIRECTORATE: RESEARCH AND POLICY CO-ORDINATION

Private Bag X 35, JOHANNESBURG, 2000  
75 Commissioner Street, M Floor  
☎ (011) 355 7893  
☎ 082 452 5815

- (a) All applications will be considered by the Sub-directorate: Research and Policy Coordination after which approval/disapproval letter will be issued to the applicant.
- (b) Representations may be directed to the Provincial Social Development Research Panel, in the event of non approval.
- (c) All applications must be submitted in English.
- (d) Applications must be accompanied by all requested documentation.

**PERSONAL PARTICULARS OF THE APPLICANT (PLEASE PRINT)**

1. Name (in full): Rosina Mmamokete Mnisi
2. Address: 1665 Block X Extension Mabopane
  
3. Tel number: 082 8304650
4. Name and address of employer:  
Diamond tutu Child and Youth Care Centre  
162 Tolbosstreet  
Pretoria North
5. Academic qualifications already attained, and where  
B.A Social Work  
University of the North Turf loop Campus
6. Registration with a professional council (specify council and number):  
1020042  
Council for Social Service Professions

**DETAILS IF APPLICANT IS A STUDENT AT A TERTIARY EDUCATIONAL INSTITUTION**

1. Name of institution: **University of the south Africa**
2. Full-time or part-time student:  
**Part time**
3. Present course registered for:  
**Masters of Arts in Social Science in Social Work**
4. Name, address and telephone number (s) of study leader/supervisor:  
**Petro Botha**  
University of South Africa  
Department of Social Work (TyW 8-179)  
Preller Street, Muckleneuk Ridge,  
Pretoria  
P.O Box 392 UNISA 0003  
South Africa  
Tel +27 12 429 6274 Fax +27 12 429 6973  
Email: [Bothap@unisa.ac.za](mailto:Bothap@unisa.ac.za)
5. Letter from the tertiary institution confirming the approval of the research proposal,  
(**See attached**)
6. Compulsory letter attached? **YES** X

## DETAILS OF RESEARCH

Attach a research proposal according to the following guidelines: See attached proposal

1. Title of research  
FACTORS CONTRIBUTING TO THE BREAKDOWN OF FOSTER CARE PLACEMENTS: FOSTER PARENTS' AND ADOLESCENTS' PERSPECTIVES
2. Need for / feasibility of the research.
3. Goals and objectives of the study.
4. Research questions
5. Research design (research method to be followed).
6. Method of data collection, together with copies of any questionnaires (postal, individually or group-administered), interview schedules (administered by the researcher and / or assistants, or by telephone), statistical schedules, interview focus groups themes or focus group etc, as far as possible (if not immediately
7. Respondents (description of the research population and sample / sampling procedures to be followed).
8. Brief time schedule of the research, including when the Department's resources will be used, (see section 2 below) and the planned date for completion and publication of the research.

### Work Time Schedule

9. How the result will be published and used.
10. A copy of the final research report must be submitted to this department.

any legal action.

Signed at Pretoria on this 05 day of October 2012

**WITNESSES**

1. Full name: Nicole Bernice Pretorius  
Address: 606 Norderpark Estate, 1<sup>st</sup> Avenue str, Karonpark
2. Full name: Melwyn Concha  
Address: 162 Tobias Street Pretoria north

**5. UNDERTAKING**

I, Rosina Mmamokete Mnisi agree to undertake this research according to any conditions the Department may see fit to impose.

I also agree to undertake the research without any costs to the Department that have not been approved. I agree to assume full responsibility for the research. Should it be necessary to deviate from the research programme or to terminate the research, I will inform the Department promptly.

I commit myself to a six monthly progress report which will be submitted to the Department through my supervisor.

I agree to furnish the results and a copy of the research publication to the Department after completion of the research.

Ru.  
SIGNATURE OF RESEARCHER

H. K. Rosina Mmamokete Mnisi  
FULL NAME

DATE: 1/11/2012

Mnisi  
SIGNATURE OF STUDY LEADER/SUPERVISOR

Petro Buthe  
FULL NAME

DATE: 11/11/2012

**ADDEMDUM F: LETTER TO THE PARTICIPANTS (SOCIAL WORKERS RENDERING FOSTER CARE SERVICES)**

Dear .....

I, Rosina Mmamokete Mnisi, the undersigned, am a student social worker and a social worker in service of Gauteng Department of Health and Social Development stationed at Desmond Tutu Child and Youth Care Centre in Pretoria North, and also a part-time master's student in the Department of Social Work at the University of South Africa. In fulfilment of requirements for the masters' degree, I have to undertake a research project and have consequently decided to focus on the following research topic:

*Foster parents' and adolescents' perspectives to the factors contributing to the breakdown of foster care placement.*

In view of the fact that you are rendering foster services and you are well-informed about the topic, I hereby approach you with the request to participate in the study. For you to decide whether or not to participate in this research project, I am going to give you information that will help you to understand the study (i.e. what the aims of the study are and why there is a need for this particular study). Furthermore, you will be informed about what your involvement in this study will entail (i.e. what you will be asked/or what you will be requested to do during the study, the risks and benefits involved by participating in this research project, and your rights as a participant in this study). In a few days I will contact you telephonically to arrange for an appointment with you. I hope you will be able to participate in this study.

Thanking you in advance

Kind regards

R.M Mnisi

Signature of researcher

Contact details:

(cell) 0828304650

(Fax) 012 546 0640

(Email) MmaphefoM@gpg.gov.za

## **ADDENDUM G: INFORMATION AND INFORMED CONSENT DOCUMENT FOR THE SOCIAL WORKERS**

I, Rosina Mmamokete Mnisi, the undersigned, am a student social worker and a social worker in service of Gauteng Department of Social Development stationed at Desmond Tutu Child and Youth Care Centre in Pretoria North, and also a part-time master's student in the Department of Social Work at the University of South Africa. In fulfilment of requirements for the masters' degree, I have to undertake a research project and have consequently decided to focus on the following research topic:

*Foster parents' and adolescents' perspectives to the factors contributing to the breakdown of foster care placement.*

For you to decide whether or not to participate in this research project, I am going to give you information that will help you to understand the study (i.e. what the aims of the study are and why there is a need for this particular study). Furthermore, you will be informed about what your involvement in this study will entail (i.e. what you will be asked/or what you will be requested to do during the study, the risks and benefits involved by participating in this research project, and your rights as a participant in this study).

This research project originated as a result of the researcher practising as a social worker in the Desmond Tutu Child and Youth Care Centre which falls under the Gauteng Department of Social Development. The researcher developed an interest in how the children enter and exit the child care system and specifically the breakdown of foster care placements of adolescents. The aim of the study is:

- To explore and describe the factors contributing to the breakdown of foster care placements of adolescents from the perspective of adolescents.
- To explore and describe the factors contributing to the breakdown of foster care placements of adolescent from the perspective of their foster care parents.
- To draw conclusions and make recommendations about factors contributing to the breakdown of foster care placements of adolescents.

The information gathered from this study will contribute towards

- developing an in-depth understanding of the factors contributing to the breakdown of foster care placements of adolescent from the perspective of adolescent.
- developing an in-depth understanding of the factors contributing to the breakdown of foster care placements of adolescent from the perspective of their foster care families.

Should you agree to participate, you would be requested to participate in two face-to-face or telephonic interviews that will be conducted at telephonically or at your home\ office from during November 2014. It is estimated that the interview will last approximately for 15 minutes. During the interviews the following questions will be asked:

How long have you been rendering foster care services?

Which types of foster care have you dealt with in your practice

Kinship Foster Care: in this terminology how is it defined?

Do you have a standardised screening tool for foster care placements?

What are the screening processes used with regard to kinship foster?

At what stage do you normally get involved in the kinship foster care with the families that made arrangement without the social worker?

What would be the qualifying criteria for those families to continue with foster care placement?

According to you how does the Department of Social Development view kinship foster?

According to you at what stage do families usually experience foster care breakdown.

In your understanding what were the causes the foster break down.

What programs are in place for dealing with foster care placement of teenagers?

In your understanding what were the causes the foster break down.

What are the intervention programs to deal with the breakdown of foster?

If you were to improve anything with the foster care placement what will it be?

With your permission, the interview(s) will be audiotaped. The recorded interviews will be transcribed word-for-word. Your responses to the interview (both the taped and transcribed versions) will be kept strictly confidential. The audiotape will be coded to disguise any identifying information. The tapes will be stored in a locked safe at my home and only I will

have access to them. The transcripts (without any identifying information) will be made available to my research supervisor, a translator (if they need to be translated into English), and an independent coder<sup>2</sup> with the sole purpose of assisting and guiding me with this research undertaking (if necessary). My research supervisor, the translator and the independent coder will each sign an undertaking to treat the information shared by you in a confidential manner.

The audiotapes and the transcripts of the interviews will be destroyed upon the completion of the study. Identifying information will be deleted or disguised in any subsequent publication and/or presentation of the research findings.

Please note that participation in the research is completely voluntary. You are not obliged to take part in the research. Your decision to participate, or not to participate, will not affect you in any way now or in the future and you will incur no penalty and/or loss to which you may otherwise be entitled. Should you agree to participate and sign the information and informed consent document herewith, as proof of your willingness to participate, please note that you are not signing your rights away.

If you agree to take part, you have the right to change your mind at any time during the study. You are free to withdraw this consent and discontinue participation without any loss of benefits. However, if you do withdraw from the study, you would be requested to grant me an opportunity to engage in informal discussion with you so that the research partnership that was established can be terminated in an orderly manner.

As the researcher, I also have the right to dismiss you from the study without regard to your consent if you fail to follow the instructions or if the information you have to divulge is emotionally sensitive and upset you to such an extent that it hinders you from functioning physically and emotionally in a proper manner. Furthermore, if participating in the study at any time jeopardises your safety in any way, you will be dismissed.

Should I conclude that the information you have shared left you feeling emotionally upset, or perturbed, I am obliged to refer you to a counsellor for debriefing or counselling (should you agree).

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You have the right to ask questions concerning the study at any time. Should you have any questions or concerns about the study, contact these numbers 012 429 6739.

Please note that this study has been approved by the Research and Ethics Committee of the Department of Social Work at Unisa. Without the approval of this committee, the study cannot be conducted. Should you have any questions and queries not sufficiently addressed by me as the researcher, you are more than welcome to contact the Chairperson of the Research and Ethics Committee of the Department of Social Work at Unisa. His contact details are as follows: Prof AH (Nicky) Alpaslan, telephone number: 012 429 6739, or email [alpasah@unisa.ac.za](mailto:alpasah@unisa.ac.za).

If, after you have consulted the researcher and the Research and Ethics Committee in the Department of Social Work at Unisa, their answers have not satisfied you, you might direct your question/concerns/queries to the Chairperson, Human Ethics Committee, College of Human Science, PO Box 392, Unisa, 0003.

Based upon all the information provided to you above, and being aware of your rights, you are asked to give your written consent should you want to participate in this research study by signing and dating the information and consent form provided herewith and initialling each section to indicate that you understand and agree to the conditions.

Thank you for your participation.

Kind regards

R.M Mnisi

Signature of researcher

Contact details:

(cell) 0828304650

(Fax) 012 546 0640

(Email) [MmaphefoM@gpg.gov.za](mailto:MmaphefoM@gpg.gov.za)

Signature of the participant\guardian: .....