

**HOST PARENTS' EXPERIENCES OF ACCOMODATING CHILDREN  
IN NEED OF CARE**

**By**

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**DECLARATION**

I hereby declare that the dissertation, HOST PARENTS' EXPERIENCES OF ACCOMODATING CHILDREN IN NEED OF CARE is my own work and that all resources that were used or referred to by me during the research study, are indicated by means of a complete reference and acknowledgement.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mrs. M.C. AMROODT



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## ABSTRACT:

Despite remarkable strides being made in legislation in South Africa, the country still faces immense challenges which directly impact on the care and protection of its children. Many children are removed from their families and placed into alternative care because of high risk factors in the family and community. However, because of the socio-economic situations of families, many of these children will not be able to return to their family. It is, therefore, essential that in the residential care programme, efforts are directed towards permanency planning for each child in order to ensure long term placement in a family. The host parent programme which has been introduced at Child and Youth Care Centres (CYCCs) acts as a precursor to foster-care placements. Following on this, host parents provide the child in need of care with opportunities to interact and form positive relationships with adult caregivers.

This study has explored and described, by means of qualitative research, the experiences of host parents who accommodated children in need of care. Nine host parents were purposively selected from three participating CYCCs in Athlone, Cape Town. Data was collected by means of semi-structured individual interviews. The data was analysed according to the steps by Tesch in Creswell (2009). The findings suggest that host parents are instrumental to those children who cannot return to their natural families. The host parents' interaction with the CYCC was both positive and negative at times. Recommendations and guidelines in order to develop and improve existing hosting programmes at CYCC's are provided.

## **KEYWORDS:**

### **Host Parent:**

Host parents are regarded as substitute parents providing a home for a child already placed in a children's home for short periods eg. holidays, weekends (Leliebloem Manual, 2004).

### **Permanency Planning:**

The movement to promote plans ensuring permanency or stability in the lives of children and youth (Maluccio, Fein, Olmstead, 1986).

### **Child and Youth Care Center:**

It's a facility for the provision of residential care to more than six children outside the child's family environment in accordance with a residential care programme suited for the children in the facility (Children's Amendment Act, 2007).

### **Foster care:**

A child is in foster care if the child has been placed in the care of a person who is not the parent or guardian of the child as a result of a court order (Children's Act 38 of 2005).

## **ACRONYMS:**

1. HIV – Human Immuno Virus
2. AIDS – Acquired Immune Deficiency Syndrome
3. IMC – Inter- Ministerial Committee
4. SANCFCFW- South African National Council for Child and Family Welfare
5. Child and Youth Care Center- CYCC



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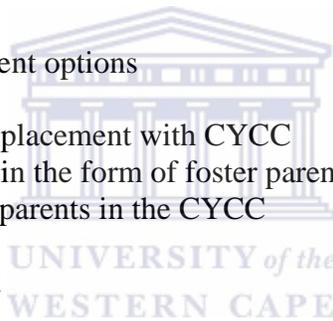
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CHAPTER ONE  
OVERVIEW OF STUDY

1.1 INTRODUCTION:

Many families in South Africa are struggling to care for their children. The Apartheid regime has left a legacy of inequality, social displacement and violence in many previously disadvantaged communities (UNICEF, 2010). The result of this is high levels of domestic violence, substance abuse, child abuse and neglect experienced in many homes. South Africa has also experienced the highest numbers of HIV and AIDS in the world. There are an estimated 3.7 million orphaned children in South Africa, as a result of the loss of one or both parents (UNICEF, 2010). The South African Police services report that on an annual basis there are approximately 50,000 children who are victims of crime. At least 40% of these cases are crimes relating to sexual offences perpetrated against the children. Research has shown that the majority of those crimes happen within the child's own family (UNICEF, 2010). In South Africa it has been estimated that 1 in 4 women has experienced violence by their partner. The impact of violence affects not only the individual but also the parents. This in turn impacts on the emotional and physical well-being of children (Shadow report on Beijing +15, 2010). In these instances children can be found in need of care and protection by the court system, leading to their removal and placement outside the family environment.

A child is considered to be in need of care and protection when the child finds him/herself in a situation as described in Section 150 of the Children's Act 38 of 2005. A child who has been abandoned or orphaned and who has no visible means of support or often displays behaviour which cannot be controlled by the parent or caregiver can be found in need of care. A child living or working on the streets, a child who has been exploited by adult caregivers or a child living in circumstances that can seriously harm his/her physical, social, emotional well-being. A child who is in a state of physical or mental neglect also is regarded as a child in need of care and protection. A child may be found to be in need of care and protection after an investigation into the child's circumstances by a social worker and after subsequent children's court procedures.

According to Section 28 of the Constitution, it is the right of each child to receive family care, parental care or appropriate alternative care if the child has been removed from the family environment. Although family care is the favoured placement option for vulnerable children, it is predicted that many extended families will reach saturation due to the impact of HIV and AIDS, therefore exacerbating the need for alternative placement options (Loudon in Halkett, 2003; Freeman & Nkomo, 2006). When parents or guardians cannot provide appropriate care for their children as stipulated by the Children's Act (38 of 2005), government has a responsibility to provide alternative care for these children preferably in a family-like environment (International Social Services, 2005 & UN Convention on the Rights of the Child, 1989). The research study provides valuable insight for Social work professionals in residential care settings regarding host family placements of children found in need of care. The researcher has developed guidelines which can assist residential social workers when placing children with host families in the communities. International Social Services (2005) has drafted international standards for children in alternative care to ensure that children without parents receive adequate protection. Alternative care options include placement in foster care, child and youth care centres, and temporary safe care. Government acknowledges that many families are struggling and face many challenges which inevitably lead to intervention from various sectors in society. In cases where children have been maltreated, social workers can intervene and remove the child from his/her parents. According to Watson (2009), children who live in residential Child and Youth Care Centers (CYCCs') often have diverse and challenging behaviour.

## 1.2 LITERATURE REVIEW:

A child is considered in need of care if he/she is exposed to circumstances that may seriously harm the child's physical, mental or social well-being (Children's Act, 38 of 2005 as Amended). The levels of crime and violence in communities, including substance abuse and other social evils, have placed many children at risk and in need of care and protection. Many of the problems faced by South African children and families today should be viewed within the historical context (National Policy Framework, 2005). Many families were previously deprived of their basic rights, and the social problems families face can be attributed to the unsupportive environments they found themselves in previously (National Policy Framework, 2005).

Many parents are facing their own struggles and lack the capacity to care for their children which makes these children more vulnerable. A child's growth, development and well-being depends largely on the ability of parents and families to provide for the child. Children will continue to remain in need of care and protection and may be placed into alternative care often outside their family homes.

Placement options for children in need of care include safety placements, foster care, adoption, CYCCs' and secure care facilities. Generally social services professionals will attempt to keep the child in a family setting and therefore opt for foster care or adoption. Even though there has been an increase in access to social service delivery for many children and families in the country after 1994, this has not had a significant impact on promoting and protecting the rights of vulnerable children (National Policy Framework, 2005). Inevitably children exposed to trauma at home and in their communities are likely to suffer from a range of intellectual, social and emotional challenges which will require appropriate treatment and care by caregivers and professionals in the child and youth care system.

### 1.3 ALTERNATIVE CARE PLACEMENT OPTIONS:

#### 1.3.1 Alternative placement within Child and Youth Care Centers'

A child and youth care centre is a facility for the provision of residential care for more than six children outside the family environment in accordance with a programme that is suitable for the child (Children's Act, 2005). Many abused, neglected and abandoned children end up in children's homes, now referred to as "child and youth care centres" (Children's Act 38 Of 2005 as Amended). Statistics on children in institutional care are incomplete but there are presently about 345 registered children's homes across South Africa. These homes are providing care to approximately 21, 000 children (South African Social Security Agency, 2011). CYCC are now set up to provide specialised child care programmes to address the developmental needs of all children in their care. The Act makes provision for children with challenging behaviour and disabilities to be placed in alternative care, therefore needing special therapeutic intervention. The Act places responsibility on the institutions to ensure that any child found in need of care is returned to the community in the shortest possible time after receiving the necessary services from social services professionals.

The role of the child and youth care system changed significantly after 1994 with the development of the Inter-Ministerial Committee for young people at risk (IMC). The Committee identified the gaps in the system and set clear goals to be met by all relevant institutions. The main goals of the IMC were to ensure that children in need of care were placed in the least restrictive yet most empowering environment possible.

Emphasis was placed on goal-directed programmes which would ensure reintegration into the community in the shortest possible time. Chapter 13 of The Children's Act (2005) provides for CYCCs' and emphasises that the centers must offer a therapeutic programme designed for children outside the family environment. This chapter describes the type of care and reception which the child in need of care is entitled to upon placement in the residential centre. It is also specifically states that the child must have opportunities to reintegrate with his/her family and community. It requires that there must be a permanency plan in place for children. This is described as a plan to ensure that young people grow up in their own family or, where this is not possible, that young people can work towards life-long relationships in a family or community setting (IMC, 1996 & Maluccio & Olmstead, 1986).

Social services professionals need to ensure that family and community ties are maintained. As children already face complex problems once they are in residential care, the shift from child and youth care centre back to the community is an intricate process. Many children in these centres will not return to their families of origin because the families' circumstances may never change. In the researcher's experience, this means that communities become involved in the care of these children. The CYCCs actively recruit non-related families for the children, known as "host families". Once the host families are screened and approved by the CYCCs', they provide placements for children during school holidays or for short breaks. In order to ensure that reintegration of these children takes place into the community, these families also have the option of becoming foster families.

### 1.3.2 Alternative care in the form of Foster parents:

Foster care is provided to children in a substitute family setting (South African National Council for Child and Family Welfare, 1987) (SANCFW). This is based on the idea that family-style care still provides the best environment for the development of the child if that

child is unable to live with his/her parents. Nationally, the practice of foster care has increased significantly in recent years.

In November 2010 statistics from the South Africa Social Security Agency showed that 537 693 children were in formal, court-ordered foster care. The purpose of foster care according to the Children's Act (2007) is to promote the goals of permanency planning, or to connect children to other safe and nurturing family relationships intended to last a lifetime. Foster parents undergo an intense screening by social workers before any placement is finalised by the court. Foster parents acquire parental rights and responsibilities as set out in the Children's Act. In cases where family re-unification is not likely, the court grants additional rights to foster parents as deemed necessary. Foster parents therefore play a major role in the life of a child who is in need of care and protection. There has been extensive research conducted on the experiences of foster parents, this identified the need for continued support of foster parents once a child has been placed. Many foster parents struggle to keep up with the demands of foster children and face many issues in their own families. The relationship between biological children and foster children is often full of conflict and places additional strain on the foster parent (Govender, 2003). Foster parents have reported that they do not receive adequate support from social service professionals and also need a break at times in order to rejuvenate. The foster care placement of children could be long-term or short-term depending on the child's permanency plan (SANCFW, 1987).

### 1.3.3 The role of host parents in the Child and Youth Care Centre:

Child and youth care centre programmes are designed to ensure that contact with families in the communities is maintained via the family reunification programme or hosting programme. The reunification programme allows for contact with immediate family and extended family if deemed in the child's best interest. The host parent programme (also known as "intermediate foster care") allows children to spend short holidays with a non-related family in the community in order to be exposed to healthy family norms and values (SANCFW, 1987). This research study focused on intermediate foster parents (hereafter referred to as "host parents") and on their experiences of providing short-term care to children found in need of care and protection.

Host parents traditionally provide holiday foster homes for children living in CYCCs' (SANCFW, 1987). As many children do not have the opportunity to return to their family homes, host parents step in to give these children the opportunity to be in a family environment. Many families volunteer their services when they identify a need for children to interact with families and be exposed to family care outside the residential centre. Child care professionals then have the opportunity to get respite from children who often present with challenging and complex behaviour. Research has shown that the placement of children with a host family requires that certain standard practices should be followed (Sellick & Thoburn, 1996). These practices include careful selection and screening of host parents. Appropriate matching of the child and the family is regarded as essential and proper introductions between the child and family should take place. Regular contact between children and host families is important and visits to the host families by the social worker should also be conducted (Sellick & Thoburn, 1996).

Local research on the experiences of these families has provided clarity on how the child's placement impacts on host families. International research has shown that host care placements often lead to better long-term foster care placements (Sellick & Thoburn, 1996). This is because host families get the opportunity to gradually build a relationship with the child while he/she remains in the CYCC. Host parents also have the opportunity to access the resources and services available to them at the CYCC. An exploratory study was conducted by the researcher to consider the experiences of host parents and to see whether these experiences affected the permanency plan of the child.

## 1.4 THEORETICAL FRAMEWORK

### 14.1 Functionalism and structural theory on families

The theoretical framework of this study was based on the functional theory of families. The functional theory is regarded as a structural theory because it views the social structure of society as more important than the individual. This theory explains the function and structures of families and how it meets the needs of its family members. The family ensures that young children are socialized in society and stabilizes adult personalities.

The functionalists are of the opinion that the nuclear family is best suited to ensure the child grows up in a stable family environment where males and females conform to certain roles (Kingsbury & Scanzoni, 1993, Winton, 1995).

The family roles however are changing and many families no longer conform to the traditional family structure. The host family will act as a substitute family and the child will therefore become a part of their family structure and function in accordance with the families norms and values (See Chapter 2.2.2 for more information on the theoretical framework for the study).

#### 1.5 PROBLEM STATEMENT:

Placement of children into alternative care such as foster care and residential care occurs as a result of problems such as substance abuse, domestic violence, lack of shelter, poverty and HIV and AIDS. Many children are left orphaned and vulnerable thus requiring care and protection from the state. Apart from the fact that there are limited residential facilities for the large number of children in need of care in South Africa, the placement of children in CYCCs' is regarded as a short-term placement. Efforts by social services professionals should be directed at re-integrating the child with his/her family of origin or community. Host parents can play an important role in providing family care to children as an alternative to residential care. The research study focuses on the experiences of host parents in order to gain a deeper understanding of how host parenting may contribute to the permanency plan of the children in need of care.

#### 1.6 RESEARCH QUESTION:

What were the experiences of host parents accommodating children in need of care?

#### 1.7 RESEARCH GOAL

To explore and describe the experiences of host parents accommodating children in need of care.

## 1.8 OBJECTIVES:

- To explore and describe the experiences of host parents accommodating children in need of care
- To generate guidelines for orientation training of potential host parents at CYCC's.

## 1.9 RESEARCH QUESTION:

What were the experiences of host parents accommodating children in need of care?

## 1.10 RESEARCH DESIGN:

The researcher employed an exploratory, descriptive and contextual research design.

According to Bless & Higson Smith (in De Vos, Strydom, Fouchè & Delpont, 2005) an exploratory study is needed to gain insight into a field which is relatively unknown using qualitative research methodology. Exploratory research also attempts to develop an initial rough understanding of the phenomenon under study (Babbie, 2010). The exploratory design suited this study well because the subject of host parenting is relatively unexplored locally. The researcher used this design to uncover more information on this subject. Neuman (2000) suggested that the exploratory design could be the first stage in a sequence of studies. The researcher agrees, and wished to gain more detailed knowledge by also employing the descriptive design.

Descriptive research design seeks to find deep meaning and detail, and leads to a "thick" description of the research topic. By using this particular research design the researcher hoped to become more familiar with the experiences of host parents and gain deeper understanding and insight into host parenting (Babbie & Mouton, 2001).

The contextual design involves studying the phenomenon in its immediate context (Mouton & Marais, 1990). The child in need of care was placed in the CYCCs' by the magistrate of the children's court. The host parents were associated with a particular child and youth care

centre which had utilised their services. The context for this study was related to the host parents' experiences of the child in need of care within their family.

### 1.11 RESEARCH APPROACH

The study aimed to gain deeper understanding of the experiences of host parents accommodating children in need of care. This was a qualitative study because it was open-ended, allowing for research opportunities designed to lead the researcher into unforeseen areas of discovery in the lives of people being investigated (De Vos, et al., 2005). According to Creswell (2009) qualitative research is a means of exploring and understanding the meaning an individual or groups ascribe to a social or human problem. Qualitative methodology produced descriptive data in the participants' own spoken words which provided insight into host parenting. The qualitative approach was used in order to gain first-hand understanding of the host parents' experiences. The researcher wanted to understand how host parents experienced their role.

### 1.12 POPULATION AND SAMPLING

The population of the study was all host parents who had accommodated children in need of care. The host parents were predominantly from the southern suburbs of Cape Town. According to Yegidis & Weinbach (1996) the population can be described as the entire collection of people or elements that share some defined characteristic. For the purpose of this research study, the population was made up of host parents who had participated in the hosting programmes of three different child and youth care centres, namely: Leliebloem House, Christine Revell and Heatherdale.

### 1.13 SAMPLE

The sample, according to Rubin & Babbie (2001), is representative of the population from which it has been selected if all members had an equal chance of being selected in the sample. Gravetter & Forzana (2003) support this statement and define the sample as a smaller section or set of individuals selected from the population. The researcher used non-probability purposive sampling to select a sample of host parents who had knowledge of the

hosting programme. The sample was then used to explain a facet of the population but did not necessarily represent the views of the entire population (Powers, 1985).

A total of five CYCCs' were approached and three responded positively to the request for participation in the research study. The sample of the population of host parents was then drawn from these centers. The participating residential centers informed the researcher which host parents were interested in participating in the research study. The researcher therefore had limited input on the selection of the sample.

#### 1.14 METHODS OF DATA COLLECTION

The host parents' experiences were studied by conducting nine individual semi-structured interviews. The researcher retained field notes during the study to ensure that no information was lost. In order to reduce the loss of data when writing the field notes the researcher followed these steps as described by Field & Morse (1994). These included getting right to the task, not talking about the observation before it was recorded, sequencing the events in the order that it occurred. The field notes enabled the researcher to remember and explore the process of the interview and to capture what she had heard, thought, experienced and observed during the course of the interview (Field & Morse, 1994).

All interviews were audio-taped with prior consent from the participants. The researcher used the tape recorder to capture all the data during the interview (Smit, 1995).

##### 1.14.1 Semi-structured interviews

The researcher purposively selected a sample of host parents who had provided care to children placed in three CYCCs' located in Athlone, Cape Town. Once consent for participation in the study had been granted, each participant was individually interviewed. Their participation was voluntary and participants received a detailed information sheet regarding the study. An interview guide allowed the researcher to gain a detailed picture of the participants' accounts of their hosting experiences (De Vos *et al.*, 2005). By using the interview schedule the researcher was guided by a set of pre-determined questions but this did not dictate the nature of the interview.

The participant was regarded as the expert in this process and therefore the researcher allowed the participant to lead the interview (Smit, 1995). However, the researcher was careful not to allow the interview to deviate too far from the research topic.

The interview was guided by the following pre-determined questions:

- Tell me what it was like to be a host parent.
- Tell me about the children you accommodated.
- Tell me about your experiences as a host parent.
- What is the way forward for you in accommodating children in need of care?

### 1.15 VALIDITY AND TRUSTWORTHINESS

According to Creswell (2009), "Qualitative validity" means that the researcher checks for the accuracy of the findings by employing certain procedures.

Triangulation refers to the use of multiple data sources to collect information on the research topic (De Vos *et al.*, 2005). Triangulation ensured that the researcher was able to explore the research subject in more than one way and to see more aspects of the participants' experiences. Using triangulation added to the validity of the study. The researcher used semi-structured interviews, field notes and observations.

Member checking means that the researcher asks the participants to comment on the accuracy of the findings. By using member checking, the participants were given an opportunity to check the interpretation and understanding of the researcher and to clarify any discrepancies. The researcher used techniques such as paraphrasing and clarifying skills in order to check her understanding of the findings during the interview.

The researcher used a descriptive research design and rich, thick description to convey the findings. This allowed the reader to experience the setting and shared experiences. Creswell (2009) argues that the results of the research become richer and more realistic thus adding to the validity of the study when the researcher describes the findings in this manner.

Peer review means that another researcher was asked to review and comment in respect of the results. The researchers' study supervisor commented on the results and discrepancies were documented by the researcher.

The researcher clarified the bias that she brought to the research. As a social worker who had prior knowledge and experience of host parenting, the researcher used self-reflective exercises such as keeping journals to capture her own thoughts, feelings and experiences throughout the research. According to Creswell (2009) self reflection creates an open and honest narrative.

### 1.16 DATA ANALYSIS

The researcher used guidelines as set out in Tesch (1990) in Creswell (2009) to analyse and interpret the data collected from the semi-structured interviews.

Step 1:

The researcher read through all the transcribed interviews to get a sense of the whole. She jotted down ideas as they came to mind while reading the transcribed interviews.

Step 2:

The researcher selected the longest interview and re-read it. Then she wrote down the underlying ideas and meanings that came to mind.

Step 3:

After completing this process with each interview, a list of all the topics was made. Similar topics were clustered together and formed into columns representing the major topics, unique topics and left-over topics.

Next the researcher began a detailed analysis with a coding process to organise the material into segments of text.

Step 4:

Once completed, the researcher returned to the data and abbreviated the topics as codes and wrote the codes next to the appropriate segments of texts. This was done to see if new categories and codes emerged. The most descriptive wording for the topics was allocated to turn topics into categories. Related topics were grouped together in order to reduce the list of categories

Step 6:

The researcher made a final decision on the abbreviation of the codes and listed the codes.

Step 7:

Next the researcher assembled the data belonging to each category and performed a preliminary analysis.

Step 8:

Finally the researcher re-coded existing data where necessary.

### 1.17 SELF REFLEXIVITY



As a social worker doing research and working in the research setting, it was important for the researcher to be aware of her own feelings, thoughts and actions so that these did not influence the research process or affect the validity of the data. The researcher found that keeping a journal was a particularly useful tool for this purpose.

The researcher also conducted debriefing sessions with her study supervisor in order to process her own feelings which were evoked during interaction with the participants. This process of working through unresolved feelings proved very useful.

### 1.18 ETHICAL CONSIDERATIONS:

#### Voluntary Participation

The participants of the study were selected purposefully but all were informed of their right not to partake in the study without implication.

The consent form clearly outlined the nature and purpose of the study (Jackson, 2009). The researcher also informed the participants what they were expected to do as part of the study and participants were given a copy of the information sheet.

Participants were able to withdraw from the study at any time and were made aware of this before the interviews were conducted. A separate consent sheet was given to participants confirming that they were voluntarily participating in the research study. Neuman (in De Vos *et al.*, 2005) substantiates that nobody should be coerced into participating in a research project as their participation must always be voluntary.

### Confidentiality

Special consideration was given to the confidentiality of information and no personal details of participants were disclosed in the research report. All transcribed interviews and tape recordings were kept in safekeeping. The participants were made aware that their identities would only be available to the researcher, and that on completion of the data collection, pseudonyms would be used on the transcripts. The right to confidentiality is the individual's right to decide when, where, to whom and to what extent the individual's attitudes, beliefs and behavior will be revealed (Singleton, Straits B., Straits M. & Mc Allister, 1988).

### Avoidance of Harm

According to De Vos *et al.*, (2005), it is difficult to establish at all times whether any degree of harm will come to the subjects or whether the research study may even have positive effects on the participants. The participants were informed about the potential impact of the research beforehand. The researcher also clarified any uncertainties the participants had regarding the research study and allowed participants time to process their thoughts and feelings regarding the research study.

### Actions and competence of the researcher

The researcher is a qualified social worker and adheres to the principles set out by South African Council for Social Services Professionals, and to the stipulations indicated by the University of the Western Cape.

The researcher agrees with the view of De Vos *et al.*, (2005) that researchers in the caring profession should refrain from passing judgement about the points of view and actions of participants, even if these are in direct conflict with the researcher's own values.

#### 1.19 CONCLUSION OF THE STUDY

The study has significance for the child and youth care system as it provides insight into host parenting and placements. This study could assist in designing an effective hosting programme which could aid in retaining host parents.

The study also allows host parents to provide CYCCs' with guidance regarding their expectations and requirements.

The need for long-term foster care placement of children outside the residential facility will always exist. The study highlights the challenges host parents face when attempting to foster children in need of care.

The study is also significant in assisting social services professionals to realise the important role that host parents could play in providing alternative care and support to the child and family.

CHAPTER 2  
LITERATURE REVIEW

2.1 INTRODUCTION

In Chapter 1 the researcher introduced the reader to the overall research study and gave an outline of the research problem and research plan. The various alternative care placements for children in need of care were also discussed. The previous chapter clearly outlined the research goal and objectives and the research question on which this qualitative study was based.

In this chapter the researcher will outline the literature study which was conducted. The literature study and theoretical framework according to De Vos *et al.*, (2005) is aimed at contributing to a clearer understanding of the nature and meaning of the problem which has been identified by the researcher. The literature study helps to build a logical framework for the research and creates a context of related studies (Rossman in De Vos *et al.*, 2005).

The researcher will now provide a theoretical framework which gives a better understanding of the theoretical context for the study.

2.2 THEORETICAL AND CONTEXTUAL INFORMATION

2.2.1 Social Constructivism

Qualitative research is most often located in interpretive research as it assumes that reality is socially constructed and there is no single observable reality but rather multiple interpretations of a single event (Merrimen, 2009). This implies that the researcher does not find knowledge but rather constructs it. Constructivism is often used interchangeably with interpretivism. In this context individuals seek understanding of the world in which they live and work. They develop individual meanings for their experiences and because these meanings are diverse, the researcher looks at a complexity of views. The individual's views are often informed by his/her interactions with others and through historical and cultural norms that operate in the individual's life.

The constructivist view primarily informed this research study, as the social constructivist seeks to describe, understand and interpret the individual's views.

The researcher wanted to explore host parents' experiences in accommodating children in need of care by hearing from the host parents themselves. Merriman (2009) further states that qualitative researchers are interested in understanding the meaning people have constructed, i.e. how people make sense of the experiences they have in the world. Interpretive social sciences are also related to hermeneutics which is the theory of meaning (Neuman, 2000). The researcher in this instance is interested in the deeper meaning of the text under study. The researcher also brings subjective experience to the research study. The researcher tries to absorb him/herself into the viewpoint of the participant in order to get a deeper understanding of how the parts connect to the whole. De Vos *et al.*, (2005) further states that true meaning is rarely simple and the researcher can only reach it through detailed study of the text and seeking connections between the parts. The researcher concurs with this statement and was able to link the parts to give a clearer understanding of the whole hosting experience.

### 2.2.2 The functional and structural theory on families

This is a combined theory of families which explains the function and structure of families and how it plays a role in rearing children who are well functioning members of society.

The functional and structural theory is a theory regarding social survival, and its key idea is that families perform the critical function of reproduction and socialising of children so that they will fit into society. The functionalist view assumes that the family is a positive and beneficial institution in which family members receive nurturing, care and unconditional love (Winton, 1995). In order for society to survive, the subsystems such as the family and other institutions need to function in a way that promotes the maintenance of society as a whole. Each part of society needs to be balanced in order for it to function effectively (Parsons, 1951).

The structure of families varies, depending on the composition of the family. The family exists because it enhances the survival of society, and the tasks that families perform to ensure its physical survival are instrumental. Families provide for the material needs of the family members. Families provide their members with opportunities to be expressive, because this is needed for psychological satisfaction.

Family members can be expressive through communication, love, happiness and support. Any deviation from the norm will result in a disruption in family life, and because family life is the key system in society, it is imperative that the family functions in a healthy manner. Families also function at their best when family members fulfil their different roles adequately, when the members' needs are met, and when families share the same goals and aspirations (Kingsbury & Scanzoni, 1993). The traditional family is the nuclear family, which included the mother, father and children. Society, however, is changing because of the changing economic and social structures, which has affected the family structure.

The function and role of the family is still vital for the upbringing of children because it meets the needs of its members. The researcher agrees with this view because the benefit of rearing a child within a family is evident in their development. The child who does not grow up in their own natural family can still be reared in a substitute family, who can provide the child with the same opportunities as their own. Although the structure of the family will change at times, its role and function still remain the same (Kingsbury & Scanzoni, 1993). Children who have been removed from a dysfunctional family will still be given opportunities to form relationships with other families in the community. The researcher will elaborate more on the role of the host family in re-establishing the child's sense of belonging in a family.

The role of families is imperative to provide the child with a sense of belonging and in the child and youth care system, the strength-based model informs the work that social services professionals undertake with children in need of care and with the families with whom they are integrated.

The principles underlying the strength-based approach are as follows (Saleebey, 1999):

- Every individual, group or family has strengths.
- Trauma, abuse, illness and struggle may cause injury but they can also be sources of challenge and opportunity.
- Every environment is full of resources.
- The social services professional does not take the upper hand in decision making.
- The context of caring and care giving supports strengths and solution finding.

In the child and youth care system in South Africa, it is recognised that the elements of **family preservation, family reunification and reintegration** are essential to ensure that the child in need of care does not remain in residential or institutional care for long periods of time (Inter-Ministerial Committee, 1996). Children need to maintain connections with family relationships in order to flourish and have their developmental needs met. According to Baumeister and Leary (1995) human beings have a persistent drive to maintain a minimum quantity of lasting, positive and significant interpersonal relationships. Many South African CYCCs' have adopted the strength-based approach which is based on the notion that the child's need to belong is the most important developmental need in the individual's life (Brendtro, Brokenleg & Van Bockern, 2004).

This strength based model specifically addresses the needs of children who are regarded as at risk and who have been exposed to circumstances which hampered their normal growth and development (Brendtro, 1999). The concept of being "at risk" avoids placing blame on the child and shifts the focus to environmental hazards which need to be addressed. The CYCC becomes a reclaiming environment for the child and creates change to meet the needs of both the young person and of society.

One of the key features of the reclaiming environment according to Brendtro (1999) is to experience belonging in a supportive community rather than being lost in a depersonalized

bureaucracy such as a residential center. When caregivers fail to meet the child's basic needs, the child learns that they are unpredictable or unreliable. Some children will reach beyond their families in search of substitute attachments with other adults. The child who has experienced serious damage becomes "relationship resistant" and will develop insecure attachments and view even friendly, helpful adults with distrust (Doyle, 1990). The child in this instance learns to employ protective behaviours which he/she has learnt through prior encounters with threatening adults. Children who have developed insecure attachment styles need corrective relationships to overcome insecure attachments. The helping adult should therefore be able to offer warm, consistent, stable and non-hostile attachments.

In order for the adult caregiver to build a positive relationship with the child in need of care, consideration needs to be given to the following elements:

- Caring is a concern for the life and growth of the person in the relationship.
- Knowledge is a genuine understanding of the other's feelings even if those feelings are not readily apparent.
- Respect is the ability to see the person as he/she is.
- Responsibility means to be ready to act or meet the expressed or unexpressed needs of another human being.

According to these elements, relationships are an action not a feeling, and careful consideration therefore needs to be given to the elements of a positive relationship (Brendtro, 1999). These elements must be employed by the adult caregiver whom the child is placed with, whether or not the child's behaviour elicits such nurturance. The child most in need of attachment is often the child whose behaviour is least likely to elicit nurturing behaviour from adults. Mc Cashen (2003) further states that the strength-based approach offers a different way of looking at the individual.

In this study, the researcher has given the reader an understanding of the lens through which the child, family and community are viewed by child care professionals. The re-establishment

of the child's sense of belonging, through positive interactions with an adult caregiver, is viewed as a means to repair any harm which the child may have experienced.

### 2.3 HOST PARENTS AID IN RE-ESTABLISHING THE CHILD'S SENSE OF BELONGING

For many vulnerable children, belonging will only be found in relationships with adults who recognise that living with and loving other human beings who return that love, is the most strengthening emotional experience in the world. Child rearing is not just the responsibility of the biological family. Children are also reared in the community by significant others (Brendtro, Brokenleg, Van Bockern, 2004).

If children do not develop a positive sense of self-worth and belonging, they can be vulnerable to a range of social problems. The family and community are the most important influences on the child's sense of belonging and even though - as in the case of many children in need of care - they may have suffered a disrupted upbringing, their sense of belonging can be repaired by forming close relationships with people later in their lives (Brendtro *et al.*, 2004). As stated by Gilgun (2002), families, communities and governments must provide opportunities for young people to overcome adversities.

Therefore helping children form strong attachments and re-establishing their sense of belonging can be a powerful tool in rebuilding their lives. The focus of the CYCCs' in which many children in need of care are placed, is to provide the child with opportunities to maintain ties with their community and family and to foster a sense of belonging. The hosting programme allows the child's host family to provide and model positive family interactions and behaviour for the child. By means of continuous relationship-building, the child is able to regain a sense of belonging and form attachments in a healthy family environment (Leliebloem House training manual, 2004).

The host parent programme forms a part of the therapeutic program at the CYCC and provides the child with a unique family experience.

In the chapter which follows, the researcher will discuss the recruitment and selection of host parents for the hosting of children. This will give the reader an understanding of how CYCCs' utilise the services of host parents in establishing the child's need to belong.

#### 2.4 CHILDREN BEING FOUND IN NEED OF CARE AND PROTECTION

In this section the researcher will explain in more detail how the Children's Act 38 of 2005 (Section 2) makes provision for the child in need of care and protection. The healthy growth, development and well-being of children largely depend on the ability of parents and families to provide for them. Although the family has the responsibility of caring it also functions in an environment of social forces which shape family organisation, values and functioning (Barbarin & Richter, 2001).

For various reasons as indicated in the previous chapter, children are vulnerable and at risk of being removed from their parental homes. Family and community life have been altered by a host of demographic and social transformations in South Africa. These include urbanisation, modernity, racial inequality, poverty, the Aids pandemic and community violence. These trends have had a major impact on families, leaving community and family life in a period of uncertainty, affecting cultural norms and values in communities (Barbarin & Richter, 2001). The researcher is of the opinion that these factors have been detrimental to family life in South Africa if one looks at the statistics of children found in need of care and protection by the children's courts.

In 2005, the National Foster Care statistics listed 271,817 children in foster care. By 2009 the number of children in foster care had risen to 511,479. In the Western Cape region alone, 29,818 children had been placed into court- ordered foster care (South African Social Security Agency, 2009). These figures were evidence that a high volume of children in the Western Cape Province had been found in need of care and placed outside their family environment. The South African Law Commission found that there were approximately 29,000 children in formal residential care by 1998. The Department of Social Development reported that during the past year in the Western Cape alone, 2248 children were placed into formal CYCCs' (Department of Social Development, 2010/2011).

In her experience as a social worker, the researcher has found that children in need of care, who had been victims of abuse and neglect, usually came from dysfunctional families and had seldom been exposed to healthy family norms and values. When families cannot provide for the needs of their children, the children will continue to be found in need of care and protection and be placed into alternative care.

According to the Children's Act (38 of 2005) a child is in need of care and protection if a child:

A) Has been abandoned and orphaned and is without any visible means of support.

The term *abandonment* is vague and refers to a situation in which a child (usually a baby) is abandoned by a parent or caregiver with the intention of creating permanent separation between the child and the caregiver (Panter-Brick & Smith, 2000). In another instance, it refers to the parent who leaves the child in residential care with the intention of relinquishing the child permanently. "Abandoned children" also refers to children who have been left entirely on their own to fend for themselves (Panter-Brick & Smith, 2000).

Abandonment, according to Boyden in Panter-Brick & Smith., (2000) refers not only to the physical desertion of children, but also to moral desertion. The regulations in the Children's Act are not clear about what the concept of "visible means of support" entails (Hall & Proudlock, 2011). In the researcher's experience, it implies that there are no adequate caregivers who can take on the responsibility of caring for the child. Hewitt (1992) describes abandonment as neglect by society and argues that abandonment reflects the most visible aspect of urban deprivation. Child abandonment is an extreme form of child neglect. In the South African context, child abandonment is becoming rife due to poverty and lack of resources and only in minimal cases will it occur as a result of negligence by caregivers.

The responsibility of providing a suitable upbringing is placed primarily on the adults who relate to a particular child, and where this fails, the responsibility is placed on society. It will fall on the social services professionals to ensure that the child is found in need of care and placed appropriately. The effects of abandonment can leave the child with lasting questions about his/her own self-worth. Often children deal with abandonment of a parent or parents in

different ways (Balcom, 2008). Some children might reject the abandoned parent completely while others might over-idealise the absent parents by creating fantasies about that parent. Certain children may also develop poor self-esteem and blame themselves because of the absent parents. This results in uncertainty in children who often feel that they contributed to the abandonment (Balcom, 2008). On the other side of the spectrum children might also become isolated and lose trust in caring adults.

In many instances, the remaining caregiver for the child who has been abandoned or orphaned is the grandparent. Often young adult caregivers (aunts, uncles or mothers) who were economically and sexually active are dying because of HIV/ AIDS-related diseases (Matshalaga, 2000). Grandparents have the additional burden of caring for children who have been traumatised by the loss of their parents and often they find themselves in impoverished conditions. The task of rearing a child is not an easy one especially for those grandparents who now have to meet the needs and demands of young children. The literature suggests that many young children left in the care of one or both grandparents do not have their needs met adequately (Burnette, 1990). A study conducted amongst elderly women caring for their grandchildren found that they experienced challenges such as lack of psychological support, emotional support and socio-economic support. Grandparents also experienced stressful lives compounded by age-related ailments (Tloubatla, 2009).

i. Orphaned children as a child found in need of care and protection

There are an increasing number of children who are affected by AIDS due to the impact on their primary caregivers. The effect of HIV and AIDS in South Africa has led to a rise in the number of orphans and child-headed households. In 2003 South Africa had 2, 3 million orphans due to the AIDS pandemic and other related factors (Statistics SA, 2003). There are also currently about 500,000 children living with terminally ill parents. In South Africa the concept of child-headed households (CHH) is common and this directly relates to children who have been orphaned by the loss of parents due to AIDS and who now are heading up the household. The proportion of children who were double orphans (loss of both parents) increased over the period of 2002 to 2006 from 357, 000 to 660, 000 (Meintjes, Hall, Marera & Boulle, 2010). In South Africa a significant proportion of orphaned children live in CHH, in 2006 an estimate of 122, 000 children were calculated (Meintjes *et al.*, 2010).

The statistics show that only a small proportion of orphans continue to remain in their homes and fend for their own needs. Children in CHH are not only left to survive without the care of adults but often live in poorer conditions than other children. This leads the researcher to believe that a significant proportion of orphans are either placed with extended family members in the community, into foster care or into residential care centers.

Freeman & Nkomo (2006) are of the opinion that the placement of children after the death of both parents is still vague. Various models for the placement of children have been proposed which include extended families, foster parents, supported CHH and institutional care. These authors highlight the fact that the general consensus is towards family and community care, but how willing and able is the family and community to do so? (Freeman & Nkomo, 2006). In Africa, the extended family is regarded as the traditional social security system where members are responsible for the protection of the vulnerable and care of the poor and the sick (Foster, Mafuka, Drew, Kambeu, Suarombe, 1996). The hope that extended family members will be sufficient for the absorption of orphans into their households is unrealistic according to UNICEF (2003). Many families already live below the poverty line and therefore it is unrealistic to think that they have the capacity to care for these additional family members. This leads the researcher to believe that more families in the broader community will be needed to open up their homes and alleviate the pressures on extended family members. The role of the new caregivers might be even more difficult as these children have more critical emotional needs, due to the prolonged care of sickly parents and their subsequent death (Wild, 2001).

The researcher makes a distinction between the different categories of orphans in South Africa as follows:

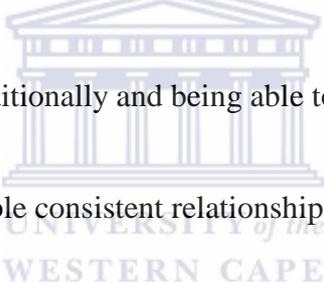
- Double orphans are children that have lost both parents.
- Maternal orphans refer to children who have lost only a mother but whose father is still alive.
- Paternal orphans refer to children who have lost a father but whose mother is still alive (Meintjes *et al.*, 2010).

B) Displays behaviour which cannot be controlled by the parent and caregiver

In order for social services professionals to understand what behaviour to address in children and what behaviour is acceptable, it is important to understand where the behaviour stems from (Trieschman, Whittaker and Brendtro, 1969). The recurring question is connected to what is normal and what is pathological for a child in terms of their age and at certain points of their treatment. Emotional and behavioural challenges in children must be viewed in relation to their normal processes of physical and psychological development (Brendtro & Ness, 1983).

In addition to a child's basic physical needs a child must meet a range of socio-emotional needs if they are to achieve self-actualisation.

The socio-emotional needs of the child include the following according to Brendtro & Ness, 1983:

- 
- Love - being loved unconditionally and being able to love another
  - Security - having predictable consistent relationships and expectations
  - New experiences - having increasingly broad opportunities for mastery
  - Praise and recognition – receiving positive reinforcement from valued adults and caregivers
  - Responsibility–having opportunities for successful experiences that lead towards independence and self control.

Children who cannot meet their physical or psychological needs or who have those needs met in maladaptive ways are seen to be experiencing challenging behaviour and can be found in need of care and protection (Brendtro & Ness, 1983). Both the inner conflict of the child and the external factors should be addressed in an environment that will promote the child's potential in all of these areas including the physical, social, emotional, cognitive and moral needs Guindon in Brendtro & Ness (1983).

Essentially the child's behaviour can stem from any number of causes and the same circumstances can evoke a number of different behaviours in different children. A disruption in the child's state of balance can be brought on by stress and conflict in the family situation which can bring about inner tension in the child and disruptive behaviour.

Children who display challenging and risky behaviour should be given opportunities to reclaim their lives and be exposed to intervention that is least restrictive, most empowering and appropriate to their needs (IMC, 1996 & Brendtro, 1999). The child who cannot cope properly with individual and family situation needs support from caring and supportive adults. The Children's Act 38 of 2005 and Child Care Act 74 of 1983 promote the residential placement of children displaying psychological and emotional difficulties. These children will therefore be offered therapeutic programmes to ensure their healthy development. Some of the emotional and behavioural challenges faced by children and adolescents will require intensive therapeutic intervention by social services professionals. The researcher will now discuss the various psychological and behavioural disorders that children may face.

Attention-deficit hyperactivity disorder (ADHD) is the most common of the emotional, cognitive and behavioural disorders treated in children by health care professionals. The impact of ADHD is enormous on families because it places additional financial and emotional strain on the family. It also impacts on academic and vocational activities of children and negatively impacts on the child's self-esteem (Hendron, 1999). Studies have shown consistent rates of ADHD in children across the world. Some of the symptoms which children present with are inattentiveness, distractibility, impulsivity or hyperactivity which is inappropriate for the child's age. Children who display excessive hyperactivity could manifest problems in their relationships with peers and family members (Hendron, 1999). Often children with ADHD may also present with other challenges. The co-morbidity of ADHD with other psychiatric disorders such as oppositional defiant disorder, anti-social personality disorders and mood disorders is also prevalent in children (Bird, Jensen, McConaughy & Achenbach in Hendron, 1999).

Bipolar disorder in children is regarded as a mood disorder and it is characterised by mood instability, persistent irritability and a general lack of response to structure and boundaries.

Some of the literature which was uncovered by the researcher suggested that young adolescents with ADHD together with other psychiatric conditions were very likely to experiment with alcohol and drugs early on in their lives (Biederman in Hendron, 1999).

Conduct Disorder in children and adolescents is usually evident in the type of behavioural traits displayed by the individuals. The most obvious sign of conduct disorder in children is excessive aggression. Perpetrators of violent crimes very often shown signs of conduct disorders and meet the criteria for this psychiatric condition. The presence of conduct disorder in children has been associated with a high risk of developing addictions. Some of the behavioural traits which are evident in children manifesting conduct problems will now be addressed. In order for a young person to be diagnosed with conduct disorder a persistent pattern of behaviour which violates the rights of others or societal norms or rules is assessed using the diagnostic criteria manual in psychology (Herbert, 1987).

Some of the criteria include the following behavioural patterns:

*A child who displays aggression towards people and animals.*

The child often bullies, threatens or intimidates others and gets involved in physical fights. A child, who has been physically cruel to others, has stolen whilst confronting the victim or who has forced someone into sexual activity.

*A child who engages in the destruction of property.*

The child who has deliberately engaged in fire-setting or deliberately destroys others property

A child who is deceitful by telling lies to obtain goods or favours. The child who has stolen or broken into someone's house.

*A child who seriously violates the rules.*

The child often stays out at night despite parental prohibitions and the behaviour usually starts before the age of 13. Another violation would be the child who ran away from home at least twice whilst living with parents and who often truants from school.

Children and adolescents sometimes - for reasons one cannot always fully understand - lack the social skills required to cope with social life in a satisfactory manner. Consequently they will behave in a maladjusted way in response to a variety of stresses and challenges. The key is often for these behaviours to be identified prior to the onset of more serious psychological disorders (Herbert, 1987). The researcher has found that very often the root of the child's challenging behaviour can be linked to his/her background, family and community circumstances. In every family according to Varma (1990) each member is assigned a role which develops over the life-span of that family. The behavioural and emotional state of that family is closely related to their role in the family system.

Socially-skilled children will be better equipped to deal with confrontational situations through the use of humour, relaxation, compromising actions and other appropriate verbal responses (Herbert, 1987). The researcher is of the opinion that programmes should be directed at providing children and adolescents with social skills which will better equip them for everyday life. In order to adequately ascertain what intervention is needed, it is important to get a history of the child's development and what the current challenges are that the child faces (Varma, 1990).

C) Lives or works on the streets and begs for a living

Street children in the developing world are recognised as a vulnerable category of children who are physically and psychologically at risk. Street children are those for whom the street, rather than their family, has become their real home. It is a situation in which there is no protection, supervision or direction from responsible adults (Ennew, 1997).

UNICEF (1998) made two distinctions in the types of street children found:

1) Children on the streets are those who share in the responsibility of family survival and although they are on the streets during the daytime, at night they return to their family home. These children may be experiencing deteriorating family life but nevertheless maintain family ties.

2) Children of the streets represent the minority of street children who may have abandoned their families or been abandoned by their families. These children might also have broken all ties with their families due a variety of factors which will be discussed later in this section.

It is important for the reader to understand that these concepts have been reworked by many policy makers and groups do not represent all categories of street children (Reddy, 1992).

Factors which contribute to the emergence of street children include social unrest, displacement, poverty and war. On a macro-level a country's structural regulatory programmes have been linked to direct cuts in essential social services such as basic health care, primary education, family planning and sanitation which affects people trapped in poverty and essentially contributes to the continued struggles faced by families and children on a micro-level (Brendtro, 1999).

A study conducted on South African street children found that children live and beg on the streets for the following reasons: children come from structurally disadvantaged homes where poor living conditions prevail or the child leaves his home due to poor socio-economic conditions in the family or immediate environment (Le Roux, 1996). Some of the socio-economic conditions include poverty, substance abuse, family segregation and unemployment. The child may have experienced parental loss through death or abandonment. A shortage of housing could also contribute or force the child to live on the streets. All of these factors can place strain on families, and the child's move to street life may be his/her way of adapting to the stress or severe oppression of families living in a society of conflict. The term *abandonment* can also be applied to situations where children leave their homes to live and work on the streets to escape from their parents and unhappy homes (Brendtro & Ness, 1983).

According to Cockburn (1991), 80% of street children have a history of sexual, physical or emotional abuse. They may be sexually abused whilst on the street and be at risk of contracting sexually transmitted diseases (STDs). Very often these diseases spread through communities of street children as they engage in relationships.

Ennew (1997) states that HIV infection amongst street children is not the most commonly spread sexually transmitted disease, but it attracts the most attention even though it has been least researched.

Children on the street are still at a high risk due to the following reasons:

- They may already have a history of STDs which could increase their chances of HIV infection.
- They do not have knowledge of HIV/AIDS.
- Their health may already be poor which means they are more vulnerable to infections.

The literature also suggests that the backgrounds of children living on the streets of South Africa are remarkably similar although Barrette (1995) suggests that not all street children are alike. About 75% of street children maintain family ties and 20 % spend their days and nights on the streets due to varying reasons as indicated above. This group of street children are particularly vulnerable to abuse and exploitation on the streets. Children who have no family at all make up the remaining 5 % and they include orphans, runaways, refugees and these children can often suffer deep emotional scarring (Barrette, 1995). Alternative care placement options can provide the child with access to a safe and secure environment where he or she is well looked after. They can also receive opportunities to practice skills and good habits of interpersonal relationships (Ennew, 1997).

There have mainly been two responses to street children by social services professionals:

The institutional response is when the street child is admitted to some sort of residential center such as a CYCC. With the implementation of the new Children's Act (38 of 2005) provision has been made for street children or other vulnerable children to access a day programme. The drop-in center is one such facility that offers basic services aimed at meeting the emotional, psychological, physical and social development needs of the vulnerable child (Chapter 14 of the Children's Act 38 of 2005).

The non- institutional response involves trained child care staff who goes out onto the streets and listen to the children's point of view.

They respect the child's autonomy and skills and build relationships with the children whilst offering them some form of a programme or service (Ennew, 1997). These trained child care staff could then also encourage the street child to access the drop-in center where there would be additional services available. The end goal could be to remove the child from the street or to offer assistance in order to reintegrate the child into his or her community. In the researcher's experience as a social worker, the integration and reunification of street children with their families and communities can be particularly complex and will largely depend on the individual's circumstances.

D) Is addicted to a dependence-producing substance and without any support

In South Africa substance abuse researchers have noticed an increase in substance abuse after 1990 mainly due to the political and social transformation which has opened up trade with international countries (Parry,1998). The effects of alcohol and drugs on children lead to many unfavourable health and safety risks for the child, family and community (Belcher, Harold, Shinitzky, 1998).

There are multiple factors that contribute to the emergence of substance abuse in children. Behavioural, emotional and environmental factors that place children at risk for the development of substance abuse may be remedied through prevention and early intervention. The researcher has alluded to the impact of psychiatric disorders on the increased risk of abuse and addiction to substances by children and adolescents (Hendron, 1999). The younger the child starts experimenting with alcohol and drug use, the higher the risk faced by the child and subsequently the adult for substance abuse.

Research also indicates that substance abuse among children and adolescents can cause underachievement in school, misbehaviour, criminal activity, teenage pregnancy and depression. Understanding the risk and protective factors that may affect their development is the first step in improving the problem (Cape Town Drug Counselling Center (CTDCC), 2007).

## Substance abuse in children

International research indicates that not everybody who uses drugs becomes addicted. Approximately 10% of users actually become addicted to drugs. However it is clear that children or adolescents who use substances will suffer from negative outcomes (CTDCC, 2007). The use of drugs such as dagga and mandrax, and solvents such as glue, is more common among people from disadvantaged communities, whereas the use of drugs such as cocaine and ecstasy is more prevalent amongst middle class and upper class communities (Parry, 1998).

The risks involved in substance abuse by children can include one or more of the following factors:

- There is a small risk of death due to an allergic reaction or overdose.
- It could lead to high risk behaviour in children such as high risk sexual behaviour.
- A risk of injury due to accidents or acts of aggression.
- A risk of psychosis or a risk of addiction does exist.

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The regular use of drugs by children or adolescents can have the same effects as discussed previously but could also have more detrimental effects.

Continued drug use will affect the psychological and emotional wellbeing or development of a child or adolescent. In the adolescent stage it can be particularly damaging because the child's brain development is at its peak. Due to the continued use of drugs the adolescent is hampering normal developmental experiences (CTDCC, 2007). The child or adolescent will also lose his or her potential and start withdrawing from everyday activities. The move from every day use to addiction often occurs very subtly without the child or adolescent realising the impact. The characteristics of addiction to drug use are often more apparent and could negatively affect the individual and family life.

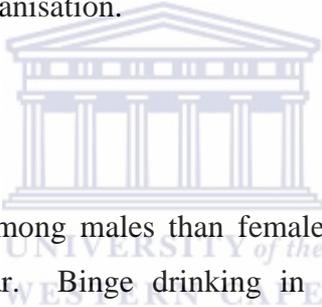
Three core themes which are important for helping professionals and families to understand are ambivalence, motivation, and denial (CTDCC, 2007).

Ambivalence- addicts often realise that they have a problem but are also attracted to the drugs for a variety of reasons. The family's role would be to support the part of the addict that wants to stop but provide consequences to the part that persists.

Motivation - the individual's motivation to change could also fluctuate from time to time and the role of the family will be to still continue with the "tough love" approach and not try to rescue the child/ adolescent by making excuses for their behaviour.

Denial – the individual uses this as a defense mechanism. It allows the person to continue with their drug use and involves lying to oneself and the effected parties. The person does not recognise the damage which the drugs have caused in their life.

The abuse of alcohol on the other hand is dependant on factors such as age, gender, socio-economic status and degree of urbanisation.



i. Gender

Alcohol use is more prevalent among males than females, but in the case of drug abuse, gender differences are less clear. Binge drinking in young people is fairly common especially in young males and amongst residents of disadvantaged communities where there is easy access to alcohol (Parry, 1998).

ii. Socio-economic status

Alcohol use is widespread in South Africa. For all ages drinking is more common in males than females and the rate of drinking varies significantly amongst population groups (Pithey & Morojele, 2002). Numerous socio-economic and cultural conditions enable the availability and consumption of alcohol in South Africa.

The implications of substance abuse on children and young people can have a long-term impact on the child and family (Parry, 1998). The researcher also identified that many of these factors leading to a child found in need of care are interrelated, and cross over into the various categories.

This leads the researcher to believe that the socio-economic conditions of families have a huge impact on the family and children, which largely contributes to children found to be in need of care.

Some children are more likely than others to drink heavily and encounter alcohol-related difficulties including health, school, legal, family and emotional problems (National Institute on Alcohol abuse & Alcoholism, 2009). The research suggests that some of the children who are at risk for alcohol abuse are those who meet the following criteria:

- Children who start using alcohol or drugs before the age of 15 years.
- Children who have a parent with a drinking problem.
- Children who have close friends that use alcohol.
- Children who have experienced past trauma or abuse.
- Children who are currently experiencing behavioural problems and are failing grades.
- Children who have parents that do not support them and do not communicate openly with them.
- Children who have parents that do not keep track of their whereabouts.
- Children who experience ongoing hostility and rejection from parents.

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The more of these experiences children have, the greater the chance that they will develop problems with alcohol (National Institute on Alcohol abuse & Alcoholism,2009).Some of the warning signs that parents should look out for in children are problems at school, poor attendance, and rebelling against the family rules and having a “don’t care” attitude, as well as showing a lack of involvement in former interests.

- E) Is exposed to circumstances which may seriously harm that child’s physical, mental and social well-being

The researcher will now discuss some of the causes of child maltreatment.

Substance abuse has been identified as the main reason for many cases of child maltreatment. Substance abuse leads to the neglect and abuse of children and has also been linked to domestic violence amongst caregivers.

Parents who abused alcohol or substances could not provide appropriate supervision, discipline and protection to their minor children. The parents' dependence on substances also leads parents to often abandon their children in their search for drugs or alcohol (Makoae, M., Dawes, A., Loffell, J. & Ward, C., 2008). Parents suffering from mental health problems and who do not receive the necessary professional intervention also impact on their ability to parent. Parents who pursue lifestyles which place children in danger are also guilty of neglect, and examples of this include selling drugs and alcohol, theft, and having multiple sex partners.

Women abuse, also referred to as "spousal abuse" or domestic violence, is regarded as one of the most persistent forms of violence used against any individual in South Africa (Maconachie, Angless & Van Zyl, 1993). Violence against women cannot be separated from the broad social and political context in which it occurs. The literature suggests that the social, economic, political and historical factors and systems all interact and impact on family functioning. The impact of domestic violence on the child can be long-lasting as children do not have to be abused themselves to have their lives impacted upon. The degree to which children suffer from domestic violence includes the indirect impact of witnessing abuse as well as the emotional impact resulting from the cycle of violence (Wolfe and Korsch, 1994). In the instances where children are directly impacted through the acts of violence they could also be found in need of care and protection.

The research indicates that where there is more concrete evidence of abuse in the child, the impact of the abuse is easier to acknowledge (Van Der Merwe, 1998). Since the home is regarded as the child's primary source of education, the effect of the violence on the child can cause children not to learn to form trusting relationships, their self-concept and self-control can also be affected negatively. Subsequent relationships with partners and ways of interacting with the opposite sex could be affected as well (Wolfe & Korsch, 1994). Children raised in abusive homes are often seen to be in as much crisis as their mothers, they have experienced disruption in their support systems which is accompanied by feelings of fear, anxiety, loss, pain, feelings of separation, aggression, passivity and hostility. Some of the coping strategies employed by these children are isolation, using fantasy, avoidance, disengagement and over-compliance (Eriksen & Henderson, 1992).

The use of drugs and other substances among people can also be a coping mechanism employed by them to deal with the harsh realities of family life.

F) Is in a state of physical and mental neglect

Neglect is a form of maltreatment which implies that the child's needs are not met. Loffel & September (1998) substantiate this and define neglect as the failure by those responsible for the child to meet his/her physical, emotional, intellectual and social needs. Unintentional neglect can also occur when the caregivers' circumstances do not permit that the child's needs are met, for instance in cases of extreme poverty where families have no means of survival.

Poverty, unemployment and inequality are growing in South Africa consequently 3 out of 4 children in SA are living in poverty. The effects of food security have the biggest impact for children as 30% of the country's population experiences food insecurity (Berry & Guthrie, 2003). Nearly 60 % of all children are living in dire poverty. Government is not keeping up with the demands of social assistance provision and poverty alleviation, means that children's needs are not adequately met (Berry & Guthrie, 2003).

Child neglect can also be caused by interactions between several risk factors such as parental depression, stress, social isolation, lack of community resources, family violence as well as a child's disability (Dubowitz & Bennet, 2007). The Children's Act 38 of 2005 defines neglect as a failure in the exercise of parental responsibilities to provide for the child's basic physical, intellectual, emotional or social needs (Children's Act 38 of 2005 as Amended).

Housing is a basic right of all South African families in order to provide families with adequate shelter from environmental factors, provision of living space and privacy (Berry & Guthrie, 2003). The quality of the shelter can impact on the general mental and social well-being of the child. Overcrowding according to Berry & Guthrie (2003) can exacerbate a number of risk factors with regard to the health and psychological well-being of children in South Africa. The researcher is of the opinion that the poor socio-economic conditions families find themselves in, seem to have a detrimental effect on children's well-being. It also results in the unintentional neglect of children by parents, because parents have little control over these circumstances.

This is substantiated by Issue paper 13, South African Law Commission (1998) which states that most neglect experienced by children is as a result of poverty and lack of resources which the family endures. Lack of adequate and appropriate provision for children may result in neglect or abuse of children by the state.

Another form of neglect can be defined as health-related neglect (Dubowitz & Bennet, 2007). The signs of this are evident in children who have not adhered to prescribed treatment which jeopardises the child's health. A parental delay or failure in obtaining health care for the child including medical, dental or mental health care is also neglect. Other examples are a child or baby that has been exposed to drugs, poor hygiene and sanitation conditions in the home; inadequate attention given to the child's emotional and cognitive needs, as well as a child who is exposed to environmental hazards in and out of the home (Berry & Guthrie, 2003). Neglect has several manifestations which the social services professional might encounter and each case should be dealt with on individual merit. The interacting factors which may have contributed to neglect need to be carefully assessed and the underlying problems between the child, parent, family and community well understood.

G) Is being maltreated, abused or deliberately neglected by a parent, caregiver.

Abuse according to Dawes & Mushwana (2007) is a form of active maltreatment which includes physical, emotional and sexual abuse. The Children's Act (38 of 2005) defines abuse as any form of harm or ill-treatment deliberately inflicted on a child. The forms of abuse stipulated by the children's act include assaulting a child or inflicting any form of deliberate injury to a child, exposing or subjecting a child to behaviour that may harm the child psychologically or emotionally. Issue paper 13 of the South African Law Commission (1998) defines child abuse as any form of direct, non-accidental actions which are harmful to children such as sexual, physical, emotional assaults and exploitation.

Risk factors are seen as those sets of attributes in the child, family, or parents that pose a threat to the child. Risk factors and risk indicators are used as a measuring tool by social workers to see whether the child has been abused or is at risk of abuse. The difficulty lies in the assessment of abuse as the risk factors are often interrelated (Dubowitz & Bennet, 2007).

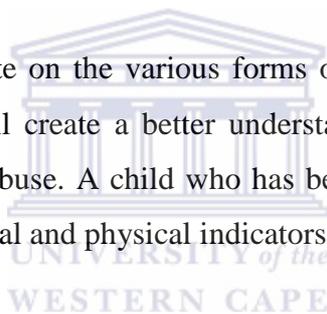
The cause of abuse can often be found in the family, community and in the children themselves (Daro & Wiese, 1995).

Community factors refers to continuous poverty and an environment lacking in stimulation which leads the child to fail to realise his/her full potential, thereby socialising the child to be a victim.

Family factors are often characterised by relationship stressors such as alcohol and drugs, financial problems, poor socio-economic conditions and unemployment.

Child problems relate to the specific behavioural challenges which can be seen as difficult to control. Physical and mental illnesses can also pre-dispose the child to abuse (Daro & Wiese, 1995).

The researcher will now elaborate on the various forms of abuse as well as on the related behavioural indicators which will create a better understanding in terms of the effects on children who have experienced abuse. A child who has been abused will in the majority of cases present with both behavioural and physical indicators (Childline South Africa, 2010).



|                 | Infancy   | Latency  | Adolescence   |
|-----------------|---|--|---|
| Physical abuse  | Withdrawal, fear, anxiety, crying, aggressive behaviour   | Speech or learning difficulties, bed wetting, negative attention seeking   | Running away, eating disorders, drug/ alcohol abuse, prostitution, aggression |
| Sexual abuse    | Excessive masturbation or insertions of objects, difficulty sleeping, passive and withdrawn, clingy | Bed wetting, eating disorders, avoidance of sports, seeking out/avoiding adults, sexualised behaviour with other children. | Obsessive behaviour, Self destruction, isolation, fearfulness, Promiscuity    |
| Emotional abuse | Withdrawal, apathy, failure to thrive, speech and language delay                                    | Fearfulness, unprovoked yelling, hyperactivity, over   | Drug/ alcohol abuse, impatience, rationalisation of abuse, suicide attempts   |

|         |  |   |  |
|---------|--|---|--|
|         |  | anxious, depression   |  |
| Neglect | Withdrawal, apathy, fearfulness, lethargy, rocking, failure to thrive, delayed development | Learnt helplessness, fearfulness, hoarding of food or stealing, clingy, needy regressive development. | Eating disorders, drug/alcohol abuse, aggression, prostitution, stealing, absence from school, caretaker for other children. |

This table has been adapted from Childline, South Africa (2010) crisis counselling learner manual.

Many of the factors leading to statutory intervention and removal of children appear to be interrelated and should be viewed in the historical context of our country which largely contributed to dysfunctional families and communities (National Policy Framework, 2005). When social workers intervene and consider any placement for a child, decisions should always be made in the child's best interest. Social workers also need to consider the long-term placement of the child or permanency plan so that children are stabilised as soon as possible. Gannon (1994) states that permanency planning for children should never consider residential care as a long-term option but should work towards permanency planning and reconstruction of families.

## 2.5 EMOTIONAL AND BEHAVIOURAL PATTERNS OF CHILDREN FOUND IN NEED OF CARE

Inevitably children exposed to trauma at home and in their communities are likely to suffer from a range of intellectual, social and emotional challenges which will require appropriate treatment and care by caregivers and professionals (Children's Act 38 of 2005). The type of behaviour manifesting in children can vary depending on the severity of the circumstances they were exposed to. The researcher alluded to these different behaviours previously. Most children in care may have suffered one or more forms of abuse (Sellick & Thoburn & Philpot, 2004).

The common factor amongst these children is that they will have experienced hardship early in their lives and may display a range of behaviours that do not make it easy for them to fit into families. Some of the behavioural challenges which children will present with include stealing, lying, destructive tendencies, temper tantrums, aggression and anger outbursts (Kaplan, Pelkovits & Lebruna, 1999). Kauffmann in Brendtro (1999) define children with behavioural disorders as those who chronically respond to their environment in socially unacceptable ways but can be taught socially acceptable ways and personally satisfying behaviour.

Children may also show some emotional difficulties relating to loss, rejection or separation from parents or caregivers. The manner in which children attached to their parents could influence their ability to form secure attachments with others. Bowlby (1980) declared that there is a strong causal relationship between the individual's experiences with his/her parents and the capacity to later form affectional bonds. Depending on the nature of the child's upbringing, the way in which he/she forms attachments with adult caregivers will vary. A child who has experienced loss of an attachment figure will experience distress even if that person is replaced by another caregiver (Bowlby, 1980).

Mc Wey (2004) reported that children in foster care in the United States were ten times more likely than children living at home to experience mental health problems. These problems range from conduct disorder, oppositional defiant disorder and attention deficit hyperactivity disorder, anxiety disorder to depression as previously discussed by the researcher. Research shows that maltreatment can be psychologically damaging to children and often have a lifetime effect. Certain behavioural patterns can be directly linked to the trauma the child has suffered according to Briere & Runtz, (1990) and Kaplan, Palkovitz, Labruna, (1999). Such individuals also showed higher levels of aggression and delinquent behaviour (Kaplan *et al.*, 1999). Physically abused children were unable to form close relationships with their peers. They also tended to be shy and more inhibited when compared to non-abused children. They therefore struggled to form relationships and friendships.

The impact of sexual abuse on a child can have a long and devastating impact. Children who have been sexually abused can have higher prevalence of psychiatric disorders (Mattia & Zimmerman, 2001).

Children can also suffer from post traumatic stress syndrome (PTSD) of which a range of problems can be associated with. Children suffering from PTSD can show signs of depression and anxiety. They can also present with sexualised and provocative behaviour. The impact of sexual abuse can be long-lasting and impede on the person's social functioning and ability to form healthy relationships with partners.

The effects of emotional abuse on a child could be more harmful than any other form of abuse (Clausen and Critenden, 1991 & Kaplan *et al.*, 1991). The direct effect of emotional abuse on children is a low self-image and psychological difficulties. Children who are victims of emotional abuse also display signs of depression, anxiety, interpersonal sensitivity and disassociation. Children who have been exposed to this by parents often internalise the abuse and start believing that they are not worthy of better.

The effect of neglect on a child can also be devastating as children who have not been stimulated can often have problems with receptive and expressive language. Victims of neglect can also display certain signs of depression, anxiety, paranoia and hostility. The exposure of many children to these harsh and vulnerable conditions will be long-lasting and deeply embedded in the individual's consciousness.

A child who is found in need of care and protection could have been exposed to one or more of these circumstances and suffer from a range of difficulties. When a child enters the child and youth care system, plans are aimed at securing this child's future by either reunification or reintegration with a substitute family. Every child has the need for a continuous, affectionate and stimulating relationship with an adult. If this need is unfulfilled the child is at risk of emotional damage (Baumeister and Leary, 1995). It is important for social service professionals when placing any child to understand how the child is likely to experience the placement and all the accompanying feelings and reactions which may be present in the child (South African National Council for Child and Family Welfare, 1987) (SANCFW). The emotional and behavioural effects of a negative upbringing can be very detrimental to the child and, as indicated, often the effects are intertwined and a distinction cannot be made between the two Sambrooks (in Varma, 1990).

### 2.5.1 Management of the behaviour of the child in need of care

Children with emotional and behavioural difficulties present a challenge for the social work professional as the relevant management techniques need to be adjusted according to the behaviours. It might also be difficult to establish the identification of the nature of the problem (Varma, 1990). The accurate assessment of the nature of the problem is essential in providing therapeutic intervention for the child in need of care. Any behavioural approach for the treatment of the child with emotional and behavioural challenges needs to take into account the child's developmental history, the family and significant environment of the child in terms of the role it plays in maintaining the child and how the family contributes to the problem.

### 2.6 HOST PARENTS PROVIDING CARE FOR CHILDREN IN NEED OF CARE

The subject of host parenting in the context of the child and youth care system is relatively unexplored in South Africa. The researcher therefore made use of various reference terms as identified in international and local literature in order to create an understanding of what host parenting is about. Some of the terms identified in the local research were short-term fostering, holiday foster parent, intermediate and indeterminate care (SANCFW, 1987).

The definition of short-term foster parenting according to the SANCFW, 1987) is a service aimed at providing temporary care for children whose parents are unable to care for them. In the CYCC it is used as a therapeutic tool in the planning and provision of suitable intermediate or long-term substitute care whether in a children's home or in foster care. This implies that the host family placement could also be the pre-placement to long-term foster care. The research study focuses specifically on those host parents providing placement to children in a CYCC. Host families according to Leliebloem House training Manual (2004) offer substitute family care for children in CYCCs. They provide the child with opportunities to be exposed to healthy family norms and values whilst providing them with a valuable break from institution life. The children who are identified in need of care often are not able to return to their families during holidays, and without a host family to step in, they would remain in residential care (Leliebloem House training manual, 2004).

Child care professionals also have the opportunity to get respite from children who often present with challenging and complex behaviour.

During the review of literature the researcher came across various forms of host parenting internationally which operated on the same principles as host parenting. In the United Kingdom respite care is frequently used with families who have mentally or physically challenged children. The family can apply for a short break through a social services agency that will assess the family and place the child in a host family. This is also common practice for foster families in the United Kingdom, as the foster family can apply for a break from the child which helps to rejuvenate the family. In Australia, a children's home recognised that many of its children were stuck in the residential centers for long periods of time and they devised a plan to move the child through a continuum of care into community placements. By means of the holiday hosting programme, children became familiar with families in the community on an informal basis. As the family and child grew acquainted, the frequency and duration of the visits increased which potentially led to permanent placements with foster families.

Sellick & Thoburn (1996) identified a few of the standard practices that should be followed in short-term foster care placements. These are as follows:

- Careful selection and screening procedures of host parents.
- Appropriate matching of the child and the family is regarded as essential.
- Proper introductions between the child and family must take place.
- Regular contact between children and host families is important (i.e. a consistency in contact).
- Regular visits to the host families by the social worker should also be conducted.

Local research on the experiences of these families gave more clarity on how the child's placement impacted on host families. In the researcher's experience as a residential Social worker, the plan to place children permanently with a host family can change when parents' circumstances improve to the point where the child can return home. International research showed that short-term foster care placements often lead to better long-term foster care placements (Sellick & Thoburn, 1996). The host families have the opportunity to gradually

build a relationship with the child while children remain in the CYCC. Host parents also have the opportunity to access the resources and services available to them at the CYCC.

The SANCFW (1987) suggests that social workers should do a proper assessment of what the family's circumstances are so as to determine the necessity of a long-term placement for the child. A distinction should be made whether it is a medium-term failure on the part of the family to cope or a more fundamental breakdown in the family which will prevent them from resuming their parental abilities. The literature suggests that this could be a very trying time for families as there is a demand on them to overcome their existing problems or face a situation where their children will drift into long-term foster care placement. Under these circumstances it could be a difficult situation for host parents as they do not know what kind of parental role to accept and how much emotional bonding they should allow themselves (Fulcher & Garfat, 2008).

The terms *substitute* and *supplementary parenting* also refer to the short-term foster care placement of children with families. Supplementary foster care usually describes the short-term service for families who are experiencing a temporary crisis. Substitute family placement refers to longer-term placement for those children whose parents are unable to care for them but still continue to play some part in their lives (Sellick *et al.*, 2004).

Some of the key messages which have come out of child placement research show that the outcomes for children are subject to many complex and interacting variables. Effective practice combines short-term and intermediate interventions in the context of long-term helping relationships. Bullock (in Sellick *et al.*, 2004) states that foster care is not a single approach and a variety of foster care placements should be taken into consideration in the recruitment, training and support of foster parents. The researcher therefore conducted a descriptive study to explore the experiences of host parents and whether this affected the permanency plan of the child in need of care.

## 2.7 ROLE OF HOST PARENTING IN PERMANENCY PLANNING FOR CHILDREN FOUND IN NEED OF CARE

All children need a stable and continuous relationship with a nurturing person, in order to develop physically, socially, emotionally, intellectually and morally, Hess (in Maluccio & Olmstead, 1986). When separation from biological family is necessary, the importance of family continues to be recognised through active efforts to maintain family ties, to support shared parenting by biological and foster parents. Research has shown that children who have been separated from their parents need to have continued contact with the parents to help the child deal with feelings of loss and separation. It is important that the child experiences continuity with the parents in order to regain his or her sense of self and personal significance (SANCCFW, 1987).

Permanency planning according to Maluccio and Olmstead (1986) is the systematic process of taking prompt, decisive action to maintain children in their own homes or place them permanently with other families. Permanency planning emerged as a response to the plight of many children placed into residential care. It implies that every child has the right to a stable home and with as few moves or temporary situations as possible.

The underlying philosophies of permanency planning include the following key features:

- The importance of biological family and the significance of rearing children in a family setting.
- The stability and continuity of relationships promote a child's growth and functioning.
- A programme focused on systematic planning in a specified time frame for children who are in care or at risk of placement out of their home.
- A case management method which includes practice strategies such as case reviews, contracting and decision-making along with active participation of parents in the helping process.

Legislation and policies pertaining to children emphasise permanency planning for children aimed at ensuring stability in the life of the child. Programmes offered at the child and youth centers are to ensure that movement out of the CYCC occurs in the shortest time possible.

The movement of the child into a host family allows individual time in a healthy family environment while simultaneously allowing the child contact with the family of origin. Finally, the continued and regular relationship of the child with the host family creates opportunities for foster care placement of the child out of residential care (IMC, 1996).

## 2.8 CONCLUSION

In this chapter the researcher discussed the literature that guides social workers in their intervention with the child in need of care. Many of the factors that pertain to children being found in need of care can be linked to their upbringing and parental involvement.

The researcher will now discuss the research methodology and approach which she employed to successfully implement the research project.



CHAPTER 3  
RESEARCH DESIGN AND METHODS

3.1 INTRODUCTION

In Chapter 2 the researcher gave the reader an overview of the literature study. The literature study according to De Vos *et al.*, (2005) builds a logical framework for the research and creates a context of related studies.

In the following chapter the researcher will be explaining the methodology and design of the research study which focused on the experiences of host families who accommodated children in need of care. The researcher conducted a qualitative research approach as it was best suited to meet the goal and objectives of the research project.

3.2 RESEARCH QUESTION

What were the experiences of host parents accommodating children in need of care?

3.3 Goal and objectives



Research Goal

To explore and describe the experiences of host parents accommodating children in need of care.

Objectives

- To explore and describe the experiences of host parents accommodating children in need of care
- To generate guidelines for orientation training of potential host parents at CYCC's.

### 3.4 RESEARCH DESIGN

The research design according to Flick (2009) addresses the question of how to plan a research study. Raigin (in Flick, 2009) defines the research design as a plan for collecting and analysing data which makes it possible for the researcher to answer the questions that he/she had posed. According to Maxwell (in Flick, 2009) there are several steps which contribute to a concrete research design, namely:

- The goals of the study
- The theoretical framework
- Concrete questions
- Selection of empirical material
- Methodological procedures
- Degree of consistency and control
- Generalisation of goals



#### 3.4.1 Exploratory Design

An exploratory research design was the most suitable for this study as it allowed the researcher to gain insight into host parents' experiences of accommodating children in need of care. Due to the lack of available information on the experiences of host parents in the child and youth care setting the researcher wanted to explore this area of interest, as it will contribute to the field of knowledge in child and youth care and improve service delivery to host parents. The review of literature also justified a gap for an exploratory study. Babbie & Mouton (2001) state the exploratory design can be particularly useful in those areas where there is very little research done on the particular subject. The aforementioned authors highlighted the fact that an exploratory research design is used to uncover salient aspects of the subject and how this has relevance to the research (Babbie & Mouton, 2001).

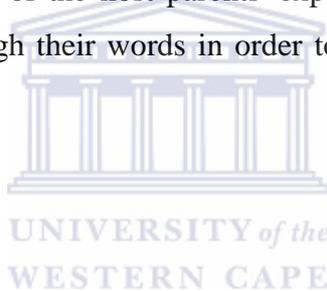
By exploring the experiences of the host parents accommodating children in need of care, the researcher wanted to generate new knowledge and understanding on this topic in order to improve service delivery in the child and youth care sector on the role of host parenting.

According to Mouton & Marais (1990) exploratory research also tries to uncover relationships and dimensions of a phenomenon by investigating the manner in which the phenomenon manifests itself to other related issues.

### 3.4.2 Descriptive Design

The researcher employed the descriptive design to gain more specific details from participants and gain more in-depth information about the “why” and “how”. The participants were able to share their own experiences but also provided the researcher with more detail about why host parents will consider fostering children in need of care and how social services professionals should support host parents in their task as substitute parents.

Creswell (1994) argues that the main purpose of descriptive design is to examine relationships amongst variables and provide an accurate description of a phenomenon that is being researched. A description of the host parents' experiences will be given of insights obtained by the researcher through their words in order to create a better understanding of their experiences.



### 3.4.3 Contextual Design

A contextual design according to Mouton & Marais (1994) involves studying the phenomenon or design in terms of its immediate context. The context according to Creswell (1998) is situating the object of the study in its immediate environment. In a contextual strategy the phenomenon is studied because of the immediate contextual significance. The researcher aimed to understand how host parents experienced the child in need of care in their family environments. The host parents were all associated with a particular child and youth care centre as the children were placed there by the children’s court of the magistrate offices. In the contextual design the researcher focused on the research in the context of the host parents who accommodated children found in need of care.

## 3.5. RESEARCH APPROACH

Qualitative research studies objects in their natural setting, attempting to make sense of or interpret phenomena in terms of the meanings people bring to it (Denzin & Lincoln, 2005).

Qualitative research involves the study of people's beliefs, experience and value systems from their own perspective. It reflects an attempt to secure an in-depth understanding of the phenomenon in question (Flick, 2009). Creswell (1998) states that the qualitative study answers the questions of "how" and "what".

The researcher agrees with this statement as she explored what the experiences of host parents were from their point of view. Raigin (in De Vos *et al.*, 2005) states that qualitative methods enhance data and once data is enhanced it is possible to see key aspects of cases more clearly. The researcher felt that through the use of this research approach she was able to capture the host parents' views through their own spoken words and make sense of their role as host parents. Because qualitative research uses open-ended questioning it allowed the participants to be able describe their experiences clearly and openly.

Qualitative research is based on the assumption that understanding can be gained through gathered knowledge acquired from the first-hand experience of a single researcher. It focuses on the research process and the kind of tools and procedures to be used during the research project. The research methodology is also concerned about the specific tasks to be undertaken such as data collection through semi-structured interviews, sampling, data verification and data analysis (Babbie & Mouton, 2001).

According to Mc Roy (in De Vos *et al.*, 2005) the qualitative paradigm stems from an anti-positivistic and interpretive approach as it aims to understand social life and the meaning that people attach to everyday life. The overall purpose is to achieve an understanding of how people make sense out of their lives and to outline the process (Merrimen, 2009). Qualitative research is multi-method in approach and the researcher also referred to the organisation's policy documents regarding their hosting programmes as well as her field notes and journal used during data collection. The qualitative research theory elicits participants' accounts of meaning, experiences or perceptions. Therefore using the qualitative approach allowed the researcher to gain valuable insight and knowledge into the host parents' experiences.

## 3.6 RESEARCH METHODOLOGY

### 3.6.1 Population

Bless & Higson-Smith (2000) refer to population as the set of elements on which the research will be focused and to which the obtained results could be generalised. De Vos *et al.*, (2005) describes the population as the totality of persons with which the research problem is concerned.

In this research study the population was made up of host parents who had been screened and recruited by three child and youth care centres in Athlone, Cape Town. The three child and youth care centres were Leliebloem House, Christine Revell and Heatherdale. The host parents resided in Athlone and surrounding communities.

Athlone is a suburb of Cape Town on the Cape flats. Resulting from the Group Areas Act when certain groups of people were relocated, this community is predominantly made up of the coloured race which, according to Census (2001), was 69.66% of the total population of Athlone. The community as well as the surrounding communities has a mixture of cultures as it includes areas such as Rondebosch East, Garlandale, Bokmakierie, Bridgetown and so on. The community therefore includes persons who are upper and middle class as well persons from poorer areas characterised by inadequate housing, unemployment and high rates of crime and gangsterism (<http://www.athlone.co.za/heritage/history>).

The researcher will now discuss the three CYCCs' who participated in the study and who are all situated in Athlone. Christine Revell child and youth care centre provides full time care to 49 babies and children up to the age of five years old. The children who are placed at the CYCC stem from circumstances which were not conducive to their well-being. Many of the children have been abused, neglected, abandoned or orphaned and are accepted into the CYCC irrespective of their HIV status, race or gender (<http://www.crch.co.za>). The aim of the CYCC is to reunite the children with their biological family, extended family or place them into foster care placement and adoption by means of their hosting programme.

Heatherdale CYCC accommodates boys and girls between the ages of 4-18years. The children have all been found in need of care and protection and placed at the CYCC.

The CYCC endeavours to offer the children a place of refuge but its long term aim is to reintegrate the children into a safe and nurturing family environment. The children placed at the CYCC are considered “at risk” due to their family circumstances. The CYCC currently accommodates 25 boys and 30 girls in the age group 4-18 years. (<http://www.heatherdale.org.za>).

Leliebloem CYCC is a residential care facility for 84 boys and girls from the ages of 4 up to 18 years. The children have all been found in need of care and protection due to the high risk environments which they come from. The aim of the CYCC is to reunite each child with a family after the necessary therapeutic services have been offered via the family reunification programme. The children who are not able to reunite with their own biological families will be placed with a host family in the community. The hosting programme aims to provide the child with an alternative substitute family (Leliebloem Agm Report, 2011)

All three CYCCs’ recruit host families from Athlone and surrounding communities. These families are predominantly middle class and have the economic means to support an additional family member. The host parents have all had experience in hosting children in need of care from these centers and are actively involved in the hosting programme of these particular CYCCs’.

### 3.6.2 Sampling

Sampling in qualitative research is relatively limited, based on saturation, not representative and not statistically determined (Denzin & Lincoln, 2000). Social research according to Babbie & Mouton (2001) is often conducted in situations where you cannot select the kinds of probability samples used in large scale surveys as this is not practical or applicable to the type of research design. The sample was therefore the subset of measurements drawn from the population on which this research was based (Arkava & Lane in De Vos *et al.*, (2005).

The researcher used the non- probability sampling method and purposively selected a sample of host parents who were hosting children at three CYCCs’ in Athlone namely Leliebloem House, Christine Revell and Heatherdale.

Purposive sampling according to Silverman in De Vos *et. al.*, (2005) is a particular case chosen because it illustrates some feature or process that is of interest for a particular study. In purposive sampling the researcher must think carefully of the parameters of the population and then choose the sample accordingly.

Babbie and Mouton (2001) state that it is sometimes appropriate to select the sample on the basis of the researcher's own knowledge of the population as well as on the research aims. The researcher worked as a social worker at a CYCC in the Athlone suburb and was aware of the various CYCCs' who had an existing hosting programme. The researcher was also aware of the need and role of host parents in the various CYCCs. The researcher therefore purposefully selected these centers' host parents as the population of the research study.

The criteria according to which the host parents were selected at the CYCCs' was based on the following factors (Leliebloem House training manual, 2004):

- Housing conditions

The CYCC takes into consideration what the family's living conditions are like and whether this is helpful for the child in need of care. The house should have adequate living space and a bed available for the child.

- Financial circumstances

The host families do not receive any remuneration for their efforts and therefore it is important that they are financially stable to provide adequately for the needs of the child.

- Health and Well-being

The lifestyle of the host family is important especially pertaining to positive family interaction. The following factors were taken into account: interaction between members, stability of relationships and how the family interacts socially. The physical health of the host parents was also taken into account.

- Religion and Spirituality

The CYCC views religion as an important aspect of the child's well-being and therefore the manner in which the family models this could affect the child. It is also important that the family's religion is matched to that of the child.

- Motive for application

Host parents need to put the child's needs first in any host placement. When the family expects the child to be a certain way and behave in a certain way inevitably the host placement will experience challenges as they might have unrealistic expectations of the child. Host families must therefore be clear about their motivations for wanting to host a child.

- Knowledge and willingness of other family members (children) to accommodate a child in need of care.

In order to ensure that the child enjoys a positive hosting experience it is important for the child to be accepted by the host family members. Successful integration into the host family can contribute to the child's sense of belonging.

- Personal issues or situations that may influence their behaviour and handling of the child such as divorce, abuse or addiction.

Host parents who have themselves experienced psychological or emotional problems may experience the child evoking certain behaviours in them which could affect the manner in which they manage the child. Host parents need to be mentally and emotionally stable in order to provide the child in need of care with adequate care and nurturance.

- Willingness to attend training workshops and other activities of the CYCC.

The child and youth care centre will remain a resource for the host parent throughout the placement of the child in need of care. Host parents need to be open to receive ongoing support from the CYCC.

The criteria for selection of the host parents for this particular study were based on the following factors:

- Host parents who had been successfully selected by the CYCC based on the aforementioned criteria.
- Host parents who were actively involved in the hosting programme of regularly hosting children.
- Host parents who had hosted for a period of more than 6 months.
- Host parents who had hosted children up to the age of 18 years.

### 3.7 METHODS OF DATA COLLECTION

Interviewing is the predominant mode of data collection in qualitative research. As Seidman (1998) states, "You interview because you are interested in other people's stories". The qualitative interview attempts to gain understanding of the world from the participant's point of view. The researcher attempted to understand the host parents' experiences from their point of view and unfold the meaning of their experiences by using a variety of techniques to enhance this process. Qualitative research interviewing is not just about using neutral tools of data-gathering but involves active interactions between two persons leading to contextually based results. The researcher will now elaborate in more detail on the interview process, the differences in interviews and specifically the semi-structured interview as this was the primary source of data collection in this research study.

#### 3.7.1 Interviewing Techniques used by the Researcher

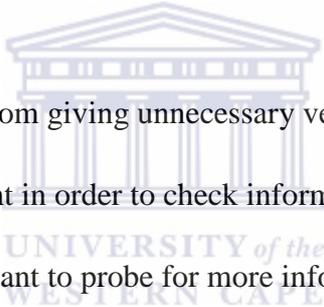
Some of the techniques used during collection of data were mainly to ensure an effective interview. Initially it was challenging but after the pilot interview the researcher was able to reflect and become more self-aware of the interview process (Seidman, 1998).

- The researcher limited her own remarks and allowed the participants to talk most of the time without interruptions.

- The researcher asked questions when she was not sure what the participant meant.
- The researcher allowed for silences so that the participants were able to gather their thoughts.
- The researcher jotted down notes during the interview in order to not lose track of her line of questioning.
- The researcher listened attentively.

a) Communication Techniques required by the Researcher

Active interviewing is not just about asking questions and recording answers (Sacks in De Vos *et al.*, (2005). An unproblematic interview relies on shared attentiveness, monitoring and receptiveness. The techniques employed by the researcher facilitated a smoother and easier interview process.

- 
- The researcher refrained from giving unnecessary verbal responses.
  - Paraphrasing was important in order to check information was understood accurately.
  - Reflecting was also important to probe for more information.

b) Pitfalls in Interviewing

The main challenge which the researcher experienced was with the recording of interviews, as the recorder stopped abruptly causing a pause in the interview. Although the interviews were conducted in the participants' own residences, minimal interruptions occurred as the interview was planned.

Field & Morse (1994) describes a variety of pitfalls which can hamper the interview process:

- Interruptions can distract participants and their thoughts can be lost and then time must be spent trying to recapture what was said.

- The researcher should not schedule too many interviews on one day as this may impede attentiveness on the part of the researcher and cause distractions. The researcher's energy levels may not be at their peak. The researcher ensured that she was able to schedule interviews with regular intervals in-between allowing ample time to reflect and debrief after each interview.

Qualitative studies typically employ unstructured and semi-structured interviews. The researcher will explain the two varying interviewing methods and then elaborate on her use of the semi-structured interview method.

### 3.7.2 Unstructured one on one interview

The unstructured interview according to Denzin & Lincoln (2000) can provide a greater extent of data when compared to the other types of interviews. In order for the Qualitative researcher to gain an insider's perspective on the object being studied, it is important to establish trust with the respondents. Gaining trust is essential to ensure the success of the interview. This interview style is also known as *in-depth interviewing* and the interview is conducted without using any of the researcher's prior information, experience or opinions in a particular area.

According to De Vos *et al.*, (2005), as more knowledge is gained, the research question may shift and the data collection methods may be adjusted accordingly.

### 3.7.3 The semi-structured one to one interview

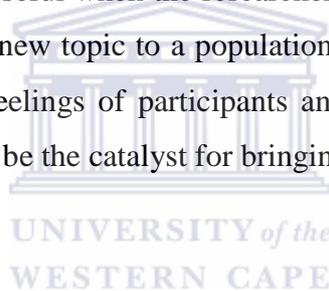
This type of interview is used to gain a more detailed picture of the participant's beliefs, accounts or perceptions of a particular topic (De Vos *et al.*, 2005). With the semi-structured interview the researcher has a set of pre-determined questions according to an interview schedule or guide. This ensures that the participants are guided to be able to tell their story but not be dictated by it (Smit, 1995). During the interview process the participants were given a strong role in how the interview proceeded to unfold. The participant was the expert and therefore they led the interview.

Although the researcher initially set out to collect data via two data collection methods, namely semi-structured interviews as well as focus groups, it was not possible to conduct the focus groups due to lack of co-operation from the participants. The researcher experienced challenges in recruiting participants for the focus group and therefore collected data only via the semi-structured interviews.

#### 3.7.4 Focus group versus Individual interviewing

In qualitative research the predominant methods of data collection are individual interviews and focus group discussions. Neither of these data collection methods is superior to the other but the data collection method will be determined by the research study's purpose as indicated below (De Vos *et al.*, 2005).

Focus group discussions can be useful when the researcher is exploring a new topic or when the researcher is trying to take a new topic to a population. It is also useful if the researcher wants to explore thoughts and feelings of participants and not just behaviours. The group dynamic in focus groups can also be the catalyst for bringing new information to the forefront (Morgan & Krueger, 1998).



According to De Vos *et al.*, (2005) the challenges that face the researcher in the interviewing process are: to establish rapport, cope with unanticipated problems, and record and manage the large volume of data. The goal of the research was to gain deeper understanding of hosting and therefore establishing rapport was paramount so that the researcher was able to see the situation from the participant's point of view. The researcher is of the opinion that she managed to establish rapport and relate easily with the participants because of her prior knowledge and skills as a social worker. All the participants appeared very comfortable and at ease during data collection. The researcher is of the opinion that the semi-structured interview was the best-suited method of data collection because it answered the research question.

### 3.7.5 Conducting the Semi-structured interview

After the introductions the researcher gave a general purpose of the study, role of the interview and approximate time required. The researcher completed the consent form with the participant and re-assured the confidentiality of the participants. In order to establish rapport the researcher used active listening skills and expressed interest in what the participants were saying as this encouraged the participants to open up about their experiences.

The following steps are important for the researcher in semi-structured interviewing. The researcher tried to get the participants to:

- Open up and express ideas
- Express ideas clearly
- Explain and elaborate on ideas
- Focus on issues at hand rather than wondering into unrelated topics

As the researcher followed this process and as the interview progressed, it became more intimate and the participants shared more freely.

### 3.7.6 Question Preparation

The interview comprised four main questions. The main questions that the researcher asked were guided by the research goal and aims. By producing the interview guide the researcher had to think explicitly about what she hoped the interview might cover (De Vos *et al.*, 2005).

## 3.8 FIELD NOTES

The researcher was very aware of her own thoughts and feelings throughout the interviews and made use of field notes in order to capture this and reflect on it after the interview.

Field notes according to De Vos *et al.*, (2005) should include empirical observations and interpretation, although the observations and interpretations should be kept distinct.

The researcher wrote down her emotions, pre-conceptions, expectations and prejudices so that this was later referred to in her findings. The researcher also found that the field notes were particularly useful as she had prior knowledge of the hosting programme and the CYCC and she was constantly aware of her role as researcher versus her professional role.

### 3.9 PILOT STUDY

The pilot study is important in both qualitative and quantitative research because it is more informal and is used to establish a few trends in the research. The main purpose was to determine whether the relevant data could be obtained from the participants (Royse in De Vos *et al.*, 2005). The pilot study allows the researcher to focus on specific areas which could have been unclear previously and to test certain questions (Denzin & Lincoln 1995). In this instance the researcher conducted a pilot interview using an interview guide which was prepared beforehand. After the pilot interview was conducted the interview guide was adjusted because the questions did not generate new data and limited the participants' accounts of their hosting experiences. The interview guide was adapted to only focus on four main questions so that the researcher was able to explore more of the participants' own accounts of events and experiences. De Vos *et al.*, (2005) further states that by testing the nature of questions in the interview guide the researcher is able to make adjustments with the view of improving the quality of interviewing in the main investigation.

### 3.10 THE INTERVIEW SETTING

The interview setting that was selected was agreed upon by the researcher and participants beforehand. The researcher interviewed all nine participants in their homes as this was more comfortable and convenient for the participants. According to De Vos *et al.*, (2005) a quiet environment where no interruptions occur, facilitates the process. The researcher made telephonic contact with all the participants after receiving confirmation from the CYCC of their interest in the research study. The researcher gave a brief introduction of the project telephonically and confirmed a suitable date, time and venue with the participants. Upon meeting the participants, more detailed information was given to them regarding the research study, and the voluntary consent form was signed by participants.

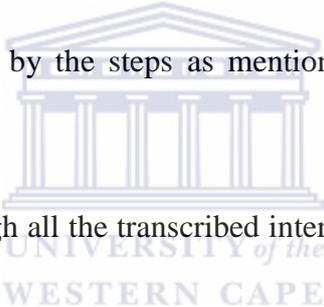
### 3.11 RECORDING THE INTERVIEWS

All interviews were tape recorded with prior consent from the participants as this allowed for a fuller record of data as compared to notes (Smith in De Vos *et al.*, (2005). All participants were informed that the interviews would be recorded and their permission was obtained prior to the interview.

### 3.12 DATA ANALYSIS

The process of data analysis according to Creswell (2009) does not occur in a linear form but can best be presented in a data analysis spiral. The researcher enters with data made up of text or images and exits with an account or a narrative. After data analysis the researcher was able to clearly give an account of the participants' experiences in the findings.

The data collected was analysed by the steps as mentioned by Tesch (1990) in Creswell (2009):

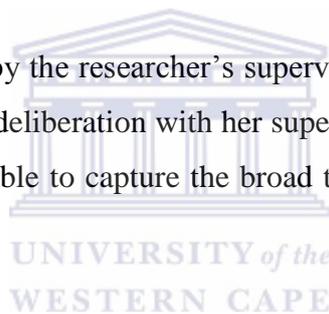
- 
- The researcher read through all the transcribed interviews to get a general sense of all the data.
  - The researcher selected one interview, which was the longest interview and as the researcher read through all the data she made notes in the margins of her underlying thoughts or ideas of the interview.
  - The next step was to repeat the same process with all of the interviews thus capturing all the underlying concepts of the nine interviews conducted. A list of all the topics was then compiled and arranged into major topics, unique topics and left- over's.
  - The researcher took the list of topics and returned to the data. The topics were abbreviated into codes and the codes were written next to the appropriate segments of text.
  - The researcher then allocated the most descriptive words to the topics and turned them into categories.

The researcher then further reduced the categories by grouping together similar categories. The researcher also drew lines between the categories that showed interrelationships.

- The researcher made a final list of all the abbreviations for all the categories and alphabetised the codes.
- The data material relating to each category was then organised in one place and a preliminary analysis was performed.
- The researcher did not find it necessary to recode the existing data.

The steps identified by Tesch (1990) in Creswell (2009) assisted the researcher to analyse all the textual data collected from the interviews.

This process was also reviewed by the researcher's supervisor who ensured that the relevant steps were followed. After some deliberation with her supervisor, the researcher amended the themes and subthemes and was able to capture the broad themes and then break them down into more relevant subthemes.



Upon completion of this process the data was summarised and the relevant literature was linked to the emerging theories which created a clear understanding of the findings of the research study.

### 3.13 DATA VERIFICATION

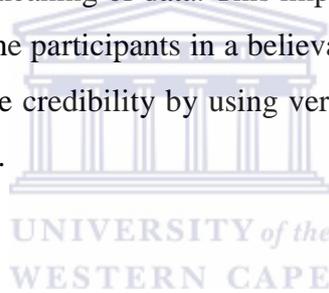
Developing validity standards in qualitative research is challenging because of the necessity to incorporate rigor and subjectivity into the scientific process (Whittemore, Chase & Mandle, 2001). Maxwell (1992) argues that validity has to be evaluated in relationship to the purpose and circumstances of the research. Marshall & Rosman (1995) observe that all research must respond to standards that stand as criteria against which the validity of the research is measured.

The following standards were set by Lincoln & Guba (1985) and should be viewed as the criteria against which the trustworthiness of the project was measured.

- 1) How credible are the particular findings of the study?
- 2) How transferable and applicable are these findings to another group and setting?
- 3) How sure can the researcher be that the findings would be replicated if the study was conducted with the same participants in the same context?
- 4) How sure can the reader be of the findings and that they are reflective of the participants and the inquiry itself?

### **Credibility**

Ensuring credibility refers to the conscious effort by the researcher to establish confidence in an accurate interpretation of the meaning of data. This implies that the results of the research should reflect the experience of the participants in a believable way (Lincoln & Guba, 1985). The researcher was able to ensure credibility by using verbatim quotes from the transcribed interviews to support the findings.



### **Truth Value**

Truth value asks whether the researcher has established confidence in the truth of the findings for the subjects and the context in which the study was undertaken (Lincoln & Guba, 1985). It establishes how confident the researcher is with the truth of the findings based on the research design, informants, and context. In qualitative research, truth value is usually obtained from the discovery of human experiences as they are lived and perceived by informants.

The researcher was able to ensure this by employing the following methods:

- Length of hosting experience: The length of experience of host parents varied from 6 months to 6 years. The majority of the host parents had hosted more than one child and the ages of the children varied from 4 months to 12 years.

- Thus the amount of hosting experience and the different children hosted were an indication of the varied experiences of the host families. The researcher specifically asked about the different experiences host parents had with individual children and this gave the researcher a broader view of the diverse experiences of individual host parents.
- Triangulation of data collection: This is the process of bringing together more than one data collection method (De Vos *et al.*, 2005). The researcher used field notes collected during interviews which were a record of observations made during data collection, individual interviews and the literature collected.

### **Applicability**

Lincoln and Guba (1985) suggest that there are two ways to look at this and the first perspective suggests that the ability to generalise is not relevant in many qualitative research projects. A strength of the qualitative method is that it is conducted in a naturalistic setting and each situation is regarded as distinctive and thus is less open to generalisation. Applicability, then, is not seen as relevant to qualitative research because its purpose is to describe a particular experience and not to generalise it to others. The literature suggests that generalisation of the findings is not important but more applicable to the particular setting in which the study was conducted.

The findings of the research are applicable to the host parents who have participated in the study and this can inform further research with a larger sample of host parents.

### **Transferability**

This relates to the criteria against which the applicability of qualitative data is assessed. This is the responsibility of the person wanting to transfer the findings to another situation or population (Lincoln & Guba, 1985). Applicability in this study was reasonably addressed by the researcher who used descriptive data to allow comparison of findings. The researcher also used specific criteria for the purposive sampling of all selected participants.

Triangulation of data also enhanced the study's "generalisability" and the researcher used field notes, agencies documents as well as journaling to obtain different sources of data.

### **Consistency**

Qualitative research emphasises the uniqueness of the human situation, and variation in experience rather than repetition is wanted (Field & Morse, 1994). Variability in qualitative research is expected but consistency is defined as dependability. The increasing insight on the part of the researcher aided in improving consistency as the researcher used detailed descriptions of the participants' accounts in the findings.

The researcher also discussed the process of the interviews with her supervisor and all transcribed interviews were submitted to the study supervisor for review.

### **Neutrality**

Qualitative researchers try to increase the worth of the findings by decreasing the distance between the researcher and the informants. Lincoln and Guba (1985) moved the emphasis of neutrality in qualitative research from the researcher to the data. Rather than looking at the neutrality of the investigator, the neutrality of the data was considered as more important.

The following steps were employed by the researcher in this particular study in order to ensure the neutrality of the findings. The researcher ensured that she employed adequate techniques such as self-reflexivity to record her own thoughts, feelings and ideas. By doing so, the researcher clarified her own bias that she brought to the research study and distinguished this from the participants' views.

### **3.14 LIMITATIONS OF THE STUDY**

The study was conducted in both English and Afrikaans in order to allow participants to express themselves freely. The use of a translator may have resulted in information being biased. The sample population was host parents, and for the focus group sessions, commitment from the host parents was required to participate at a specific time and place.

The researcher therefore depended on the participants' full co-operation in order to gain the relevant data.

Due to the lack of co-operation from participants the researcher did not manage to conduct the focus group sessions. The findings were limited to the selected CYCCs' thus findings could not be generalised which could influence external validity.

In conducting the literature study the researcher found that there was no specific literature on the hosting of children in need of care in a local context. The researcher was able to identify the need for the research study based on her own experiences but found the lack of literature locally to be problematic.

The lack of interest from the other CYCCs' was also challenging for the researcher as she wanted to broaden the sample of her population to include host parents from all the CYCC who had existing hosting programmes in the Athlone community. The research study was therefore based on a small sample of the host parent population which limited the generalisation of the research findings.

### 3.15 CONCLUSION

In this chapter the researcher gave the reader an understanding of the qualitative research approach that was employed for this study. The research was explorative, descriptive and contextual.

The researcher gave a clear understanding of the research process which was followed in order to acquire the relevant data from participants. The researcher gave the reader an understanding of the skills used during data collection to ensure thicker descriptive data. The data collected was analysed according to the steps described by Tesch (1990) in Creswell (2009).

The researcher also elaborated extensively on the data verification methods which were employed. The data verification methods were based on the literature of Lincoln & Guba (1985). Finally the researcher elaborated on the limitations of the study during which the researcher identified that bias could have been present in the translation of the interviews conducted in Afrikaans.

CHAPTER 4  
DATA ANALYSIS AND LITERATURE CONTROL

4.1. INTRODUCTION

In the previous chapter the researcher discussed the research design and methodology that applied to this study.

In this chapter the researcher will present the findings of the data obtained from nine individual interviews that were conducted with host parents who had hosted children found in need of care. The researcher initially approached five CYCCs' in the Athlone district to take part in the study. Only three of them, namely Leliebloem House, Heatherdale and Christine Revell child and youth centre, indicated their willingness to participate. The host parents who were screened by the participating CYCCs' made up the population of the research study. After permission was obtained from the three centers, the participants were recruited. The selection of participants was dependent on their active participation in the hosting programme for at least six months. A sample of host parents was purposively selected from the population of host parents at the three participating centers. The researcher contacted the host parents and nine agreed to participate. The host parents voluntarily participated in the research study and were interviewed at their place of residence. According to De Vos *et al.*, (2005) the interview setting should be comfortable, non-threatening and easily accessible. All the interviews were conducted at the homes of the participants, which promoted better interaction with the researcher because the participants were relaxed.

The main research question was to explore and describe what the experiences were of host parents who had accommodated children in need of care. During the interviewing process the researcher asked probing and clarifying questions to facilitate the flow of the interview and to gain more rich and descriptive data Rubin (in De Vos *et al.*, 2005).

The demographic data of the nine participants are presented and discussed in the subsequent paragraphs. The findings of the data are discussed under the relevant themes and sub-themes. Guidelines for the implementation of orientation programmes to potential host parents will be generated from the findings and will be discussed in Chapter 5.

## 4.2 DEMOGRAPHIC INFORMATION

In order to give a complete overview of the participants, the demographic information of the participants will be provided in Table 1. The table includes the following information: the participant's gender, age, ethnic group, number of children hosted and length of time hosting. Nine participants who had hosted children from three CYCCs in Athlone took part in this study. All nine participants were recruited by means of non-probability purposive sampling methods, and participated in one-on-one semi-structured interviews.

Table 1: Overview of the Demographics of the Research participants

| Participant | Gender | Age | Ethnic group | Length of time hosting | No. of children hosted |
|-------------|--------|-----|--------------|------------------------|------------------------|
| 1           | F      | 57  | C            | 2yrs                   | 4                      |
| 2           | F      | 38  | C            | 4 yrs                  | 6                      |
| 3           | F      | 36  | W            | 10 months              | 3                      |
| 4           | F      | 52  | C            | 1 yr                   | 3                      |
| 5           | F      | 30  | W            | 2 1/2yrs               | 15                     |
| 6           | F      | 62  | C            | 6 months               | 1                      |
| 7           | F      | 55  | W            | 6 yrs                  | 3                      |
| 8           | F      | 55  | C            | 2yrs                   | 1                      |
| 9           | M      | 56  | C            | 2yrs                   | 1                      |

The researcher will now briefly discuss the information pertaining to the participants in the study.

### 4.2.1 Gender

Eight of the nine participants who took part in the research study were female. The fact that the majority of participants who took part in this study were female is in agreement with the typical trend of host parents who participate in the hosting programmes at the various CYCCs' (Leliebloem house training notes, 2004).

In South Africa, the apartheid policies directly impacted on the family structure and reinforced the destructive influences that industrialisation and urbanisation had on the family (Preston-Whyte, 1993). This led to a high number of single-parent families as a result of high divorce rates and pregnancy outside of marriage. A large proportion of children grow up in female-headed households with little financial support. Research has shown that there is a link between poverty and inadequate childcare, thus perpetuating the disintegration of the family structure in South Africa (Preston-Whyte, 1993).

#### 4.2.2 Age of participants

Three of the participants who took part in this study were in their thirties, five in their fifties and one in her sixties. The two youngest participants had no biological children while the other seven participants all had biological children who were older than the children they were hosting.

#### 4.2.3 Ethnic groups

Six of the participants that took part in the research study were “coloured” and three were “white”. The sample was not representative of the entire population of host parents in terms of ethnicity. The participation of the host parents was voluntary, and the researcher had no control over the outcome of the sample because it depended on who agreed to participate and whether they met the criteria. In Chapter 3 (S 3.6.1) the researcher gave an overview of the demographics of Athlone, which indicated that the coloured race constituted about 69 % of the general population of this community. The sample of host parents represented was not representative of the population of Athlone because there was no “black” participant.

#### 4.2.4 Length of time of hosting

Two of the participants had 6 and 10 months hosting experience each. Four of the participants hosted children for two years and more. One participant hosted a child for one year and another participant hosted a child for 4 years. The other participant hosted a child for 6 years, which was the longest hosting period.

The adult's motivation and commitment to care for the child greatly impacts on the success of the substitute care placement both for the child and the carer (Colton & Williams, 2006). Successful placement and a continued commitment to long-term foster care placement typically depend on a number of factors. These factors include the match between child and substitute parent, the enjoyment that the substitute parent derives from care provision, and the level of support and recognition received by social services professionals (Colton & Williams, 2006).

#### 4.2.5 Number of children hosted

Three of the participants had hosted three children altogether. Three participants had hosted only one child each. One participant hosted four different children, one participant hosted six different children, and one participant hosted 15 different children altogether.

The majority of participants hosted more than one child for various reasons. Four of the participants reported that they hosted different children owing to the policies of the CYCC.

The CYCC's policies allow host parents to host the same child only if they intend to foster the child. Two of the CYCCs promote regular contact with the same child irrespective of the host parents' intention to foster or not. Continuity of care is important in any host placement, and the participants indicated their desire to care for the same child because they could then build a relationship with the child. The consistency of care is also very important because this promotes a safe and secure environment for the child. The safety of the child does not only refer to their physical safety but also emotional, social, cultural and psychological safety (Fulcher & Garfat, 2008). The latter can only be achieved through consistency in care. This is also aligned to one of the features in permanency planning for children that emphasises that commitment and continuity of care are essential to create permanency for the child (Maluccio & Olmstead, 1986).

The data will now be presented in themes and sub-themes as shown in Table 2 below.

### 4.3 DISCUSSION OF DATA

The data that was collected during the individual semi-structured interviews was transcribed and then analysed according to the framework of data analysis for qualitative research by Tesch in Creswell (2009). Table 2 provides a presentation of the themes and sub- themes that emerged from the data.

Table 2: Themes and sub-themes

|   |  |
|---|--|
| <p><u>Theme 1:</u><br/>Host parents’ experiences of their roles in the life of a child in need of care.</p> |  |
| <p><u>Theme 2 :</u><br/>Host parents’ positive experiences of accommodating children in need of care.</p>   | <p><u>Subtheme 2.1 :</u><br/>Host parents experience accommodating children in need of care as a personally rewarding experience.</p> <p><u>Subtheme 2.2 :</u><br/>Host parents experience accommodating children in need of care as a rewarding experience for their family.</p> <p><u>Subtheme 2.3 :</u><br/>Host parents find that children enjoy positive experiences.</p> |
| <p><u>Theme 3 :</u><br/>Host parents experience concerns relating to the child in need of care.</p>         | <p><u>Subtheme 3.1 :</u><br/>Host parents are concerned they can cause harm to the child in need of care.</p> <p><u>Subtheme 3.2 :</u><br/>Host parents are concerned about the experiences of the child in need of care in the child and youth care centre.</p>   |

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|   | <p><u>Subtheme 3.3 :</u><br/>Host parents experience concern about the role of the biological parents of the child in need of care.</p> <p><u>Subtheme 3.4 :</u><br/>Host parents experience concerns around managing the child in need of care.</p>   |
| <p><u>Theme 4 :</u><br/>Host placement of children in need of care can lead to a foster care placement.</p> |  |
| <p><u>Theme 5 :</u><br/>Host parents' experiences with social services professionals.</p>                   | <p><u>Subtheme 5.1 :</u><br/>Host parents' experiences of matching and selection of a child by the CYCC.</p> <p><u>Subtheme 5.2 :</u><br/>Host parents' experiences with the CYCCs.</p> <p><u>Subtheme 5.3 :</u><br/>Host parents' experience with the legal processes of the long-term placement of children in need of care.</p> |

The researcher will now discuss the findings of the study according to themes and sub-themes. The themes and sub-themes will be supported by direct quotations from the participants and will also be compared and contrasted with relevant literature.

#### 4.3.1 **THEME 1:**

##### Host parents experiences of their role in the life of a child in need of care

The substitute caregivers can play an important part in role modelling an alternative form of family life to the child (Doyle, 1990). Many foster homes can show abused children that instead of violence and hostility between husband and wife there is companionship and respect. Children learn to feel safe and protected by adult caregivers and acquire self-control and discipline through the praise and encouragement they receive. They begin to realise that the love of a parent is unconditional, which will help them to grow into better partners and parents in future. The role of the host parent or foster parents is expressed in the following responses by participants.

“We must show that child they can become something beyond what they are now”

“A lot of host parents tend to not really look at the importance of being a host parent”

“I just wanted to volunteer, to go and help out, even just bath the children that was our plan but our plan changed. I didn't want children running around here, but look what happened”

The task of substitute parents/caregivers will differ depending on the individual needs of the child placed with them. The ultimate goal for the host parent is to provide care for the child in a normal family environment and to enable the child to develop as normally as possible. This is a very difficult task as substitute caregivers have to fulfill the role of parents but without all the legal rights that parents have. The task of substitute parents is very demanding, and often one which elicits very little appreciation. Foster carers need to know that they and their families will be given special consideration by professionals. They also need to know that there is always back-up support available to them whether by telephone or in person. They also need to be nurtured themselves, and experience sustained caring and support if they are to role-model this quality to children in need of care (Fulcher & Garfat, 2008). Caregivers will either be enriched or limited depending on the care they receive from social services

professionals. “Care for the caregivers” is very important, but it depends on the willingness of caregivers to engage in these interactions.

Care for the caregivers involves the following tasks (Fulcher & Garfat, 2008);

- It is important for the caregiver to practise self-care, especially pertaining to their personal health, and to ensure the carers sense of well-being.
- The caregiver should be able to manage stress effectively or to ensure they receive enough support. The fitness level and appearance of the caregiver are also important to establish a sense of well-being.
- Relational care from a significant other or partner can be an added benefit to lighten the responsibilities of caregiving and to share in the roles and functions.
- The CYCCs should provide care that engages the carer and provides services to the child in need of care and gives the caregiver relief and support.
- The caregiver should receive financial recognition which covers all the work required from the carer. The foster-care grant in South Africa is very minimal and serves as a support for the foster care parent but does not cover all the expenses relating to care.

The general tasks rendered by substitute carers are described below according to the (SANCFW, 1987).

#### a) Physical care task of substitute parenting

The most basic task of foster parenting is the child’s physical care. Before the substitute parent can establish a meaningful relationship with a child, he/she will first need to care for the child physically. When the child has gained physical security in the new environment, then relationships can be established with the substitute family. This is shown in the following response.

“I help her with being able to do things around the house, like small chores, educate her about what a girl should know and do.”

#### b) Emotional tasks of substitute parenting

Besides providing for the child's basic material needs, the child also needs love and security. The child who has been found in need of care is often an emotionally deprived or damaged child because of their past. In these instances the substitute parent often has the task of supporting the child through this with assistance from a social worker. It could be a very difficult situation for the substitute parent because the child does not always respond to verbal and non-verbal affection. This response shows the emotional tasks of caring for the child.

“He was in his own shell, that's why we got so attached to him, he needed a lot of love and caring.”

#### c) Social tasks of substitute parenting

The task of the substitute parent will be to enhance the child's level of development to a point where the child is able to maintain him/herself in a social peer group. This is important because often children in need of care have been deprived and under-stimulated. The substitute carer also provides the child with opportunities to engage in social activities where he/she is exposed to positive interactions with others. This process is necessary for the child in his/her normal development and could serve as a corrective learning process where the child has been subjected to negative influences and behaviour (SANCFCFW, 1987).

### 4.3.2 **THEME 2**

#### Host parents' positive experiences of accommodating children in need of care

The data collected from the participants showed that host parents experienced their roles positively and were able to contribute to the lives of the children they hosted. All the participants were really content with the host placement and wanted to continue in their role. The fact that the child made a difference in the way the family members related to each other contributed to a positive experience for the family too.

One of the participants said that she wanted to give the child a chance at being part of a real family. This is in agreement with the findings of Fulcher & Garfat (2008) who state that the role of the substitute parent can be influential in many ways.

They can contribute to the life of the child by being a “healer” or a “helper”. The CYCCs’ provide opportunities for the child to learn at different developmental stages but the foster carer (including short and long term) is able to provide “in the moment learnings” (Fulcher, 2004). The foster parent can show children different ways of acting in their daily interaction with the child. The immediacy of intervention can be very important learning opportunities for the child. Host parents can therefore provide the child with an example of positive family interaction and behaviour which contributes to the development of the child. It is important for the host parent to provide the child with a secure and safe space that is more predictable than what they have known or experienced before (Harden, 2010).

Providing the child with a stable and nurturing family will strengthen their resilience and improve the negative impacts of prior experiences on their development (Brohl, 1996 and Harvey & Delfabbro, 2007). The participants reported their positive hosting experiences and said that they wanted to ensure that the child had a positive experience as well.

The following quotations from participants support this concept.

“It’s really great to give them [children in need of care] an experience of a real-life taste of how it can be in the real world, and how a child can be in a normal house.”

“When you’re really a part of these little ones’ lives, you really want to stretch your arms wide open.”

The participants reported that the host placements had a strong impact on their personal lives, and affected them in positive ways which influenced their personal growth, as reflected in the next sub-theme.

#### 4.3.3 **SUBTHEME 2.1:**

##### Host parents experience accommodating children in need of care as a personally rewarding experience.

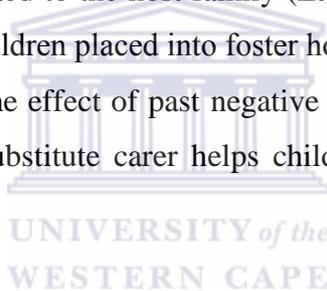
Participants indicated that they were gaining personally from hosting a child in need of care because the child influenced their way of thinking and doing. The child also contributed to

them being able to regain a sense of purpose in their own life. The participants expressed how they felt as a result of hosting a child as follows.

“For me personally it’s been extremely fulfilling, I thoroughly enjoyed it, to think that little one crept into my and my family’s heart”

“Well in the time I hosted, I got saved within that period”

Host parents reflected that the hosting experience was a life-changing experience for some of them especially when the child started identifying with the host parent as a parental figure. Furthermore the children expressed a sense of belonging in the host family home, which strengthened the relationship between host parents and child. It also made the host parents feel more valued and appreciated by the child. When a child experiences a sense of belonging it means that he/she feels connected to the host family (Laursen in Fulcher & Garfat, 2008). Schofield (2002) suggests that children placed into foster homes acquire five “life lessons”. These life lessons help counter the effect of past negative experiences which they may have had. The placements with the substitute carer helps children with the ability to love, act, think, hope and belong.



The following quotations demonstrate the effect that the child had on the host parents when they were identified as a parental figure by the child.

“How do you feel when you see a child smile? How do you feel when you see ten children calling you mommy that is not yours, it is a change of heart.”

“Yes, the fact that he called me mommy and the fact that when I would speak to him my heart really went out to him.”

“She also calls me mommy like the other children, and nobody told her to say that, she says to my hubby Pa.”

The participants felt that hosting a child lead to them experiencing positive changes in their own lives which were a direct result of their hosting experience. One of the effects that

hosting had on the host parents was a need to participate in community outreach work. The experience of providing care and nurturance to the children inspired the participants to want to do more for others. The participants identified their need for further community involvement in the following statements.

“So it was kind of a big experience, and those children actually gave me an idea of what I actually wanted to. That was to start a feeding scheme”

“My dream is to have my own place where I can take in children, I see myself hosting quite a few children, there is a lot of things I’m still working on.”

Substitute carers who have a desire to help out in their communities as well as those who showed a genuine concern in the child’s well-being are more successful in their substitute parenting role (Brown, 2008). The contribution the host parent makes to the child will be affected by their motivation to help and to contribute positively to the child’s life.

The success of the placement also depends on the carer’s emotional availability and satisfaction in their role as substitute carer (Wells in Brown, 2008). The researcher indicated previously in Chapter 3 (3.6.2) that part of the selection criteria used by the CYCCs’ was to determine the emotional stability of the host parents. The need for host parents to be emotionally stable is important because they need to offer the child stability in the placement. The host parent who has good knowledge on parenting and engages in effective child discipline techniques will be a successful substitute parent (Brown, 2008).

Some of the participants felt that they just wanted to make a difference and add value to the lives of children in need of care. These statements show how rewarding the hosting experience has been for some of the participants.

“It keeps you busy; it keeps you away from things you did before in your life, it’s nice”

“For me it’s spiritually rewarding, for me personally, I don’t expect anything in return; it just gives you a good feeling”

“The first day I took him, when I just started bonding with him, oh my word, everything changed”

“Mandy brought a lot of life into this house, she taught us a lot, she taught me a lot, she taught me patience”

“I want to treat the child as my own, like I would treat my own”

Although this experience meant a lot to the host parent, it meant even more if the child settled well in their home and the relationship was reciprocal. The ability for a child to attach him/herself to a preferred caregiver seems to be a natural tendency for many young children (Greenough, Black & Wallace, 1987). As the child forms attachments with the adult caregiver, the experience with the adult seems to relate to the type and quality of attachment the child will develop (Ainsworth, Blehar, Waters & Wall, 1978). Evidence also suggests that infants and toddlers who had been reared in institutional settings had the ability to form secure attachments once placed into foster care or adoption.

The younger the child is when placed into a substitute family, the better chance they have of forming secure attachments (Dozier & Bick, 2007). The participants were pleased with the children’s ability to form attachments with their family, and they felt that this was indicative of a positive host placement. The researcher is of the opinion that it shows a mutually rewarding experience for both child and family. The following statements substantiate this notion.

“Now they are part of the family, they accept my home as their home which is wonderful, that makes me happy”

“I also say to people when they meet her, this is my daughter. Then they’ll say yes we know you’ve always longed for a daughter.”

In South Africa owing to the rise of HIV and AIDS, there is an increased need for more community-based care in order to maintain the child’s sense of connectedness in their community of origin. The researcher previously discussed the fact that the child who is orphaned by the loss of one or more parent needs even more care and nurturance, mainly

because they would have taken on responsibilities beyond those which are appropriate for their age (Halkett, 2003). This child's greatest need will be for a sense of belonging and to know someone cares. The involvement of the community will be essential to ensure the children maintain a sense of belonging and connectedness, which will help with their adjustment to their new circumstances. "Family" in the context of the orphan child, will take on a new meaning according to Halkett, (2003). This implies that non-related community members will now take on the role and functions of the child's natural family. The hosting experience also impacts positively on the host family in general, as discussed under the following sub-theme.

#### 4.3.4 **SUBTHEME 2.2:**

##### Host parents experience accommodating children in need of care as a rewarding experience for their family.

An integral part of placing a child in need of care with a host family will depend on how well the child is received within that family. The host parents must be willing to integrate the child into the family and merge the child into family life (Leliebloem House training manual, 2004). One of the participants who took part in this study reported how the child's spontaneous personality impacted on the host family and suited their personalities, and this facilitated the integration into family life. The level of acceptance that the child receives from the other family members can contribute positively to the host placement (SANCFW, 1987).

The family is viewed in terms of the different roles and functions it renders. The structural definition of the family relates to the types of relationships that create social bonds between members. Important bonds can be created through communication, power and affection, as well as the daily work and leisure activities performed by members. Families can be structured by characteristics such as gender, age and generation as well connections to the outside world (Kingsbury & Scanzoni, 1993).

The functional theory on family questions the need for the family. It states that every human society has a family, so they must serve some general purpose or function.

The functional theory of the family emphasises the need for families to nurture dependent children for as long as possible. This view also stresses how important it is that the family structures are intact in order to fulfil the required functions that families everywhere have. If certain structures do not fulfil a family function, then the family is regarded as dysfunctional. In order for the host families to adequately meet their tasks, it is imperative for the family to function adequately, and the family structure should be complete.

These following verbatim quotes illustrate how the child fits into the family structure and makes a difference to the family dynamics.

“She’s a child that wants people to know she’s around, she is extremely friendly, a giving child, a loving child, she will give people too easily. She showed us love and real joy in this house. She brought a change in this house, her ways.”

“Well in the time I hosted we got closer as a family, I think we became a close knit family.”

“I didn’t like things lying around, I didn’t like children running around, that changed totally, it’s like we don’t live for that anymore”. After hosting a child, that all changed, even up today that has changed for us.”

From the above quotations, it appears that hosting a child in need of care also contributed to the host family learning to appreciate each other and what they have. The effect of hosting on the biological children was reported to be very positive, and was regarded as a learning experience to the participants and their own biological children.

Available literature refers mostly to the negative impacts of substitute parenting on the biological child. The effect of the placement of the child with a host family can become a negative experience for families if the child causes disruption in the family’s everyday life (Poland & Groze, 1998). When host parents are selected, it is important that social workers take into consideration the biological children of the host parents. Host families who have successfully parented children often have more skills to be able to manage the child better. One of the participants reported how well the child bonded with her biological child.

“I think the way she responded to him, she holds him and she hugs him, calls him brother. I think she just bold him over.”

When placing a child with a substitute family it is important to take into consideration the host family’s own children’s feelings and adjustment to the placement of the child in need of care (SANCFW, 1987). The participants confirmed that their biological children also experienced the placement positively, and because of their interactions with the child, learned to be more appreciative and accepting of others.

“I find for my [own] kids this has made a huge difference, children who are fortunate live such privileged lives and they don’t see the other side of the coin”

“That has brought a lot of change in all of our lives coming from being house pride and living for the world, to living for children, it changed us.”

“My family loves her to bits, they very much like sisters of my children, now I have a grandchild and they included in this.”

“My children knew Fridays we’ll have them over till Mondays, my children knew they would bring out all the toys and there was life in the house.”

“We have also learnt so much from her, she keeps us on our toes.”

Many of the participants reported having more time to spend with the children they were hosting, as their own children were grown up and independent. This factor could also be important in considering the selection of host parents, as the experience of successfully having parented a child was a positive motivator for host parents to continue in the nurturing of children in need of care (SANCFW, 1987). One of the older participants in the study substantiated this with the following quotation.

“We’re at the age where my children are almost 30 years old and I have time now where I could do something with the children [at residential care centers].

The experience that the host family and child enjoy together gives the child opportunities for “in the moment learnings” and this will benefit the child positively (Fulcher & Garfat, 2008). The participants were also very optimistic about the effects of the host placement on the child.

#### 4.3.5 **SUBTHEME 2.3 :**

Host parents find that children enjoy positive experiences.

The data collected from the participants indicated that children in need of care showed significant changes in their behaviour after contact with the host family. The host families were able to provide the child in need of care with opportunities to grow and develop positively in their family. The host parents also provided the child with opportunities to enjoy quality family time, which impacted positively on the child. Many of the children who were placed with a host family received individual time with the host parent; they participated in family activities, they enjoyed the same privileges as the biological children, and host families felt that they also wanted the child to feel like part of their family.

The interactional theory on families focuses on the interactional features of families or the repeatable processes of social interaction within families. Such interaction can be structured, but the focus is on ongoing activity within that family. The interaction amongst family members is often conducted jointly by members or co-ordinated by them.

Family theories that rely on the interactional definition are concerned with describing what members do in families, how they influence each other and the quality of their relationships. From this perspective, any social group which acts like a family would be counted as a family (Sabatelli & Shehan, 1993). The meaning of “family” can therefore take on various forms as indicated by the various family theories. Families essentially fulfil an important function in any individual’s life and the child who is nurtured in a family setting will develop positively because of the interaction of family members as well as the structure and functions which encompass families.

During the host families' interactions with the children they observed, there were positive changes in the children, as indicated in the following verbatim quotations.

“She will come and lie with us and hug us, very affectionate, she needs more affection than Terry does (younger child). She almost craves that. I'll let her come and lie with me and cuddle, its fine with me.”

“He is just a completely different child in the time that we've known him he has changed completely. He went from being very withdrawn into being a very active, talkative person”

“I think that he has bonded with us, but I also think it's the one on one attention which has made a difference.”

Past research conducted in the United Kingdom (2008) has shown that children in need of care have said that even if they never became fully attached to their new substitute parents, they were still appreciative of the good parenting they received. The children also felt that they had been given a better start in adult life than what they would otherwise have had (Sellick, Thoburn & Philpot, 2004).

Depending on how positive the host or foster-care placement is for the child, it can give the child opportunities and tools to better his/her own life. When the child receives receptive care from the host parent, it means that the host parent has engaged with the unique character of the child. The host parent simultaneously attends to the child's individual pace or rhythm and his ability to connect with others.

These exchanges in daily interactions will nurture the child's social and emotional development (Fulcher & Garfat, 2008). “Rhythmicity”, according to Fulcher & Garfat (2008), is the tendency to engage in rhythmic interactions with other people, and it is a vital feature of human development. This is a significant underlying force which brings young people together with caring adults. The subtle rhythmic involvement between host parent and child will determine the quality and possibly the overall direction which the interaction takes. Many of the participants reported that they wanted to give the child in need of care

opportunities to see things they would not otherwise have been exposed to. Often these interactions facilitated the bonding that took place between host parent and child. The following responses support this.

“Mostly we will take her out to different places, we will always go out as a family, we love going out and seeing places, she enjoys herself with us.”

“We build our life around her when she’s here” [the host family makes sure that they spend enough quality time with the child].

“I think with children in that facility [child and youth care centre], that kind of atmosphere, they don’t get that much stimulation” it’s really nice if they get that [in the host placement] it could take them through another week”

The child’s ability to develop social competencies is associated with his/her emotional functioning. This means that the child should be able to nurture the skills required to manage emotional confusion, personal thoughts and feelings (Fulcher & Garfat, 2008). These social competencies will influence the way that children in need of care interact with their host families. Learning will be hampered when the child is unable to give and receive affection. Learning will also be impaired when a child is overcome by anxiety, rage or a distorted image of themselves. Children may struggle in social situations because they misread the emotional responses of others and the effect that they have on others (Fulcher & Garfat, 2008). It is important for the host parent to raise the child’s awareness of their own emotions, because it is important for the child’s immediate and long-term well-being. Without sustained nurturing, children may be unable to take risks or to learn from their mistakes.

Many of the participants in the study expressed how well the child settled into the host placement and simply felt so at ease when they visited. This was a strong indicator of how the host child was enjoying positive experiences within the family. This response highlights the positive outcomes for the child.

“She loves feeding the fishes or she will sit in the sun. ... she enjoys Annie the musical she knows all the words. She models for me, she was balloting up and down here.”

For many of the children who are placed into a host family, their chances of returning to their own biological families are very small, and the host family can provide the child with a sense of family (Leliebloem House training manual, 2004). Sellick *et. al.*, (2004) states that when children of any age return safely home or to relatives, it is more likely than not that their needs can be met and their well-being enhanced by being placed with a permanent new family. The host family represents the community and provides the child with the experience of relating to a normal well-adjusted family where there are boundaries and structures in place which give the child a sense of safety (Leliebloem House training manual, 2004.).

Some of the key traits of families with successful placements with children in need of care are those carers who are warm and child-orientated. The extent of the support that the caregiver gives the child will result in children with fewer externalising problems or behaviours (Rothbaum & Weisz, 1994). Similarly, parental expressions of positive emotions in the home and in the child’s presence could also be linked to low levels of externalising behaviour.

Parents who display warm positive behaviour most likely have children who can control their emotions better and who experience less anger, frustration and aggression (Eisenberg, Cumberland & Spinrad, 1998).

The host family represents a new family system or structure for the child in need of care, as can be seen in the following responses.

“ She is more settled in with the family, she is very comfortable with us, I told her this is your house, you must feel comfortable, if you feel you want something like tea, or fruit or anything you must just do whatever you feel like, if you want to shower or bath you must just do it”

“He really got into her (my son) even his girlfriend, she’s so taken in by Sally”

“We went to fetch my son from the airport one Sunday. He hugged her and asked if we took her up to see the aeroplanes. He took her up and was holding her and said just watch those big planes.’

Only when a child is accepted by the entire family and the extended family, will the child feel at ease and be able to identify with his/her new environment, substitute parents and family (SANCFW, 1987). These responses show that the child enjoys positive experiences with the extended family members and the broader community. The broader community, as indicated earlier, can also represent a new “family” to the child, giving the child opportunities to gain new experiences.

“My family from far, including my sisters my brothers they all just adored him and I think that made it easier, he was a good little boy (pause) obedient.”

“If she wants to go and visit her friends, across the road they are also very attached to her she really fits in well here. Yes she is free here this is her home.”

Some of the participants also provided opportunities for the child to experience a positive sense of family even if the long-term plan was not to foster the child. This factor is important to consider when determining the role and function of the host family in the child’s life. There are different forms of host parents, because the long-term plan is not always to become a foster parent, but rather to aid in the process of healing the child. Therefore the plan for reunification could still be supported by the host parent, who plays a supportive role to the child and family (SANCFW, 1987).

The host parents wanted to impact on the child’s life and be a support system into adulthood as expressed by one participant in the following response.

“I think we hope to be in their lives as long as possible, even if they were to be fostered or adopted. They can always phone us if they needed anything or come and visit. I’d like to be in their lives forever, yes to give them continued support.”

In the next theme, the researcher will elaborate on the concerns that the host parents experienced in the host placement of the child.

#### 4.3.6 **THEME 3:**

##### Host parents experience concerns relating to the child in need of care

It is important to keep all the role players in the child's life informed about what the plans are for the child. The biological families, host family, child and youth care centre staff, as well as the child, should always be part of any decisions that can affect the future of the child. Uncertainty about where the placement is leading may cause feelings of anxiety and resentment towards social service professionals if substitute parents feel left out of important decision making regarding the child's future (Doyle, 1990).

The participants who took part in this study were uncertain about the long-term plan for the child. They were also uncertain about their role in the child's life given the fact that family reunification was a reality for the child. According to Poland & Groze (1998), an additional source of stress for the substitute family can be the attachment and then separation from the child they were hosting. It will be difficult for the family to find a balance in how to integrate the child enough to make him/her feel like part of the family while also realising that the child might separate from the family again. The role of the host parent can be a very tough role as they are expected to welcome the child into their home, invest in them emotionally and physically, and assist them through past trauma (Evans, 1997). When the host or foster care placement ends, the carers are expected to disengage with the child in a way that is helpful to the child and everyone involved.

The movement of the child away from the family definitely could impact on the host parents, but they are often not given adequate attention by social services professionals to deal with their feelings of loss (Evans, 1997). Studies conducted to determine whether the possibility of separation of the child could influence the foster care placement have found that the better the carer is prepared for the length of stay of the child, the better will they be able to deal with the separation. Orientation programmes from CYCC's to new host parents are therefore very important as it serves to inform and prepare host parents for their role.

The following response expresses the host parent's' uncertainty about how their involvement will impact on the child. In this instance the participants were prepared to quit the hosting placement in order to minimise harm to the child and themselves.

“I said to my husband we not gonna let that child suffer, so we stay away and see what happens, we must be strong. We [host parents] cannot take that child if there is no intention for the child to come to us [permanently], we just going to hurt her as well.”

The social worker at the CYCC has to acknowledge the fact that host parents have become attached to the child and help them to cope with their feelings of loss without harming the child in the process. The tasks for host parents will be easier if they work with the social worker towards the long-term plan for the child whilst continuously sharing the child with his natural parents. The task of severance should be worked through before placing the child with the host family (SANCCFW, 1987).

Although the host placement for many children in need of care was meant to provide the child with a sense of positive family interaction, it also had implications for the host parent as shown here.

“If she feels that she wants to go to her family what can we do, I’m just glad it happened now.”

Here are some suggestions for helping the substitute parents’ deal with their feelings of loss and separation (Jordon Institute for Families, 1997).

- Social services professionals should be direct and honest about the duration of the placement and share updated and relevant information with the substitute parents.
- The social worker should relate the separation from the child as similar to the normal stages of grief, and deal with it accordingly.
- The social worker should make follow-up contact and express appreciation and concern to the substitute parents.

- Increased training should be provided by the welfare agencies which will help the carers understand their own reaction to loss as well as the reactions of the child.

Support groups could be an important tool in helping carers to get the necessary support. Support groups can help host parents to relate their experiences with other host families, especially when host parents have needed to terminate with children with whom they formed attachments. This guide could be useful for social services professionals when helping the host or foster parent to deal with separation from the child.

In some cases the participants realised that the host placement would not lead to permanent foster care placement, but they were still prepared to support the child, as indicated in this response.

“I thought there was a long term, I can’t say whether she will be visiting, our role will be where we can help” “how long we gonna be involved, is as long as she is comfortable, we’ll be in her life.”

The participants also reported that they feared causing harm because of past trauma that the child could have suffered. The researcher will elaborate more on this in the following theme.

#### 4.3.7 **SUBTHEME 3.1**

Host parents are concerned they can cause harm to the child in need of care.

Some children entering residential care may have suffered failed foster-care placements previously. Multiple placements of a child in need of care could have a detrimental impact on the child. A child, who has lived in multiple placements already, struggles significantly with their own identity (Curtis, 1994). Should the child receive inappropriate care once he/she enters the CYCCs, it could cause further emotional disturbance in children. Some of these children will also be placed with host families as a means of re-establishing ties with the community and re-integrating children into families. One of the participants expressed fear of causing more harm to the child who had already been harmed emotionally.

The task of helping the child who has already been hurt by past traumas is not an easy one, and the child will need adequate intervention and treatment to recover from these hurts (Brohl, 1996). Some of the participants felt that they did not want to get involved in the caring of this child because of the uncertainty they experienced regarding the type of care he/she would need from the family. The movement between the various placements could be difficult for the host parent and child, and therefore meeting the child's needs could be an effective tool in relationship building.

Maier (in Fulcher & Garfat, 2008) has identified a number of developmental outcomes that can show how responsive the substitute care service has been for the child.

**Bodily comfort** is basic to personal care, and it involves simple tasks which show the child that they are being treated with care. An example of this is straightening out the child's bedding so that he/she might sleep more comfortably. Other examples of this include making sure that the child is not hot or cold and sick or hungry. Overlooking the bodily comforts of the child may cause the child to feel uncared for. When the host parent shows concern for the child's physical care it will convert into "active caring" for the child. Another important consideration will be for the carer to understand the **uniqueness** of the **child** and not to expect standardised behaviour. This will ensure that the carer responds in a more natural and effective way to the child.

The child in need of care may often be wary of the carer, and this can influence their responses to the caregiver, but **involved decision making** could lessen the child's anxiety.

It is important that the host placement is predictable to the child as previously indicated, because by developing a sense of **predictability** for the child, he/ she may be safe and secure enough to keep on returning to those situations with particular people. When a child successfully masters certain tasks, the carer needs to **show approval** of this.

The child needs **feedback** on their achievements as this will re-affirm the predictability of the placement for the child. The following quotes illustrate the feelings of uncertainty experienced by the family.

“Daniels heart was broken so many times already. I don’t want to confuse him, I’ll leave him. He went back into his shell, it was almost as if he found ground for himself, then it was pulled away from under his feet, you collapse, that child collapsed”

“I can’t imagine them just moving to another children’s home, and be cut off from everything they know. It’s just dreadful”

The literature regarding loss and separation gives the reader a clearer understanding on what families may be experiencing when the host placement ends. Clear communication and involved decision making could lessen the anxiety experienced by the host families (SANCFW, 1987). Owing to the feelings of uncertainty regarding the placement, the participants may withdraw from hosting the child in order to avoid further harm. These feelings are evident in the following responses.

“My children were so in love with him, he just became part of the family, then we said we are going to back off a bit, because we are just becoming too attached”

“I also was a bit hurt but it was good that it happened now because we got to close to her in short time”

“Like I say the fact that her mother wanted her was just like a shock but I thought rather now, now we know, It’s not like we distanced ourselves, but rather now.”

The tasks for substitute parents will be easier if they work with the social worker towards the long-term plan for the child whilst continuously sharing the child with his natural parents. (SANCFW, 1987). The hosting placement of children by families can be used by social services professionals for various reasons. Often in a temporary arrangement, family restoration services are being rendered to the biological family in order to return the child to his parental home. In other circumstances, it is used as a therapeutic tool in planning and providing the child with suitable long-term care with foster parents. The role of host parents will therefore vary depending on the permanency plan of the individual child (SANCFW, 1987).

The various tasks fulfilled by the host parents require that the host parents have special skills and interests in the care aspects of child-rearing in order to be successful. The researcher has highlighted a number of key aspects which the host parent should be aware of and implement during the host placement of children, as stated by Fulcher & Garfat (2008). Intermediate substitute care probably presents the most serious difficulties for the biological parents, the child and the substitute parent because of the uncertainty involved in the situation. The host placement can be regarded as an intermediate substitute placement because the child still remains at the CYCC. The host placement provides the child with valuable positive family interaction, but the child still brings with him/her their experiences of life in residential care. The participants expressed their concerns in this regard as follows.

#### 4.3.8 **SUBTHEME 3.2 :**

##### Host parents are concerned about the experiences of the child in need of care in the child and youth care centre

The child in need of care continues to bring their experience of living in residential care to the host family. The constant transition between host family and residential care elicits certain concerns for the host family. The response below shows the concern expressed by the host family because they are uncertain about what will become of the child if he/she remains in the CYCC.

“My daughter asked what is going to happen to Daniel one day? That is actually the question you ask yourself, because he can’t defend himself what happens to him?”

Child care is an essential component of the child protection system, and child and youth care staff in the residential centers are responsible for working in the life space of the child by ensuring that all their developmental needs are met. Caring for the child is a complex process which entails facilitating learning and ensuring that the child is emotionally, physically and socially safe (IMC, 1996). Child and youth care workers work holistically, developmentally and therapeutically with the children in their care (IMC, 1996). Regulation 73 of the Children’s Act 38 of 2005 outlines the rights of the child at the CYCC and states that the child has the right to adequate nutrition, clothing, and nurturing. The legislation for the

protection of children at the CYCC is clearly outlined to ensure that the child's needs are adequately met. The host parents felt that many of the children's needs were not appropriately met, which raised concerns for the host family. This is shown in the following responses by participants.

“I could see this big step in development, but I had to take him back. I thought this is a sin, this child is just going to sit on the carpet and do nothing, he has so much potential.”

“I think with children in that facility, that kind of atmosphere, they don't get that much stimulation.”

“The child and youth care centre could not provide all the love and attention needed. The little ones they need more attention”

“There are too many children you know they can't handle them all, but I felt they took on a role, they should”

“I don't know if it's the home [child and youth care centre] that they live in or if it's just natural for them to fend for their own things”

It is important that the care that children receive is consistent, competent and responsive to the children's needs. The environment created by staff in residential care must be of such a nature that all the child's developmental needs are met (Kenny, 2010). Every child who enters the system should have clear admission and discharge criteria and this will ensure that children do not get lost in the system (Michael, 2006).

The participants often perceived the CYCC as a negative placement for children in need of care, as shown in these responses. CYCCs often have a certain degree of stigma attached to them because of the manner in which they have been portrayed in the past (Mayer, Richman, Balcerack, 1999). The transformation of the child and youth care system has brought with it specific standards which should be implemented by all residential centers.

This will protect and promote the rights of children in care (IMC, 1996). The following responses emphasise the concern that participants felt regarding the care children received.

“I feel that a child of 3 and 4 years old should not be institutionalised”

“I think it must be hard on the children to go to a fun place [host placement] and then have to go back to the children’s home.”

“Like if you give them an apple they wouldn’t know you can share it or put it down it will be there when you come back. They will carry that personalised thing in their hand till whenever. Everything will be wrapped up in their arms.”

“Lisa was a child who jumped for food, who jumped for everything, she’ll drink that bottle till the last sip yet you can see she’s full”

The participants also reported that some children were exposed to some forms of maltreatment, which was particularly concerning for the host family. The occurrence of abuse of a child in a residential facility is still prevalent. According to Loffel & September (1998), there is no guarantee that a child who has entered the system will be dealt with in terms of acceptable procedures, or protected from further harm. The risk of abuse in residential centers is high, because staff often do not receive the necessary support they require, and monitoring by management is insufficient (Hukkanen, Sourander, Bergroth & Piha, 1999).

Staff in residential centers may also struggle to manage children who display some of the most challenging behaviour, because of their limited training (Hukkanen *et. al.*, 1999). The IMC (1996) highlighted the fact that not all management and personnel from welfare organisations were up to date with or co-operated in the transformation process. Although the transformation process leans towards normalising the institutional experience for the child, researchers argue that this process in itself is “abnormal” (Kenny, 2010).

Usually a child living at home will have more or less two primary caregivers who are responsible for their needs. In the case of children living in residential care, the kind of communal care provided by residential staff is not consistent with good parenting.

Children might have up to ten different child and youth care workers who work at different times, trying to meet their needs. The different staff members working at providing care means that the chances of inconsistent care are increased (Kenny, 2010). The child can also become confused because of having to become accustomed to so many different caregivers. Children in residential care also attach themselves to certain members of staff, and in their absence this could lead to feelings of uncertainty, loss and anger in the child. The high turnover of child and youth care staff could also affect children negatively as they might experience this as re-enactments of previous experiences of loss and separation.

“Institutional abuse”, according to Michael (1994), refers to abuse by individual staff members as well as abusive practices within the CYCC. Giles (1994) identified the following categories of institutional abuse;

- Non-accidental injury
- Sexual abuse
- Failure to provide care or supervise children appropriately
- Emotional maltreatment of children
- Questionable moral behaviours of staff
- Restraining the child in a harmful manner and setting children up to fail or be humiliated.

Some of the participants expressed concern about children who had been exposed to maltreatment in the CYCCs’ either by staff or their fellow residents.

“They both [children] told me they did get slaps. I don’t know to what extent...if it was true or not but I did not want Henry [staff member] to take it out on the children.”

“Then she told me teacher Sally hit her at the children’s home and I told her that’s no reason to run off. She says every time it’s like she’s picking on her.”

“Bongani use to cry and Henry [child care worker] would just say he must go up. A few minutes later then he’d be quiet and I thought is that because of fear.”

Although institutional abuse specifically relates to the abuse by the staff within the residential facility, this is not the only abuse that children can suffer from. Abuse amongst residents is not uncommon, as children placed at CYCCs’ come from an array of backgrounds. Backwin in Watson (2007) gives the following reasons for children acting out and being abusive in CYCCs. Children display challenging behaviour because they want attention. This is usually true of children who have been rejected by other significant persons such as peers, child-care workers and extended family. Some children will display disruptive behaviour because their home environments did not include discipline or rules. Bullying behaviour, according to Watson (2007), is often a challenge for child-care workers as they do not know how to manage the bullying behaviour. Bullying of children is a common phenomenon across the world, and often adults do not realise its impact.

Collins (in Watson, 2007) divides bullying into three categories:

- Physical bullying which involves physical aggression or threats of violence towards another child. This is more common in boys than girls.
- Relationship bullying entails emotional manipulation aimed at making the victim feel excluded and inferior.
- Verbal bullying where children call one another derogatory terms and discriminate against each other.

Acts of physical and emotional bullying are reflected in the following response by one of the participants.

“He would say, I don’t want to go home because they hit me there, I would think is it the staff or the children”

A lot of emphasis has been placed on the type of care children receive in the residential centres they find themselves in. It does appear that sometimes the care that children receive also depends on the structure of the residential centers, over which child and youth-care

workers have little control. A child care centre which has fewer children per staff member, can provide a higher quality of care to children in need of care. Kolstelnik, Soderman & Whiren, 1993) suggest that the staff-to-child ratio in a CYCC for children aged 3-5 years old should be 1 staff member for every 10 children. The staff to child ratio for school going children should be 1 adult per 12 children.

At one of the CYCCs' that participated in the research study, the child to staff ratio was 1:14 children with the average age of children ranging from 4 to 18 yrs old. In this centre two child care workers worked on rotation to provide care to 14 children per cottage. The other participating CYCC had communal style housing where which more children lived together and there would be more than one care worker on shift at a time. This is illustrated by the following verbatim quote.

“I think it’s because of the one on one attention which had made a difference. At a child and youth care centre with 30 or 40 children to learnt to talk, you basically talking to other children who can’t talk either”

In South Africa one of the main challenges facing children in residential care is that efficient integrated and co-ordinated service delivery is lacking and needs to be prioritised by CYCCs in order to have a crucial change in protecting the rights of children (National Policy Framework, 2005). A caregiver whose interaction with the child is responsive, accepting and informative is a good predictor for positive child development in the CYCC (Clarke-Stewart, 1987). Children who have established positive relationships in the child-care setting will exhibit comfort and happiness.

Even though there was negative feedback about the care of children in certain residential centers, there were also positive experiences reported by the participants in these responses.

“I’m in awe of the staff here because what you have managed to give these children. The fact they here [child and youth care centre] means that they’ve been taken out of a situation that was not healthy, but they are such well adjusted children, they really like any other children.”

“I just felt where he is now, his in a better place at the children’s home and away from that environment. I know him and his sister is on the road to recovery, from an abused environment.”

The researcher previously alluded to the fact that the principles of the child and youth care system emphasise reintegration or reunification for children found in need of care (National Policy Framework, 2005). This implies that the continued contact of the child with his/her natural parents could be ongoing depending on the future plans for the child. The host parents were often uncertain about the parents’ involvement in the child’s life. This will be discussed in more detail in the following section.

#### 4.3.9 **SUBTHEME 3.3**

##### Host parents experience concern about the role of the biological parents of the child in need of care.

The role of a healthy family according to the draft White Paper on Social Welfare (1995) is to provide a child with a sense of belonging, impart values and life skills, create a sense of security, provide a spiritual foundation, and instil a sense of self discipline. The family is the basic unit of society, and children need to grow up in nurturing and secure families to ensure their survival, development and protection (National Policy Framework, 2005).

The biological families of children are significant figures in a child’s life, and even after removal from the biological family, the ongoing contact of the child with the biological family is crucial (Doyle, 1990).

There are significant benefits in maintaining contact between a child found in need of care and their birth families. Children will worry less about their parents and siblings if they can see them at regular periods. Many families can still retain contact through letters, phone calls and access visits. The discontinuity of parental relationships with the child could be damaging to the child (Andersonn, 2009).

There is widespread consensus in the field of child and youth care about the importance of family continuity, although social services professionals often find it hard to achieve regular contact between children and parents. The contact between the child and their natural family

should always be viewed in accordance with what is best for the child, but also what is possible for parents and acceptable to foster parents. It is important for child care professionals to keep a balance between a sense of permanence by stability of placement and a sense of identity by family continuity (Thoburn in Andersson , 2009).

This notion is very important for social workers to realise if the child or young person is to develop a positive sense of self-worth. The participants acknowledged their view on needs of the child and family in the following quotes.

“I will never keep her away from her family, and will ensure that she maintains contact with her mom. Even if her mother wants to come and visit here I won’t keep away from her mom. She can’t go stay there but I will allow her to go and visit”

“One day when I took her back to the children’s home her brother came up to her and they hugged each other and were holding hands, so mature. You can see they very fond of each other and they had to protect each other.”

“I don’t want to compete with her mom and I don’t want her to compare and think she is deprived there and not here. I don’t want her to be confused and I don’t know what the relationship with her mom.”

The reasons for the child removal will contribute to the level of acceptance the biological parents receive from the substitute family or residential staff. Substitute parents, residential staff and natural parents may have conflicting views and attitudes to raising a child. In order to understand each other’s values and perspectives, it is essential that all parties receive ongoing counselling and education from social work professionals. It is important that the child is not caught in conflict, as this will lead to feelings of ambiguity in the child (Doyle, 1990). The following quotes demonstrate the uncertainty that participants felt regarding their role and that of the family.

“I just hope that one day when she lives here permanently, I won’t have problems with her family. I’m just worried that they will interfere and cause trouble.”

“The only concern is that the child comes from this area and there are so many people that recognise her, I must now be overprotective because what if she walks off from my home”

“She does talk about her mom at times and she will often complain about her mother and that she disappoints her, I feel I don’t want to disappoint her”

Many of the host families would like to play a supportive role to the children whom they host and provide them with a sense of family. Of the children who have been placed with the host families still maintain contact with their own biological families. For those children the host families have to have a clear understanding of the different role and responsibilities that they will have in the child’s life (SANFCFW, 1987). Many of these uncertainties could be addressed if the host family understood their role and the duration of the placement as indicated previously. These participants’ views regarding their role and that of biological parents were expressed in these responses.

“This child’s biological parent stills gets first preference. She’s not our child, we just host parents”

“It would have been more difficult if her mother wanted her at Christmas time where the bond would have been stronger”

“I’m not sure how she is going to relate to us because now she has gone to her mother”

“It’s better that we know now we’ll still love her but she will never be ours.”

“I just want her to enjoy the fact that she has seen her mother and had the luxury of spending time with her family. I don’t want to compete with her [mother] and I don’t want her [the child] to compare us”

The placement success for children placed with an alternative family will be more successful, according to (Berridge & Cleaver, 1987), where birth parents and social workers are in consistent contact with each other, while biological parents realise their importance to their children. A disruption in placement will be less likely if the substitute carer is adequately prepared, trained and supported, and is able to include the natural family in the placement. Children placed into substitute care still require opportunities to talk and express concerns about their own natural parents or families.

The literature revealed that foster carers often perceive the natural parents as a negative influence on the child's life. The foster parents expressed anger at the fact that natural parents had abandoned their responsibilities and left the substitute carers to pick up the pieces (Butler & Charles, 1998).

The participants in this study expressed their sentiments in this regard as follows:

“What concerns me is how those children can go to their own families, if they've been abused.”

“My son was very upset that she went to her mother. When I said to him her mother wants her for the weekend he was beside himself.”

“I was just hard sore that he had to go. Even my children we were just heart sore that he had to leave, it was just terrible”

“Family reunification” traditionally refers to the physical reunion of children who were placed into foster care or residential care and then back with their biological families. Social work practice has been based on the notion that children should either be placed back with their family or placed elsewhere permanently (Curtis, 1994). The permanency planning for children in need of care is important as it emphasises the need for children to be reared within a family (Maluccio & Olmstead, 1986).

There has been a shift in the traditional manner in which family reunification is viewed, according to Maluccio, Warsh & Pine (1993).

Family reunification is now regarded as a planned process to re-connect children in the child and youth care system with their family in order for them to achieve and maintain an optimal level of reconnection. The reunification of children is either done through placement of the child back into the family system or through partial contact or periodic visits. This view recognises that not every parent can be a daily caregiver, and even though some families cannot live together they can still maintain kinship ties (Maluccio *et al.*, 1993). In order for parent-child visits to be beneficial, they should be frequent and long enough to enhance the parent-child relationship and to allow social services professionals to effectively document the parents' ongoing interest and involvement with the child (American Academy of Pediatrics, 2000). Periodic visits are more effective for older children as they already have established a bond with the parent before placement. The Children's Act substantiates this and stipulates that contact with a child's biological family cannot be refused unless this is not in the best interest of the child (Children's Act 38 of 2005).

The varying experiences which host families might encounter with the child can be related to the child's background, and essentially the host parent needs to be equipped to understand what to expect when the child is placed with the family. The CYCC's staff has a responsibility to inform the host parents of the child's background prior to the placement, which will facilitate a successful placement of the child with the family. The confidentiality of the child is always important, but certain information will create an understanding for the host parent regarding the management of the child's behaviour.

#### 4.3.10 **SUBTHEME 3.4:**

##### Host parents experience concerns around managing the child in need of care

Children found in need of care as a result of exposure to risk factors such as poverty and maltreatment, face multiple threats to their healthy development, including poor physical health, attachment disorders, compromised brain functioning, inadequate social skills, and mental health difficulties (Thoburn, 1988). One of the participants in the research study reported that they experienced health concerns with the child that affected the host placement and management of the child in need of care.

This response describes some of the health concerns displayed by the child in need of care.

“Normally they are always sick, always runny noses, always chest colds. There has been once that I’ve hosted a child that had TB, and was on some medication. There may have been one that might have had HIV I don’t know; they [child and youth care centre] don’t disclose that kind of information”

Children in need of care often suffer from a range of physical, emotional and developmental problems. Several studies have revealed that children in care often have high rates of chronic medical, mental health and developmental problems (Curtis, 1994). The neglect and abuse that the child suffered often included neglect of basic preventative and primary health care. The CYCC is often not able to respond appropriately to the needs of children with complex health problems. The CYCC might not have the capacity to provide appropriate health care services to the child. The staff-to-child ratio could also be high, resulting in a lack of appropriate care for the individual child (Curtis, 1994).

The participants reported that the child who was sickly made the host placement particularly difficult when they had planned activities during the child’s stay with the family. Because the host parent was not well informed by the CYCC, this impacted negatively on the host placement. Despite the detrimental effects of past experiences by the child, providing stable and nurturing families can reinforce the resilience of children in care and improve negative impacts on their developmental (Curtis, 1994). Substitute parents and residential staff have to meet many demands placed on them by the children in their care. In the case of abused children, there are additional difficulties which are placed on them. The child can experience a fear of violence and the feelings of rejection that they have suffered are of such a nature that any form of discipline can evoke an extreme response (Doyle, 1990).

Some of the behaviour displayed by the child was expressed here.

“He used to wet the bed a lot and I could see he was extremely in fear when he use to wet the bed.” “I would always say it’s okay you just had a bad dream.”

“I couldn’t understand why he would fear the dark, we would leave the light on in the passage so that it wasn’t dark.”

Studies have found that fears are quite common in children of all ages, and younger children experience more specific fears than older children (Gullone, 2000). A South African study conducted by Martalas in Burkhardt & Loxton (2008) has shown that pre-school boys expressed more fears than girls. The study examined the fears of children living in CYCCs’ and it found that the fear of the dark in children was ranked fourth out of the top ten fears examined (Burkhardt & Loxton, 2008).

Coping mechanisms have an important role to play when it comes to the impact of fears on the child’s well-being. Band & Weisz (1988) established the following predictors to describe how different children will cope with fear at different stages. When children engage in the primary coping strategy, they will attempt to change the stressful situation by direct problem solving. A secondary coping strategy involves an attempt to seek social and spiritual support to adjust to the stressful circumstances. A relinquished coping strategy involves no attempt to change the stressful situation at all. A number of coping strategies are employed by younger children who have feelings of anxiety, depression and night-time fears (Muris, Van Brakel & Meesters, 1998).

Negative life events and avoidant coping methods can predict higher levels of fear in children (Langley, Jones & Kephart, 2001).

The participants shared this in the following responses.

“For me it felt that there was definitely underlying fears that is why he was wetting the bed”

“At first she used to be scared and she use to say there’s someone. She would not even come down the passage; she almost used to imagine she’s seeing things.”

Certain children placed into substitute care may also display confrontational behaviour for varied reasons. Often children will test the carer’s limits and tolerance levels because they

cannot believe that they will not be mistreated. This occurs because children in need of care are so familiar with mistreatment they tend to push boundaries in order to see the outcome (Doyle, 1990).

The child who tests out the host parent can also be very challenging, and the host parents are often uncertain about the correct way of dealing with him. In the following quotes the participants shares this.

“He was loud, wild, wanted everything his way, I think he must bully the other children. We found him fairly tough, also because he was high energy, he was a bit of a handful.”

“I think it was the constantly running after him, don’t do this or that! Sit down here and eat your food! Yes you have to nap now and not sort of be kicked back all the time.”

When children are placed into substitute care they bring with them their past behaviours, needs and problems. The child’s traumatic past or background, with the added separation from their known environment, can leave the child vulnerable and suffering with additional stresses which could make the task of substitute parenting very challenging (SANCFW, 1987). The problematic behaviour usually displayed by children can include bedwetting, soiling, sleeping disturbances, unusual eating habits, aggressiveness, destructiveness, hyperactivity and antisocial behaviour such as lying and stealing. Some of these tendencies were reported in these responses.

“She is a bit ADHD, we have her in all the activities, she’s very busy, can’t sit still.”

“He was very isolated, he would never play with children, he use to sit in the corner”

The substitute parents should be well informed of their task in order to prepare themselves regarding what reactions to expect from the child. The social workers or child care staff should give the host parents adequate guidelines on how to manage these different behaviours

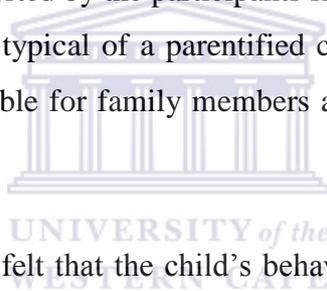
(SANCFW, 1987). Some of the varying behaviours that were displayed by children in need of care are shown in the following responses.

“I think she was a little bit jealous of Melicia because she knew she was ours. Like she locked Melicia up in the bathroom once, but anyway we just explained to her that was wrong”

“He was very tough, I think that you also need to find a child that sort of suits your energy as well.”

“I don’t want them to make demands on me. I want a play station... or do things behind my back, or my stuff goes missing. I’ll not be able to handle that.”

Some of the older children as reported by the participants showed maturity beyond their years. They displayed behaviour typical of a parentified child. Role confusion often occurs when the child becomes responsible for family members and takes on a parent role (Doyle, 1990).



The participants in this response felt that the child’s behaviour was concerning because she couldn’t really adapt as a child.

“Amy is sort of an adult beyond her years, I think maybe she is the oldest she had to take on more responsibility. She does not take a child role, she is very reserved, the only time I ever seen her laugh like really giggle is when she watches a movie and maybe a little bit of a child will come out.”

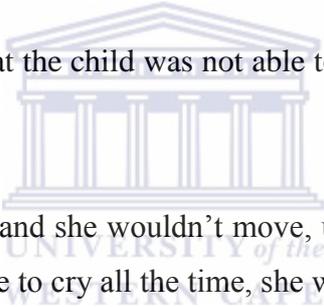
The healthy person progresses through eight positive stages of development which results in the establishment of a sense of basic trust, autonomy, initiative, industry, identity, intimacy, generativity and ego integrity (Erikson, 1965). The alternative progression results in the acquisition of the sense of basic mistrust, shame/doubt, guilt, inferiority, role confusion, isolation, stagnation and despair (Erikson, 1965). Abused children often experience a sense of mistrust and fear in adult caregivers and those who are meant to care for and protect them. An abused child often also fears alternatives because they assume that if their parents mistreated

them, then every parent behaves in that way. Mistreated children lack basic trust, and this can take a long time before they accept other adults as well-intentioned (Doyle, 1990).

The feelings of guilt and responsibility for the removal from home are great in abused children. The children are very likely to blame themselves for their placement in care. The involvement of police and legal court processes could all serve to contribute to the child's feelings of blame and wrongdoing.

The task of fitting into a new family with its different way of life and ways of interacting is often too difficult for certain children. This may cause children and young people to fear the unknown and possibly also expect mistreatment and rejection. When placed into residential care, each child will have his or her own ways of coping with the new situation. Some may behave as well as possible and others may become withdrawn and isolated (Doyle, 1990).

These participants experienced that the child was not able to interact with the host family and displayed concerning behaviour.



“You could leave Melicia and she wouldn't move, unless you actually move her. She was just for herself, she use to cry all the time, she was very isolated”

“She was a child that was just here, say nothing, do nothing”

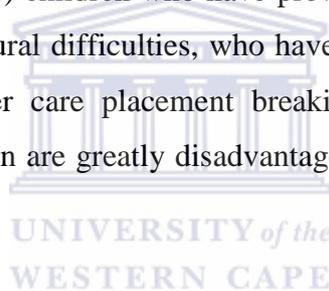
Some of the responses indicated above reflected the negative experiences which host families encountered with the children they were hosting. The majority of the participants, however, reported how successful the child's placement with the host family was. The more the child in need of care and the host family bonded, the more did the chance increase of the family wanting to foster the child in future. The participants gave different reasons for considering foster care placements, and this will now be discussed.

#### 4.3.11 **THEME 4:**

##### Host placement of children in need of care can lead to a foster care placement.

A child should be as well prepared as possible if they are going to be placed into alternative care. The social workers have a responsibility to ensure that the child receives the necessary counselling to deal with the transition into alternative care. When the child is placed into alternative care it means that the child has been found in need of care and removed from their parental home for various reasons as stipulated by the Children's Act (refer to Chapter 2, S 2.4). Ideally, before the child is placed, they should be helped to understand why they are being removed from their home. Furthermore, when children are being moved between substitute homes, they need to be told the reasons for this (Doyle, 1990).

According to Sellick et al., (2004) children who have previously been institutionalised, who have emotional or other behavioural difficulties, who have been abused or neglected, face a greater likelihood of their foster care placement breaking down. These aforementioned authors suggest that these children are greatly disadvantaged when attempting to place them into foster care.



When foster care placement is being considered for any child in need of care, they should be gradually introduced to their new family through short visits. In the CYCCs' the host families gradually build a relationship with the child through short visits over weekends or holidays. The CYCC should be viewed as part of the permanency plan for the child in need of care, and should therefore not be a long-term placement option for children in need of care (Gannon, 1994). According to Maluccio & Olmstead (1996), the residential care centre can play an important part in preparing children for foster care as well as the recruitment and orientation of potential foster parents.

The following responses indicate how the child and family bonded, thus leading to foster care placements.

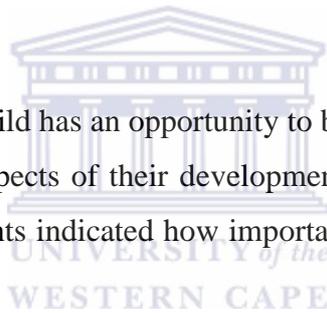
“She is like a child that any parent would want.”

“Yes just to make a difference in the little one’s life, just to spoil them, take them out, add some value, take them away from the children’s home.”

“I enjoyed what I did, it’s just so happened I got a loveable little boy.”

The child becomes part of the host family and experiences a sense of belonging. The researcher elaborated extensively on how the child establishes a sense of belonging with the family in Chapter 2 (S 2.3). Children can become attached to alternative caregivers as they seek for nurturance in the absence of their own parents. The ability to re-direct attachment behaviour is the basis for successful adoption and fostering. Young children whose attempts to be cared for by a natural parent have failed, will be more desperate to cling to the substitute caregivers. The child’s willingness to redirect their attachment behaviour away from an inadequate parent is indicative of the child’s pressing need to experience some form of attachment.

If attachment is successful, the child has an opportunity to become secure in his/her discovery of the physical and emotional aspects of their development (Bolton in Doyle, 1990). In the following response, the participants indicated how important it was to bond with a particular child over a period of time.



The participants felt that the bond would be strengthened between host family and child.

“I like the thought of bonding with a child it makes more sense to me. It would be nice to keep the contact going instead of moving from one child to the next”

“With time she actually grew attached to us. We had her over the December holidays and then she became use to us.”

“I do think that it’s crucial, we need foster parents but if we continue taking different children how are we going to form a relationship with that child.”

Many of the participants felt that taking the same child consistently strengthened the bond between host parent and child. The children also adjusted better as they developed a relationship over time with the host parent.

Schofield (2002) states that the child's sense of belonging can be established through the following factors;

- Belonging can be established by **family solidarity**, which is influenced by practical and emotional support received within the family. In the case of non-related families, solidarity can be formed in different ways that help to form connections amongst families. The family will form connections by showing the child that they care, and by small acts of kindness.
- Belonging can be established by **family rituals**, and this refers to the types of traditions the family practise. Family traditions can refer to the holidays the families spend together or the household practices which are common in the family.
- Belonging can be established by **family identity** or family roles. Children who have been found in need of care as well as the families who foster them are often stigmatised. The child's sense of identity could be improved if he/she starts viewing the family as their own. The family should support the child in finding his place in the family and not forgetting the child's past.
- **Family relationships** are important in establishing belonging because they influence the way family members interact with one another.
- **Family culture** also aids in establishing belonging and this forms part of family norms, values and aspirations. The family culture also links to the broader beliefs that a family and child develop together.

In the case of children who are in need of care, the family should find creative ways of establishing connections, and respect the values and norms which the child is acquainted with. Adolescent children could be more challenging to connect with as they have a set of predetermined values and beliefs, but foster carers should try and engage with their existing interests. Valuing the child's interest also improves connectedness and shows them that their experiences matter.

The child has the right to caring intervention from adult caregivers when the family cannot or will not meet his/her basic needs. As indicated previously, many children will not return to their families of origin but for the child in need of care there is always a possibility that their own family situation might change. According to September & Loffel (1998) when the family is not able to carry on with the caring of the child, the emphasis should move from family preservation to long-term safety of the child. Formal foster care services and residential care is fundamental when family preservation is not possible for the abused, abandoned or severely neglected child. September & Loffel (1998) suggest that it is necessary to find a balance between formal substitute care provision and family preservation services. Many of the participants indicated their willingness to provide a foster family home to the child in need of care.

Participants felt that they could contribute to the life of the child for various reasons as indicated in the responses.

“...it will help if you take the same child regularly, it will give the host parent reassurance that is my child. That is the child that’s going to stay with me. That’s how I got to know Portia and I knew that’s she was going to be our child”

“My sons and his wife also like her very much, and my children have asked me already why I don’t take her.”

“I’m not sure what made me foster him but I just knew that there was something special about him.”

“If we took Gabriel out every week he would’ve been here by now.”

The task of substitute care for a child who is not biologically related to the parent is not an easy one. The child who has suffered from abuse or neglect has a heightened need for permanency, security and emotional constancy. Every effort should be made to rapidly establish a permanent placement for the child (American Academy of Pediatrics, 2000).

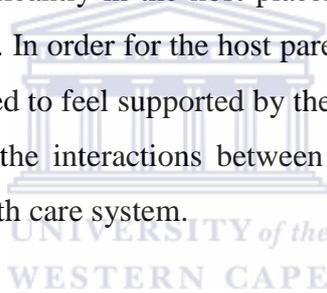
The following responses indicate the bond between the child and family which contributes to the decision of fostering.

“We kind of bonded with Mario by now and we just thought well it would be worth then fostering him. It was never our intention to, it’s not like we went to the home and was sort of looking for a child to take into foster care.”

“It was actually sad to take the child back because that is actually when you know what child is going to be yours as a foster parent.”

“Daniel was one, he was in his own shell, that’s why we got so attached to him, he needed a lot of love and caring.”

The child and family grow significantly in the host placement, which can often lead to the permanent placement of the child. In order for the host parents to engage successfully in their tasks as substitute carers, they need to feel supported by the social services professionals. The following section will focus on the interactions between the host parents and the various professionals in the child and youth care system.



#### 4.3.12 **THEME 5:**

##### Host parents’ experiences with social services professionals.

Some of the participants in the study reported having negative interactions with social workers and other social services professionals because they did not feel supported in their role. Host parents were not always comfortable with the matching and selection of children to families by the CYCC. The researcher will elaborate more on this in the next theme.

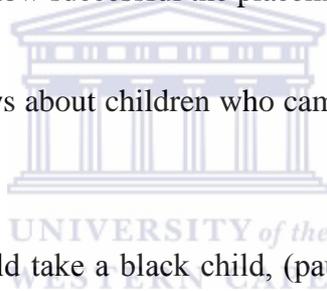
#### 4.3.13 **SUBTHEME 5.1:**

##### Host parents’ experiences of matching and selection of a child by the CYCC

The initial matching of the child to the family is regarded as very important by the social worker or hosting co-ordinator, and this can also be very difficult for the host parent. In the researcher's experience the CYCC will give the host parents an option regarding the age group and gender of the children they are comfortable with. The social worker will then proceed to select the child and give the host parents the necessary background information about the child.

Some of the participants expressed concern about the placement of children who were from a different culture or religion than the host family. The host families were a bit reluctant at first, but overcame this when they started to bond with the children. Research conducted by Sellick *et al.* (2004) showed that there was little evidence in foster parent placements to illustrate the risks and protective factors of placing children from different ethnic backgrounds with these families. In the interviews conducted with the participants, it did not appear to be a significant factor in determining how successful the placement would be.

The participants shared their views about children who came from a different culture in these responses.



“I didn't think that I would take a black child, (pause) at the end of the day I didn't see him as a black child. I saw him as such a little heart that just needed some love and care, I tried my best to do that”

“... he only spoke English and for me that was okay”

“Everybody wants to have a blue-eyed child or a blue eyed blonde baby to love but this has taught me something else.”

The selection criteria for host parents implemented by the CYCC state that the child needs to be placed with a family who shares their culture, religion and language. This will facilitate a positive host placement and lessen the anxiety of the new situation for the child. The Children's Act is clear on the placement of children with families of different religions and cultures. Section 184 of the Children's Act stipulates that a child can be placed into foster care of a family if there is an existing bond between that person and the child.

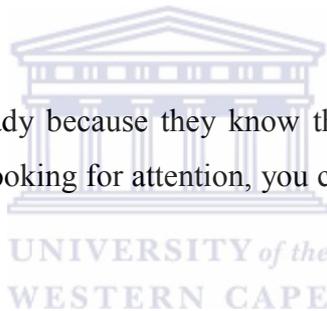
One of the participants was sceptical about how to manage the child who was practising a different religion to that of the host family. The CYCCs do consider host placements of a child with a family that does not fit the criteria if there is no other alternative for the child.

This response clearly shows how this impacted on the host parent.

“I’m not sure how she is going to relate to us because now she has gone to her mother and she is practicing the muslim religion.”

A participant in the study also reported feeling torn about taking a particular child because the children in the residential centers were all in need of host families who could provide them with homes outside the CYCC. The participant also stated that having to select a child was a very difficult decision. The following response illustrates the mixed emotions which the participants experienced.

“...it’s almost like they stand ready because they know there’s people now it’s like who’s going to take me. It’s like she’s looking for attention, you can see it in her face. You can read their faces”



Participants also expressed resentment towards the staff at the CYCCs because they did not fulfil their duties adequately.

#### 4.3.14 **SUBTHEME 5.2**

##### Host parents’ experiences with the CYCCs.

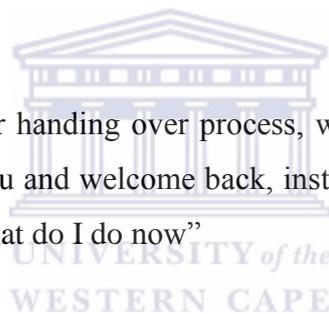
The interim policy recommendations on the transformation of the child and youth care system highlight key features which should be present in the CYCC (IMC, 1996). The residential facility should not only offer custodial care for children as this will be inappropriate and unjustified to the children in the CYCC. All programmes must promote the healthy development of the children in its care. All the programmes offered by the residential facility should meet the basic developmental needs of children without being too elaborate.

The CYCC should be accessible to the children that need it the most and it should not attract children and families because they offer special living conditions which cannot be found in their own homes or communities (IMC, 1996). All residential centers must be established and maintained according to minimum standards and guidelines that are based on internationally accepted child and youth care practice. Every residential programme must offer action that can meet the developmental needs of the child appropriate to their age and developmental phase.

One of the basic principles of residential care is that staff should be empowered to perform their tasks effectively, and children are afforded opportunities to develop maturity and responsibility in a context of caring relationships (IMC, 1996).

These participants reported that they experienced challenges with certain CYCCs because of ineffective staff.

“I wish there was a better handing over process, where someone who comes in and says oh it’s nice to see you and welcome back, instead of you having the kid by your hand and wonder okay what do I do now”



“We kind of stand there and wait for an adult to appear, and then I’ll give the bag and hopefully the good one will say oh it’s nice to see you. The other one will say oh go and play... it’s very stressful.”

A particular stressor for certain of the participants was the fact that they were not allowed to take one child consistently. Most participants reported the need to continue building a relationship with one child over time.

The literature suggests that the less the child changes placements, the better it will be for his/her development (Curtis, 1994).

This is shown in the responses below given by the participants.

“Well basically you never suppose to bond with the child, you not allowed to take one child out all the time”

“I will say it is quite stressful on the child and myself having the continual rotation of a different child. I do think that it’s not beneficial for the host parent and host child to have a different child all the time. They [child] no sooner become use to you then they go back into the home then it’s a different child.”

Despite the problems that have been reported with substitute care for children, it can also provide children with tremendous benefits Children often thrive when placed in substitute care. One of the best therapies for abused children, according to Doyle (1990), is to be in an environment where they can express feelings without fearing the consequences, and where they are helped to feel valued, attractive and capable. Children who have suffered abuse often have a low self-esteem, and residential staff can play a significant role in lifting the child’s self-esteem.

“At the children’s home the caregivers is very hands on with the children, it’s good to know that the children are cared for, there’s no neglect, whenever we’ve brought back children the caregivers will welcome us and take the children.”

The framework of services which are offered to individuals, groups and communities by social services professionals are aimed at four different levels (IMC ,1996)

**Level 1** is the preventative level which aims to ensure that communities, families and groups are broadly identified as at risk because of various factors as previously alluded to by the researcher, and receive services which strengthen the existing capacity of these persons. It is also the hope that the services will promote resilience and increase their ability to benefit from developmental opportunities (IMC, 1996). If services are successful at this level, there will be no need for young persons and the family to engage with early intervention services.

**Level 2** will imply that there is an identified risk in the young person and family. The early intervention services should direct the young person or family away from the CYC system and they should be slotted into specific programmes which will help them overcome their adversities. If these services are effective, the young person will remain in the family or community and receive additional support where needed.

**Level 3** refers to the statutory level; if the child has been found in need of care and protection he/she will be engaged in court proceedings placing them into an alternative care environment.

**Level 4** refers to the continuum of care services for young people, which implies that regardless of the prevention and early intervention services rendered to the young person and family, they now find themselves in CYC system.

In the South African context, the workloads of social workers and other child care professionals are very high. This has a detrimental impact on the type of services being rendered to the child and family. The prevention and early intervention services are often bypassed as the social services professionals are often operating in “crisis mode”.

Subsequently the first contact a social worker has with the family will often lead to statutory intervention, which ultimately could have been avoided (National Policy Framework, 2005). The fact that families may not have received adequate intervention services prior to the removal and placement of the child also negatively affects the child and family. Family disintegration could have been prevented or at least minimised with the necessary support.

Many CYCCs now offer prevention and early intervention services to communities in order to preserve the family and community. The programmes offered to children and families are better suited to enhance their developmental needs, and work with the existing strengths of the family.

The next sub- theme relates to the inadequate legal processes that the host parents had to endure in order to foster a child.

#### 4.3.15 **SUBTHEME 5.3 :**

Host parents’ experiences with the legal processes in the long-term placement of children in need of care.

The lack of social service professionals in the country, such as social workers and child and youth care workers, has a negative impact on service delivery and has created enormous gaps, especially regarding the services needed for children. There is a huge backlog of cases, and this has been compounded by the HIV pandemic as previously indicated in Chapter 1.

In an attempt by government to address the challenge of heavy caseloads, the integrated service delivery model was developed, which provides guidelines for establishing viable caseloads for social workers (National Policy Framework, 2005). The envisaged norm is one social worker per 60 cases. In 2006 according to the Department of Social Development, 84, 000 reported cases of children needing to be placed into foster care were waiting to be finalised.

These figures continue to increase owing to the changes in legislation and shortage of social workers to render the necessary statutory services. With the implementation of the new Children's Act, it has become more complex to process foster care orders which have contributed to the backlog in cases.

The slow legal processes were particularly challenging for some of the participants as shown below.

“Social services Okayed us as foster parents. Now we waiting I'm not sure what we waiting for. Everything is now sitting with the social worker at the children's home. We started about five months ago and this process is unbelievably slow.”

“ What angered me was that they taking so long with the adoption but yet I didn't ask the government for a blue cent, what's going to happen if I was just one of those parents who decided oh here's the child take her back.”

“The welfare agency does not appreciate what people are doing. Why don't they pay attention to the people that want to do it and want to go forward with this. [People] that has the facilities and abilities so do this rather than give children to foster parents that just want money.”

Child placement, according to Sellick *et al.*, (2004), is an important task of family social work practice. The success of the child's placement will depend largely on the quality of intervention in the life of the child and parents before and after placement. The success of work with one member of the placement triangle, for example, the child will be influenced by the quality of work with the members of the birth family and with substitute carers.

A study conducted with foster carers regarding the impact of stressful events on them, highlighted disagreements with social services as one of the stressors impacting the placement (Wilson, Sinclair & Biggs, 2000).

The following responses indicate the levels of frustration which participants had experienced with the social services professionals, which may hamper the future of the child.

“They phoned me and said that the previous child Daniel was available for fostering. I thought afterwards, no man I'm already struggling with Portia's adoption and just said no I'll rather not, rather not.”

“I just want this child to be on our surname because she is part of our life and our family, what more do they want? What are they gonna do if I just pass her on or say no I'm not gonna take another child.”

This theme extensively covered the involvement of the social services professionals in the host placement. The information clearly pointed to the fact that the relationship with the CYCCs and the professionals involved in the host placement definitely led to either a successful or unsuccessful placement. The researcher will now conclude this chapter.

## 5. CONCLUSION

This chapter provided the reader with an in-depth understanding of the themes and subthemes which emerged in the research study. The description of the findings was supported with in-depth literature and verbatim quotes recorded during the interviews. The researcher also discussed the relevant information pertaining to the participants and how this influenced the study.

The main themes which emerged were as follows:

1. Host parents' experiences of their roles in the life of a child in need of care.
2. Host parents' positive experiences of accommodating children in need of care.
3. Host parents experience concerns relating to the child in need of care.
4. Host placement of children in need of care can lead to a foster care placement.
5. Host parents' experiences with social services professionals.

The following chapter will conclude the research report with a summary of the study and the researcher's recommendations for CYCCs.

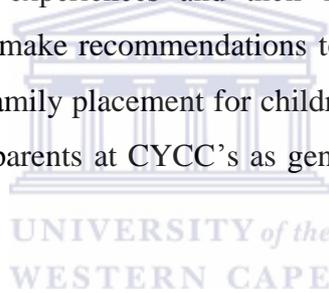


CHAPTER 5  
RECOMMENDATIONS AND FINDINGS

5.1 INTRODUCTION

In the previous chapter the researcher discussed the research findings by means of themes and sub-themes, giving the reader an insight into the different experiences of host parents accommodating children in need of care.

The concluding chapter of the research study will give a brief summary of each chapter as well as the main findings of the study. It will also focus on drawing conclusions regarding this research study, and illustrate to what extent the research goal and objectives were met. Recommendations will be made in this chapter which will be aimed at facilitating a better understanding of host parents' experiences and their need for support in the hosting programme. The researcher will make recommendations to the CYCCs that use the hosting programme as an alternative to family placement for children in need of care. Guidelines for the orientation of potential host parents at CYCC's as generated from the findings will also be provided.



5.2 SUMMARY

**Chapter 1** provided the reader with a general overview of the research study. The researcher explained the differences in placement options for children found to be in need of care. In the preliminary literature study the researcher briefly introduced the host parent programme and its relevance to the child and youth care system. The focus of this chapter was also on creating an understanding of the transformation in the child and youth care system and the move from long-term institutional care to permanency in a family environment. The research approach that was implemented was an exploratory, descriptive and contextual design. In order to explore the host parents' experiences, a qualitative study was conducted, as this met the research aim best. The researcher initially planned to use two data collection methods, namely semi-structured interviews and focus groups. Owing to the lack of co-operation from participants, the researcher was not able to do so. The data was later collected via only nine individual interviews, using an interview guide.

The research question for the study was:

“What were the experiences of host parents accommodating children in need of care?”

The goal of the study was;

“To explore and describe the experiences of host parents accommodating children in need of care.”

In **Chapter 2** the researcher conducted a literature review. The literature focused on the importance of children being reared in a family-like environment. Research has shown that family care provides the child with a strong sense of belonging, which facilitates healthy growth and development. The child found to be in need of care had usually been exposed to circumstances which were negative to their upbringing. In Chapter 2 the researcher explained in more detail what led to children being found in need of care and protection according to the Children’s Act 38 of 2005. The theoretical framework focused on the structural and functional role of the family. The host family provides the child with a connection to a family and also re-establishes the child’s sense of belonging. The context of the research was based on the social constructivism view which sought to understand the world in which the individuals lived and worked. The individuals developed unique meanings of their experiences and because these meanings were diverse, it led the researcher to look for the complexity of views.

According to (Riggs, Augoustinos & Delfabbro, 2009) children who have experienced a negative family environment will often experience many challenges, which can follow them into adulthood. The child can often display a range of behavioural patterns relating directly to their past experiences. A stable and nurturing family environment can often help the child in need of care to overcome the adversities which they have faced. The researcher discussed how host parents could contribute to the child’s sense of belonging by providing a substitute family outside of residential care. The literature review also uncovered the various terms used for host parenting in South Africa, while drawing on international research as a means to compare similarities in substitute parenting.

In **Chapter 3** the researcher elaborated more on the research process and the steps taken to complete the research study successfully. The exploratory research design was the most suitable for this research study as it allowed the researcher to gain insight into host parents' experiences. The researcher also used a descriptive design in order to gain more detailed data. The participants were able to share about their own experiences but also provided the researcher with more detail about why host parents would consider fostering children in need of care. The researcher collected data via semi-structured interviews, and analysed the data according to the steps provided by Tesch (1990) in Creswell (2009).

To verify the information, the researcher used member checking and peer debriefing with her supervisor. The researcher verified the data according to the standards as set out by Lincoln & Guba (1985).

In **Chapter 4** a discussion of the themes and sub-themes gave the reader more insight into the data that was uncovered during the one-on-one interviews. The researcher interviewed nine participants and also briefly discussed the demographic information of the participants. The nine participants that took part in the study had extensive experience in hosting children who ranged from 6 months to 6 years. Out of the nine participants in total, 8 participants were female and one was male. The researcher also indicated in the findings that the sample was not representative of the demographics of Athlone, as the participants were predominantly from the southern suburbs of Cape Town. The number of children that the participants hosted ranged from 1 child to a total of 15 different children. The participants reported that they would have preferred to host only one child consistently and to have an opportunity to build a relationship with the child.

The main themes derived from the study were as follows:

**Theme 1:** Host parents' experiences of their roles in the life of a child in need of care.

**Theme 2:** Host parents' positive experiences of accommodating children in need of care.

**Theme 3:** Host parents experienced concerns relating to the child in need of care.

**Theme 4:** Host placement of children in need of care can lead to a foster care placement.

**Theme 5:** Host parents' experiences of social services professionals.

The researcher is of the opinion that the research question was answered via the data obtained by the semi-structured interviews that were conducted. The findings of the research study clearly answered the research question and gave the reader a better understanding of the varied experiences of the participants. The study's goals were met because the researcher was able to successfully explore and describe the experiences of host parents accommodating children in need of care.

The first objective, namely to explore and describe the experiences of host parents accommodating children in need of care was evident in Theme 1. The host parents fulfilled various tasks as part of their role as host parent. The role of the host parent was also both rewarding and challenging at times. The researcher managed to gain an understanding of the factors contributing to a successful or unsuccessful hosting experience. The findings revealed that the hosting experience was both positive and negative at times. In conclusion the researcher uncovered that most host parents enjoyed their experiences with a child in need of care, but required more support from professionals so that a successful foster care placement could follow the host placement.

The second objective, namely to generate guidelines for orientation training of potential host parents at CYCC's was also achieved. It is imperative for potential host parents to be informed about their role and functions in terms of accommodating children in need of care.

### 5.3 FINDINGS OF THE RESEARCH STUDY

The research indicated that children placed into substitute families often experienced major physical health problems, challenges in developing attachment relationships with caregivers, developmental delays, were at increased risk of mental health problems and struggled to form long-lasting connections with their peers. Irrespective of these challenges children have the capacity to rebuild their trust in caregivers, form attachments, ensure their physical needs are met, and display remarkable resiliency (Harvey & Delfabbro, 2004). One of the ways that children learn resilience following experiences such as abuse and neglect is by having relationships with caring and nurturing caregivers.

The researcher is in agreement with this statement as the research has clearly shown how significantly the relationships with caring, nurturing host families can impact on the child and family. The research further showed that the benefits to the host family and individual host parents are rewarding and lead to a sense of self-fulfilment. The host parents also experienced that the children enjoyed positive experiences because they were able to identify positive changes in the child. The research found that host parents played an important role in the CYCCs because they would become the foster families of children who could not return to their biological families. In light of family reunification services the host parents could also play a supportive role to the biological families and children in need of care. The researcher will now summarise the main findings.

### 5.3.1 Summary of the main findings;

- The findings suggest that the host parents had positive experiences when hosting a child in need of care.

The researcher discovered that host parents found the experience personally rewarding for themselves as well as for their families. The host parents noticed personal changes in their own lives and in their family dynamics which they attributed to the fact that they had hosted a child. The children who were placed with the host families also showed positive strides in their development and enjoyed positive experiences in the family. The positive experiences that host parents enjoyed clearly showed how attached they became to the children and the children to the host parents.

The motivation for host parents to continue in their task was influenced by a variety of factors including personal motivation, shared family interest in the child and the visible effects of host parent care on the child. The host parents provided the child with valuable opportunities to establish a sense of belonging in the host family. The family contributed to the positive experiences of the child by accepting the child as one of the family members. One significant impact of hosting on the individual host parent was their need to reach out and make a difference in their communities and to children in need of care.

- The host parents experienced concerns relating to the child in need of care.

The host parents' continued involvement with the child was determined by the behaviour of the child, the needs of the family, the support and transparency from social services professionals and the permanency plan of the child.

- The host parents were overwhelmed by the management of children who displayed negative and challenging behaviour. The host parents often did not understand these behaviours and how to manage them. Resulting from this, the host parents felt that this negatively impacted on the host placement, or they rather terminated with the child when they could no longer manage the child's behaviour.
- The researcher discovered that the host parents experienced some concerns relating to the care of the child in the CYCC. The host parents experienced that the child in need of care was not always managed well in the CYCC. There were incidents of verbal and physical maltreatment reported to the host parents by the child, which was very disturbing to the host parents. Some host parents had witnessed staff that mistreated children. The host parents experienced that the CYCC was not the best nurturing environment for the child.

The host parents' experience with the CYCC staff and social services professionals was both positive and negative at times. The positive experiences were that some of the host families felt that the staff at the CYCCs acted professionally. The negative experiences were related to the management of the child's behaviour and lack of professional support. Others felt that the conduct of staff at CYCC was not always in the best interest of the child

The movement of the child between the host family home and the CYCC became difficult and anxiety-provoking once an attachment was developing between the child and family. The handing-over process at some centers was another concern because it was not always clear and consistent. The host parents felt that the handing-over process could be managed better by CYCC staff as this would lessen the separation anxiety experienced between child and host parent.

- The host parents were concerned about the role of the biological families and their continued involvement in the child's life.

The host parents' role and the biological family role in the child's life were not always clear to the host family. The host parents experienced mixed feelings about how to handle the biological family's continued involvement in the child's life. It appeared that there was a lack of understanding and communication from the CYCC regarding this. Certain of the host families were more understanding of how they could provide support to the child's biological family.

- The host families wanted to foster children for several reasons.

The movement from hosting to fostering was not consistent with specific factors, but largely depended on the individual hosting experience.

Regular contact increased the attachment between host family and child, which subsequently led the host parents to decide on fostering. The child who was easily manageable and who fitted in with the family was also more likely to be fostered by the family. The host parents who felt that they wanted to make a difference in the child's life and had a strong internal motivation to foster the child were also a good motivating factor for foster care. The host parents were also more interested in fostering once they had bought-in from all family members as well as getting support from community and friends.

- The matching and placement of certain children with a particular host family raised some concerns when the child had a different religion, culture or ethnicity to the family.

The host parents did not feel that this negatively influenced the host placement, but seemed more uncertain of the management of these children. Ultimately the host parents who had a strong internal motivation for hosting did not experience these concerns, but required more support from the CYCC regarding the management of the child. The main factor that posed a problem was when the host family and child practised a different religion, such as a Christian family with a Muslim child.

- The role of the host parent in the life of the child. The host parents considered their role as very important in the child's life and felt that they need adequate support from the CYCC and social work professionals to be successful host parents.

The host parents performed various tasks in the host placement which included the physical tasks of caring and teaching the child a different way of acting. The host parent engages in the emotional task of providing the child with love and security.

The child gains an opportunity to interact socially; the social tasks refer to how the host family socialises the child and shows them how to interact in a positive manner with friends and family.

- The experiences of host parents with social services professionals were very pessimistic, particularly regarding the finalisation of foster care transfers or adoption.

The host parents felt resentment towards the social services professional because of their lack of follow-through with the legal documents and supervision of placements.

The legal processes involved in fostering were reported to be extremely tedious and unhelpful with the host parents' tasks. The host parents wanted more support and recognition for their role in the children's lives. Host parents also felt that these experiences could prevent them from fostering a child and being involved in hosting. The legal processes were one of the main challenges that host parents were experiencing, and this hampered the final placement of the child into foster care.

- Host parents reported that there were positive interactions with the CYCCs as well.

The participants felt that the CYCC served a valuable role in the child's life and that the host parents observed positive changes in the child as a result of their placement at the CYCC.

### 5.3 RECOMMENDATIONS:

In light of the above findings, the researcher would like to recommend that the following aspects be considered by CYCCs who are currently implementing a hosting program as part of the permanency planning for children in need of care. The researcher will also provide guidelines to the CYCC which should be implemented as part of their training programme with host parents, in order to facilitate the host placement. The guidelines are based on the

findings of the research study and can be used in conjunction with further training by the social worker or hosting co-ordinator.

The following recommendations should be taken into consideration by the CYCC:

- The host programme co-ordinator must include the following in the orientation training programme for host parents. Each host parent who shows interest in the hosting programme must undergo orientation training. The concept of permanency planning must be worked through with the host family so that they understand what their role and function will be in the child's life. Host parents who understand the implications of their involvement in the child's life and in the hosting programme should commit to work alongside the families, CYCC staff and social services professionals in order to avoid any harm to the child in need of care. After the host programme co-ordinator orientates the host parents to the programme they (host parents should contract to be committed to the programme for at least a year so that they learn to understand and manage the child. This also allows the child adequate time to familiarise themselves with the host family.
- An open communication line between the host parents and child and youth care centres should be prioritised to ensure that any negative behaviour on the part of the child or staff member is reported and dealt with as a matter of urgency. The host parents must have a contact person at the CYCCs that they can communicate with, such as the social worker or programme co-ordinator. When any incident is reported to this person it needs to be followed up as a matter of urgency. Feedback must be given to the host parents regarding the action that will be taken to rectify the situation. In the case of a child, the host parents must be informed about what intervention will take place with the child and family. If the host parents understand that they are able to communicate freely regarding any concerns they might have, this could minimise the impact on the host placement.
- The hosting co-ordinator needs to take responsibility to ensure that the monthly feedback sessions take place regularly with all the host parents in the programme. The child care staff at the CYCC must be present at the meetings together with the social

worker and hosting co-ordinator. The feedback sessions are to support the host parents in their role. This creates the opportunity for dialogue and training to take place on issues which host parents may be challenged by. It also encourages host parents to interact and support each other.

- The CYCCs must provide “care for the caregiver” because the well-being of the host parents is a priority. The “care for the caregivers” can be done in various forms through wellness tips or pampering sessions which show the host parent they are important and their work makes a difference. The “care for the caregivers” must take place at least once per term. The hosting co-ordinator must liaise with management regarding a small budget to be allocated towards this cause. The session can take on different forms, but the general idea is to spoil the host parents and let them feel supported in their task. The host parents must also be encouraged to take care of their own well-being so that they can be better caregivers to others. The host programme co-ordinator is responsible for the planning of these sessions with support from the other staff members at the CYCC.
- The inclusion of the host parents at the CYCCs therapeutic meetings can give the host parents an opportunity to be aware of the progress made by both the child and family. The CYCCs have regular therapeutic meetings to discuss the child’s and the family’s progress. The social workers at the CYCC must notify the host parents regarding the purpose of the meeting and invite them to participate. This child’s permanency plan should be clear to the host parents and any changes must be conveyed to the host parents by the social worker or programme co-ordinator.
- The management at the CYCC, including the social worker and hosting programme co-ordinator must develop a Policy and Procedures Manual regarding the host parent programme at the CYCC. The staff at the CYCC must receive training in this regard. A policy regarding the reception and disengagement of the child in the CYCC should be included as a standard measure to reduce the anxiety experienced by the host parents and children. The process should be well understood by all staff when children visit host families. The host parents must know what staff member is responsible for the child when they fetch or drop the child off. The staff member needs to check in with the host parents regarding the child’s progress when visiting with the family, and give a written report to the social worker at the CYCC. At the

centres where the social worker is not the host programme co-ordinator, feedback must be given to the programme co-ordinator, who then has to ensure that the social worker is updated.

- The legal process involved with fostering should be well communicated by the residential social worker to the host family because she/he is responsible for all statutory duties pertaining to the child. Once the host family commits to fostering, the residential social worker must communicate clearly with the family regarding all the legal processes that will be followed. Each step must be well understood by the host parents and an adequate time-frame should be exercised which does not negatively impact on the hosting experience. A six-month period is adequate to perform all the necessary statutory duties, and the host parent must be kept informed by the social worker about the progress of the foster care transfer. The decision to foster a child is not made lightly by any host family, and social services professionals should always respect and motivate host parents throughout this process.
- This research study is only limited to a small sample of host families. Future research can bring to light more clarity about the child's experiences in the host family and how effective the host placement can be in the permanency plan of children in need of care. A sample that is more representative of the entire host parent population will also contribute to a broader view of the host parents' experiences and therefore inform better decision-making with regard to the hosting programme.

#### 5.4 GUIDELINES FOR ORIENTATION TRAINING FOR HOST PARENTS

It is essential that the host parents receive appropriate orientation training for the hosting programme. The following is a guideline to an orientation programme which can be followed by the hosting programme co-ordinator were generated from the findings.

- **The purpose of the hosting programme should be clear to all host parents.**

The hosting programme has two objectives at the CYCC.

The first objective is to expose the child in need of care to healthy norms, values and family interactions in a family environment which can contribute positively to the child's healthy development.

The second objective is to facilitate the transition from the CYCC into a long- term foster care placement.

Each placement depends on the child's permanency plan and therefore it can give the host parents a better understanding of their role and function.

- **The role and functions of the host parents should be discussed and based on the general tasks which host parents will fulfil. These tasks will include the following;**

**Physical tasks of caring** - this involves the most basic aspect of care and comfort for the child. If the child's physical needs are appropriately met this will ensure that the child feels safe and secure enough to start building relationships with the host family. The bodily comfort of the child can be met through simple tasks, which let the child know that they matter.

**Emotional tasks of caring** – the child in need of care could have been deprived of many things and will struggle to trust an adult. Small acts of kindness and affection will show the child that they are cared for and loved. It is often very difficult for children in need of care to be receptive to affection, but host families should be patient and move at the child's pace.

**Social tasks of caring** – the host parent needs to show the child positive ways of interacting with others and expose them to opportunities where they can learn about positive interactions. This process could serve as a corrective learning process for the child, who may not have been exposed to this before. Social gatherings with family and friends allow the child opportunities to interact and socialise in a positive manner. The host parents must also understand that the child might be overwhelmed by this and therefore they should motivate and encourage the child.

The social worker or hosting co-ordinator must facilitate a discussion about the various tasks of host parents. It could be useful to allow the host parents to exchange ideas about this so that they can grasp what this will involve for themselves.

It is important for the hosting co-ordinator to explain that the different functions the host parents will take on, depend on the permanency plan of the child and whether family reunification is the long-term goal or not.

- **Selecting and matching of the child with the family**

The hosting co-ordinator is responsible for matching a child to a family. The host parents need to feel comfortable with the child that is placed with them, and therefore should give input regarding the gender and age of the child. The hosting co-ordinator should appropriately place the child within the same religion, culture, language and ethnic group as the host family. Any deviation from the norm should be discussed with the host parents prior to matching the child with the family. This selection criterion must be explained to the host parents so that they understand this process.

- **An introduction must be discussed regarding the behavioural traits of children who have been found in need of care.**

In order for the host parents to be prepared for the different behaviours that they could be confronted with, a general introduction to the behaviours can be given.

Host parents should be able to understand and relate the different behaviours of the child to the past traumas that they may have suffered. The behaviour can be overwhelming for the host parents to comprehend, and therefore a short introduction can be a start for a more advanced workshop regarding the management of different behaviours.

The hosting co-ordinator can focus on the normal stages of development of all children first. This gives the host parent an understanding of what behaviour is appropriate to the age of the child. The hosting co-ordinator can then focus on the emotional and behavioural challenges that children may face owing to maltreatment.

- The hosting co-ordinator can shift the focus to gradual relationship building between the host parent and child.

The elements of a positive relationship between the host parent and child can give the host parents an understanding of the basics of relationship building.

**Caring** is a concern for the life and growth of the person in the relationship. It is important that the child receives care and nurturing which are unconditional because this will show the child that their needs matter.

**Knowledge** is a genuine understanding of others' feelings even if they are not readily apparent. The host parents need to get to know the child and understand what makes him/ her tick.

**Respect** is the ability to see the person as they are. Genuine respect for the child is important because it shows that who they are matters.

**Responsibility** means to be ready to act or meet the needs of another human whether it is expressed or unexpressed.

The hosting co-ordinator should emphasise that the host parent should not expect standardized behaviour from all the children, but should learn to understand and treat them as individuals. Most children will develop a sense of belonging only once they have learned to trust the adult caregiver.

## 5.5 CONCLUSION

In conclusion, this research study has effectively uncovered some of the experiences that can contribute to a successful or unsuccessful placement. The host parent programme is a very important alternative programme for any child when reunification is not in the child's best interest, and therefore further research into this topic could be very useful for the child and youth care system and Child and Youth Care Centers in general.

## REFERENCE LIST

Ainsworth, M.D., Blehar, M. C. & Wall, S. 1978. Patterns of attachment: A psychological study of the strange situation. Hillsdale: Erlbaum.

American Academy of Pediatrics. 2000. Developmental issues for young children in foster care. Journal of Pediatrics. 106 (5), 1145-1150.

Andersson, G. 2009. Foster children: A longitudinal study of placements and family relationships. International Journal of Social Welfare. 18, 13-26.

Babbie, E. 2010. The introduction to Social Research (International edition). USA: Broadmand and Holman publishers.

Babbie, E. & Mouton, J. 2001. The practice of social research. Cape Town: Oxford University Press.

Balcom, D. A. 2008. "Absent fathers: Effects on abandonment sons." The Journal on Men's studies. 6 (3), 283-240.

Baumeister, R. & Leary, M. 1995. The need to Belong: Desire for interpersonal attachments as a fundamental human motivation. Psychological Bulletin. 117, 497-529.

Barbarin, O. & Richter, L. 2001. Growing up in post-apartheid South Africa: Mandela's children. New York: Routledge.

Barrette, M. 1995. Street children need our care. Pretoria: ABC printers.

Belcher, M.D., Harold, E. & Shinitzky, P. 1998. Substance abuse in children: Prediction, Protection & Prevention. Archives of pediatrics & adolescent medicine. 152 (10), 952-960.

Berry, L. & Guthrie, T. 2003. Rapid assessment: The situation of children in South Africa. South Africa: University of Cape Town.

Berridge, D. & Cleaver, H. 1987. Foster Home Breakdown. Oxford: Blackwell publishers.

Bless, C. & Higson-Smith, C. 2000. Fundamentals of Social Research. Cape Town: Juta.

Bowlby, J. 1980. Attachment and loss. New York: Basic Books.

Brendtro, L. K. 1999. Reclaiming youth at risk. Bloomington: National Education Service.

Brendtro, L, Brokenleg, M & Van Bockern, S. 2004. Reclaiming youth at risk: Our hope for the future. Bloomington: National education Service.

Brendtro, L. & Ness, A. 1983. Re-educating troubled youth: Environments for teaching and treating. New York: Aldine Publishing Company.

Briere & Runtz. 1990. Differential adult symptomatology associated with three types of child abuse histories. Journal of Child Abuse and Neglect. 12, 331-341.

Brown, J. D. 2008. Foster parents' perceptions of factors needed for successful foster placements. Journal of Child and Family studies. 17, 538-544.

Brohl, K. 1996. Working with TRAUMATIZED Children: A Handbook for healing. University of Michigan: CWLA Press.

Burkhardt, K., & Loxton, H. 2008. Fears, coping and perceived efficacy of coping mechanisms among South African children living in children's homes. Journal of child and adolescent mental health. 20 (1), 1-11.

Burnette, D. 1990. Social relationships of Latino grandparent caregivers: A role theory perspectives. The Erorontologist Journal. 30 (1), 49-58.

Butler, S. & Charles, M. 1998. The past, present, but never the future: Thematic representations of fostering disruption. United Kingdom: University of Nottingham.

Cape Town Drug Counselling Center. 2007. Families and drugs: It's closer to home than you think. Cape Town.

Childline South Africa. 2010. Caring for the sexually abused child: Crisis counselling learner manual. South Africa.

Creswell, J.W. 1994. Research design: Qualitative and quantitative approaches. Thousand Oaks: Sage Publications.

Creswell, J.W. 1998. Qualitative Inquiry and Research Design. USA: Sage Publications.

Creswell, J. W. 2009. Research Design: Qualitative, quantitative and Mixed Methods approaches. 3<sup>rd</sup> edn. USA: Sage Publications.

Claussen, A. H. & Crittenden, P. M. 1991. Physical and psychological maltreatment: Relations amongst types of maltreatment. Child Abuse and Neglect Journal. 15, 5-18.

Clarke- Stewart, K.A. 1987. Child development: Infancy through adolescence. New York: Wiley.

Cockburn, A.1991. Street children: Characteristics and dynamics of the problem. South Africa: Child welfare.

Colton, M. & Williams, M. 2006. The recruitment and retention of family foster carers: An international and cross cultural analysis. The British association of Social workers. 38 (5), 865-884.

Curtis, P. A. (ed) 1994. A research agenda for Child welfare. Journal of the Child Welfare of America. 5, 490-491.

Daro, D. & Wiese, D. 1995. Current trends in Child Abuse reporting and fatalities: The results of the 1994 Annual Fifty state survey. United States: National Institute of Justice.

Dawes, A. & Mushwana, M. 2007. Monitoring Child abuse and Neglect. Cape Town: Human Sciences Research Council.

Denzin, N.K. & Lincoln, Y.S. (ed) 1995. Handbook of qualitative research. Thousand Oaks: Sage.

Denzin, N. K. & Lincoln, Y. S. (ed) 2000. Handbook of qualitative research. Thousand Oaks: Sage.

Department of Social Development. 2010/2011. Annual General Meeting Report. Pretoria: Government Printers.

De Vos, A.S., Strydom, H., Fouche, C.D. & Delport, C.S. 2005. Research at Grassroots: For the social sciences and human services professions Pretoria. 3<sup>rd</sup> edn. Pretoria: Van Schaik Publishers.

Doyle, J. 1990. Working with abused children. London: Macmillan Education LTD.

Dozier, M, & Bick, J. 2007. Changing caregivers: Coping with early adversity. A Journal of continuing Psychiatric Education. 37 (6).

Dubowitz, H. & Bennet, .S. 2007. Physical abuse and neglect of children. USA: University of Maryland, (Department. of pediatrics).

Eisenberg, N., Cumberland, A & Spinrad, T.1998. Parental Socialization of Emotion. Psychological Inquiry. 9 (4), 241-273.

Ennew, J. 1997. Street and working children: A guide to planning. London: Page Bros.

- Erikson, E. H. 1965. Childhood and Society. Harmondsworth: Penguin Books.
- Eriksen, J. & Henderson, A. 1992. Witnessing family violence: The children's experience. Journal of advanced nursing. 17, 1200-1209.
- Evans, B. 1997. Thoughts on foster parent grief. Fostering Perspectives. 1 (2), 5-10.
- Field, P. A. & Morse, J. M. 1994. Nursing Research: The application of qualitative approaches. London: Chapman & Hall.
- Foster, G., Mafuka, C., Drew, R., Kambeu, S., & Saurombe, K. 1996. Supporting children in need through a community- based orphans visiting programme. AIDS Care. 389-404.
- Freeman, M. & Nkomo, N. 2006. Guardianship of orphans and vulnerable children: A survey of current and prospective South African caregivers. Aids Care Journal. 18, 302-310.
- Flick, U. 2009. An introduction to Qualitative Research. London: Sage Publications.
- Fulcher, L. C. 2004. Belonging and belongings. [online] <http://www.cyc-net.org/cyc-online/cyconline0408.html> [Accessed 13 February 2010].
- Fulcher, L. & Garfat, T. 2008. Quality care in a family setting: A practical guide for foster carers. Cape Town: Pretext Publishers.
- Gannon, B. (ed). 1994. Children and youth at risk: HIV/AIDS Issues, Residential care and community perspectives. Cape Town: Public press.
- GILES, C. 1990. Violence in group care. In MC KENDRICK AND HOFFMAN. People and Violence in South Africa. South Africa: Child and youth care network.
- Gilgun, J. F. 2002. Completing the circle: American Indian Medicine Wheels and the promotion of resilience in children and youth in care. Journal of Human Behaviour and the Social environment. 6 (2), 65-84.

Govender, B. 2003. Foster parents need for support and training. Master's thesis. Cape Town: University of Western Cape, (Social work department).

Gravetter, F.J. & Forzana, L.B. 2003. Statistics for the behavioural science. 4<sup>th</sup> edn. Wadsworth. Thomsan Learning.

Greenough, W. T., Black, J. E. & Wallace, C. S. 1987. Experience and brain development. Child Development Journal. 58, 539-559.

Gullone, E. 2000. The development of normal fear: A century of research. Clinical psychology review. 20, 429-451.

Hall, K. & Proudlock, P. 2011. Orphaning and the Foster child grant: A return to the "care or cash" debate. Cape Town: Children's Institute.

Halkett, R. 2003. Enhancing the quality of life for children without parents in the South African context. South Africa: National council for Child and Family Welfare.

Harden, B. J. 2010. Safety and stability for foster children: A developmental perspective. The future of children. 14 (1), 31-47.

Harvey, J. & Delfabbro, P. 2007. Psychological resilience in disadvantage youth: A critical overview. The Australian psychologist. 39 (1), 3-13.

Herbert, M. 1987. Conduct disorders of childhood and adolescence: A social learning perspective. 2<sup>nd</sup> edn. Britain: John Wiley & Sons.

Hendron, R. L. (ed) 1999. Disruptive behaviour disorders in children and adolescents. USA: American Psychiatric Press.

Hewitt, T. 1992. Children, abandonment and public action. Oxford: Oxford University Press.

Hukkanen, R., Sourander, A., Bergroth, L. & Piha, J. 1999. Follow-up of children and adolescents in residential care in children's homes. Nord J Psychiatry Journal. 53(3), 185-189.

<http://www.heatherdale.org.za/> [online] Accessed 12 September 2011.

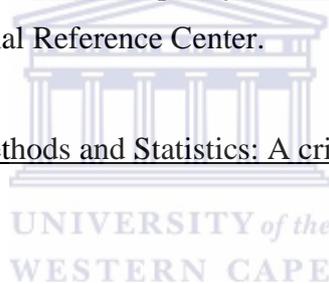
<http://www.athlone.co.za/heritage/history> [online] Accessed 12 September 2011.

<http://www.crch.co.za> [online] Accessed 12<sup>th</sup> September 2011.

Inter- Ministerial Committee (IMC) Document on Young People at Risk. 1996. Department of Social Development, Pretoria: Government Printers.

International Social Services. 2005. A Global policy for the protection of children deprived of parental care. Geneva. International Reference Center.

Jackson, S. L. 2009. Research Methods and Statistics: A critical thinking approach. 3<sup>rd</sup> edn. USA: Cengage Learning.



Jordon Institute for families. 1997. Seperation, loss and foster parent retention. North Carolina. Division of Social Services and the family and Children's Resources program.

Kaplan, S., Pelkovitz, D. & Labruna, V. 1999. Child and adolescent abuse and neglect research: A review of the past 10 years. Journal of the American Academy of child and adolescent psychiatry. 38 (10), 1214-1222.

Kenny, J. 2010. Working to make sure professional procedures do not lead to the institutionalization of children living in children's homes. [online]. [http //www. cyc-net.org/cyc-online](http://www.cyc-net.org/cyc-online) [accessed 14 September 2011].

Kingsbury, N. & Scanzoni, J. 1993. Structural-functionalism. New York: Plenum.

Kostelnick, M., Soderman, A. & Whiren, A. 1993. Developmentally appropriate programs in early childhood education. New York: Merrill.

Kostelnik, M., Soderman, A. & Whiren, A. 1993. Developmentally appropriate programs in early childhood development education. New York: Merrill.

Langley, A., Jones, R. & Kephart, C. 2001. Fears in children and adolescents: Relations with negative life events, attributional style and avoidant coping. Journal of Child psychology and Psychiatry. 42 (8), 1029-1034.

Leliebloem House. 2011. Annual General Report. Athlone.

Leliebloem House. 2004. Training Manual. Athlone.

Le Roux, J. 1996. Street children in South Africa: findings from interviews of the background of street children in Pretoria. South Africa.

Lincoln, Y.S. & Guba, E.G. 1985. Naturalistic inquiry. Beverly Hills, CA: Sage.

Loffel, J., & September, R. 1998. Managing child abuse: A proposed national strategy on child abuse and neglect. Cape Town: Institute on child and family development.

Maconachie, M., Angless, T. & Van Zyl, M. 1993. Battered women seeking solutions: A study of women who have taken refuge at rape crisis shelter in Cape Town. Pretoria: Human Sciences Research Council.

Makoe, M., Dawes, A., Loffel, J. & Ward, C. 2008. Children's Court Inquiries in the Western Cape. Final report to the Research Directorate, Department of Social Development. Cape Town: Human Sciences Research Council.

Maluccio, A., Fein, E. & Olmstead, A. 1986. Permanency Planning for children: Concepts and Methods. New York. Tavistock publications.

Maluccio, A. N. , Warsh, R. & Pine, B. A. 1993. Family reunification: An overview. Washington: Child Welfare League of America.

Marshall, C. & Rossman, G. B. 1995. Designing qualitative research. 2<sup>nd</sup> ed. Thousand Oaks: Sage.

Mattia & Zimmerman. 2001. Clinical features of survivors of sexual abuse with major depression. Child Abuse and Neglect. 25, 357-367.

Matshalaga, N. 1999. Gender issues in STI's/HIV/AIDS prevention and control: The case of four private sector organizations in Zimbabwe. African Journal of reproductive health. 3 (3), 87-96.

Maxwell, J. 1992. Understanding the validity in qualitative research. Harvard Educational review. 62, 3-5.

Mayer, M. F., Richman, L.H. & Balcerack, E. A. 1999. Group care in North America. New York: Child Welfare League of America

Mc Cashen, W. 2003. Using the strengths approach in family day care. Jigsaw. 36, 17-18.

McWey, L. M. 2004. Predictors of attachment styles of children in foster care: An attachment theory model. Journal of Marital and Family therapy. 30 (4), 439-452.

Meintjes , H., Hall, K. , Marera, D. & Boule , A. 2010. Orphans of the AIDS pandemic: The extent, nature and circumstances of child-headed households in South Africa. AIDS Care (in press).

Merrimen, S. 2009. Qualitative Research: A guide to design and implementation. USA: John Wiley & Sons.

Micheal, J. 2006. Institutional Abuse and the Rights of Children and Youth. The International Child and Youth Care Network. [online] <http://www.cyc-net.org/cyc-online/cycol-0406-micheal.html>. [accessed 25 September 2011].

Ministry for Welfare and Population Development. 1997. White Paper for Social Welfare. Pretoria: National Press.

Morgan, D.L. & Krueger, R.A. 1998. When to use focus groups and why. California: Sage Publication.

Mouton, J. & Marais, H.C. 1990. Basic concepts in the methodology of the Social Sciences. Pretoria: Human Sciences Research Council.

Muris, P., Van Brakel, A. , Meesters, C. 1998. Coping styles, anxiety and depression in children. Psychological report. 83, 1225- 1226.

National Institute on Alcohol Abuse & Alcoholism (NIAAA). 2009. Alcohol screening and brief intervention for youth. [online]. <http://www.niaaa.nih.gov/publications/pamphlets> [accessed 30<sup>th</sup> October 2011].

National Social Security Agency. 2011. [online] <http://www.sassa.gov.za/WESTERN-CAPE-666.aspx>. [accessed 10<sup>th</sup> August 2011].

Neuman, W.L. 2000. Social research methods: Qualitative and quantitative approaches. 4<sup>th</sup> ed. Boston: Allyn & Bacon.

Panter- Brick, C. & Smith, M. T. 2000. Abandoned children. United Kingdom: Cambridge University press.

Parsons, T.1951. The Social System. New York: Free Press.

Parry, C. D.1998. Substance Abuse in South Africa: Country report focusing on young persons. South Africa: Mental health & Substance abuse, Medical Research Council.

Parsons, T.1951. The Social System. New York: Free Press.

Parrots and Berry

- Phillips, E. (ed). 1987. Quality in childcare. What does research tell us? Washington: NAEYC.
- Pithey, A. L. & Morojele. 2002. Literature review on alcohol use and sexual risk behavior in South Africa. South Africa: Medical Research Council.
- Poland, D. C. & Groze, V. 1998. Effects of Foster care placement on biological children in the home. Child and Adolescent Social Work Journal. 10 (2), 153- 164.
- Powers, G.T. 1985. Practice-focused research: Intergrating human service practice and research. New Jersey: Prentice Hall.
- Preston- Whyte, E. 1993. “Women who are not married: Fertility, “Illegitimacy” and the Nature of the Households and Domestic Groups among Single African Women in Durban ”. South African Journal of Sociology. 24 (3), 63-71.
- Reddy, N. 1992. Street children in Bangalore: a situational analysis. New Delhi: National labour institute.
- Riggs, D. W., Augoustinos, M., & Delfabbro, P. H. 2009. Role of foster family belonging in recovery from child maltreatment. Australian Psychologist. 44 (3), 166-173.
- Rubin, A & Babbie, E. 2001. Research methods for Social work. 3<sup>rd</sup> edn. Pacific Grove/ CA: Brooks/ Cole publishers.
- Rothbaum, F. & Weisz, J. 1994. Parental care giving and child externalizing behavior in non clinical samples: A meta-analysis. Psychological Bulletin. 116, 55-74.
- Sabatelli, R. & Shehan, C. 1993. “Exchange and Resource theories.” New York: Plenum Press.
- Saleebey, D. 1999. The strengths perspective: Principles and practices. Pacific Grove: Brookes/ Cole.

Schofield, G. 2002. The significance of a secure base: A psychosocial model of long-term foster care. Child and Family Social Work. 7, 259-272.

Seidman, I. 1998. Interviewing as qualitative research. 2<sup>nd</sup> edn. New York: Teacher College Press.

Sellick, C. & Thoburn, J. 1996. What works in family placement? United Kingdom: Barnardo's publications.

Sellick, C., Thoburn, J. & Philpot, T. 2004. What works in adoption and foster care? United Kingdom: Barnardo's publications.

Singleton, R. Straits, B., Straits, M. & Mc Allister, R. 1988. Approaches to social research. New York: Oxford University Press.

Smit, G. J. 1995. Research guidelines for planning and documentation. Halfway House: Southern.

South Africa. 1996. The Constitution of the Republic of South Africa. Pretoria: Government printers.

South Africa. 2005. National Policy Framework. National Department of Social Development. Government Printers.

South Africa. 2005. Children's Act no. 38 of 2005 as Ammended. Pretoria: Government Gazette.

South Africa. 1998. The review of the Child Care Act: Issue Paper 13. South African Law Commission.

South Africa. 2008. Children's Amendment Act of 2007. Act no 41 of 2007. Government Gazette.

South Africa. 2010. Criminal Injustice: Violence against women in South Africa. Shadow report on Beijing +15.

South African Social Security Agency. 2009. Foster child care grant statistics

South African Social Security Agency. 2011. Foster child care grant statistics.

South African National Council for Child and Family Welfare. 1987. A guide to foster care practice.

Statistics South Africa. Annual report 2003/2004.

Thoburn, J. 1988. Child placement: Principles and practice. Britain: Wildwood House

Tloubatla, S. 2009. Coping, social support and needs of grandparents caring for children orphaned by AIDS: An ecosystemic approach. Masters thesis. Wits University.

Trieschman, A. , Whittaker., & Brendtro. 1969. The other 23 hours: Child care work with emotionally disturbed children in a therapeutic milieu. New York: Aldine De Gruyter.

United Nations. 2007. Draft UN guidelines for the appropriate use and alternative care for children. Brazil.

UNICEF. 2010. Protection for Orphans and vulnerable children: Alternative care. [online]. <http://www.unicef.org/southafrica/protection> [accessed 14 May 2011].

UNICEF. 2003. Annual General Report. Geneva.

UN Convention on the Rights of a child (UNCRC). 1989

Van Der Merwe, K. 1998. The need for intervention services for children from abusive households as perceived by their abused mothers. Master's thesis. Cape Town: University of Western Cape, (Psychology department).

Varma, V.P. (ed).1990. The management of children with Emotional and Behavioural difficulties. London: Routledge.

Watson, C. 2007. Guidelines for residential child care staff development based on child and youth care workers' experiences. Doctoral thesis. Port Elizabeth. Nelson Mandela Metropolitan University, (Social work department).

Watson, C. 2009. Guidelines for residential child care development based on child care worker's experience. Child and youth care work journal. 27, 28-30.

White Paper for Social Welfare. 1997. Pretoria. Government Printers.

Whittemore, R., Chase, S. & Mandle, 2001. Validity in Qualitative Research. Qualitative Health Research. 11(4), 522-537.



Wild, L. 2001. The psychosocial adjustment of children orphaned by AIDS. Southern African Journal of child and Adolescent mental health. 13 (1), 3-22.

Wilson, I., Sinclair, K, & Gibbs, 2000. The trouble with foster care: the impact of stressful events on foster carers'. Child and Family Social Work. 5, 225-233.

Winton, C. 1995. Frameworks for Studying Families. Guilford: Duskin publishing group.

Wolfe, D. & Korsch, B. 1994. Witnessing domestic violence during childhood and adolescence: Implications for pediatric practice. Pediatrics Journal. 94 (4), 594-599.

Yegidis, B.L. & Weinbach, R.W. 1996. Research methods for social workers. London: Allyn & Bacon.

Zlotnick, Mattia and Zimmerman. 2001. Clinical features of survivors of sexual abuse with major depression. Child abuse and Neglect. 25, 357-367.



**Appendix A**  
**PARTICIPANT INFORMATION SHEET**

**Research Title:**

Host parents' experiences of accommodating children in need of care.

**What is this study about?**

This is a research project being conducted by Melissa Amroodt at the University of the Western Cape. I'm inviting you to participate in this research project because you have participated in a hosting program. The purpose of this research project is to explore and describe host parents experiences with accommodating children who were found in need of care and now placed at a child and youth care center.

**What will I be asked to do if I agree to participate?**

You will be asked to participate in an interview that will be done at the most convenient time and place of your choice. You will engage in a discussion on your experiences of host parenting, motivation for host parenting and your understanding of the role of host parenting.

**Would my participation in this study be kept confidential?**

We will do our best to keep your personal information confidential. To help protect your confidentiality,

- a) All audio taped interviews and files will be kept in a locked filing cabinet to which only the researcher has access.
- b) The researcher will make use of pseudonyms instead of participants' names in the reports.
- c) Responses included in the report will refer to pseudonyms and not the participants' names.
- d) Responses will not be made public without your consent.

If we write a report or article about this research project, your identity will be protected to the maximum extent possible.

Your voluntary participation in this project will be greatly appreciated.

Please contact Melissa Amroodt @ ..... for any questions.



**APPENDIX B**  
**University of the Western Cape**

**Private Bag X17, Bellville 7535 South Africa**  
**Tel: +27 21 9592277**

**Consent Form**

**Title of Research Project:**

Host parents' experiences of accommodating children in need of care

The study has been described to me in a language that I understand and I freely and voluntarily agree to participate. My questions about the study have been answered. I understand that my identity will not be disclosed and that I may withdraw from the study without giving a reason at any time and this will not negatively affect me in any way.

**Participant's name** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date** \_\_\_\_\_

Should you have any questions regarding this study or wish to report any problems you have experienced related to the study, please contact the study coordinator:

Ms. De Jager

**University of the Western Cape**

**Private Bag X17, Bellville 7535**

**Tel: 021 9592277      Email: [mdejager@uwc.ac.za](mailto:mdejager@uwc.ac.za)**

## **APPENDIX C:**

### **INTERVIEW GUIDE:**

- Tell me what it was like to be a host parent?
- Tell me about the children you accommodated?
- Tell me about your experiences as a host parent?
- What is the way forward for you in accommodating children in need of care?





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