# THE SUPPORT AND TRAINING OF FOSTER PARENTS

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**Thesis submitted in fulfilment of the requirements for the degree of Masters of Arts in the Department of Social Work, University of Stellenbosch**

**Study Leader: Prof. S. Green**
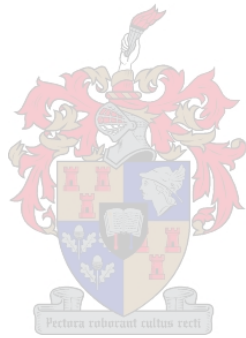
**March 2007**

**DECLARATION**

I, the undersigned, hereby declare that the work contained in this thesis, is my own original work and has not been previously in it's entirety or in parts been submitted at an other university for a degree.

Signed:………………………..    Date:…………………………………

**SUMMARY**

This research provides an overview of foster care and investigates the support and training of foster parents as well as the issues foster parents need to manage on a regular basis.

The basic premise for this research is the importance of social workers becoming aware of the issues foster parents manage on a regular basis as well as the support and training needs of foster parents. It is important for foster parents to receive support as well as social workers and family care organisations to develop and implement appropriate training programmes for foster parents on an ongoing basis. Fostering affects and requires the involvement of the entire foster family as well as relevant role players and professionals. It is therefore necessary to consider the foster parents and foster family as part of the larger fostering arena, and not to be supported and trained in isolation. The nature of the foster placement will inevitably influence the development of the foster child, meeting the needs of the foster child as well as the effect that the placement has on the foster family. The purpose of this research is to broaden the theoretical knowledge of professionals working with foster parents, and specifically social workers and family care organisations, in identifying foster parent's training and support needs.
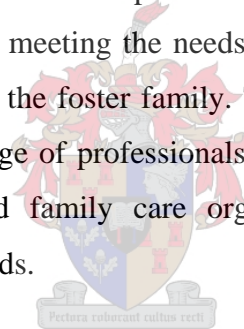
This research report includes an investigation of the issues foster parents and foster families manage on a regular basis as well as the nature of and benefits of support and training for foster parents. Knowledge of these issues foster parents manage while fostering will increase the awareness and the ability of the social worker or other professionals to provide training and support to the relevant foster parents.

The empirical research used both qualitative and quantitative methods in order to explore the theoretical part of the research. This section can be divided into two sections. The first section includes setting up a profile of the foster parents (N=27) who took part in this study. The characteristics and circumstances of the foster parents were investigated in the form of interviews, which formed part of the second section of the empirical research.

The second section of the study includes an investigation of the issues foster parents manage as well as the support and training the foster parents might receive as well as the training and support the foster parents identify as necessary.

The findings and responses of the respondents were analysed and compared with the findings from previous studies undertaken by various authors. The findings of this research can be used as guidelines for professionals in general who work with foster parents and foster families, and more specifically social workers in family care organisations.
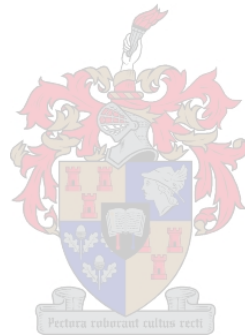
**OPSOMMING**

Die navorsing voorsien 'n oorsig van pleegsorg en ondersoek die ondersteuning en opleiding van pleegouers, sowel as die uitdagings wat pleegouers moet hanteer op 'n gereelde basis.

Die grondslag van die navorsing dui dat dit baie belangrik is vir maatskaplike werkers om te besef watter uitdagings pleegouers op 'n gereelde basis hanteer, en watter ondersteuning nodig is vir die pleegouers. Dit is belangrik vir pleegouers om ondersteuning te kry sowel as vir maatskaplike werkers en familiesorg organisasies om toepaslike opleidingsprogramme te ontwerp en te implimenteer op 'n gereelde basis. Pleegsorg verg die betrokkenheid van die hele pleegfamilie sowel as die relevante rolspelers en professionele persone. Die pleegouers moet dus opgelei en ondersteun word met die groter pleegsorg proses in gedagte, nie in isolasie nie. Die pleegsorg proses beïnvloed uit nature uit die ontwikkeling van die pleegkind, sy bevrediging van behoeftes en die algehele effek van die plaasing op die pleegfamilie. Die doelwit van die navorsing is dus om die kennis te verbreed van profesionele persone, veral maatskaplike werkers en familiesorg organisasies, om die onmidelike behoeftes van pleegouers te identifiseer en ondersteuning vir hierdie behoeftes te bied.

Die navorsings verslag sluit 'n ondersoek in van watter uitdagings pleegouers hanteer op 'n gereelde basis, sowel as die voordele en natuur van ondersteuning vir pleegouers. Kennis van hierdie uitdagings sal 'n bewusmaking aanwakker en dit moontlik maak vir maatskaplike werkers en ander professionele persone om relevante opleiding en ondersteuning te bied.

Die teoretiese doel van die verslag word ondersteun deur empiriese navorsing wat kwalitatiewe en kwantitatiewe metodes insluit. Hierdie afdeling word in twee dele onderverdeel. Die eerste afdeling sluit 'n profiel in van die pleegouers (N=27) wat deelgeneem het aan die navorsing. Die karaktertreke en omstandighede van edie pleegouers is ondersoek met die gebuik van onderhoude vat ingesluit is in die tweede deel van die empiriese navorsing.

Die tweede deel van die navorsing sluit ook die ondersoek van uitdagings wat pleegouers op 'n gereelde basis hanteer as ook die ondersteuning en opleiding wat hulle moontlik ontvang. Die pleegouers het ook in hierdie afdeling ondersteuning en opleiding wat hulle voel nodig is geïndetifiseer.

Die bevindinge en terugvoer van die pleegouers is geanaliseer en vergelyk met die bevindinge van vorige studies wat deur verskeie outeurs onderneem is. Die bevindinge van hierdie navorsing kan as 'n riglyn gebruik word deur professionele persone wat oor die algemeen met pleegouers en hulle families werk, meer spesifiek maatskaplike werkers in familiesorg organisasies.



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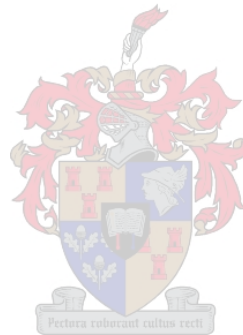
# ACKNOWLEDGEMENTS

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My mother, Erica Kohler, for her financial, moral and emotional support that allowed me to persevere and complete this thesis.
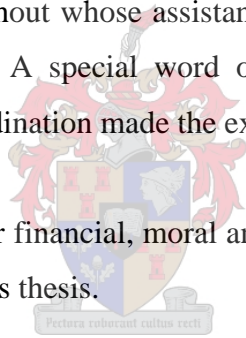
My husband, Vincent, as well as Joshleen, Aidan, and my angels, who are a permanent form of inspiration, support and encouragement to me.

To my family, Trevor and Vanessa, Warren and Monica, Pearl, Chris and Melanie, Toitjie and numerous friends and family, of which the list of names is long, who have offered financial, moral and emotional support that was much needed during the past three years.

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# CHAPTER 1: INTRODUCTION

## 1.1 MOTIVATION FOR THE STUDY

Fostering a child who is not biologically part of the family can be a challenging and complex task. According to Hudson and Levasseur (2002:857) in the United States of America there is an increase in the following: the numbers of children requiring out-of-home care, reliance on foster care as a placement option and the difficulty of the fostering task. However, there is a decrease in the number of appropriate foster parents available to foster children who need such placements (Wilson and Chipunga, 1996:387). In South Africa similar tendencies have been noticed according to the White Paper for Welfare (Ministry of Welfare and Population Development, 1997). Although there has been an increase in children requiring out of home care such as foster care, according to the Discussion Paper of the Children's Act there has been a decrease in appropriate foster parents due to the changing needs in South Africa (SA Law Commission, 2002:713). The occurrence as well as importance of support and training for foster parents in order to provide appropriate placements for foster children as well as encouraging foster parents to continue with this task through information, skills development and support will be explored and discussed during this study.

Barbell and Wright (1999: 4) and Rhodes (1993:9) discuss the changes taking place in America in the fostering arena that increases the challenges to foster parents. They highlight that the most important change in fostering in America is the changing nature of the children requiring such placements. For example, the increase in infants and pre-schoolers, children with severe emotional and behavioural problems and mental and physical disabilities, the prevalence of substance abuse and it's impact on the family, a growing population of children infected with HIV/AIDS, and the discharge of young people from care who do not have employment, homes or families to go to. Foster parents have to deal with a high prevalence of medical, emotional, developmental and behavioural issues in foster children (Rich, 1996: 437 – 445).

In the United Kingdom (UK) foster parents also have to deal with added challenges such as management and organisational skills necessary for report writing, liasing with social workers, attending meetings, and reviews, dealing with teachers, educational officials, health workers and the police, making court appearances and so on (Rhodes 1993: 9). Other fostering related stressors and issues such as biological parent visits and interventions, court related stressors, and day-to-day management of the foster child (for example schooling, extra-curricular activities and running the home with regard to meals, general family hygiene and so on) are examples of challenges foster parents need to manage. The foster parent also needs to deal with issues related to their own biological family and attachment issues to the foster child (Stovall and Dozier, 1998: 55 – 88).

Children incorporated into foster families create changes in family roles, marital relationships, relationships between siblings and in relationships with extended families and the community. In America religious, racial and cultural differences between the foster child and the foster family also have an effect on fostering as well as any issues surrounding boundary setting, the lack of boundaries with regard to the child's family, and the welfare organisations and social workers the foster parents work with, and the effects of fostering on the biological children in the home    (Hudson and Levasseur (2002: 855).
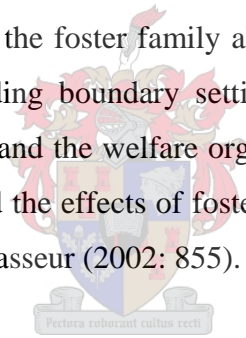
The thought process surrounding the support of foster parents is one dealt with by social workers on a daily basis (Rich, 1996: 437 – 445). Foster parents are often inadequately trained to understand and help with difficulties arising in placements and agencies do not have the resources to deal with this problem. In the United Kingdom in order to provide an adequate standard of care, agencies are finding it necessary to support and train their foster parents in the care of difficult, disturbed, physically or mentally disabled children (Rhodes, 1993: 9).  Foster parents themselves have identified the need for support and training in order to deal with the challenging tasks that arise when fostering. Brown and Calder (2000:729, 741-742) completed a study with forty-nine parents from thirty foster families where they were asked to describe their needs in response to one question: "What do you need to be a good foster parent?" Five themes were identified of which the one most relevant to this study was the foster parents having and needing a range of parenting skills.

The skills that were identified by the foster parents included "parenting skills", "stress coping skills" and the "ability to overlook faults (in others)". Brown and Calder (2000: 743-744) found in their study that leadership from experienced foster parents, group meetings for mutual support, information and training on important child care issues identified by the foster parents are helpful to some foster parents.

Research on the training of approved foster parents has been completed or touched on in the United States of America, United Kingdom and various European countries. However, there seems to be a lack of research done on the topic of support and training of approved foster parents in a South African setting. There also seems to be a lack of research done on training programmes relevant to South African approved foster parents. This study will focus on the challenges that foster parents deal with when fostering as well as the need for and effect of support and training on foster parents and foster children as well.

This research springs from the researcher's experience in recruiting, training and supporting prospective and approved foster parents in a British welfare setting. This has led to the researcher's interest in the support and training of approved foster parents in a South African setting. The possibility of making recommendations for future support and training programmes relevant to South African approved foster parents will also be addressed.

A relevant and effective support and training programme has the potential to assist both parties in the work they need to do and provide the foster children with quality placements that are able to meet their needs effectively and efficiently. There also remains a lot to be said for the possible saving of finances and resources if organisations are able to retain their approved foster parents as well as equip them with skill to provide a long-term placement for the foster children involved. The results of the research will provide information about the challenges faced by foster parents as well as the levels of support provided to South African approved foster parents, the nature of the support programme and legal policy in South Africa with regard to support. Due to the diversity of the South African population the needs of the approved foster parents in each province may vary and the results of this study may not be universally applicable.

**1.2 AIM OF THE RESEARCH**

The aim of the study was to describe the challenges faced by foster parents as well as the nature of support and training offered to approved foster parents by a child and family welfare organisation. In order to reach the goal, the following were the objectives of the study:

- To provide an overview of fostering with regard to the current situation of families, legislation and foster care services in South Africa.
- To describe the nature of support and training for approved foster parents.
- To describe challenges dealt with by approved foster parents.
- To investigate and discuss the need for support and training of identified approved non-kinship foster parents and the role of the social workers and welfare organisation in the support and training of foster parents.

**1.3 RESEARCH FIELD**

The research was conducted at Johannesburg Child and Family Welfare Organisation, as they are one of the largest non-governmental organisations in South Africa who render services to approved foster parents. As they render services to these parents and employ social workers that work with these parents, it was appropriate to conduct the research at this organisation. The Draft Discussion Document on Foster Care Guidelines in South Africa (1997:1) states that foster care is an essential family and child welfare service for children and their families who have to live apart for a temporary or permanent period of time. The Child and Family Welfare Organisation in Johannesburg provide such services. The nature of support provided to these approved foster parents by the agency was studied, and recommendations for a support programme was made based on the findings of the study.

## 1.4 RESEARCH METHODOLOGY

### 1.4.1 Research approach

Both qualitative and quantitative research designs will be used during this study in order to achieve the goals of the study. Neuman (1997:14) refers to Cresswell (1994), Denzin and Lincoln (1994), Guba and Lincoln (1994) and Mostyn (1985) who describe the differences between the two methods.

These authors characterise qualitative research designs as: A design that focuses on an interactive process (between researcher and subject for example), events and values are present (the effect of the venue, time of day and so on), and authenticity is significant. Qualitative designs are often situationally constrained and fewer cases or subjects are used and the researcher is involved in the data gathering process.

Grinnell (1988: 189, 196) reinforces that qualitative research designs describe a social reality from the points of views of participants within the systems being studied. The design assumes that the participant in a social situation can best tell the researcher about what they are doing and why. Purposeful conversations or interviews using a questionnaire will take place with the approved foster parents of Johannesburg Child and Family Welfare Organisations. Bless and Higson-Smith (1995: 106-107) state that interviewing is a method of data collection whereby information is collected directly from the participant.

Scheduled semi-structured interviews will be used. Bless and Higson-Smith (1995: 106-107) state that this method of interviewing allows for more specific and detailed information to be gathered and can facilitate comparison of the reactions of different participants. A list of issues to be investigated is determined before the interview and the semi-structured questionnaire will contain some fixed and structured questions. The influence of the researcher must be taken into account however. This type of interview uses prior known information, an understanding of the topic and a need for further information. The questionnaires will be used with direct contact with the respondents during a scheduled semi-structured interview (Bless and Higson-Smith, 1995: 108).

Quantitative research designs measure objective facts and focuses on variable. They are independent of context and often use many cases and subjects. They focus on statistical analysis and at this point the researcher is detached. Using quantitative methods a profile of the organisation approved foster parents and foster care social workers will be processed. Grinnell (1988: 189,196) explains that quantitative designs describe social reality from an "objective" point of view. The information for the profile of the organisation with regard to policy, social workers and approved foster carers will be gathered using quantitative methods. The processing of the data will also be conducted using quantitative designs. The strengths of each research design will be used in order to report the findings of the study. Neuman (1997:14) agrees with King, Koehane, and Verba (1994), who stated that the best research "often combines the features of each".

## 1.4.2   Research Design

The aim of this type of study is to gather information on the support and training available to approved foster parents of the Johannesburg Child and Family Welfare Organisation and to provide an initial familiarity with the topic as there appears to be little information available on the named topic (Babbie, 1992:90). As a result an exploratory study will be undertaken.
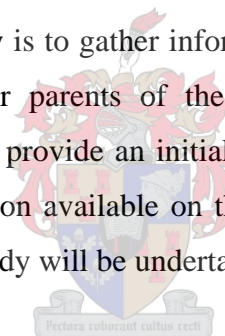
As Babbie (1992:90) explains, this method of research is used when a subject of study is itself relatively new and unstudied. Babbie (1992:90) expands and states that exploratory studies are most typically done for three purposes and two of which are to satisfy the researcher's curiosity and desire for a better understanding and to test the feasibility of undertaking a more careful study. Neuman (1997:20) discusses a few further goals of exploratory research. He states that the goals are to become familiar with the basic facts, people, and issues involved. He says that it helps to develop a well-grounded mental picture of what is occurring in the field the researcher is studying and generates many ideas and develops tentative theories and conjectures.  Exploratory research also formulates questions and refines issues for more systematic inquiry. Finally, the goal of exploratory research is to develop techniques and a sense of direction for future research. Under methodology various aspects are discussed, such as the research method, population and sample and data collection.

## 1.4.3   Research method

## 1.4.3.1 Literature study

The next aspect of methodology that is discussed is the research method. As mentioned before an exploratory study will be undertaken. A literature study will be completed in order to gather information on the topic as well as to equip the researcher with the tools to design the questionnaire that will be used to gather information as previously discussed. De Vos, Strydom, Fouche and Delport (2002: 127) discuss the necessity of reviewing literature. They state that literature is an excellent source for selecting or focusing on a topic, as one reduces the chances of selecting an irrelevant or outdated topic or focus by investigating what has already been done in a particular problem area.

The literature study also ensures that nobody else has already performed the same or a similar study.  It also assists the researcher in identifying practical obstacles that have already been encountered and to determine better methodologies. It also equips the researcher with a complete and thorough justification for the subsequent research steps. De Vos et al (2002:127) and Neuman (1997: 89) state that the literature study also enables a researcher to demonstrate knowledge of the most recent and authoritative theories, accepted definitions and key concepts in his/her field of study. This establishes credibility in the study. The literature study helps the researcher to shape his research question and come up with a design to investigate it. According to Neuman (1997:89) a good literature study integrates and summarizes what is known in an area. It incorporates points that agree with, disagree with the study and points out where major questions remain.

Finally, Neuman (1997:89) and Huysamen (1994: 190) state that a good review identifies paths not easily seen for further research and suggests questions for replication. It divulges procedures, techniques, and research designs worth copying so that the researcher can better focus his questions and gain new insights. Information for the literature study was gathered from literature sources that were available in the Erica Theron reading room and the J.S. Gericke Library as well as the Internet, reports from conferences, theses and discussion documents and the Child Care Act.

### 1.4.3.2  Population and sampling

The next aspect of methodology to be discussed is population and sampling. The universe is defined as "… all potential subjects who possess the attributes in which the researcher is interested …" (De Vos et al., 2002:198). The universe sets limits for the study units and the population is the total set out of which individuals for the study are chosen (De Vos et al., 2002:198). The sample for this study was drawn from the approved foster parent population at Johannesburg Child Welfare Organisation.

Non-probability sampling was used to identify the participants of the study. According to Bless and Higson-Smith (1995:88) and Huysamen (1994:343-44) non-probability sampling is advantageous in that it is less expensive and complicated than probability samples. It is also used in a case where the probability of including each element of the population in a sample is unknown. In other words, it is not possible to determine the likelihood of the inclusion of all representative elements of the population into the sample. It is therefore difficult to estimate how well the sample represents a population and makes generalisation questionable. The authors also save time and reduce the disadvantages of non-probability sampling by enlarging the sample or by choosing homogeneous populations. Non-probability sampling is frequently used in social sciences (Bless and Higson-Smith 1995:88).  Bless and Higson-Smith (1995:95) warn that the danger of this type of sampling is that it relies on the more heavily on the subjective considerations of the researcher than on scientific criteria and can sometimes lead to uncontrollable results.

Purposive or judgemental sampling was specifically used during this study. (Bless and Higson-Smith, 1995:95) and (Huysamen, 1994:44) describe this type of non-probability sampling as the most important kind of non-probability sampling. It is reliant on the experience and judgement of the researcher regarding the characteristics of the representative sample. The researcher relied on the social workers approaching approved foster parents for the study due to the fact that the researcher lives in Cape Town and the foster parents and social workers reside and work in the Johannesburg area.

Approved foster parents were those parents that had been assessed by the organisation and approved for fostering for the organisation but were of no relation to the children placed in their care. The total number of approved foster parents at Johannesburg Child Welfare Organisation at the time of the study was 649. The researcher chose to interview five percent of this number due to time constraints (32 foster parents were randomly approached by the social workers at the organisation). During September 2005 a total number of eight foster parents would be able to be interviewed per day over a four-day period by the researcher using a formulated questionnaire (Annexure A).

The organisation's offices are open for 8 ½ hours per day and 32 foster parents fitted into this time slot. The foster parents had to be approved foster parents and had to be unrelated to the children in their care. They could be male or female and single or in a partnership. The foster parents were interviewed at the organisation's office due to the fact that the researcher was not familiar with Johannesburg and would not be able to go to the foster parent's homes due to time constraints. The study sample was eventually made up of 27 (N = 27) individual approved foster parents (25 families, N=25, as two sets of foster parents were interviewed as married couples) as five foster parents were not available or did not arrive for the interviews on the day
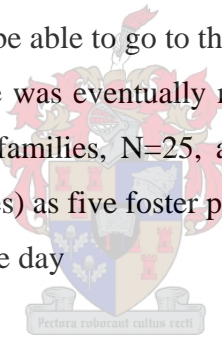
### 1.4.3.3 Method of data collection

### 1.4.3.3.1 Research instrument

Data was collected using a semi-structured questionnaire which was completed by the researcher. The questionnaire (Annexure A) used for the interviews to gather information from the approved foster parents was divided into nine sections: Personal data, Fostering Grant, Biological children, Social work support, Child development and behavioural issues, Race, ethnicity and cultural identity, Contact with the biological family, HIV/AIDS, Grief and loss and Training. The questionnaire consisted of structured and open-ended questions.

Voluntary participation was stressed at all times and was verbally expressed by the social workers to the foster parents as well as verbally and in writing by the researcher and by the researcher to the social workers. Written consent was obtained from all the respondents (Appendix B), which included the guarantee of confidentiality and anonymity within the study. Access to the results of the study was promised to the respondents, which emphasized the value of their participation in the study.

### 1.4.4 Data processing

The data collected from the questionnaire used during the data collection phase of the research will be processed using statistics as well as summarising the participant's views and opinions.

### 1.5   LIMITATIONS OF THE STUDY

The researcher has chosen to conduct the research at Johannesburg Child Welfare Organisation. Only approved foster parents who are part of the sample group will be interviewed. Descriptions of relevant terminology will take place throughout the study.
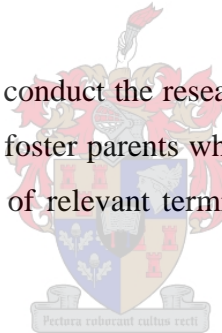
Due to the fact that only one organisation that provides services to children and families in South Africa will be studied, the investigation might only hint at further area of research for later studies (Babbie 1992: 91). The question of reflectiveness is generally in question in an exploratory study and this study might only point researchers in the direction of further study. (Neuman 1997:19).

Due to limited research done on training for approved foster parents in South Africa, there is a possibility that there will not be sufficient literature available relevant to South Africa specifically. Literature from other countries such as America and Britain might have to make up the majority of the literature used in the study.

## 1.6 CONTENT

The following will be presented in the remaining chapters of this thesis:

**Chapter 2 –** Discusses family care services and related legislation in South Africa such as the definition of parent, the current situation of family care services in South Africa, current legislation with regard to foster parents, the definition and purpose of foster care and the expectations of foster parents.

**Chapter 3 –** Discusses the support and training of foster parents and includes the nature of support for foster parents, the benefits of support to foster parents, and the training of foster parents.

**Chapter 4 –** Discusses the challenges foster parents need to manage such as HIV/AIDS, grants, support, behavioural issues, their own families, grief and loss, culture and race and contact issues.

**Chapter 5 –** Discusses the empirical study and the results thereof.

**Chapter 6 –** Discusses the conclusions of the research as well as the recommendations for future research.
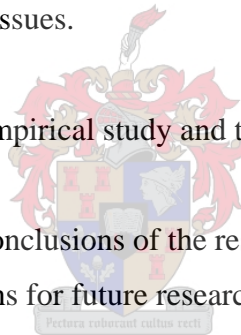
**CHAPTER 2: FOSTER CARE: AN OVERVIEW**

**2.1. INTRODUCTION**

Foster care is a necessary and sought after form of out of home care for children who can no longer live in their biological homes due to various reasons such as abuse and neglect. Although the Discussion Paper of the Children's Act, no. 4 of 1983 (SA Law Commission 2002:713) states that a child should remain in his/her parental home, it is not always possible for this to take place. It is at this time that foster parents and foster homes are considered and often used for children who need these placements. This chapter will provide an overview of the foster care services in South Africa with regard to key issues that affect family life and encourage the need for foster placements as well as the laws that relate to and influences these services. Also the definition and purpose of foster care will be explored as well as the criteria for foster parents in South Africa.

**2.2 THE CURRENT SITUATION OF FAMILY CARE SERVICES IN SOUTH AFRICA**

The purpose of exploring key issues in the family care services arena in this section of the study is to examine why children in South Africa require foster placements and why the need for fostering is increasing in South Africa. Statistics as well as the White Paper for Social Welfare (1997) will be drawn on in order to achieve the afore mentioned goal of this section of the study. During 1998 there were about 29 000 children in residential care in South Africa - including places of safety, schools of industry, reform schools and children's homes - and about 74 000 children in foster care. (Review of the Child Care Act: 1998) It can be concluded that there is a great demand for and need for foster placements. According to Thomas and Mabusela (1991:121-131) 64% of the foster parents in their research study had two or more foster children in placement at any given time. There are also a large number of children with various challenges needing family placements. According to the White Paper for Social Welfare (1997) the following key problems need to be addressed by family care services and legislation in South Africa: the family unit, early childhood development, disabled children, child abuse and neglect, health issues and street children.

**2.2.1 Family Care Services in South Africa: A general overview**

It is necessary to have a general overview of family care services in South Africa in order to understand the need for fostering as a family care service. The pressures placed on foster parents demands support and training for these care givers. South Africa has a unique context in relation to the rest of the world with regard to the impact that Apartheid had and has on the social needs of the population as well as the nature of the family care services system and how services are rendered to families (White Paper for Social Work, 1997).

The spread of the problems in South Africa such as HIV/AIDS, the breakdown of the family unit and child abuse and neglect, and also the quality and accessibility of services, show considerable imbalances, many of them inherited from the apartheid government. Access to social services is particularly poor for rural children and their families (Review of the Child Care Act 1998:4.3). Welfare programmes addressing all the social issues that come with these problems, such as children needing alternative care to their own families and foster care services, are in short supply, tend to be fragmented between a wide range of service providers and are of variable standard. An unusual feature of the South African social welfare system is the degree to which responsibility for the implementation of social legislation has been delegated to voluntary welfare organisations. (Review of the Child Care Act 1998: 4.3) The South African Government has, where possible, subsidised community groups to undertake approved social services, such as Child and Family Welfare Organisations, rather than providing the services directly.

According to the Review of the Child Care Act 1998: 4.3) the subsidy structure was used to promote the racial separation of social services under the apartheid government, and the division of such services according to religion and culture was also actively encouraged. Hence an extraordinarily fragmented social service system developed, as the availability of services was dependent upon community initiative from and for particular groups, and whether or not they could manage to obtain state and/or private sector support, rather than being based on any plan to ensure that everyone had access to the necessary services.

Levels of state financing varied enormously according to the race of those served, and the result has been a proliferation of very unevenly spread and unequally resourced organisations, managed according to different principles and belief systems, which share with government and between themselves the responsibility for the implementation, inter alia, of the laws affecting children. Social services relating to amongst other things children coming into substitute care are split among a vast array of voluntary as well as state structures. In recent years, these bodies have by and large been striving to do away with racial divisions and to balance out inequalities. However, this process is very far from complete. (Review of the Child Care Act, 1998: 4.3) The divisions and inequalities in the services rendered by the social welfare sector calls into question at which level the training, support and supervision of foster parents, in order to meet the needs of the child involved, is standardised and how the provision of such a service is monitored for it's level of quality.

It is clear that if the development and implication of such a programme and service is reliant on the policy and nature of individual family care services organisations, the question needs to be asked if foster parents are actually receiving these services and to what level do they assist in supporting the foster parents and improving the quality of the placement for the relevant foster child? The general overview of the family care services in South Africa indicates that there are a number of pitfalls for the children and foster parents needing and receiving services from the family care service organisations. Key issues that face family care services and influence the need for fostering as well as the consequential demands on foster parents will be examined in the next section of this chapter.

## 2.2.2 Key issues that need addressing by family care services and legislation in South Africa

With the changes occurring in South Africa, such as the impact of poverty and the increase in children being placed in care, and the subsequent instability in family life there are a number of stressors placing pressure on the resources of the welfare sector of South Africa. Six key issues will be explored in the following section of this chapter.

The following documentation will be used primarily during the initial part of this chapter due to the lack of relevant literature available in a South African setting: The White Paper on Social Welfare 1997, the Child Care Act of 1998 and The Draft Discussion Document on Foster Care Guidelines 1997.

### 2.2.2.1 Family unit

The first key problem that needs to be addressed by family care services in South Africa are the factors placing pressure on the family unit itself and therefore increasing the need for fostering.

The 2001 census showed that South Africa's population is estimated at 44 356 776 million people. It also showed that 9.9 % of the total population is aged four years or younger; a further 22.1 % is aged from five to 14 years, and children under 19 make up nearly half the population at 43.1% (Statssa, 2001: 18 - 23). Income distribution is extremely unequal, with the poorest 40% of households earning less than 6% of the total national income, while the richest 10% earn more than half the national income. About 40% of all South African households live in poverty, with African households and rural households -especially those headed by women - being the most affected (Review of the Child Care Act, 1998: 4.2.1). Children under the age of 14 years make up 36% of the population and young people and children make up almost half of the total South African population. With 40% of South African families living in poverty the level of stressors, such as poverty, lack of education and poor housing, placed on resources and the children of South Africa is evident.

High demands are placed on foster care services in South Africa which are caused by a strain on government resources. This strain is in turn caused by factors such as poverty, unemployment, family breakdowns, and the increase of HIV/AIDS and as a result the number of abandoned babies and neglected and abused children has increased (Review of the Child Care Act, 1998). The security, happiness, comfort and welfare of children are fundamentally dependent on the family environment.

Family life is under a great deal of pressure in South Africa due to economic factors, the lack of food, security, unemployment, alcohol and drug abuse, a lack of preparation for marriage and family life, communication and relationship problems, parenting problems, communication and relationship problems (White Paper for Social Work, 1997).

According to the White Paper on Social Welfare (1997) and the Review of the Child Care Act (1998: 4.2.3) further stress is placed on family life in South Africa by violence, divorce, remarriage and establishing a new family, and a lack of support systems and family disintegration

All these factors, single handedly or together can put families at risk and lead to family breakdown. Community violence and natural disasters are additional sources of stress and trauma. Forty percent of South African families and children live in unhealthy, unsafe communities where overcrowding, a lack of hygiene and cleanliness and recreational facilities and of public transport are features of daily life due to poverty (White Paper on Social Welfare, 1997 and Review of the Child Care Act, 1998 4.2.3).

### 2.2.2.2 Early childhood development

The second key problem that needs to be addressed by family care services in South Africa is that lack of family care services for young children in South Africa and the influence this has on their early childhood development. In South Africa there is a lack of services for very young children. Early childhood can be a time of susceptibility and defencelessness if children are living in poverty stricken environments or are exposed to abuse and neglect.

About 21% of all children under the age of six years are in out-of-home care of some kind often due to women entering the labour market in order to meet their children's needs. In the past decade of change in South Africa still only one in ten black children has access to formal early education programmes, compared with one in three white children. (Review of the Child Care Act 1998 4.2.4 and White Paper on Social Welfare 1997)

Although there have been a number of changes in South African society in the past decade evidently a number of South African children are still at risk and needing out of home care due to reasons often out of their parent's control. Vulnerable young children need to be protected by family care services and one option appears to be foster care placements.

But with almost one in five children under the age of six needing care this can place a lot of pressure on family care service organisations to recruit inappropriate, untrained foster parents or lead to a lack of support for foster parents from social workers due to high case loads.

### 2.2.2.3 Disabled children

The third key problem that needs addressing in South Africa and that influences the need for fostering in South Africa is disabled children. While the number of disabled children in South Africa is not known, it has been estimated that about 12% of the South African population is disabled, and that approximately 4 million children experience different forms of disability. Although the Review of the Child Care Act (1998: 4.2.6) does not have specific figures it is thought that the vast majority of disabled children are black, with those in the rural areas being particularly vulnerable. Many disabilities result from poverty, preventable diseases such as measles and from community violence (Department of Welfare White Paper on Social Welfare 1997).

There is also a lack of appropriate services for children with disabilities. For example interpreter services for children's court proceedings, the seclusion for children with disabilities from the majority of children's homes, places of care, and places of safety due to physical inaccessibility, lack of trained staff, and the shortage of devises that can be of assistance to these children such as wheel chairs.

There also appears to be various forms of discrimination against prospective adoptive parents with disabilities, as well as children with disabilities. For example, the vulnerability of such children to sexual, physical and emotional abuse as well as the lack of co-ordination of legislation affecting children with disabilities (Department of Welfare White Paper on Social Welfare 1997).

According to the Review of the Child Care Act (1998: 4.2.6) financial issues also arise for the families and care takers of the children with disabilities as well as the children themselves. Parents or foster parents of disabled children only qualify for care-dependency grants if the child in question (between the ages of 1 and 18 years) requires permanent home care due to his or her severe mental or physical disability. Disability grants are payable only from age eighteen, and free medical care is at present limited to children aged six years or younger.

This can lead to the conclusion that children who need foster placements do not only often experience emotional and behavioural problems, but also problems of a physical kind. These disabilities can lead to the breakdown of the home environment due to parents not coping or not having the insight or resources to deal with their child's disability.

Likewise, disabilities can lead to stressors on foster placements and foster parents are often required to have certain skills in order to deal with children with disabilities. Further more, these children can also be vulnerable in the sense that there might not be sufficient suitable or trained foster parents that can accommodate their needs and would need to be moved to institutional care rather than a family home. Foster parents who do not have the training and support to deal with children with disabilities may also ask for the placement to end and place the child at risk for multiple placement movements.

**2.2.2.4 Child abuse and neglect**

The fourth key problem needing to be addressed in South Africa by family care services is that of child abuse and neglect. Child abuse and neglect have a wide range of categories. Child abandonment, which is rife in South Africa, is an extreme form of the latter. Much child neglect in South Africa is the result of poverty and lack of resources, rather than negligence by immediate caregivers. Lack of adequate provision for children may amount to abuse or neglect of children by the State. In 1990 the statistics for child abuse and neglect were 2149, in 1994 it grew to 22 911, in 1995 the cases increased to 28 482 and in 1996 and 1997 the SAPS Child Protection Units dealt with over 35 000 cases of child abuse. Statistics from other sectors responsible for intervening in child abuse are lacking at this stage (Department of Welfare White Paper on Social Welfare 1997).

According to the Department of Welfare White Paper on Social Welfare (1997) the real extent of child abuse is unknown due to under-reporting, lack of research, uncoordinated record keeping and (until recently) the lack of a central register. Therefore, foster placements are needed for children who suffer from abuse and neglect and the challenges, both emotional and behavioural, that come with these children influence the foster placement and the support and training these foster parents might need.

### 2.2.2.5 Health issues

The fifth key problem needing to be addressed is health issues. Child health issues are relevant to all aspects of childcare in South Africa as well as the issues that children deal with, for example, the impact of HIV/AIDS on disabled children. There are a number of obvious gaps where child health legislation needs to be investigated, such as issues relating to safety, medicine packaging, child restraint systems, health issues (sanitation) in day-care centres and so forth. (White Paper on Social Welfare 1997 and Review of the Child Care Act 1998 4.2.7)

Identified children who are affected by HIV/AIDS directly or indirectly will need foster placements and foster parents with support and skills to deal with the specific problems and emotions that come with this disease. This is true and relevant for any child affected by health issues and needing family care services as a result thereof.

### 2.2.2.6 Street children

The final key problem needing to be addressed by family care services in South Africa is that of the street children. Two categories of street children have been identified: those 'on the street' who are there to earn money but maintain family and community ties, and those 'of the street' who have for a range of reasons become estranged from their families and communities. Such children, unless assisted, are largely unsupervised and unprotected and depend on each other for survival. In 1993 the number of street children in South Africa was estimated to be about 10 000 (Department of Welfare White Paper for Social Welfare, 1997).

Although the 1996 Child Care Amendment Act recognises (for the first time) the category of children living on the street, through new provisions governing the registration and inspection of shelters, many other problems are faced by these children (such as educational and social services programmes) and have not been adequately addressed. The number of street children is suspected to dramatically increase with the impact of HIV/AIDS on communities. (Review of the Child Care Act 1998 4.2.9 and Department of Welfare White Paper on Social Welfare 1997) Once these children have been identified and family placements are needed foster placements are one option and foster parents need to have the support and training to deal with children who have lived outside of the family unit for a period of time.

## 2.3 CURRENT LEGISLATION WITH REGARD TO FOSTER PARENTS

All persons who exist and act within the child and family field are governed and guided by the Child Care Act 74 of 1983 and the Act's Amendments 86 of 1991 and 96 of 1996. The Act establishes statutory services for children as well as ensuring the protection and welfare of children who need it (van Niekerk 1998:15).

The Act makes provision for the behaviour and acts of those persons who contribute towards the maintenance of children placed in their care and to provide for accompanying matters. The Child Care Act 74 of 1983 as well as relevant legislation relevant to this study will be discussed.

### 2.3.1 Parental rights and responsibilities

The first aspect of the legislation affecting fostering in South Africa to be discussed is general parental rights and responsibilities. The Reviewed Child Care Act (no. 70 of 2003) describes parental responsibility and rights as follows:
"Parental responsibility and rights, in relation to the child, means the responsibility an the right –
   a) to care for the child,
   b) to have and maintain contact with the child, and
   c) to act as the guardian of the child."

The core aspect of fostering a child is that of parenting and carrying out various responsibilities as that parent. The Child Bill (Draft 2003) allows for persons who are not biological parents who have "an interest in the care, well-being and development of a child" to apply to the high court for assignation of parental rights and responsibilities in respect of a child. It provides for rights and responsibilities to be assigned to a parental substitute. Its focus in court orders is to secure stability in a child's life with usual provisions for placement in alternative care, transfers and reconstruction of the family activities for example. Further provisions are made such as foster care. Therefore, if a person who is not related to a child applies to care for that child that person needs to complete the relevant legal process as well as accept full parental rights and responsibilities for that child. Next, the definition of parent will be explored.

## 2.3.2 Definition of parent

The second aspect of the legislation affecting fostering in South Africa is the definition of a parent. The definition of a parent is relevant to note at this point of the study as it is important to understand that parents are not only those persons who care for their birth children but also individuals who care for and parent children placed in their care.
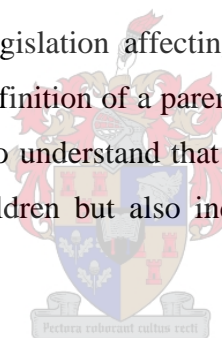
**Parent** as defined by the Commission on the Rights of the child (CRC) includes any person who has parental responsibilities and rights in respect of a child. The legislation governing the Best Interests of the child influences foster parent practice as it provides guidelines with regards to the expectations of the requirements of the child in a placement. In turn the definition of foster parent, as described by the Children's Act no. 70 of 2003, is:

*"Any person other than the biological or adoptive parent who factually cares for a child, whether of not that person has parental responsibilities or rights in respect of the child, and includes-*

- *foster parent,*
- *a kinship-caregiver or*
- *a family member who cares for a child whilst the child is in temporary safe care."*

There appears to be a discrepancy with regard to foster parents having recognised rights and responsibilities with regard to parenting a child. Regardless of the definitions attributed to parenting and foster parenting, a foster parent needs to accomplish his/her responsibilities towards the foster child. The rights of foster parents need to be addressed along with the support and training needs of foster parents in order to fulfil their tasks successfully.

Legislation with regards to the child must be seen as linked to legislation with regard to the foster parent and the two cannot be separated. The best interests of the child should be fulfilled through the parenting of the foster parent in the fostering arena.

### 2.3.3 Legislation affecting the practice of foster parenting

The final aspect of the legislation affecting fostering in South Africa looks specifically at what the child is entitled to in the care of any person who has parental responsibility and rights. This in turn will dictate what services the family care service organisations need to render to foster parents in order to fulfil the rights of the child. It will also govern what parental tasks and responsibilities need to be fulfilled by the foster parents in order to meet the needs and rights of the child. The principles of the rights of the child and the definition of the term parent will be looked at in the following section of this study.

### 2.3.3.1 Principles of rights of the child

The Committee on the Rights of the Child (CRC) has selected four 'general principles' that they see as constituting the basic values of the CRC. The **first** is that in all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration. Whenever a condition of the Child Care Act (1998) requires the best interest of the child criterion to be applied, the following factors must be taken into consideration where relevant –

"(a)    the nature of the personal relationship between –

- the child and the parents, or any specific parent;  and

- the child and any other care-giver or person relevant in those circumstances;

(b)   the attitude of the parents, or any specific parent, towards –

- the child;  and

- the exercise of parental responsibilities or rights in respect of the child;

(c)   the capacity of the parents, or any specific parent, or of any other care-giver or person, to provide for the needs of the child, including emotional and intellectual needs;

(d)   the likely effect on the child of any change in the child's circumstances, including the likely effect on the child of any separation from –

- both or either of the parents

- any brother or sister or other child, or any other care-give or person, with  whom the child has been living;

(e)   the practical difficulty and expense of a child having contact with the parents, or any specific parent, and whether that difficulty or expense will substantially affect the child's right to maintain personal relations and direct contact with the parents, or any specific parent, on a regular basis;

(f)   the need for the child –

- to remain in the care of his or her parent, family and extended family; and

- to maintain a connection with his or her family, extended family, tribe, culture or tradition;

(g)   the child's –

- age, maturity and stage of development;

- gender;  and

- background and any other relevant characteristics of the child;

(h)   the child's physical and emotional security and his or her intellectual, emotional, social and cultural development;

(i)   the need for a child to be brought up within a stable family environment and, where this is not possible, in an environment resembling as closely as possible a caring family environment;

(j)  the need to protect the child from any physical or psychological harm that may be caused by –

- subjecting the child to maltreatment, abuse, neglect, exploitation or degradation or exposing the child to violence or exploitation or other harmful behaviour;  or

- exposing the child to maltreatment, abuse, degradation, ill-treatment, violence or harmful behaviour towards another person;

(k)  any family violence involving the child or a family member of the child;  and

which action or decision would avoid or minimise further legal or administrative  proceedings in relation to the child" (Review of the Child Care Act 1998).

In deciding what is in a child's best interests, the child's own views must be considered where the child is able to express these. Thus the **second** general principle requires States Parties to guarantee to the child who is capable of forming his or her own views the right to communicate those views freely in all matters pertaining to the child, the views of the child being given due weight in agreement with the age and maturity of the child.

The **third** general principle is that of the survival and development of the child. 'Survival' is an amplification of the right to life. The term 'development' relates to the individual child and should be interpreted in a broad sense. It adds a qualitative aspect to the right to life and implies that law, policy and administrative action must look beyond the physical survival of the child to issues of cognitive, emotional, social and cultural development. Non-discrimination is the **fourth** general principle and the new Child Care Act will need to ensure equal access for all South African children to the protections and rights offered by the legislation.

The above discussed legislation affecting fostering in South Africa deals with the responsibilities of the parent or foster parent as well as the principles surrounding the rights of the child that indirectly govern the tasks and responsibilities of the foster parents as well as the services that need to be rendered to foster parents by the family care service organisations in order to meet the rights of the child and enable foster parents to complete the parenting tasks required of them.

The definition and purpose of foster care and the expectations of foster parents will be discussed in the following segment of this chapter.

## 2.4. THE DEFINITIONS AND PURPOSE OF FOSTER CARE

Since the revision of the Constitution in South Africa and the ratification of the Convention on the Rights of the Child on 16 June 1995 people have become more aware of their rights and this is also reflected in the welfare field. In the child and family service field it is now highlighted in the Draft Discussion Document on Foster Care Guidelines (1997) that should children need to be removed from their family or environment foster care is the preferred medium of care over residential care. The principles and purpose of foster care and the tasks of foster parents relate directly to the rights and needs of the child and the responsibility of the parent from the spectrum of the foster parent.

### 2.4.1 Definitions of foster care

The Draft Discussion Document on Foster Care Guidelines (1997:1-2) describes foster care as follows:

*"Foster care is an essential family and child welfare service for children and their families who have to live apart for a temporary or permanent period of time. It is a service for children who are unable to remain with their families because of abuse or neglect or when their parents are unable to care for them."* In the United States of America the definition of foster care appears to be similar, as seen in the following definition.

The Social Work Dictionary (1999:180) defines foster care as:

*" The provision of physical care and family environments for children who are unable to live with their natural parents or legal guardians. County social service departments typically administer foster care. Their social workers evaluate children and their families to help legal authorities determine the need for placement, evaluate potential foster homes as to their appropriateness for placing the particular child, monitor the foster home during placement and help the legal authorities".*

From the definitions provided it can be concluded that foster care provides substitute care in a family setting for children whose families may wish to maintain legal and emotional ties with their children and permanent support for children who, for a variety of reasons, are unable to remain with their families.

Foster care responds to the unique, individual needs of children and their families by strengthening and modelling family living with the help of added community support. The purpose of foster care will be explored next.

**2.4.2 Purpose of foster care**

Inherently linked to the definitions of foster care is the purpose of foster care. Everett (1995:375) states that the main goal of foster care is the maximum protection of children, permanency and the preservation of families. Everett (1995:375) adds that the ultimate aim of foster care is the reunification of children with their biological families, adoption by another party, or preparing the young person for independent living once they leave the foster placement.

The Draft Discussion Document on Foster Care Guidelines (1997:2) and Woodcock (2003:93 – 96) lists the purposes of foster care as to,

- *"Protect and nurture children by providing a safe, healthy environment with unconditional positive support and by meeting the children's health, developmental, physical, psychological, emotional, spiritual and medical needs;*

- *Meet the developmental needs of children by building self-esteem, supporting ethno-cultural identity, providing positive guidance, using appropriate discipline, supporting intellectual/educational growth, encouraging positive social relationships and addressing developmental delays;*

- *Support, encourage, and facilitate relationships between children, their parents and other family members and strengthen and preserve families and family relationships whenever it is in the best interests of the child;*

- *Equip children with the skills necessary to build healthy relationships;*

- *Model and teach positive coping skills in children;*

- *Promote goals of permanency planning, first towards family reunification, or by connecting children to other safe and nurturing family relationships intended to last a lifetime;*

- *Respect the individual and family by demonstrating a respect for cultural, ethnic and community diversity;*

- *Strengthen linkages amongst informal and formal helping networks;*

- *Provide economic, educational, social and health care support to meet the needs of children and their families; and*

- *Educate and socialize children towards a successful transition to young adults life, relationships and responsibilities."*

As can be seen from the purposes above foster care in essence must not only model the day-to-day practical care of a foster child, but also focus on the emotional, psychological and religious needs of the child involved.

Foster care is a holistic approach that also includes the development of the child's education and connection to his/her community and culture as well as incorporating the rights of the child. It is the provision of a stable family unit that has lacked in the child's life but still preparing the child for the return to his/her family if possible. Foster care also indirectly provides the foster child's family time to improve the family unit and resolve some of the more distressing social issues they are dealing with that led to the child's arriving in care originally.

## 2.5   EXPECTATIONS OF FOSTER PARENTS

In order to meet the purpose of foster care as set out by the Draft Discussion Document on Foster Care Guidelines (1997) as well as the needs and rights of the specific children placed in such placements the foster family homes need to provide a variety of services but in turn these foster families also need services from the family care service organisations they are linked to. The Draft Discussion Document on Foster Care Guidelines (1997: 2) and the Child Care Act 74 0f 1983 section 41 states that each child and family service organisation requires the involvement of foster parents with specific knowledge, training, skills and parental and other abilities who are responsible for the safeguarding of the child.

Social workers and family care service organisations need to be aware of the expectations of foster parents with regard to the resources surrounding the foster child and foster parents, meeting the needs and rights and of the child, taking the biological family of the foster child into account and dealing with incidents and discipline within the placement. These issues will be explored in the following section of this study.

### 2.5.1 Requirements for foster parents

The Draft Discussion Document on Foster Care Guidelines (1995:17) provides some practical guidelines with regard to the expectation of the services provided to and by foster parents in the fostering context.

The model developed by Schofield (2002: 261,270) and the practical guidelines provided by the Draft Discussion Document on Foster Care Guidelines (1995:17-20) reinforce the needs of foster parents and the services required of the organisations in order to meet the needs of the child in placement. The following expectations of foster parents that need to be supported and addressed by social workers will be addressed in the following section of this chapter: criteria, networking, meeting the needs and rights of the child (as mentioned previously in this chapter of this research study), the biological family of the foster child and incidents and discipline within a foster placement.

### 2.5.1.1 Criteria

Foster parents need to meet certain general criteria in order to foster to begin with. It is the role of the social worker to ensure that these criteria are met and to support the foster parents in ensuring that they remain appropriate for the task of fostering. SANC (1987:94-97), Rhodes et al (2003:136) and the Discussion Paper of the Children's Act no. 74 of 1983 (SA Law Commission, 2002) provides social workers with general criteria that can be used when recruiting foster parents. Many of these criteria are similar to the purpose or fostering and requirements for foster parents need to be supported once foster parents are approved to foster in order for future placements to be successful. The criteria relevant to this study are as follows:

- Stability is a factor – the family composition of the foster family and how the foster child will fit into it is important:
    - Couples with grown children might be good foster parent's as they have already raised their own children,
    - Childless couples might be good for long term foster care,
    - Single parents might have a positive effect on a child who is not able to build relationships easily,
    - Parents with one child need to match the foster child with awareness of the impact the foster child will have on their own child.
- The foster family must have resources that allow them to spend time fostering,
- Support from friends and family members,
- Early involvement with fostering,
- A stable income is preferable away from the fostering grant,
- The foster parent must allow the foster child time to practice his/her religion,
- The foster parent must be emotionally, physically and psychologically healthy as this might influence the success of the placement,
- The language and culture of the foster parent and foster child must be closely linked where possible,
- The foster parent must be emotionally mature enough to cope with the foster placement and the tasks it involves,
- The foster parent must be of a certain age,
- The foster parent's motivation to foster must be positive,
- Training for foster parents is also key.

The use of resources and family members is an example of the connection between the criteria for foster parents and the requirements of foster parents. This will be discussed next.

### 2.5.1.2 Networking

According to the Draft Discussion Document on Foster Care Guidelines (1997: 17) the in South Africa foster parents are expected to work as a member of a professional foster care team within the framework and goals of the relevant organisation's Foster Care Body. Foster parents are also expected to attend training before, during and after placements have occurred or ended. Once a child is placed in the foster family's care by the social worker the foster parents are expected to link with resources in the community, both formal and informal, such as places of worship, friends, neighbours, hospitals and schools.

Whether networking as a form of support for foster parents in South Africa is encouraged by social workers and used by foster parents needs to be explored further. Foster parents who are encouraged to link to community resources will enjoy a greater level of support as well as remain privy to information about the foster child and his/her development from the key role players in that child's life such as the teachers and doctors. This linking to resources will in turn assist the foster parent in meeting the needs and rights of the foster child. Foster parents who are also encouraged to attend training on a regular basis by the social workers will ensure that they receive up to date information surrounding any needs that they might have as well as allowing foster parents to learn from one another at these training sessions.

### 2.5.1.3 Meeting the needs of the child

According to the Draft Discussion Document on Foster Care Guidelines (1997:17) foster parents have to follow daily routines and house rules to help the foster child to obtain a sense of belonging and to create a sense of security for the foster child. The foster family is also expected to meet a foster child's educational needs, nutritional needs, hygiene routines, special needs and medical and dental needs based on the child's history. The foster child needs to be provided with adequate clothing and the foster family must preserve the child's personal belongings.

The foster family is also expected to promote and respect the foster child's culture, ethnicity, religion, race, traditions, language, practices, food and spiritual beliefs whether or not the foster family share any of these elements with the child Once foster parents meet the needs of the child, the rights of the child and the parental responsibility will also be met.

### 2.5.1.4 Biological family and origins

The Draft Discussion Document on Foster Care Guidelines (1997:17) states that the child's biological family's right to privacy needs to be respected by the foster family, for example, uncensored mail and telephone calls unless this places the child in harm's way or is stated otherwise in the child's care plan.

The foster family must also work along with the child's biological family with regard to birthdays and other special events unless otherwise stated in the care plan as well as encourage the child in maintaining a relationship with their biological family but report any concerns to the social worker. The foster family must encourage the child to keep a book of memories and mementoes as well as documents such as birth certificates and school achievement certificates

### 2.5.1.5 Incidents and discipline

The foster family must report all serious incidents to the social worker with regard to the foster child and the foster parents need to be kept up to date on guidelines, procedures and structures for responding to allegations of abuse. Foster carers must be aware of the oath of confidentiality they will have signed and must react accordingly with relevant information with regard to the foster child.

According to the Draft Discussion Document on Foster Care Guidelines (199:17) the foster parents when disciplining the child may administer no corporal punishment and positive disciplinary methods must be used according to the child's age, maturity and developmental level.

## 2.6 SUMMARY

In conclusion to the chapter the guidelines for the requirements of the foster parent and the foster placement are put in place to ensure that the child's needs are met, that the quality of the placement can be evaluated and the foster parents are aware of the skills and tasks required of them in order to meet the needs of a child placed in their care.

The South African welfare sector is dealing with many issues in the Child and Family sector such as street children, children with disabilities and children needing alternative care to their biological parent's home due to abuse and neglect as mentioned in the Review of the Child Care Act (1998). The legislation in South Africa seems to attempt to create guidelines for both the social workers and the foster parents who provide the alternative care for the foster children placed with them.

The support and training of foster parents by social workers is raised a number of times in the Draft Discussion Document for Foster Care Guidelines (1997) as well as the required skills for foster parents to care for the foster children. There are requirements set out for both foster parents and social workers with regard to foster placements and the needs of the foster child that need to be met. The issue of whether the legislation, policies and requirements of social workers and foster parents is achievable and realistic given the level of issues both parties deal with in the Child and Family sector needs to be addressed. Also the apparent lack of resources and support available to foster parents and social workers alike needs to be looked at.

**CHAPTER 3: THE SUPPORT AND TRAINING OF FOSTER PARENTS**

**3.1 INTRODUCTION**

The support of foster parents is an issue discussed by authors and identified by foster parents themselves internationally and will be illustrated in this chapter. Due to the increasing stressors placed on the child and family welfare services by poverty and the changes occurring in the family unit, the demands made on those who render a service within this system are also increasing. Foster parents are having to care for children with increasing demanding needs and from diverse cultures and backgrounds. In order to cope with these demands as well as meet the needs of the children placed in their care foster parents need support from the professionals around them. The support of foster parents can materialise in a number of ways: training, regular social work visits, foster parents supporting each other, the creation of foster parent associations and financial support amongst others. Hampson and Tavormina (1980:108-113) had thirty-four foster mothers interviewed by independent researchers to obtain their views of the positive and negative aspects of being a foster parent. Training and support in child-rearing skills and obtaining more of a professional status for foster parents was recommended and comments made on amongst others.

The benefits of supporting and training foster parents have been identified as a need for foster parents as well as beneficial to the foster placement. The input from the organisations with regard to the decrease in foster placement breakdowns will be discussed in detail in this chapter. Furthermore, the nature and benefits of support will be addressed as well as the nature of and techniques of training for foster parents.

**3.2 THE NATURE OF SUPPORTING FOSTER PARENTS**

The support of foster parents is a complex issue that consists of various dimensions as will be discussed in the following segment of this chapter. According to Nixon (1997: 913-930), the **elements of support** needed by foster parents are financial, practical, emotional, psychological, and social. Other elements of support include professional development, problem solving, respite and community support.

In a discussion paper produced by the Fostering Network of the United Kingdom (2004: 3), a further discussion paper to accompany the Choice Protects Initiative during 2002, the Department of Health of Britain classified support as 'communicating relationships' with social workers, out-of-hours advice, psychological support, respite, babysitting and transport which is included in the emotional, social, practical and financial support. But the document adds that support by social workers, or relevant professionals, for foster parents if an allegation or complaint is made against them as well as support for the sons and daughters of foster parents must be added to the Department of Health list. (Fostering Network Discussion Paper 2004:3) In other words a complex mix of adequate resources, information, advice and organizational efficiency is necessary in order to surround parents with services they will find useful and supportive.

Hudson and Levasseur (2002: 857) explain that by increasing quality and quantity of support to foster parents in order to address the issue surrounding the shortages of foster care placements and the recruitment and, in the case of this study, retention of foster parents, child care service organizations need to reexamine the service of and the financial benefits to using higher levels of foster care services. Also organizations need to make the foster care option more attractive to prospective and practicing foster.
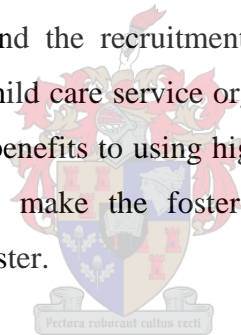
Levasseur (1999) conducted research in Canada with the help of two children's aid societies during 1999 to investigate the support foster parents felt they needed (Hudson and Levasseur 2002: 858). The findings were divided into three sections: Foster parents felt that they needed and wanted emotional support, financial support and crisis assistance. **Emotional support** was defined by the foster parents as someone to lean on rather than actual advice, direction or solutions. They also felt that if a foster child was removed from the home for any reason that they needed to be reassured that this was not their fault or that they had still done a good job with the child. Emotional support was also raised in respect to the work the foster parents were doing being recognized and respected by the professionals around them (Brown and Calder, 2000: 732-741).

**Financial support** entailed a need for more money in order to achieve their goals in fostering. Foster parents still valued emotional support over financial or practical support however. Sellick and Connolly (2002: 119) found in their research looking into Independent Fostering Agencies in the UK that foster parents highly valued the services they received from the agency and that one of the main reasons people chose to work for these agencies as foster parents was due to a higher level of support and financial assistance. Finally, **crisis assistance** was related to having someone to talk to immediately during the time of the crisis in order to keep the child in the home and the placement ongoing (Hudson and Levasseur, 2002: 862).

Support to foster parents needs to cover all the above-mentioned elements in order to ensure that the placement meets the needs of the foster child as well as ensuring that the foster placement continues over time. Sellick and Connolly (2002:119) concluded from their research that Independent Fostering Agency foster parents were providing placements for children with specifically difficult behavior and their placements were also moving towards long-term placements for the children. The support that these foster parents are receiving from their agencies seem to be having an impact on the agency's recruitment and retention of their foster parents as well as the level of service these foster parents are able to provide for the foster children placed in their care.
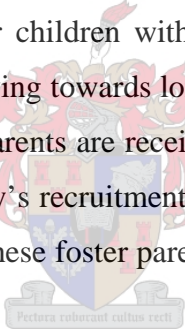
Foster parents require support on different levels and the needs of the child are more easily met if the levels of support for foster parents are met. With support from social workers and childcare service organizations foster parents are able to cope more easily with the challenges that they face and the benefits to the foster child and the stability of the placement is evident. The benefits of providing support to foster parents are discussed in the following section of this chapter.

## 3.3 BENEFITS OF SUPPORT TO FOSTER PLACEMENTS

The rights of the child (Review of the Child Care Act 1998) include the provision of stability and a family home life. The support of foster parents allows for increased placement stability and less placement breakdowns or movements in placements.

This will be discussed in the following section of this chapter. In order to illustrate what the benefits of support to foster parents might be, placement breakdowns will be looked at first and the effect of a stable placement on a foster child, and the factors that enhance placement stability will follow.

### 3.3.1 Placement instability

Placement instability appears to have a resounding negative effect and is directly contradictory to the definition of and purpose of foster care in the effect that it has on the foster children. Various studies, such as Wulczyn, Kogan and Jones Harden (2003: 213), have shown that placement instability has short term and long term effects on the foster children involved and will be illustrated in the following section of this study.

### 3.3.1.1 Effects of multiple movements of placements on foster children

Wulczyn, Kogan and Jones Harden (2003: 213) discuss placement stability and the effect movement patterns have among foster children in foster care placements in New York. They state that the reason for monitoring movement in placements is significant due to the negative effects of placement movement and instability on the foster child. The study Wulczyn, Kogan and Jones Harden (2003: 213) conducted looked at the movement patterns of 16 170 foster children. They divided the children into two groups: "stayers" and "movers". The "stayers" did not experience any foster placement movements during their time in care. Thirty two percent of the "movers" did not experience a placement change in the first six months of their period in the care system, half of the children moved at least once and 12% of the children moved twice during the six month interval. Lieberman (1987), Provence (1989), Fahlberg (1991), and Stovall and Dozier (1998) and Wisdom (1991), Kurtz et al. (1993), Newton, Litrownik, and Landsverk (2000) as mentioned by Wulczyn, Kogan and Jones Harden (2003: 214) states that high movement in foster placements are alleged to affect children's attachment to primary care takers, an important part of their early development, as well as leading to psychopathology and other problems in children, such as behavioral problems.

Barber and Delfabbro (2003: 299) looked at the movement of 235 children in new foster care placements over a 12 month period in the province of South Australia, Australia. They found that a quarter (25%) return to their biological homes during this period. The remaining three quarter (75%) of the children in care experienced considerable levels of placement disruption, a lack of conformity with the parental visiting plan to a high degree. A high level of the children also fell outside of the 95% confidence intervals for the general adolescence population on most well-being measures, especially behavioral disorders.

There appears to be a direct link between foster children moving from one placement to the next and the effect it has on the stability of future foster placements as well as the emotional and psychological consequence and outcome on the foster child.

### 3.3.1.2 Factors that influence placement movements

Two basic factors influence placement stability and lead to placement movements. Wulczyn, Kogan and Jones Harden (2003: 227) Wulczyn, Kogan and Jones Harden (2003: 231) looked at factors that might influence a child to move to another placement and found that **age** plays a significant role in placement stability and the movement of foster children. They found that adolescents tended to have a higher rate of placement change than younger children and they suggested that this was consistent with literature suggesting that adolescents have more difficulty attaching to a family and staying in alternate care.

They also suggest that there are **differences between** children who change placements regularly and those who remain more stable. These children are found to have extreme behaviour problems. Foster parents who have the skills and support to deal with children who exhibit behaviours that encourage placement movements might be able to prevent the movement from occurring and allow for more stability in the foster child's life, and as a result increase their ability to meet the needs of the child and the rights of the child.

### 3.3.1.3 Effect of placement stability on the foster child

Wulczyn, Kogan and Jones Harden (2003: 232) indicate through their findings that there are practice implications for the child welfare field. Children who remain in their first placement tend to experience less disruption later in their lives, and therefore stress that placement stability is an essential goal in child welfare practice. The authors suggest that child welfare workers provide substantial support to foster families especially in their first six months of a placement. They add that the child welfare field needs to improve their tailoring of their services to the age of the child in placement. They provide examples such as a more specialized support approach to placements with adolescents such as support from other professionals and increased visits from the social worker.

### 3.3.2 Factors that enhance placement stability

As discussed placement stability leads to a more stable life for the foster child later in their lives. Factors that enhance placement stability will be discussed in the following section of the chapter and these factors include responsive parenting and the preparation of all parties involved in the fostering process before the placement takes place.
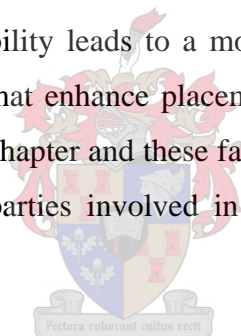
### 3.3.2.1 Responsive parenting

In the United Kingdom Wilson, Petrie and Sinclair (2003: 991- 993) conducted a study in order to answer two questions – why were some placements successful and others not, and what processes underlay the changes that occurred over time for some placements moving from bad to worse and others improving? They based this study on a previous study that provided the researchers with a model of the factors leading to a successful placement and the avoidance of a placement disruption. The model suggested that a placement outcome was dependent on **three factors** that related to the **foster child**, the **foster parents** and the **interaction** between the two.

**Two further variables** were taken into account – **responsive parenting** (the way the foster parent dealt with the child) and the **conditions** that influence this interaction (such as the child's characteristics, behaviour, the plan for the child and the social workers and biological family). They argue that responsive parenting by the foster parent is a key ingredient for the success of a foster placement. They state that despite difficult conditions a skilled, committed foster parent can make a placement succeed Wilson, Petrie and Sinclair (2003: 991-993). Clearly, the way in which a parent responds to a child will govern whether the outcome is positive or negative.

### 3.3.2.2 Preparation of parties involved in fostering

Preparing all role players in the fostering process for the impact of the placement on the foster parents and foster child can lead to a more stable placement and insightful parenting on behalf of the foster parents. Butler and Charles (1999: 17) discuss that the result of training requires reinforcement in practice due to the changing nature of each placement. As the adaptation of training to circumstances can take time, they suggest that complementary social work and peer group support for foster parents can enable foster parents to test their training, reflect on the impact and adjust their behaviour accordingly. However, they list **key factors** for deliberation. They state that **preparation** before a placement adds to its stability. Therefore, foster parents need to receive accurate information on the child before the placement takes place if possible.

The **foster child** should also receive preparation with regard to the myths of fostering such as the foster parent's motivation to foster, the role of the allowance and their need for training. There needs to be sensitive work done with the young person prior to and during the placement with regards to their self esteem focusing on the young person's pattern's of rejection, insecurity and ambivalence (Butler and Charles, 1999: 17). Social workers should encourage the young person's skills, potential and desire for their own development in order to develop a sense of partnership with the foster parents.

The young person's experiences and the effect that it has on the placement are underestimated and this partnership needs to be encouraged. Social workers can also help the young people and foster parent's deal with the issues and confusion surrounding having a 'second' or 'substitute' family as well as assisting the foster parents deal with feelings of superior parenting to the biological parents and rather encourage a partnership between the parties in order to meet the needs of the child.

Social workers should complete a **placement contract** as this can highlight the quality of interactions within the placement. These contracts can also set boundaries for both parties as well as provide information regarding the child's routine and habits. The contracts must include respite periods for the foster parents to allow them time to cope with the emotional drain of fostering. These factors, if put into practice can provide the foster parent with the support that they might require to meet the needs of the foster child as well as ensure that they foster over a longer period of time for the organization (Butler and Charles, 1999: 17).

Butler and Charles (1999: 18) do not only focus on support peer groups, further social work contact and preparation prior to the placement as support for foster parents but go on to focus on one further issue they feel is riddled with difficulties in the fostering framework, namely, the dynamics of working with the **biological parents** of the foster child. Butler and Charles (1999: 18) make a few suggestions with regard to supporting foster parents under these circumstances. They feel that for foster parents to feel valued as an important part of the fostering arena, as well as dealing with the relationship with the biological families they need to be encouraged by being provided with more **detailed information** and be specifically involved (Butler and Charles, 1999: 18). The foster parents can be assisted in **bridging the gap** between the their intellectual understanding of and the emotional connection with the biological family's role in the child being placed in foster care.

Finally, social workers need to assist foster parents in recognizing the importance of **attachment** and the effect of the lack thereof in the foster child's life. There is a fine balance between the young person's attachment to their biological family and the attachment of the young person to the foster family in order to allow it to function as a family and for relationships to develop (Butler and Charles, 1999: 18).

Schofield (2002:260) developed a **psychosocial model** to describe the necessary elements of long-term fostering which looks at the importance of a secure home, attachment, resilience, belonging and family membership as well as the implications of these issues for practice. These implications can be relevant to social workers and the organisations in providing the necessary support and services or training for foster parents as well as the expectations of foster parents when providing a quality placement for the child in their care.

The needs of the child and supporting the foster parents seems to be linked in this model in order to provide a stable and long term home for the foster child. These arguments leads to the case for training and support for foster parents in a South African setting. There is a need for further studies to look at the support that is provided for foster families with regards to children of specific age groups as well as the movement patterns of foster children as well as the reasons for the placement breakdowns and the effect on the foster family as well as the child involved.

## 3.4 TRAINING FOSTER PARENTS

The training of foster parents is a very practical form of support for foster parents that can provide them with information and skills in order to ensure that they are able to cope with the issues that might arise in any given foster placement. Foster parents will be able to use the skills they develop via the training to meet the needs of the foster child as well as improve the placement stability and decrease placement movement. The training of foster parents does not only focus on the skills development of the foster parents but also has to take into account the relationship between the foster parent and the foster child as well as the needs of the particular child that needs to be met. This is also compounded by the fact that foster parents are caring for someone else's child.

### 3.4.1 Nature of training foster parents

The training of foster parents entails training a very specific population of people with specific needs and issues that lie within the normal day to day parenting and care of children that need to be addressed. Foster parents experience similar day to day issues with regard to parenting a child but these are often emphasized and magnified due to the issues that foster children bring into the placement with them like behavioural issues and attachment issues as well as the fact that the foster parent is caring for another person's child.

Butler and Charles (1999: 16) feel that the following points need to be taken into consideration when providing training for foster parents and this will be discussed in the following section of this chapter. They discuss **five points** that need to be considered when training foster parents and determining if the training can portray the complexity and realism of the fostering task irrespective of the topics and quality of the training involved:

### 3.4.1.1 Living with other people

The first of the five points raised by Butler and Charles (1999:17) is that of the ability and effect of living with other people. They (Butler and Charles, 1999:17) raise the question "To what extent does the training challenge the ideas of 'exclusive' parenting and the Western 'ownership' of children?" The authors discuss the importance of emphasizing the difficulties of living with other people regardless of the fact that you are related or not. They feel that this will lead foster parents away from the notion that living with foster children specifically will lead to problems. Butler and Charles (1999:17) are of the opinion that fostering is a collective adjustment where people learn to live together and manage their differences regardless of the home arrangements.

### 3.4.1.2 Myth of the family model

The second point looked at by the authors is that of the myth surrounding the family model. Butler and Charles (1999: 17) ask if the training of foster parents can provide enough opportunities for the parents to question the myth of the heterosexual, middle class idealized family model? Are foster parents able to examine different 'types' of family structures and determine if family privacy includes the integration of new members or not (Butler and Charles, 1999:17)? This is a question raised in fostering throughout the world and especially in South Africa where the issue of cross-cultural placements along side the issue of racism can prevent prospective foster parents from fostering and cause approved foster parents to only select children from a particular race. Although cross-cultural placements are an issue to be discussed on its own often in a South African context they are a necessity due to a lack of resources when under other circumstances a same-race placement would have met the child's needs to a greater degree. Are South African foster parents able to question, during training, if they can integrate a new member into their family or not?

### 3.4.1.3 Prejudice

The third point raised by Butler and Charles (1999: 17) is that of prejudice and this is also an issue around support. Often foster parents are faced with prejudices surrounding caring for someone else's child and they need to be made aware of the fact that they have decided that they are able to integrate a new family member and will be prepared during these times of prejudice.

### 3.4.1.4 Myths about parenting

Fourthly, Butler and Charles (1999: 17) also ask if training is able to explore adequately the nature of fostering. Can it focus on the differences in parenting your own child and that of parenting a non-birth child, the myth that parenting is instinctive, and the link between the fostering role and the financial reward? Furthermore, training can also create a problem-induced focus and negative stereotype of the young person when looking at the nature of fostering and its challenges.

Training also needs to develop foster parent's skills in recognising the young person's strengths and take into account the effect of the abuse the young person has experienced, as well as attachment issues that might arise and the effect on the young person's behaviour.

### 3.4.1.5 Relationship with own children

Finally, Butler and Charles (1999: 17) focus on the ability of the training to help carer's recognise the effect the relationship between their own children and that of a foster child. Can it assist foster parents recognise that a certain level of sibling rivalry is 'normal' and not to viewed as a threat only linked to the fostering task? It is clear that when training and supporting foster parents many aspects need to be taken into consideration to determine if is going to have a positive and practical impact on the foster parents and the foster placement.

### 3.4.2 Effect of training on a foster placement

The effect of foster parent training on the quality of the placement is discussed in a study done by Simon and Simon (1982: 515-24). Four findings were highlighted: **Firstly**, there was no evidence found that suggested that the introduction of foster parent training negatively affected the approval or deregistration of these parents. **Secondly**, foster parents accepted twice the number of placements over a longer period of time than a compatible group of untrained foster parents. **Thirdly**, foster parents in trained homes took placements that were considered more difficult than those in untrained homes as indicated by the length of time the child had been in foster care and the previous number of foster care placements the child had been in. **Finally**, the placement rate in trained homes was significantly less than in untrained homes. In other words, trained foster parents were half as likely as untrained foster parents to have foster children removed because of their "inability to control the child", to have placements defined as failures, or to initiate requests to have the organisation remove the child.

Remy and Boyd (1979: 378-87) concluded a two-year follow-up evaluation for a foster parent-training programme with an argument for the mandatory training of foster parents. They found that training had a substantially positive effect on the retention of foster parents. Barbell and Wright (1999: 6-7) and Burry (1999: 198) found in a call for an increase in Child Welfare's literary abstracts that various areas of concern were highlighted. One area the abstracts addressed was the strategies for recruiting carers from various sectors of the community and specialized training to increase the competence of carers (specifically working with children that were pre-natally exposed to substances in this case).

Sinclair and Wilson (2003:882-883) completed a study where data was collected on four hundred and seventy two children over fourteen months with regard to placement disruptions and the reasons for placement success or the lack thereof. They suggest that the training of foster parents should focus quite heavily on the handling of difficult behaviour and on the need to remain mindful of the child's good characteristics even though the child was behaving badly. They add that American social work (Chamberlain, 1998) also suggests that a 'social learning' approach to the training of foster parents can be effective.

The authors go on to identify foster parents as key to a successful placement. However, good foster parents were not produced by good organisational or strategic plans, but are rather due to accurate selection, appropriate training and support. But Sinclair and Wilson (2003:883) add that they had no evidence to suggest that this training (in terms of how many hours they received) or support affected placement successes necessarily, and they suggest an urgent need to test and develop methods of training, supervision and support. The hope is that this research will determine if the training and support for foster parents takes place in South Africa and make suggestions for further training and support for these parents.

Cuddeback and Orme (2002:883), Boyd and Remy (1979:385) and Simon and Simon (1982:515-524) states that inadequate training is associated with undesirable consequences for foster children, families and agencies. These consequences include failed placements, difficulty in parenting foster children, and dropout of qualified, much needed foster families.

Cuddeback and Orme (2002:889) questioned foster parents in a study they completed with one thousand and forty eight current foster homes and two hundred and sixty five former foster homes. (Kinship carers were also questioned along similar lines). Four categories were addressed of which one pertained to foster families' information and training. They found that more than half of their parents received training, but not in all the area the foster parent's identified as necessary themselves and a number of needs were unmet completely by the organisations. They suggest that greater attention should be given to the adequacy of foster parent training particularly training relevant to the specific children entering the foster parent's homes. They also state that areas of training relevant to foster parents can be identified through greater communication between agencies and foster parents during and after training. (Cuddeback and Orme 2002:903)

The training of foster parents clearly does not only have an effect on the foster parents themselves, but also the other role players involved in the fostering arena. Childcare service organisations would benefit from greater foster parents retention as there would be more appropriate placements available for the children needing the care.

Social workers would also be able to focus on effective rehabilitation work with families or creating long term and permanency plans for the children involved rather than the labour intensive work of moving children from one placement to the next and crisis managing difficult placements. If foster parents are trained and manage to care for children with specific needs and problems children should be able to remain on their placements for a longer period of time creating more stability for these children.

**3.4.3 Training techniques specifically for foster parent training programmes**

The training of people in general requires certain techniques in order to allow for the information to have an impact on those being trained. As fostering is a specific task linked to specific persons certain training techniques have been adapted to meet the training needs of the foster parents involved and will be discussed in the following section of this chapter.

Euster, Ward and Varner (1982: 375 - 376) adapted the counselling techniques of family sculpture, guided fantasy and role playing in order to involve individuals of different backgrounds and educational levels in a training programme that teaches foster parents about the emotional and behavioural significance of placement for foster children, biological parents and the foster parent's own families.

Euster, Ward and Varner (1982: 375 - 376) had developed a series of programmes to train foster parents (Noble and Ward 1980, 1981 and Euster, Ward and Varner 1981) using conventional methods such as short lectures, paper and pencil exercises and small group discussions. But they felt that they needed to develop an approach that would be effective with foster parents of all backgrounds and educational levels. This developmental approach to training for foster parents will be necessary due to the country's range of people from different backgrounds, races, cultures, languages and so on. The adapted counselling techniques will be discussed in the following section.

### 3.4.3.1 Family sculpture

The first technique to be addressed is that of family sculpture. Euster, Ward and Varner (1982: 377) found that the use of family sculpture, a technique in which the group of foster parents being trained can all take part. The trainer first demonstrates the technique and then explains the meaning and effect of the exercise, and this follows questions from the group.

The foster parents are divided in to groups of four or five and then one parent in each group assigns roles to the others in the group, i.e. One mother, one father and the children. If there are two groups of parents one can represent the biological family and the other the foster family. The "children" from the biological family are then removed from the biological family and placed with the foster family. The impact of the removal of the children is immediately visually evident for both "families". The participants are able to see and experience the effects of the removal of the children on a family as well the experience of including new member in a family.

A discussion takes place to address these issues as well as issues such as the foster parent's children's new position in the family and so. Finally, the "foster children" are placed back with the biological family and the sense of loss for the foster family is discussed. In family counselling this technique is used for therapeutic reasons but in the foster parent training context it is aimed at developing empathy and understanding for all parties involved as well as look at the effect of the inclusion of new family member to the home.  (Euster, Ward and Varner, 1982: 378)

### 3.4.3.2 Guided fantasy

The second technique that was adapted by Euster, Ward and Varner (1982: 379) for foster parent training was guided fantasy. In this technique they found that it allowed foster parents from all educational backgrounds to have an individual experience within the group context.

The technique is used by the trainer relaxing all the parents by breathing for example. This is followed by the trainer beginning the fantasy by providing the outlines of a visual scene. For example, the foster parents must visualise themselves approaching a large, friendly cave with a robed figure inside. The parents each fill in the details such as the colour of the robe, the person's face and so on. The details provided by the parents are then discussed and the meanings of thereof are interpreted.

Two separate guided fantasies are used for foster parents. The first guided fantasy is used during the first training session as a closing exercise to all parents to become aware of preconceived ideas they might have about foster children as well as allowing the foster parents to feel relaxed in the group. The parents are asked to visualise being in a forest and seeing an empty house with a child inside. The parents provide details depending on the trainer's prompts and then leave the woods and return to the training room, and a discussion takes place afterwards (Euster, Ward and Varner, 1982: 379).

The second guided fantasy asks the parents to go back in their lives and remember special moments, times, events in their lives and place them in an "album" in their minds. A discussion then takes place where the participants are questioned about their memories and the feelings they evoke. The foster parents are then told that this is the same as a foster child's memories and events in their lives. The goal of this fantasy is to explore personal feelings and attitudes (Euster, Ward and Varner, 1982: 379).

### 3.4.3.3 Role play

The final technique adapted by Euster, Ward and Varner (1982: 380) is that of role playing. In foster parent training this technique is used to help the foster parents see both sides of an issue and to give them practice in using new skills. The trainer explains to the foster parents how the technique is used and then the foster parents are divided into groups whereby they again take on the role of another, such as a child or parent and so on. The parents can ask each other questions while staying in the chosen role and the questions are answered. The technique can also be used for problem solving in that the topic between two roles is a problem and this is solved using the role-play. This technique was found to be extremely successful as it created a sense of empathy in the parents and they developed a greater understanding of both sides of an issue.

### 3.4.3.4 Further techniques

Further training techniques that can be used when training foster parents are those of pen and paper exercises where parents are divided into groups and then asked to complete an exercise by writing something down and then presenting it to the other groups for further discussion.

The trainer can also use equipment such as video's, overhead projectors and guest speakers. Group cohesions and trust exercises are helpful to bring a group together and for the parents to get to know each other. Group rules help establish a safe and respectful environment that is also creative and organised. The trainers can facilitate this at the beginning of the training programme.

Using the training of foster parents as a support mechanism can be beneficial for all parties involved in the fostering arena. Foster parents who have developed their skills through training will be able to provide the foster child with a more stable placement. A more stable placement will decrease placement movements and increase the child's confidence levels for example. If less foster children need to move from placement to placement social workers will ideally be able to focus their skills and attention to areas that need their services.

## 3.5 SUMMARY

The support and training of foster parents is a multifaceted subject that can influence both the foster parents, their families and the stability of the placement which in turn affects the foster child and his or her self esteem, future placements and the emotional and psychological aspects of the child. The support and training of foster parents can take place on many different levels and different form such as one to one support from other foster parents and social workers to more formal group training.

As foster parents need support on various levels the nature of the training and support needs to be tailor made to meet the needs of this specific population. Using techniques such as role-play allows for foster parents to understand the needs of other foster parents as well as the needs of the foster children more clearly.

Foster parents are also asked to care for children of different age groups and with a variety of problems that influence the stability of a placement. If a foster parent is trained and supported in dealing with these problems foster placements might remain more stable and the movement of children from one home to the next might decrease. Foster parents can be made aware of parenting styles such as responsive parenting in order to respond appropriately to the needs of the foster placement. Foster parents who are made aware of the factors surrounding the placement and prepared for the issues that might come along with a particular child will be able to cope with a placement far better than an unprepared foster parent. Social workers also need to be aware of factors that might influence the training of foster parents

**CHAPTER 4**

**THE CHALLENGES FOSTER PARENTS NEED TO MANAGE**

**4.1 INTRODUCTION**

Training is mentioned by a number of authors in this study as an important support tool for foster parents. The issues that foster parents deal with when fostering a child can be dealt with in the training sessions in a comprehensive manner and can influence a number of foster parents at the same time in a group setting or individually in one on one sessions. Group training sessions also allow foster parents to become familiar with other foster parents as well as touch on other support issues such as creating a buddy system and a foster parent association.

Tracy and Pine (2000: 106) state "training and education for child welfare practice can no longer focus solely on child welfare as the formal system of services for families in need, but must adopt a broader scope." In South Africa, with a rising number of HIV/AIDS orphans, the change of the traditional family structure and the effects of poverty on family life and resources, social workers and the welfare agencies need to adopt a creative yet accountable and measurable approach to programmes and planning that meet the needs of the children in care as well as those who care for them. Foster parents also have needs, more often than not once a foster child has been placed in their care, and the welfare sector must identify these and respond to them if placements are to meet the needs of children effectively and efficiently as well as decrease the level of placement breakdowns that might occur.

This section as linked to the goals of the study, will deal primarily with issues that foster parents have to manage when fostering a child and dealing with other professionals. These issues were identified from those discussed in the Draft Discussion Document on Foster Care Guidelines (1997), the Child Care Act 74 of 1983, and literature identified in this study. In order to make the study accountable eight specific issues were identified by the researcher.

The researcher chose to use the specific issues that foster parents deal with as they were the most identified in the literature used in the study and also had the ability to umbrella even more specialised issued for the purpose of this study. Further foster parent issues can be explored in further studies.

## 4.2 SPECIFIC ISSUES IDENTIFIED WITH REGARD TO FOSTER PARENTS

This chapter will look at nonkinship parents or foster parents and the needs thereof. Cuddeback and Orme (2002: 881) conducted a study with what they termed kinship and nonkinship caregivers to examine the adequacy of training and services for these individuals. They went on to look at the demographic characteristics and problems of the children in placement in order to have a better understanding of the training needs of these groups. They note that the research conducted with regard to the training needs of foster parents in America is regionally based and the national level of training needs has not been identified. This is an issue that also might need to be addressed in South Africa. Furthermore, training needs and topics in each region in South Africa might need to be examined with regard to language, cultural, race and religious issues.

Hampson and Tavormina (1980: 110 – 111), Sellick and Connolly (2002: 115,117) and Pithouse, Hill-Tout and Lowe (2002: 203) identified the following **general** problems that foster parents experienced when fostering: communication with or the availability of the social worker, discipline, the children's natural parents, sickness, bedwetting and other behavioural problems of the children, conflict with the family and difficulty in seeing the foster children leave the placement. They also identified the following **behavioural problems** in the foster children that the foster parent's had to deal with: emotional or nervous problems, misbehaviour or acting out, difficulty in getting along with others, withdrawal or insecurity, stealing or lying, physical problems such as bedwetting, asthma, or worms, and impulsiveness. They recommend that training should take place in a group setting with other foster parents and that it takes place in a preparatory tool. Foster parents require certain information in order to assist them meet the needs of the child as well as cope with issues that arise during the placement.

The Draft Discussion Document on Foster Care Guidelines (1997: 3-4) clarifies various concepts in foster parenting of which a number link to the above identified needs of or training topics of foster parents: child development, child-centred, community based, confidentiality, discipline, ethno-cultural identity, ethno-culturally competent, ethno-culturally responsive, family focused, family of origin, foster care plan and review, foster child grant, hygiene routine, protection, inclusion, punishment, special needs.

Everett (1995: 386) identifies issues that foster parents need to deal with as: child development, behaviour management, cultural diversity, the philosophy and practice of permanency planning, the effects of separation and placement on their own children and families, the needs of children who have experienced physical and sexual abuse, exposure to drugs or AIDS during infancy and family violence.

For the purposes of this research the following main needs of foster parents and the issues they have to deal with when fostering a child have been identified out of the literature as well as the Draft Discussion Document on Foster Care Guidelines: foster care grants, support, child development and behavioural issues, ethnicity and culture, contact issues, HIV/AIDS, separation and grief, and the foster parent's children.
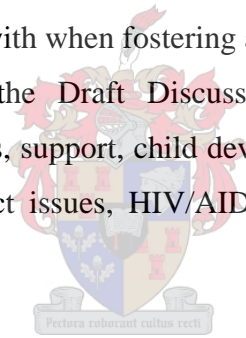
**4.2.2 Foster care grants and fostering and a form of employment**

Foster care grants are a controversial element of foster parenting that is dealt with internationally, as well as in South Africa and the **first issue** for foster parents to be dealt with in this study. The contradiction between payments and the caring element of parenting has raised a number of debates amongst professionals in the social work field. However, the foster parent has to deal with this contradiction as well the practical care of a foster child and the views of professionals on an ongoing basis. This section will examine the impact of grants on foster parents and the role of training in this respect.

### 4.2.2.1 A British perspective

Various countries have different opinions and views as well as practices with regard to providing foster parents with foster care grants. This section of the study will consider the British approach to foster care grants before providing an illustration in this area.

In the United Kingdom the government and the local authorities have a strong interest in maintaining the charitable image and determinist philosophy and ideas of women's "inherent capacity to care". This is due to the conflict that might arise with regard to birth parent's arguments that with increased funds they might be able to care for their own children rather than a foster parent who might receive the increased funds Rhodes (1993: 8). This takes the government and local authorities back to the argument about income for housework. However, there is an increasing call for fostering to be recognised as a job and paid accordingly along with the increasing status of fostering in the childcare sector.

In the United Kingdom there is also an increased pressure placed on local authorities to recruit foster parents, as well as ensure that these foster parents do not deregister themselves. This is due to the changing face of the children requiring care. (Rhodes 1993: 8). Children who were in the past considered not to be suitable for foster care are now being placed with foster parents, who are often the only resource available. Many local authorities have used financial incentives to recruit and retain such parents.

There is also a tendency to pay foster parents who care for children with greater needs or difficult behaviour a "professional" rate that is increased from the original fostering grant. However, with the increase in grants comes the agency's ability to place greater demands on the foster parents.

### 4.2.2.2 An illustration of grant rates

In order to further explain the British approach to foster care grants, an illustration will now follow. Rhodes (1993: 9) explains that confusion surrounding the foster care grants is evident in the agencies where different policies are practiced and different rates are given to different foster parents. One further factor comes into play when looking at fostering grants and the professionalism of fostering, and that is that any income generated by foster parents is not always consistent, as it does not exist unless a child is in placement. Therefore, can this then be seen as an income? All these assumptions and issues surrounding grants and the professionalism of foster parents can have an effect on foster parents and the roles they play in the child care arena.

For example, in the United Kingdom payments to foster parents have been offered to cover expenses but no compensation for services is given as yet. Kirton (2001: 200) completed interviews for his study during 1997 and describes the grant structure of an organisation in the South East of England as follows: the foster parents received a fee plus a maintenance allowance and the structure was divided into two sections depending on the children's ages. The first band was for children aged 11 years or under where the foster parents received £70 for the fee and £70 for the maintenance fee and for children older than this they received a fee of £140 and £110 maintenance allowance. This was provided weekly. All "extras" were included into this structure for example, birthdays, holidays, Christmas celebrations and gifts and so on.

Based on this illustration it is evident that even on an international level there remains confusion and a lack of clarity surrounding the foster care grants. The foster care grant issue seems to be surrounded by other influencing issues such as the government's motivation for keeping foster parents "unpaid", lack of a regulated grant system and payment structure and the issue of payment versus the degree of the foster child's behavioural problems that need to be dealt with by the foster parent. This leaves the question whether the foster parent's tasks and roles are really being recognised and if the foster parent is being supported financially in order to fulfil his/her tasks. The situation in South Africa will be explored in this study. Foster parents own views on foster care grants will be explored next.

**4.2.2.3 Foster parents perception of fostering grants**

Researchers have asked foster parents internationally what their own views were around the foster care grant issue. Kirton (2001:200) found that the foster parents either felt that the grant was "ok" or not enough at all. He felt that this could be interpreted in different ways.

**Firstly**, the foster parents could see fostering as a job and if the grant was looked at as an hourly rate for twenty-four hours a day three hundred and sixty five days a year then the rate was actually very poor. There might also be a link between family life and the grants.

When family life is not as demanding the money is not necessarily seen as so important but as the stressors increase the role of the grant increases as well. In fostering the role of family and money seems to have different and even opposing value systems but are required to function flawlessly and effortlessly. **Secondly**, providing foster parents with grants depending on the age of the child was found to be rejected by most of the foster parents as all children show demands regardless of their age.

**Thirdly**, the foster parent stated that they were also not given clarity about the grant until their first cheque actually arrived in the post. Kirton (2001: 201) feels that this might be due to the agency's naivety about the demands of foster care. **Finally**, for the foster parents who were interviewed there was no, if little link between their motivation to foster and the fostering grant. They saw it mostly as part of the subsidy they received as foster parents.

Kirton (2001: 201) and Kirton (2001: 306) also asked foster parents if they saw fostering as parenting or a job and the majority answered that they would link it more to parenting than a job, but a few saw it as both parenting and a job. The view of fostering as parenting and not necessarily a job therefore, seemed not to be linked to the finances. The foster parents also showed no expectations of being treated as professionals by the social workers and the focus was placed more on raising the children as your own.

The financial implications of raising a foster child as your own must also be taken into account on a practical level at the very least. Foster parents also raised the difficulty surrounding meeting the material needs of the child under these circumstances. If they for example bought their own son name brand shoes, the expectation as well as their own motivation would be to do the same for the foster child. But realistically buying two pairs of shoes is logically more expensive than one. Wilson and Chipunga (1996:389) found in their study that foster parents are mostly pensioners who struggle financially to care for foster children. There are many implications surrounding foster children, birth children and grants.

The foster parents who linked parenting and a job saw fostering as parenting within a system that brought job like requirements (meetings, plans), identified that all placements are different as well as the degree of difficulty involved in the placement. But overall, Kirton (2001: 202) found that foster parents equated fostering with parenting.

There is also the impact that the issues surrounding money has on the foster children themselves. Kirton (2001: 311) states that the foster children interviewed were aware of the finances involved in fostering and the impact that it had on the fostering relationship. Foster children might think that the parent's are only caring for them in order to receive the grant. There is also the issue surrounding the foster children making demands of the foster parent financially as they feel that the grant indirectly belongs to them.

Furthermore, the foster parents in Kirton's (2001: 202) study expressed a majority view as apposed to certifying fostering as a salaried job. They felt that this was too clinical and cold. But what they did see as important was the image of professionalism. Kirton (2001: 202) states that this is not necessarily the results found in other studies completed in this area of fostering. The dominant response to the question surrounding the role the finances played in the parent's motivation to foster brought out a dominant response that it had little effect as the parents were doing their best anyway, but this grant was welcome. There were views on either side of this as well but they were not the majority.

Kirton (2001: 203) also examines the view of finances being viewed as compensation for the difficulties the foster parents face in their roles. The role of the grant was seen with varying degrees of importance depending on the issues the parents dealt with. Another important role of the grant was compensating those from whom the foster children stole when this occurred. Insurance claims are often difficult for foster parents to succeed in and often the compensation they need to make is higher than they are able to afford. Foster parents were also asked if the grants reflected their skills and the majority felt that it did not.

Training of foster parents was raised in relation to a grant system based on their skills, however, some foster parents felt that even though they were skilled and trained and used their skills they were still not recognised by some social workers for the work that they did. Their concern regarding operating a fair grading system with regard to skills recognition and grants was raised.

It is clear that the issue surrounding finances/fostering grants or allowances is not as simple as satisfaction with payments. This is an issue that affects all foster parents, if not only on a controversial level, then also on a level with regard to recognition, respect and the general awareness of the role that foster parents play in the lives of the foster children placed in their care.
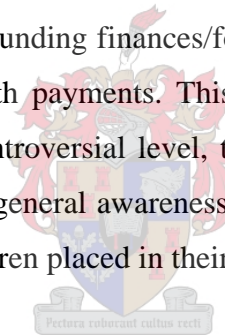
### 4.2.3   Sources of support to foster parents

Support for foster parents can materialise in different forms and can originate from different sources, for example, the biological parents, foster parents themselves and the organisation, and is the **second issue** for foster parents to be addressed in this study. Like any other family structure the fostering family needs as much support as it can get even if the sources of support are at times unusual. The following sources of support for foster parents will be discussed briefly: the foster parent's own family, the foster child's biological family, professionals, other foster parents and foster parent associations.

**4.2.3.1 Foster parent's own family**

Foster parents with a wider network of support and resources might be able to cope with the demands of fostering over a longer period of time. It is important for the foster parents' extended family to be made aware of the foster parents' intention to foster and for the foster parents' own family to view their opinions regarding fostering early on in the fostering process. Immediate and extended family members, such as grandparents and sisters and brother's can play a vital role of support in the foster parent's task as well as creating a more supportive environment for the foster child in placement.

Wilson, Petrie and Sinclair (2003: 996) and Brown and Calder (2000: 740) stated that conditions in a wider context to the placement can work in favour for the placement. The illustrated foster parent in their study had a family that were supportive of a foster parent and their placement. They wanted the foster child to remain in the placement regardless of the behaviour the child was exhibiting. The foster parent was also able to use family members to support their care of the child while at the same time being clear about the different roles they had to play. Pithouse, Hill-Tout, and Lowe (2002: 213) suggest that a support package for foster parents needs to include possible training for wider support networks and structures.
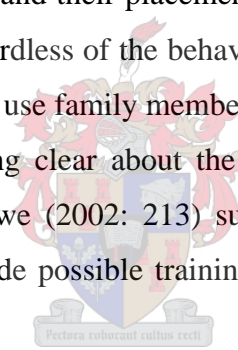
Informed family members will be able to support these parents in their roles and tasks as foster parents. It is often forgotten that the foster parent's own and extended family are often directly involved and affected by the foster child in placement. Trained and supported family members, along with the foster parents, might be able to cope with the changes in their home's that foster children bring to the home.

**4.2.3.2 Foster child's biological family**

Support can also come from the foster child's biological family but only if the relationship between the foster parent and the family member is one of understanding and that they are all working in the best interests of the child. Support from biological families can have a positive result for all parties involved.

Firstly, the foster child will not feel caught between two families and will develop in a supportive environment. For this to take place biological parents need to be encouraged by social workers to co-operate with the foster parents and follow any schedules such as visitation accurately. Secondly, having a supportive and co-operative relationship with the foster child's biological family can lead to visitation periods between the foster children and their biological families which can provide the foster parent with respite periods as well as, finally, helping to develop the child's sense of belonging and self esteem. For example, continuing with the above mentioned illustration the foster parent encouraged the relationship that the child had with his grandmother and therefore decreased the foster child's sense of having to choose between the foster family and the biological family (Wilson, Petrie and Sinclair 2003: 996). Having the child's biological family involved in the fostering arena with a supportive attitude can encourage a successful placement and allow further focus on rehabilitation services for the foster child and their family.

### 4.2.3.3 Professionals

Wilson, Petrie and Sinclair (2003: 997) also state that the support from professionals is important to the success of a placement. The support from professionals can transpire in various forms such as practical support (arranging parental visitations, ensuring that the schools meet the needs of the child and ensure that the child receives necessary therapy for example). Other support includes emotional support (regular supervision visits to the foster parent's home where issues and training are discussed as well as validating the role the foster parents are playing in the child's life (Brown and Calder, 2000: 738), and finally, social workers can empower foster parent's through training and providing them with information in order to fulfil their tasks as foster parents.

Social workers and foster parents need to have a shared view of the child's needs and the purpose of the placement. Other key agencies, for example, schools, psychologist and doctors can be supportive to the placement by working together effectively.

### 4.2.3.4 Foster parents

Other forms of effective support for foster parents are support groups, the "buddy" foster parent system, especially for new foster parents, and memberships for foster parents in foster parent associations (Everett, 1995: 386).

The buddy system can be initiated by the social worker by discussing with experienced foster parents if they will allow their names to be formally forwarded to the inexperienced foster parent so that that foster parent might have someone to contact other than a social worker who can provide them with practical assistance at that moment. The names of foster parents on the buddy system can be logged on a register and given to inexperienced parents when they are approved for fostering. These foster parents will develop a supportive and informational relationship over time.

### 4.2.3.5 Associations

Hudson and Levasseur (2002: 861) found that 100% of foster parents, when questioned about the value of planning meetings, felt that the input of the foster parent was essential. Foster parents saw the use of the associations, regardless of the agenda or function, primarily as emotional support, but also as providing concrete support through ideas and advice. The foster parent association can be introduced to all foster parents at a general meeting for example or via correspondence and telephone calls depending on the foster parent's literacy skills and access to meeting venues. Foster parents are trained by the agency with regard to the nature of and work entailed in an association. Foster parents are asked to volunteer to assist in creating and eventually running the association and those who take part become the executive committee. This committee creates the ground rules and policies and procedures of the association as well as it's mission and yearly agenda. The advantage of creating an association in this way is that the foster parent's are empowered with regard to the creating and running of such associations, become part of the wider decision making process and eventually take ownership of the association. Foster parents will have a form of representation and can formally work alongside the agency and social workers.

Various sources of support for foster parents have been discussed in this section of the study. Support for foster parents can assist in the success of the foster placement as well as educate and empower foster parents to represent themselves. Foster parents can be trained to create structure of support for themselves rather than relying on the organisation to create it for them therefore benefiting other's in the fostering arena as well.

### 4.2.4    Child development and behavioural issues

In order for foster parents to meet the needs of the foster children placed in their care they, firstly need to have an understanding of child development.

This understanding of child development can be especially relevant to foster parents who might have to care for children who have not met their milestones and exhibit behaviour relevant to an age that is more immature than the child might be in. Foster parent's also often have to cope with behavioural issues from the foster child that might stem from the child's past experiences. Child development and behavioural issues and the foster parents understanding thereof via training and support are the **third issue** for foster parents to be addressed in this study.
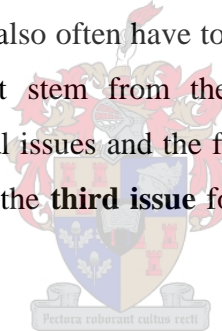
### 4.2.4.1. Child development in general

### a. General assumptions

Assumptions about a child's development can create problems in caring for the child, meeting the child's needs and developing a positive relationship with a foster child. If foster parents make assumptions about a child's development they might miss important factors that help a child to develop and thrive.  A child's competences adapt according to opportunity, need and the use thereof in a specific environment and culture.

Barrett (1999: 97) looks at some assumptions regarding child development. He asks the **question if development is always progressive**. He states that the development of a child was assumed to take place with a child first acquiring the components of his development and then putting it all together. For example, a child developing his memory skills as he grows older. But now research suggests that children first learn a crude version of what they are learning and then fill in the details and add precision gradually. He feels that competence decreases over the developmental period. For example, Rose (1992) in Barrett (1999: 97) found in a study that up to half of five year olds and many pre-schoolers seem to have a substantial photographic memory but this is rare in adults. He states that the assumption that most competencies increase as a person matures and has experiences is too simple a theory.

Barrett (1999:98) goes on to say that the child's **level of adaptation** needs to be assessed when helping a child to develop,. For example, in fostering the child's ability to cope and use such skills can influence the level of development that a child will achieve as well as the success of the placement. Foster parents need to be aware of the child's background experiences and memories, the impact that this had on the child's development and the level of development that the child achieved when he was placed in foster care.
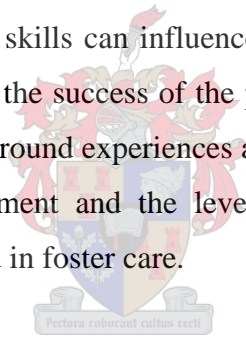
Barrett (1999: 98) highlights that it is never too late to help a child develop the areas that he/she is lacking in, for example perceptual and linguistic skills but a lack of stimulation is developmental areas will also create early handicaps. Barrett (1999: 99) goes on to discuss if **early disadvantages** in children have long term consequences and finds that this might not be true depending on the type and level of deprivation the child suffered. Laucht et al (1997) in Barrett (1999: 99) completed a study where children at risk were studied. The risks that were looked as were biological risks that included premature babies, babies with low birth weight, perinatal asphyxia, neonatal seizures and the need for assisted ventilation. Psychosocial risks included living conditions that were over crowded, single parent homes, parents under that age of eighteen, low parental educational levels, unwanted pregnancies, marital issues, poor social support, and parents who came from broken homes or institutional care.

The children who were assessed showed problems with fine and gross motor skills, language skills and intelligence, and behavioural and emotional problems, oppositional behaviour, tantrums and feeding and sleeping problems. The psychosocial risks showed worse outcomes in all areas of functioning, but these increased with help over time.

These are circumstances and environments that foster children tend to come from before being placed in foster care and foster parents need skills to manage the consequential problems that these children bring with them as well as the skills to help a child develop over time. Bennett (1999: 100) also warns that children with conduct disorders such as tantrums are often **labelled**, missed in assessments for intervention or was misdiagnosed, leading to some of the conduct disorders. The child's behaviour and the degree by which it can be influenced is also highly influenced by his/her **interactions between family and the environment** and assumptions about a child's behaviour can not be made. This is even more of a challenge for foster parents who are dealing with children who are not biologically theirs.

The challenge also lies with children who might come with different cultures or religions or races and each child brings to the placement a different set of experiences and levels of coping skills and behaviours. Skilled foster parents should be able to marry these variables in order to meet the needs of the child as well as help the child to develop over time. The Department of Health (1999: 12) in the UK is attempting to improve social worker's and other's knowledge of child development.

There are a number of assumptions made by foster parents and professionals regarding a foster child's behaviour. These assumptions can hamper the child's progress, label the child and result in the child's needs not being met. Foster parents can be made aware of these assumptions of child development through training sessions as well as the effect that the assumptions have on a child in general. Once foster parents are aware of these assumptions they will be able to deal with the behaviour of the foster child more effectively and put tools in place to assist them in managing the foster child's behaviour. Strategies in dealing with the behaviour of foster children will be dealt with in the following section.

### b. Social work assessments

Foster children need to be assessed by social workers in order to determine where they are developmentally as well as understanding how the foster child has learnt to cope with their experiences in their lives and how this influences their behaviour.

Maluccio (1995: 444) looks at the assessments the children's social worker needs to complete during direct work with them. He looks at key questions that the social worker needs to ask when assessing the child's development and functioning: Where is the child developmentally? What is expected of the child with regard to tasks they need to complete at a given life phase? How are they managing these tasks? What are their adaptive patterns and typical ways of coping?

He goes on by adding **three principles** that deal with these questions surround the child. **Firstly**, understand where the child is compared to where he should be in any given developmental phase. For example, what understanding does the child have about their sexual identity, do they exhibit age appropriate behaviour and is the child responding to a trauma in his life through his behaviour?

**Secondly**, understanding the child's unique coping methods and how they can be developed and or adapted at all if necessary. **Thirdly**, analyse what the child is conveying through their behaviour (Maluccio 1995: 445). These techniques can be simplified and used by foster parents in order to understand the behaviour of the foster child. Often foster children are labelled for behaviour like being "rebellious" but certain life phases include a certain natural level of "rebelliousness" like during the teenage years. Foster parents with information on child development and the stages of development are able to learn how to distinguish between "normal" behaviour for this phase or identify if there is a problem that needs to be dealt with in a certain way. With this information provided by social workers foster parents might be able to ask the above-mentioned basic questions and react appropriately to the child's needs.

Maluccio (1995: 445) also looks at questions and principles that can be asked and practiced if a child with certain coping patterns is in a particular environment. For example, a foster child with disabilities might find himself in a school environment that does not allow him to develop appropriately. Questions that can be asked to assess the situation are: What must be changed to achieve a mutually satisfying arrangement? How are the child and family affecting each other? What resources for growth or prevention of growth are in the child and the family's environment? What can be added or changed to provide a more nurturing environment for the child's development and growth?

The **further principles** that follow relate to these questions and again can be used in the fostering arena: The **parent- child relationship** needs to be examined (Maluccio 1995: 445). For example does the child provoke a specific reaction from the foster parent by behaving in a needy manner and not learning how to develop strategies of coping with the disability? Foster parents with information surrounding disabilities and resources for example might understand how to motivate, encourage and enable a child. Secondly, the **parent's capacity** to meet the child's needs must be looked at. Foster parent's are often asked to care for children without information on the child ahead of the time or do not feel that they are able to discuss certain strength's and weaknesses with the social worker due to a poor working relationship with the social worker. This could lead to a foster parent having to cope with a specific child they do not have the skills to manage.

Triseliotis (2002: 32) is of the opinion that all decisions regarding the placement of a child in care is risky and these risks can be reduced rather than completely removed. He feels that this is achieved by balancing a child's age, wishes, levels of adjustment and current attachments with the foster parent's commitment. If this balance is not achieved, the placement might not necessarily meet the needs of the child or the foster parent involved.

Thirdly, **resources** in the environment need to be identified to help the child. Foster parents need information with regards to the resources available as well as how to search for, identify, approach and use resources. Fourthly, blocks in the **child's developmental process** need to be identified. Foster parents often need to act as advocates for the children in their care in order for their needs to be met.

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If a foster child is having difficulty at school due to a specific issue foster parents need to act on the child's behalf. Singer and Hussey (1995: 46) agrees that professionals who are interested in the health and welfare of teenagers for example must advocate for increasing services in the schools. This is true for foster parents as well. Finally, the **support** that parents need must be identified. The training of foster parents in the above mentioned issues could enable them to be more effective in their roles (Maluccio 1995: 445).

### 4.2.4.2 Strategies for managing behavioural issues

Wilson, Petrie and Sinclair (2003: 999 – 1002) examine four ways in which a foster parent chooses to deal effectively with behavioural issues in the placement. They use a case study with a female foster parent and a male foster child in their research to illustrate their strategies for dealing with behavioural issues.

Foster parents in general, not only female foster parents, can use the strategies illustrated below. Couples as well as single male foster parents can adapt these strategies to their unique situations as well.

### a. Specific strategies – a case study
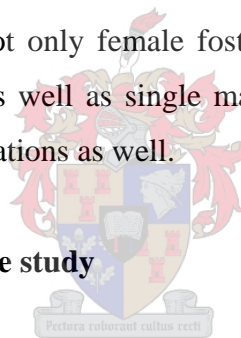
**Firstly**, the foster parent developed and identified clear strategies in dealing with the foster child's behaviour. For example, the foster parent will reinforce a point in a safe a positive manner. She will repeat a behaviour that the foster child reacted to and should the foster child exhibit a positive and reasonable reaction she praised him for it and the foster child received a treat. Should the child react negatively and unreasonably she again dealt with the issues with him (Wilson, Petrie and Sinclair, 2003: 999 – 1002). **Secondly**, the foster parent provided predictable limits, and therefore decreased the child's anxiety and opening him up for personal bonding. The foster parent was uncompromisingly consistent in her behaviour so that the foster child was able to predict what she would do. In such a way foster parents can create a sense of security for the foster child. As the child's attachment grew the foster parent was able to handle his behaviour in a way that would not damage or break this attachment.

The foster parent also remained with the foster child to provide him with a sense of security while at the same time giving him a clear message as to how he should behave. For example, a foster parent can busy herself in the child's presence while she waits for the foster child to complete the tasks she has requested him to do. The foster parent can tidy her room while waiting for the foster child (who is in his own room not far from hers) to tidy his own room that he had purposefully messed up. The foster child will eventually realise that nothing is going to move forward or change until he has completed his tasks, to the best of his (and not the parent's) ability and then is rewarded for his behaviour.

**Thirdly**, the foster parent promoted the child's sense of identity, efficiency and self-esteem. She encouraged his sense of efficiency by encouraging his intellectual achievements and development, accepting his limitations but also teaching him how to predict his behaviour and moods. She promoted his self-esteem by seeing the foster child as a loving and giving person and helped him to identify himself as a worthwhile person. The foster parent also acknowledges his biological family as part of who he is and the different relationship that he has with each one.

**Finally**, the foster parent demonstrated her reflective capacity. She has developed the insight to understand that his behaviour is a product of their relationship and does not personalise it. For example, should the foster child lash out at a parent the parent must realise that not all behaviour is related to the parent, but can be as a result of the foster child's past experiences and emotions Wilson, Petrie and Sinclair (2003: 1002) describe the elements of parenting a foster child as responsive parenting.

Straightforward and uncomplicated strategies that are used by foster parents can assist them in dealing with the behavioural issues that foster children present in the placement. Foster parent skills enhanced through training can encourage the positive behaviours in a foster child and encourage the placement to remain stable and strong.

## b. Democratic parenting

The parenting style of a parent can also influence the behaviour of a foster child. Barrett (1999: 102) discusses the successes of a **democratic parenting** style rather than an authoritative style. Children who are raised by a parents who use a democratic parenting style, characterised by listening, open discussions, reasonable and reasoned demands, involvement in decision-making and behaved in a warm and affectionate manner, demonstrated behaviour that is lively, self-disciplined, self confident, with low delinquency rates and were high achieving as teenagers. But parents who used an authoritarian style such as unreasoned conformity and psychological or physical punishment had children that were anxious, withdrawn and lower achieving with delinquency as teenagers.

Barrett (1999: 102) is of the opinion that democratic parenting styles are often more successful because the parents are warm and considerate and giving especially of their time. He states that time allows for discussions surrounding relationships and behaviour and teaches the children to develop skills to solve problems and cope with conflict. Children also develop empathy and understanding. This is only one influencing element on the child's development but clearly a significant one.
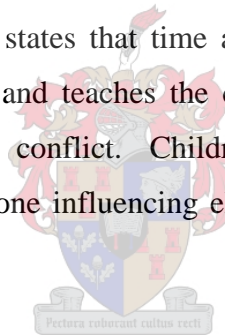
Barrett (1999: 103) also adds that the type of home the child belongs to, even if it is non-traditional, for example a single carer home or adoptive parents, does not dictate the outcome of the child's behaviour. Often families are not financially secure but are able to parent with a democratic style for example and these children grow up to be well adjusted. This could be true for many foster parents in South Africa and assumptions about the environmental characteristics of the foster parent versus the success of the placement cannot be made.

### 4.2.4.3 Attachment

Secondly, attachment is also an issue that foster parents need to deal with regularly in fostering and attachment greatly influences the development of a foster child. The nature of fostering, short or long term, is one of non-permanence and Triseliotis (2002: 31) feels that the main limitation of long-term fostering is the unpredictability and uncertain positions the foster children find themselves in. These issues tend to create feelings of anxiety and insecurity in children. Foster children deal with these issues on two levels: in the foster placement as well as developing attachment issues from their past experiences. However, foster parents are able to use their skills and knowledge to improve these issues for the foster children placed in their care.

### a. Elements of the Attachment Theory

Schofield (2002: 263) discusses the Attachment Theory that suggests that an **improved self-esteem** increases the feeling of being loved and being lovable and also frees the person from intellectual concerns regarding attachment. In other words a foster child might be more open to accepting love from a foster parent and integrating into a family if he is not blocking himself from these benefits by the baggage that attachment issues bring, relating to his past experiences. Schofield (2002: 263) provides the example of an infant who receives predictable sensitive care and this opens him up to learn from the environment, so can a secure base in a foster home frees the foster child to be interested in and learn from and enjoy activities at school and in his environment around him.

Barrett (1999: 101) notes that children who have witnessed violence between their parents are less influenced by the violence than the lack of care and warmth that goes along with this violence. Attachment issues seem to have a greater effect of the child's development than witnessing experiences such as violence. The connection between **being active** and being loved is made in the study. Schofield (2002: 263) feels that in the context of the caregiver-child relationship the promotion of activity is part of sensitive care and success in an activity in turn feeds the child's self esteem.

Previous family experiences of foster children can leave them with emotional concerns as well as behaviours that limit their interest and energy for that around them. Foster children's experience of care is most often one of unavailability, rejection and insensitivity stemming from abuse, neglect or substance abuse issues. Schofield (2002: 264) found that activities in the foster placement helped these children overcome many of these attachment issues. They enjoy attending school but also took part in other activities such as ballet, music, and sport. Some children found that they enjoyed domestic activities. The experience of these activities helps shape the child's sense of self even if the experiences are not always successful or positive. The sense of being encouraged by foster parents to take part in activities helped the foster children to also develop a sense of competence and effectiveness.

Foster children often do not have the freedom or power of choice in their birth homes where choice is directly linked to surviving their environment and the experiences that they go through. However, in the foster home these children can be empowered by foster parents by being given various choices or being consulted in the family from the start of the placement. This inclusion leads to children feeling empowered and in adult life this positive effect had an impact on all aspects of their lives. Further examples of providing children with a sense of a secure base can include regular phone calls from foster parents even if the child had moved away from the placement. (Schofield, 2002: 265)

Schofield (2002: 263) notes that all children are **unique** and have different personalities and ways of expressing themselves. A quiet, well-behaved foster child can still shut itself off from the care in the foster home by nursing their anxieties and fears about their past and future experiences. Other children can be more active and demand attention but are often disappointed by the results of this demand.

**b. A sense of belonging**

Schofield (2002: 267) interviewed adults in her study and found that a secure base for these previously fostered children affected their development especially when these children felt that the foster family was a real family.

Schofield (2002: 267- 269) discusses five elements that make up a sense of belonging in foster children. **Firstly**, family solidarity involves the foster family seeing the foster child as part of their family. The key element in family solidarity is the expectation of the foster child of unconditional love, interest, concern, help and a continuity of involvement over time by the foster parent in the foster child's life. Schofield (2002: 267) notes that foster parents might have a professional role in the above mentioned elements of family solidarity, but this is different to an actual kinship commitment which offers the child security and a sense of belonging. Foster parents who actually accept the foster children as part of their family practically develop this sense of belonging in the children.

**Secondly**, family ritual created a sense of belonging in the children in foster care. The important factor in this element is the extension of family rituals to include the foster child. For example, including the foster child in birthdays and Christmas in a way that is special and specific to that family. **Thirdly**, family relationships help to place a foster child in the family in terms of family identity. (Schofield 2002: 268) The foster children felt a sense of belonging when they reached a level in their relationship with the foster family where they for example identified the foster mother as providing them with a mother role, especially in long term fostering. Labels or stigmas can play a powerful role in fostering and helping the foster child to feel part of the family. They can take the shape of the actual words or at the level of the cultural meaning of the relationship for the child.

**Fourthly**, family identity plays a large role in the attachment issues for foster children as well as their sense of belonging. (Schofield 2002: 268). Foster children and foster parents deal with the stigma of the differences that arise from having or dealing with two different families – the foster family and the biological family. Foster children often struggle with choosing the identity of one of the families they belong to.

Sometimes foster children will choose the identity of the foster family if they have been placed in long term care or their parents have passed away. Others will still feel a strong bond to their biological families. For example, some foster children send birthday cards to both their biological mother and foster mother labelling them each "mother".

Family identity is a specific issue for the foster children and parents in South Africa. Cross- cultural placements, different cultures, religions and races to name but a few can have an effect on the identity of the foster child as well as the foster family and depending on how it is handled, can have an effect on the child's sense of self and belonging.

**Finally**, Schofield (2002: 269) identifies shared family culture as influencing a foster child's sense of belonging and attachment. The foster family that the foster child joins has its own way of doing things and has its own set of morals and values for example. The foster child will be influenced by this but might also choose to take on some of these family cultures. Schofield (2002: 269) notes that the child successfully taking on the foster family's family culture led to a more defined secure base and stability for the foster child. This might have implications and repercussions for foster children who are placed in more shorter- term placements. The influence of the foster family's family culture on the child could lead to conflict in the biological family and negatively affect the foster child's sense of self and belonging in that family.

However, Hudson and Levasseur (2002: 865) found that foster parents often had an ongoing struggle with integration of the foster child into the family as well as the ambiguous nature of the relationship between the foster parents and the foster child. They stated that this struggle could be due to the tension between the agency's expectation that the child should be integrated and the caution that the foster family follows as they are aware that this is quite often a temporary situation. Some foster parents saw fostering as a job with boundaries between themselves, their family and the foster child. They also add that this difficulty to integrate a foster child into the foster family could be influenced by funding. Foster parents often do not have enough funds to take part in family activities due to the extension of their family and the costs that this incurs. The fostering grant often forces foster parents to spend their own finances to accommodate the extra children in the home but these parents might not have the funds available to do so.

**c. Techniques for managing attachment issues**

Wilson, Petrie and Sinclair (2003: 998) looks at four practical techniques of handling attachment. The foster parent in the study **firstly** made sure that she spoke of the foster child as a loved child, seeing him as part of the family and also speaking to him as a loved child. **Secondly**, when the foster parent expressed this love to the foster child she used attachment sensitive times. In other words, she chose moments when the child was relaxed, settled or after there had been an incident. She used these times to develop a level of self-understanding in the foster child.

**Thirdly**, the foster parent handled situations in a way that she loved the foster child during which it would be expected that she would not love the child necessarily. She provided the secure base for the foster child whereby she reacted sensitively as well as consistently while making herself available to him. When the foster carer responded to a difficult situation with the foster child she kept her tone consistent, she remained near him and remained unhurried when he might be feeling like he was loosing control or feeling stressed and anxious. (Wilson, Petrie and Sinclair 2003: 998) **Finally**, the foster parent showed an ability to promote secure attachment. She did this by being understanding and empathetic. She attempted to explore the cause of the foster child's behaviour.  Foster parents who are aware of the importance of attachment in a relationship will be able to respond appropriately to a foster child's specific attachment needs.

**4.2.4.4 Self- Esteem**

Thirdly, a child's self-esteem can influence his/her development. Techniques for improving a child's self esteem will be discussed in this section of the chapter.

**a. Techniques for improving self-esteem**

Roberts (1993: 48) looks at the importance of and techniques for working with young people to improve their self-esteem. He states that professionals who work in the child care field are aware that vital information about a young person's upbringing and environment is often lost when they are removed from their families or moved from placement to placement.

This information about the foster child provides insight as to who these young people are and can enhance their self-esteem. Roberts (1993: 48) adds that in an increasing amount of literature about adults who survived child sexual abuse it is found that they suffer from low self-esteems.

Louw (1991: 91) states that a sense of self develops as soon as a child becomes aware of themselves but it becomes important when a child is about three or four years old. A child will start to show pride in his skills and achievements. A person's feeling of self worth changes throughout his life depending on his experiences and changes in his value system.

Roberts (1993: 49) provides techniques to help improve a young person's self-esteem. **Firstly**, use the child's name regularly. This deliberate use of a child's name when speaking to them can have an effect on the child's self awareness. The child can be made aware of this technique and acknowledge others in the same way. This can be an important technique in developing a bond between the foster parent and foster child due to the positive effect it has for the child but also a sense of awareness that the foster parent develops for the child.

**Secondly**, the child needs to become aware of his body in space, comparing differences to other children and developing their individuality through games that use movement and songs. A child's self concept can be enhanced as well. A foster child with a special singing voice can be encouraged to join a choir or sing at home for the family. This will make the child aware of something special about himself that is recognised by others in a positive manner.

**Thirdly**, praise, when used at the correct time, can also have a positive effect. Praising a child when they have learnt a new skill is particularly effective. This can be quite significant for a child with attachment issues. A child who has now been given a choice to take part in some sort of action and then praised for these developments will show an improvement in his self- esteem and as a result his attachment issues. Finally, clear boundary setting is important. Roberts (1993: 49) feels that a child can develop self-mastery when he understands that he is controlled outside of himself while making an effort to control their own behaviour.

There are a number of factors that influence a child's development, namely, the foster parent's understanding of child development, social worker's assessments, attachment and self-esteem. However, there are also techniques and principles that can be put into action by foster parents in order to meet the needs of the child in their care.

## 4.2.5   Race, ethnicity and cultural identity

Race, ethnicity and culture are the **fourth issues** dealt with by foster parents and will be dealt with in this section of the study. Race, culture and ethnicity are an active subject and matter dealt with in South Africa today and fostering is not exempt from the influence thereof. On the contrary, race, culture and ethnicity is becoming an even more significant factor that influences foster placements as cross-cultural and trans- racial placements are taking place in South Africa today.

### 4.2.5.1. Descriptions

#### a. Culture

Culture is often a way of life for a group or class or race and so on. It includes values, ideas, perceptions and meanings that make up the person's knowledge and understanding of the world they live in. Culture embraces language, child rearing, customs and traditions, dress and diet, family and social relationships, education, belief systems, religion and how we use material goods in our lives.

O'Hagan (1999: 270 - 273) states that culture along with its related words such as 'cultured', 'cultivate' and 'cultivation' originate from the French 'culture' and the Latin 'cultura' with the meaning of "successfully tilling of the land, the improvement of crops and crop production by labour and care". O'Hagan (1999: 270) goes on to add that although these definitions seem to be far removed from our modern day definition of culture it is actually not and provides us with an understanding of the importance that people's perceptions of their culture hold for them. Culture goes back to the earth and what we are likely to be symbolically providing for the word today. The next definition that will be looked at is that of the term "identity".

**b. Identity**

The development of identity can be made up or influenced by a number or factors such as being part of a group, sexual orientation, a nation or country and a language. Some people choose to form their identity based only on a few factors whereas others might choose to develop their identity based on a number of factors.

O'Hagan (1999: 270) also looks at the origins and definitions of identity. This is a word that is often linked to culture and stems from the Latin 'idem' meaning 'the same' and 'intentidem' meaning 'repeatedly'. The core meaning is 'sameness' and 'repetition'. Cultural identity is sense of sameness and belonging people feel in a particular culture. For example, they might speak the same language as those around them. (O'Hagan 1999: 273). Barn (1999: 280) adds that for "mixed" race people this sense of identity might be problematic. The process of racial identification is often complex and carries ambiguities, reservations and deviations. The term "mixed" in itself might suggest something impure. This is an area that needs to be addressed.

There appears to be a link between the descriptions of culture and identity that shows an obvious consequence for children who are placed in trans racial and cultural placements. Any aspect of the foster child's identity and culture that is influenced by and possibly lost or altered by such placements needs to be addressed by foster parents and social workers urgently.

Foster parent's who have trans racial and cultural placements need support from social workers and the community the foster child belongs to as well as training regarding various cultures and races in order to meet the specific needs of the foster child. Trans racial placements will be addressed in the following section of the study.

## 4.2.5.2 Trans racial placements

Foster parents who foster children who are not of their race can lead to complex challenges but can also be very rewarding if the foster parents are equipped to deal with the issues that arise. Concerns of foster parents and the issues that they deal with in trans racial placements as well as the recommendations from foster parents will be examined in the following segment of the study.

### a. Concerns and Issues

Foster parents who have trans racial and cultural placements often have to deal with a number of issues and concerns that are unique to their fostering situation. A number of these issues will now be examined. Vidal de Haymes and Simon (2003: 257) completed a study whereby they examined the issues that trans racial adopters experienced. These issues can be looked at from a fostering perspective as well.

Firstly, they found that the White parents who cared for a child of colour had to deal with **common misperceptions**. They found that they had to spend a lot of time explaining issues to their families and correcting assumptions while at the same time feeling unsupported and protective and sensitive. The two most common misconceptions that these parent's were dealing with were the idea that their family should be pitied and that they had to justify their motivation for taking the trans racial route.

Next, the parents identified a unique aspect of their family in that they were very **visible** and their family raised curiosity and questions. They also had varying responses to their decision to care for children of a different race.

Some family members expressed approval and encouragement while others showed resistance initially and either acceptance over time or complete rejection. (Vidal de Haymes and Simon, 2003: 259) This sense of visibility and curiosity and questions can also arise from the community the foster parent's come from. Foster parents of trans racial placements often have to cope with a lack of general privacy that other families might not experience. Social workers must also take note of the fact that foster parent's extended family might also experience the same loss of privacy and open themselves up to the same scrutiny as the foster parents when seen in the company of the foster parents and foster child. Trans racial training and support might need to be extended beyond the foster family to their biological families as well.

The parent's also had **difficulties** in the following areas: their place of residence, schools and trying to engage with people from the child's own community. Often the parent's lived in a predominantly White area and the children attended predominantly White schools. Other's felt that the child's community of origin was not supporting them.

The children that were interviewed found that they were often pressurised by their peers to choose a racial identity and the loyalty that goes along with it but were pleased to report that this was not the case at home (Vidal de Haymes and Simon, 2003: 261).

Some of the parents went onto add that they had a **high level of awareness** of racial issues. They often avoided the discussion around race or minimized their own experiences of racism. The parents also were divided with regard to the importance of culture. Some felt that it was important to develop the child's sense of culture as well as their own understanding of the child's culture while other felt that there were more important issues to be dealt with. The parent's also indicated that they did not feel that they received enough support for their decision to go down the trans racial route from the agency and social workers. Some social workers were opposed to the idea while others viewed the family as interesting. They stated that they were also disappointed by the training and support they received from the agency with regard to trans racial placements. (Vidal de Haymes and Simon 2003: 268)

Finally, the parents made **recommendations** with regard to the support and resources that these parents might need:

- Provide the parents with a list of resources for things like toys, books, clothes, art, films and magazines that provided a positive image of the child's culture and race.
- Provide the parents with training with regard to information on the child's culture, race and food for example.
- Pair families with mentor families for support and information.
- Provide the parents with a newsletter to connect similar families.
- Provide the parents with a list of local and national events that they might want to take part in.
- Educate social workers on how to support trans racial families and to see this type of placement as a viable placement.
- Provide the parents with parenting classes on how to raise a child or colour in the world dealing with subjects such as racism.
- Develop a forum that helps White parents recognise and deal with their own racism and that of their family and friends.

Parents who foster trans racially have the added challenges of visibility, challenging their own views, opinions and values as well as trying to protect and nurture the child in their care. There is also pressure from outside the placement with regard to the community's views and opinions. These foster parents need specific training and support to understand the task they are accepting as well as skills to cope with challenges and meet the needs of the child.

**b. Foster parent skills**

Parents who foster trans racially need to be made aware of specific skills and strategies that will assist them in improving the quality of the placement, equipping them with coping mechanisms under challenging circumstances and allowing the needs of the child to be met. Relevant skills will be identified and explored in the following segment.

**i. Cultural Competence**

Foster parents need to acquire a certain degree of cultural competence in order to cope with the challenges of a trans racial and trans cultural placement. Vonk (2001: 246) explored and defined the concept of cultural competence with regard to parents who adopt or foster, in the case of this study, children of a different race or ethnicity.

Vonk (2001: 247) identified a **three-part definition** of cultural competence for those role players in trans racial and cultural foster placements that she expands on and gives practical guidelines for. Vonk (2001: 247) uses the framework of Greene et al. (1998) for the definition of cultural competence in social work using knowledge, skills and attitudes as the subdivisions of the definition.

- **Knowledge** "refers to the information needed to develop an accurate understanding of the client's life experiences and life patterns". One of the principles of knowledge involves the understanding of the meaning of oppression for the individual or groups affected.
- The referred to **attitude** is related to the social worker herself, "her self-awareness or assumptions, values and biases that are part of her own culture and the worldview and understanding of the worldview of the client who is a member of a different culture" for example understanding differences.
- **Skills** concern "the development of practice skills that are tailored to meet the needs of the client from a different culture, including cross-cultural communication skills". Vonk (2001: 247) adds that it is not adequate to be aware of how race and culture affects self- functioning. We must also be open to learning how they affect others as well as learning about racism, the nature of oppression and to acquire cross-cultural skills that enable effective intervention.

Vonk (2001: 248) states that in order to develop a framework of cultural competence for parents it is important to understand that the child-parent relationship is one where the parent is involved with the child's healthy and maximum development.

The parent should seek knowledge and skills with which to nurture, guide and support a child. Parents with trans racial placements often struggle to incorporate an identity that included acceptance of their own physical appearance, their birth legacy and traditions and the legacy and traditions of their background. She adds that parents with trans racial placements seems to have special needs such as a need for an increase in their awareness, skills and knowledge surrounding trans racial and cultural placements.

Vonk (2001: 247) states that there are no guidelines as to which attitude, skills and knowledge these trans racial adopters and foster parents need to enhance their cultural competence. O'Hagan (1999: 278) identifies **four reasons** why culture might be neglected with regard to the children and families arena: it is often ignored, misunderstood or misinterpreted, intentionally downgraded and interest therein is criticised, and the importance of culture in the development of identity is not recognised. This might be as a result of the incorrect use of the term culture, the downgrading of culture may occur through acts such as infanticide, and social workers who are already trying to deal with other issues such as emotional abuse might not be able to deal with the difficulties surrounding the definition of culture.

Support for foster parents who foster trans racially needs to take on a holistic approach covering practical skills, enhancing the foster parent's knowledge of culture, race and the effects thereof as well as examining the foster parent's attitude. In order to care for foster children who are not of the same race and culture as themselves, foster parents need to understand all the aspects of race and culture as well as the effects race and culture has on people and the effect they might have on the placement and the parents own family.

**ii. Practical guidelines**

Vonk (2001: 249) looks at three areas that this awareness, knowledge and skills in foster parents needs to increase and then provides some practical guidelines surrounding these areas. **Firstly**, racial awareness on different levels is explored. The parent with trans racial placements needs to have a certain level of self-awareness where they examine their own lives with regard to the role race, culture and ethnicity have had in shaping their attitudes and views today.

Unlike South Africa, the European Americans are the dominant culture and Vonk (2001: 249) recognises that they are able to protect themselves from the anxiety of having to associate with people who are different from themselves. In South Africa, ironically, European South Africans especially are part of the minority culture yet the segregating nature of Apartheid has allowed for a degree of a similar protection or isolation, depending from which side you are looking at the issue, for all population groups, from having to associate with people different from themselves – not only in race, culture and ethnicity but also in views and lifestyle and life choices.

Added to this as with European Americans, European South Africans as well as other races have had a lack of contact with people of other races and cultures and this, according to Vonk (2001: 249) leads to an ethnocentrism. It makes it difficult for these parents to consciously look at their own race and culture and often the dominant culture (whether by population size or by oppression) is all-encompassing although it is not necessarily the " normal" behaviour, value or attitude.

European people often experience advantages, for example, not having to consciously think about themselves in terms of race ("I am Mrs Smith) whereas Black persons are very often identified according to their colour ("I am a Black person who's name is Mrs Smith). Likewise European people are not always identified by their race ("There is a person at the door") but Black people quite often are ("There is a Black person at the door").

European people also have the advantage of their way of life often being portrayed as the norm by the media, for example, make up for fair skin being advertised more often than not or role models being identified as white. With this in mind in trans racial placements the needs of the child needs to be carefully matched with parent's ability and desire to meet them. (Vonk 2001: 250). (See figure 4.1)

The practical guidelines created by Vonk (2001: 252) from twenty five articles with one hundred and seventy six recommendations for self awareness comes in the form of statements that need to be addressed by parents of trans racial placements:

1. I understand how my cultural background influences the way I think, act and speak.
2. I am able to recognise my own racial prejudice.
3. I am aware of stereotypes and preconceived notions that I may hold toward other racial and ethnic minority/majority.
4. I have examined my feelings and attitudes about the birth culture and race of my children.
5. I make ongoing efforts to change my own prejudiced attitudes.
6. I have thoroughly examined my motivation for adopting/ fostering a child of a different race or culture than myself.
7. I am knowledgeable of and continue to develop respect for the history and culture of my children's racial heritage.
8. I understand the unique needs of my child related to his or her racial or cultural status.
9. I know that trans racial – cultural foster parenting involves extra responsibilities over and above those of in racial parenting. I have examined my feelings about inter racial dating and marriage.
10. I know that other might view my family as "different".
11. I know that my children may be treated unkindly or unfairly because of racism.

**Figure 4.1 Racial and Cultural Self Awareness (Vonk, 2001, 252)**

The **second** piece of awareness that trans racial parent's need to develop is the awareness of the role that race, ethnicity and culture play in the lives of other's especially in the lives of the children they care for. Vonk (2001: 250) feels that these responsibilities lie in helping the children to develop a pride in their race as well as skills to cope with racism. The **final** piece of awareness comes in the form of trans racial parent's becoming sensitised to racism and discrimination. These parents need to recognise positive and negative stereotypes and overt and covert racism that exists in the lives of people of race. Vonk (2001: 250) states that parents who are aware are able to help the children to cope successfully to issues related to race, ethnicity and culture.

**Secondly**, Vonk (2001: 251) looks at multicultural planning. This refers to the establishing of opportunities for the trans racially adopted or fostered child to learn about and take part in his or her culture of birth. Children in families of their own race or culture are able to socialise at the same time with these members but this is not the case for children in trans racial placements. This opportunity or lack thereof to socialise with those of the child's own race or culture can move into the community and environment he finds himself in, for example, school and churches. (See figure 4.2)

The practical guidelines created by Vonk (2001: 252) for multicultural planning comes in the form of statements that need to be addresses by parent's of trans racial placements:

1. I include regular contact with people of other races and cultures in my life.
2. I place my children in multi cultural schools.
3. I place my children with teachers who are racially aware and skilled with children of my child's race.
4. I understand how my choices of where to live affect my child.
5. I have developed friendships with families and individuals of colour who are good role models for my children.
6. I purchase books, toys, and dolls that are like my child.
7. I include traditions from my child's birth culture in my family celebrations.
8. I provide my children with opportunities to establish relationships with adults from their birth culture.
9. I provide my children with the opportunity to learn the language of their birth culture.
10. I provide my children with the opportunity to appreciate the music of their birth culture.
11. I have visited the country or community of my child's birth.
12. I have demonstrated the ability for sustained contact with member of my child's racial or ethnic group.
13. I seek services and personal contacts in the community that will support my child's ethnicity.
14. I live in a community that provides my child with same race adult and peer role models on an ongoing basis.

**Figure 4.2 Guidelines for multicultural planning (Vonk, 2001:252)**

**Finally**, Vonk (2001: 251) looks at the area of survival skills that refers to the acknowledgment of the need and the skill of parents to prepare their children of colour to cope successfully with racism. This might be challenging for parents who have never experienced racism towards them. Minimising or ignoring racial incidents is not enough for the children to cope with the racism they might experience – they need to develop strong self-images notwithstanding the racism. (See figure 4.3)

The practical guidelines created by Vonk (2001:252) for survival skills comes in the form of statements that need to be addresses by parent's of trans racial placements:

1. I educate my children about the realities of racism and discrimination.
2. I help my children cope with racism through open and honest discussion in our home about race and oppression.
3. I am aware of the attitudes of friends and family members towards my child's racial and cultural differences.
4. I am aware of a variety of strategies that can be used to help my child cope with acts of prejudice and racism.
5. I know how to handle unique situations, such as my child's attempts to alter his or her physical appearance to look more like family members or friends.
6. I help my children recognise racism.
7. I help my children develop pride in themselves.
8. I tolerate no biased remarks about any group of people.
9. I seek peer support to counter frustration resulting from over and covert acts of racism towards my children, my family or me.
10. I seek support and guidance from others who have a personal understanding of racism, particularly those from my child's race or birth culture.
11. I have acquired practical information about how to deal with insensitive questions from strangers.
12. I help my children understand that being discriminated against does not reflect personal shortcomings.
13. I am able to validate my children's feelings, including anger and hurt related to racism or discrimination.

**Figure 4.3 Guidelines for survival skills (Vonk, 2001:252)**

Goldstein (1999: 298) states that the development of an identity for Black children placed with White parents is achievable and positive if factors that impact negatively on the child, such as racism and marginalization are identified and address by the family, community and finding the correct placement for the child.

Vonk (2001: 251) provides social workers and foster parents with practical questions with regard to trans racial placements and subjects that need to be dealt with as well as a clear definition of cultural competence and structures practical guidelines around this. Vonk (2001: 251) also provides foster parents and social workers with guidelines for "survival skills". The questions that are provided are clear and comprehensive and can be used as a training and support tool for foster parents who foster trans racially.

**iii. Direct work with Black children**

Before exploring any issues that Black children might experience in trans racial and cultural placement the term and meaning around the term 'Black' needs to be considered. Banks (1992: 22) states that the term **'Black'** is now being used to describe a group of people with a common ethnic background or people that have experienced racism. This word is being used as a noun to describe these people. However, some children might reject this term due to the danger of being labelled but not actually be rejecting who they are. They are rejecting the concept of labelling. Other cultures might use the term 'brown' but some Asian communities due to the caste system might reject this for example. Banks (1992: 22) suggests that the term 'coloured' be rejected as it implies a denial of ethnic difference. As the term 'Black' has more positive connotations it is used by Banks (1992: 22) during his study and research publications.

Next the techniques that can be used when working with Black children will be examined. Where somewhat is written about trans racial and white placements, Charles, Rashid and Thoburn (1992: 18) state that little is known about the problems that Black families face when they foster or adopt children and the coping strategies that these parents and children use to move through these issues. Banks (1992: 19) states that there is no research available when working directly with the identity needs of Black children.

He developed techniques when specifically doing identity work with Black children and discusses the role that identity and "Blackness" plays in a child's sense of self. The technique is called **cognitive ebonization** and Banks (1992: 21-24) states that this technique aims to provide children with some intelligence about racism without crippling them with paranoia as well as developing their sense of self worth without being trivializing of others and to love their colour without belittling other groups.

The **technique** is divided into sections: This has been adapted to illustrate the use of the techniques for foster parents:

- **Firstly**, the child's perception of Blackness needs to be changed. This can be achieved by using positive terms when relating to the colour black. White is associated with all things pure and clean while black is associated with something dirty or evil. Foster parents can chose books or stories or games that use a positive connotation for the word black. For example, "a shiny black coat" or "a beautiful black car". The story might go around a child who owns something black that others are envious of.

- **Secondly**, Blackness could be something that the child can strive to achieve, for example, "when you know about the achievements of Black role models you will be proud to be Black."

- **Thirdly**, the foster parent and child can actively search for and acknowledge the achievements of Black role models together. The foster parent can set up a quiz whereby the foster child needs to determine "who successfully achieved the first blood transplant?" The children might be surprised by what they find as often these achievements are overshadowed by the achievements of White role models.

- **Fourthly**, foster parents can highlight the positive presence of Black people in the media and in visual positions such as on television. The negative portrayal of Black people in the media will have to be actively avoided during this process. Next, the foster parent can select books, poster's and so on with multicultural themes for the affirmation of the black person's position in society (Banks, 1992: 23).

- **Fifthly**, Banks (1992: 23) goes on to add that foster parents can actively label to show the child's belonging. This can be achieved by using the word "we" or referring to the family and community the child belongs to. Foster parents might be able to learn the child's language of origin in order to converse with the child on a different level. The foster parents will also need to acquire skills in sensitive ethnic characterisation for example, with hair or facial features. Banks (1992: 23) states that the English language tends to use negative adjectives to describe the features of a Black person, such as "thick" lips or "fuzzy" hair. A more positive description could be "full" lips.

- **Finally**, the foster parent can explore the realities of oppression and racism with the child as they arise.

Banks (1992) and Vonk (2001) provide practical guidelines and tools with regard to the supporting and training of foster parents with trans racial placements but also go on to a more specific level of working with parents who foster black children specifically. They examine perceptions, attitudes and skills and practical guidelines are provided for the foster parents or the social workers involved. The questions as set out by Vonk (2001) along with the techniques of cognitive ebonization of Banks (1992) can be used as a starting point by social workers to evaluate where foster parent's are at with their knowledge, awareness and skills with regard to race and culture and the needs of the children in placement. Banks' (1992) technique can be used as a training tool in a practical training session with foster parent's to improve their knowledge, awareness and skills.

### 4.2.6   Contact with biological parents and relevant parties

Contact issues can often not be avoided by foster parents. Contact can have an impact on the success of the placement, the support the foster parent receives, the daily routine of the family and the foster parent's own family. Foster parents need to be aware of the impact contact can have as well as skills to deal with contact. Contact is the **fifth** issue for foster parents identified in this study and will be dealt with in the following section.

**4.2.6.1 Foster parents perspective**

Factors influencing contact with biological parents and other parties, negatively or positively, will influence the foster parent's view of and co-operation in contact. Contact can be seen as either successful or difficult by the foster parents based mainly on the reaction of the foster child and co-operation and support or lack thereof by the social workers and parents.

Waterhouse (1992: 42- 43) completed a study whereby she examined foster parent's view of contact with biological families and other relevant parties. The findings showed that the foster parents found contact **successful** if the child was happy and content after contact with biological families and other relevant parties had taken place and if the child seemed to be benefiting from the experience. The foster parents also found it to be successful if they had an easy relationship with the parents and the social worker and a neutral venue for contact with biological families and other relevant parties could be found outside of their homes. The foster parents were committed to contact with biological families and other relevant parties if they could see that it was a clear part of a rehabilitation plan and if the reason for the child being in care was related to the parents not being able to cope rather than due to abuse. The foster parents also responded favourably towards contact if they felt that the social worker was supportive and if the social worker was able to provide them with information regarding the child and his family.

Foster parents found contact **difficult** if: the biological family became involved in the contact arrangements without the foster parent being aware of this, parents were not consistent in sticking to the contact plan, the foster parents had to supervise contact, the parents were difficult and the foster parents and biological parents had a difficult relationship and if the child was in care due to abuse (Waterhouse 1992: 42). There appears to be specific criteria for foster parent's that classify contact with biological families and other relevant parties as either a positive or negative experience or whether it has been successful or not with regard to the foster child.

Foster parent's need to be made aware of their role in contact with biological families and other relevant parties and how to support foster children during these visits. They also need to made aware, through training, what can make contact difficult and how to cope with these issues appropriately especially with the foster child's parents prove to be contentious.

**4.2.6.2 Factors enhancing successful contact with biological families and other relevant parties**

Mapp (2002: 175) completed a study whereby she looked at the benefits of family contact for children in long-term foster care. These issues can also be relevant to short-term foster parents. She also made suggestions for successful family contact and coping with reactions to contact. The various aspects of attachment and identity have been discussed in this research and Mapp (2002: 177) adds that the results of other studies suggest that when children are removed from their families they believe that they have no identity to relate to. As a result as adolescents these children fail to complete one of the developmental tasks of developing a self esteem and do not go onto develop other positive relationships, for example with the foster family.

Mapp (2002: 177) and Oppenheim (1992: 24) state that **reunification** as a continuum can help the child to maintain relationships and/or build relationships. She suggests that social workers move slowly with regard to the family contact, such as first writing a letter, and then increasing the contact over time will give the child time to develop the relationship. Mapp (2002: 177) stresses that it cannot be assumed that reunification and further family contact will automatically lead to a positive family relationship for the child and the birth family. Just because a relationship between the child and his family is no longer abusive does not mean that it is positive.

Mapp (2002: 177) **describes effective family contact** as including a safe environment, such as a home like environment (Haight, Kagle and Black, 2003: 204) where the assessed parents and child can interact in a structured way. The parents and child should be assessed to determine their level of skills and abilities as well as to find areas of mutual interest between them.

The child might have **various reactions to the family contact** such as being happy to see the family, but still angry about the abuse that occurred. The child might have mixed feelings of loyalty to the birth family and the foster family. Mapp (2002: 178) and Oppenheim (1992: 24) suggests that the foster parents express their approval of the contact in order to free the child of the sense of disloyalty they might have. This also frees the child to develop a picture of his family and their issues without having to focus on loyalties. The verbal and non-verbal reaction to the family contact must be carefully assessed, according to Mapp (2002: 178) and Haight, Kagle and Black (2003: 204). The foster parents (and social workers) must determine if negative behaviour means that the child is distressed or if it is caused by a strong attachment to the family. She highlights that behaviour is often the way in which a child communicates and this needs to be watched carefully. The foster parent needs to be aware of the fact that they might have to deal with a difficult period with the child after family contact and the child might be processing his feelings during this time. If the contact is a negative experience for the child when arranged on a regular basis, it can be used as a reward for the child and family on arranged days only, for example. The amount of family contact allowed in fostering is still a difficult and unresolved issue.

Family contact is not a one-dimensional aspect of fostering but rather a multi-dimensional component of fostering that involves a number of parties such as the foster parents, the foster child and the biological family. It is also affected by attitudes and views and affects the behaviour of the foster child. It is an aspect of fostering that needs to be carefully monitored and negotiated and foster parents need to develop an understanding of the concept and importance of family contact. Foster parents also need to be supported in their reactions and feelings towards contact and provided with skills to cope with contact and the parties involved. Skills and support with regard to dealing with the foster child's specific behaviour, feelings and views might also be necessary for the foster parents.

**4.2.6.3 Barriers to successful contact with the biological family and other relevant parties**

Foster parents can play an important and key role in preventing family contact from being a successful experience and tool in the foster child's life.

Firstly, foster parents might find it difficult to distance themselves from the biological parents history sufficiently enough for the child to develop a relationship with them. Foster parents might forget that fostering is a temporary arrangement that allows the foster child to develop in a family environment while, for example, his or her parent's are trying to improve their own situation sufficiently for the foster child to return home. Mapp (2002: 179) and Kufeldt, Armstrong and Dorosh (1995: 712) found that foster children are able to distinguish between their biological families and the foster parents with regard to family functioning and parental care, but foster parents and families not being able to work together were a concern. The best interests of the child need to remain central for all parties involved. If the foster parent does not in essence show the child that it is acceptable to have more than one set of parents at a time, the child will have to cope with his own conflicts regarding the matter. The foster parents need to give the foster child permission to love their biological families, or not to if that is the case. If the foster parent is negative about the biological family this will give the child the message that their family of origin is not worthy of respect and maybe the child is then also not worthy of respect and love.

Oppenheim (1992: 24) goes as far as to suggest that poor communications between the child and their family and the foster parent and family and so on will lead to a weakening of the connection of all the systems involved in the fostering environment The foster parents must also be open to helping the child to process any feelings they might have with regard to their biological families and contact.

Foster parents can create a barrier to the child developing a relationship with their families by asking for family contact to be decreased if the child acts up after contact rather than trying to work through the issues. The foster parents can also take ownership of their own feeling with regard to the abuse that the family inflicted on the child and not try to prevent contact due to these issues.

This is also true for the social worker. Haight, Kagle and Black (2003: 204) adds that if the social worker, and this can be assumed for foster parents as well, understand the various aspects of the child-parent relationship this may assist in supporting these relationships during family contact. Kufeldt, Armstrong and Dorosh (1995: 713) add that strong communication between all parties involved in contact is necessary for children to develop a relationship with both their foster family and biological family. Mapp (2002: 180) adds that not all family members might want to have contact with the foster child and this can be a barrier to developing family relationships as well.

### 4.2.7    HIV/AIDS and foster care

HIV/AIDS and the issues that it raises for fostering is the **sixth** challenge that will be explored next. The major topics that might be covered in training for HIV foster families included confidentiality, behavioural management, working with natural families, emotional factors, separation and loss, and others. Other issues discussed are foster parent training, supplemental services, later adoption possibilities, payments, and the expressed fears and doubts of foster parents caring for HIV-positive children. It is recommended that a national conference address the issues (Cohen and Nehring 1994: 60-67). These issues have been addressed in this research in general foster parenting.

Ever-increasing numbers of South African children are born with HIV infection, obtain it at a later due to sexual abuse, or are affected by AIDS and other persistent diseases which affect family members, predominantly caregivers. According to one estimate in the Review of the Child Care Act (1998), as many as 2,5 million children under the age of sixteen years in South Africa stand to be orphaned by AIDS by the year 2005. Studies in general with regard to HIV/AIDS show that the period between HIV infection and developing AIDS is five to seven years, and that the period between developing AIDS and death is seven months to two years. This gives some indication of the likely ages at which children might be orphaned by AIDS, based on possible life expectancy of HIV infected mothers (Review      of      the      Child      Care      Act,      1998:4.2.7).

The consequences of HIV/AIDS in South Africa are extensive and disastrous. It is estimated that the prevalence of HIV/AIDS in South Africa will peak in the years 2010 -2015 (depending on the particular province), at which time approximately 25% of children (comprising 9 -12% of the total population) will be HIV positive, which is about 3.5 to 4.8 million children (Review of the Child Care Act, 1998:4.2.7).

The morbidity rate of children with HIV/AIDS is higher than that of adults. The present legal framework is badly prepared to deal with the HIV/AIDS pandemic. Consent to medical care where children or caregivers are infected is a practical problem at present, as is the thorny question of HIV testing of children. Also, alternative forms of community and cluster care will have to be developed and provided for in legislation in order to ensure non- institutional placement options for children who have been abandoned or orphaned as a result of HIV/AIDS (Review of the Child Care Act 1998).

HIV/AIDS in adults will have extremely serious implications for children in causing the incapacitation and death of their caregivers and in the exhaustion of the supply of educators, health care staff and other essential service-providers. With a current lack of foster parents in the children and family welfare sector the pressure on social workers, with an already poor resource level, to find skilled and knowledgeable foster parents for child who are HIV positive or have AIDS is increasing daily.

Children who are HIV/AIDS positive need carers who can administer their medication correctly, respond to their medical needs and provide them with a loving and caring environment for them to thrive in. Foster parents who work with children infected by HIV/AIDS also need a good understanding of child development in order to help the child move towards his/her milestones. These foster parents need regular support and training in order to remain updated with regard to current medication, parenting tools and coping mechanisms.

### 4.2.8 Grief and loss

Grief and loss are the **seventh** challenges that foster parents face and need to manage. This will be explored in the following section of the study. Foster parents have to deal with the reality of a foster child leaving their care on a regular basis. As with any child in their care, parents have feelings of loss, sadness and grief that occurs each time a child moves on regardless if the placement was successful or not. Foster parents bond with the children in their care to varying degrees and have to cope with the feelings that go along with this bonding and then moving on of the foster child. Fostering and the tasks and feelings involved can be intense. Grief and loss is the next issue for foster parents to be examined and will be done so in the following section.

### 4.2.8.1 Issues surrounding grief and loss

Edelstein, Burge and Waterman (2001: 5) address the issues surrounding grief and loss for foster parents: the manner in which the foster parents encounter loss and grief on a continuous basis, factors that affect the intensity of the loss and the healthy expression and resolution of the grief, problems that result if the grief is not dealt with, how professionals can assist foster parents. Edelstein, Burge and Waterman (2001: 6) highlight that foster parents welcome, care for and then have to say goodbye to society's vulnerable children and often this is an issue that is forgotten and not addressed. Recently, the focus on the effects of attachment and self esteem has developed an expectation for foster parents to treat foster children as their own and develop an attachment with the child whereas in the past foster parents were warned not to get too close to the child due to the temporary nature of fostering.

### 4.2.8.2 Different ways of encountering grief and loss

Foster parents encounter loss and grief in **different forms** (Edelstein, Burge and Waterman, 2001: 8). Foster parents, firstly, often find it difficult to empathise with the **biological parents** on the loss of their child. Foster parents often have negative feeling toward the child's parents due to the reasons the child came into care.

The foster parents often do not understand how a parent can abuse a child and if the parent tries to make contact with the child it is seen as an attempt to disrupt the placement. The foster parents can find it difficult to give recognition to the parent's grief that is brought to the fostering arena. The foster parents also have to deal with the child's feelings of loss and grief with regard to being removed from their birth homes. Helping a child make the transition from their homes to the foster home can be exhausting and demanding and foster parent's need to be emotionally involved and committed. Often, foster parents find it difficult to understand how a child might feel loss and grief about being separated from a parent that has abused or neglected them (Edelstein, Burge and Waterman, 2001: 10).

Children might also not act traditionally sad when they are grieving – they might act aggressively or act out towards the foster parent. Being in a new environment might lead the **foster child** to act in a disorganised way, have a lack of concentration and have sleep and eating disturbances. Foster parents also often report a honeymoon period where all goes well until about three weeks in into the placement after which the child then acts out and demonstrates more obvious signs of grief and loss. Children who have had many placements often interact in a superficial manner in the placement with a lack of trust for the foster parents. The foster parent themselves might also have past experiences of loss that the placement might bring out in them (Edelstein, Burge and Waterman, 2001: 11).

Foster parents might also experience a symbolic **loss of innocence** when being confronted by the details of the foster child's past experiences. This can allow the foster parent to feel anxious and frustrated and powerless.

Foster parents might want to correct the past by being a "good" parent as opposed to a "bad" parent. But this places pressure on the foster parent that might not be realistic to maintain over a long period of time (Edelstein, Burge and Waterman, 2001: 12).

Finally, foster parents will feel a loss when the **placement moves on**. Often this sense of loss is overlooked by those around the foster parent and the relationship between the foster parent and the child might not be one that is viewed an strong enough to mourn about in comparison to a child dying for example. However, the foster parent, who has invested a lot into the foster child, has lost the unique relationship that they might have had with that specific child (Edelstein, Burge and Waterman, 2001: 12).

Foster parents are not only surrounded by and have to deal with their own sense of loss and grief but also that of the foster child, the child's family and their own family and friends. This is a large and emotive responsibility and foster parents need to have an insight into loss and grief and the effects thereof as well as factors that can influence this loss and grief.

### 4.2.8.3 Factor's influencing a foster parent's grief and loss

Factors that influence a foster parent's grief include the characteristics of the child, the foster parent- child relationship, circumstances around the child's transition, the foster parent's own motivation to foster, personality, belief system, culture and sense of responsibility. Different foster parents have different reasons for fostering as well as different ways of processing and dealing with grief and loss. (Edelstein, Burge and Waterman 2001: 15) Should foster parents not deal with their feelings of grief and loss appropriately a number of issues may arise. Foster parents may not be emotionally available to further foster children, or may sabotage any progress a child might be making or creating a scene on the day that the child is meant to move on thereby, making the separation process difficult and traumatic for the child.

Foster parents may also make the new placement for the child difficult by maintaining an inappropriate level of contact with the child. Some foster parents might choose to stop fostering completely due to a lack of energy they might experience from unresolved grief (Edelstein, Burge and Waterman, 2001: 18).

Edelstein, Burge and Waterman (2001: 19) make some recommendations with regard to addressing these needs of foster parents, namely, running educational programmes for foster parents as well as social workers and other professionals regarding the issue of separation and loss for foster parents as well as validating the grief of the foster parents. Loss and grief in the fostering process is one that needs to be recognised and dealt with. Often the effect of loss and grief is ignored as the foster child is not recognised as the foster parent's own child and the natural feelings that the parents experience is not recognised. On the contrary the loss and grief a foster parent experiences and needs to deal with in the placement is often more difficult due to the nature of fostering and the tasks the foster parents need to cope with in order to meet the foster child's needs.

### 4.2.9    The foster parent's own children

The **final** issue for foster parents dealt with in this study is the foster parent's own children. The foster parent's own children are often forgotten in the fostering process and they more than often provide a more comprehensive service to the foster children themselves than other persons involved in the fostering process.

The foster parents own children often have to share their bedrooms, friends and parents with children they are also getting to know. Foster children are also often a confident for foster children especially if they are of the same age or older. However the experience of growing up with other children in their homes can be enriching and educating for the foster parent's own children. Part (1993: 26) explains that in various studies conducted if was found that the foster parents own children gained a great deal from the experience but also sacrificed a lot during certain stages of their development. The studies went onto add that the foster parent's own children could cause a placement to fail if they were experiencing or causing problems. These children have an important role to play during the fostering process as they are often the sounding boards for the foster children, are the ones who have the most contact with the foster children and often are their main support network. But the foster parent's own children might feel a sense of displacement. These children also tend to become perceptive and empathetic adolescents and adults who are able to empathise with others while adapting their view of the traditional family and inviting others to join theirs.

Part (1993: 27 – 29) asked seventy-five children how they felt about fostering, if they preferred girls or boys, and what was the worst and best aspect of having a foster child in their homes. The majority of the children (60%) liked fostering and a fifth did not think that fostering was necessarily a good thing. The children identified contact visits in their home as a problem for their parents but this was not necessarily a problem for them. None of the children identified biological parents in the home as the worst thing about fostering. They liked fostering but acknowledged that it was sometimes difficult and upsetting. They identified the best aspect of fostering as companionship, caring for babies and young children and the challenge of helping. Basic issues such as room sharing, sharing time with their parents and behavioural issues are often an issue for foster parent's children. The worst aspects of fostering was identified as the children stealing and difficult and annoying behaviour and the attention given to the foster child.

Generally, Part (1993: 30) found that most of the foster parent's own children enjoyed fostering. It can give them a greater appreciation of their family as well as an awareness of the difficulties that other children and families experience. Some children were aware of the maturity that they developed as a result of fostering.

Fostering seems to have a more positive effect than negative for the foster parent's own children but these children also need to be included as an active part of fostering and recognised for the role they play in the foster child's life. The effect of fostering on the foster parent's own children needs to be monitored and coped with.

## 4.3 SUMMARY

Foster parents deal with a number of issues on a daily basis and eight of these issues have been highlighted and discussed in this chapter of the study. There are a number of issues that foster parents deal with and these can be highlighted in further studies. Foster parents often have to juggle certain elements or challenges that arise out of the fostering task such as the effect fostering has on their own children and the role that their children play in fostering.

Other factors include dealing with a foster child's behaviour and monitoring a child's developmental needs. Foster parent's also need to be aware of any differences that they might have in relation to the foster child such as race or culture and the effect that this might have on the placement and the foster child. Foster parents need to be aware of the dynamics surrounding contact and how to deal with contact issues. They also need to receive information surrounding any health issues that a foster child might have such as HIV/AIDS.

The support systems surrounding foster parents needs to be examined and encouraged especially during period of grief and loss. Foster parents also need to be recognised for the role through grants and financial resources for foster parents needs to be examined. Foster parents need to play an active role in gathering information on these challenges which allows them to deal with them effectively and in everyone's best interests. Social workers need to provide the foster parents with the opportunity to receive training on these challenges and how to deal with them as well as visits where these challenges and the training is discussed.

**CHAPTER 5**

**EXPLORATION OF THE SUPPORT AND TRAINING PROVIDED FOR FOSTER PARENTS**

**5.1 INTRODUCTION**

Foster children placed with foster families create changes in roles in the family, and relationships such as marital relationships, relationships between siblings and in relationships with extended families and the community. Foster families come face to face with, and have to deal with various issues in their fostering career such as religious, racial and cultural differences between the foster child and the foster family. These experiences have an effect on fostering, as well as any issues surrounding boundary setting and lack of boundaries with regard to the child's family and the welfare organisations and social workers the foster parents work with (Hudson and Levasseur, 2002: 855). Foster parents also have to cope with other related stressors and problems such as biological parent's visits and interference, court related stressors, and day-to-day management of the foster child such as the schooling, extra-curricular activities and running the home with regard to meals, general family hygiene and so on. The foster parent also needs to deal with matters related to their own family and attachment issues to the foster child (Stovall and Dozier, 1998: 55 – 88). Other issues that foster parents have to cope with include a high prevalence of medical, emotional, developmental and behavioural problems in foster children which can lead to foster placement breakdowns, high stress levels, deregistration and false allegations against the foster parents (Rich 1996: 437 – 445).

Foster parents are often inadequately trained to understand and help with these difficulties and childcare service organisations do not have the resources the deal with this problem related to training. The objectives of this study was to explain the legislation and policies in South Africa with regard to the support needed by approved foster parents and the implementation thereof by a welfare organisation as well as to describe the nature of fostering in South Africa and the issues identified that approved foster parents deal with.

Further more the objectives were to investigate and discuss needs for support of identified approved, non-kinship foster parents and to investigate the role of the social workers and welfare organisation in the support and training of foster parents. These objectives were formulated in order to achieve the aim of the study, which was to explain the nature of support and training offered to approved foster parents in a child and family social service organisation by social workers.

This chapter entails the results of the study undertaken with approved foster parents and social workers from the Johannesburg Child Welfare Organisation.

## 5.2 EMPIRICAL STUDY

The following section contains the findings of the empirical research undertaken.

### 5.2.1 Research method

This study has been limited to the Johannesburg Child Welfare Organisation in Gauteng. The motivation for this differentiation was explained in Chapter 1. Both quantitative and qualitative research methods were applied in this study.

### 5.2.2 Sampling and data gathering

#### 5.2.2.1 Interviews with the foster parents

The sample for this study was drawn from the approved foster parent population at Johannesburg Child Welfare Organisation. Non-probability sampling was used to identify the participants of the study. According to Bless and Higson-Smith (1995:88) and Huysamen (1994:343-44) non-probability sampling is advantageous in that it is less expensive and complicated than probability samples. Purposive or judgemental sampling was specifically used during this study. Bless and Higson-Smith (1995:95) and Huysamen (1994:44) describe this type of non-probability sampling as the most important kind of non-probability sampling. It is reliant on the experience and judgement of the researcher regarding the characteristics of the representative sample.

The researcher relied on the social workers approaching approved foster parents for the study due to the fact that the researcher lives in Cape Town and the foster parents and social workers reside and work in the Johannesburg area. The total number of approved foster parents at Johannesburg Child Welfare Organisation at the time of the study was 649.

The researcher chose to interview five percent (5%) of this number due to time constraints (32 foster parents were approached by the social workers at the organisation). A total number of eight foster parents would be able to be interviewed per day over a four-day period by the researcher using a formulated questionnaire (Annexure A) during September 2005. The organisation's offices are open for eight and a half hours per day and 32 foster parents fitted into this time slot. The foster parents had to approved and non-related to the children in their care. They could be male or female and single or in a partnership. The foster parents were interviewed at the organisation's office due to the fact that the researcher was not familiar with Johannesburg and would not be able to go to the foster parent's homes due to time constraints. The study sample was eventually made up of 27 (N = 27) individual approved foster parents (25 (N=25) families as two sets of foster parents were interviewed as married couples) as five (5) foster parents were not available or did not arrive for the interviews on the day. Therefore, depending on the factor investigated 25 (N=25) or 27 (N=27) will be indicated.

The questionnaire used for the interviews to gather information from the approved foster parents was divided into nine sections: Personal data, Fostering Grant, Biological children, Social work support, Child development and behavioural issues, Race, ethnicity and cultural identity, Contact with the biological family, HIV/AIDS, Grief and loss and Training. The questionnaire consisted of structured and open-ended questions. The empirical study was based on the goal and objectives of the study as described in Chapter 1, and also in the literature review of Chapters 2, 3 and 4 of this report. Voluntary participation was stressed at all times and was verbally expressed by the social workers to the foster parents as well as verbally and in writing by the researcher.

Written consent was obtained from all the respondents (Appendix B), which included the guarantee of confidentiality and anonymity within the study. Access to the results of the study was promised to the respondents, which emphasized the value of their participation in the study.

### 5.2.3 Identifying details of the foster parents

The following data presented is the identifying details of the foster parents, gathered from interviews using questionnaires with 27 foster parent families during a four-day period in September 2005.

### 5.2.3.1 Age of the foster parents

The **first** factor investigated was the age of the foster parents and the distribution is reflected in the graph below.
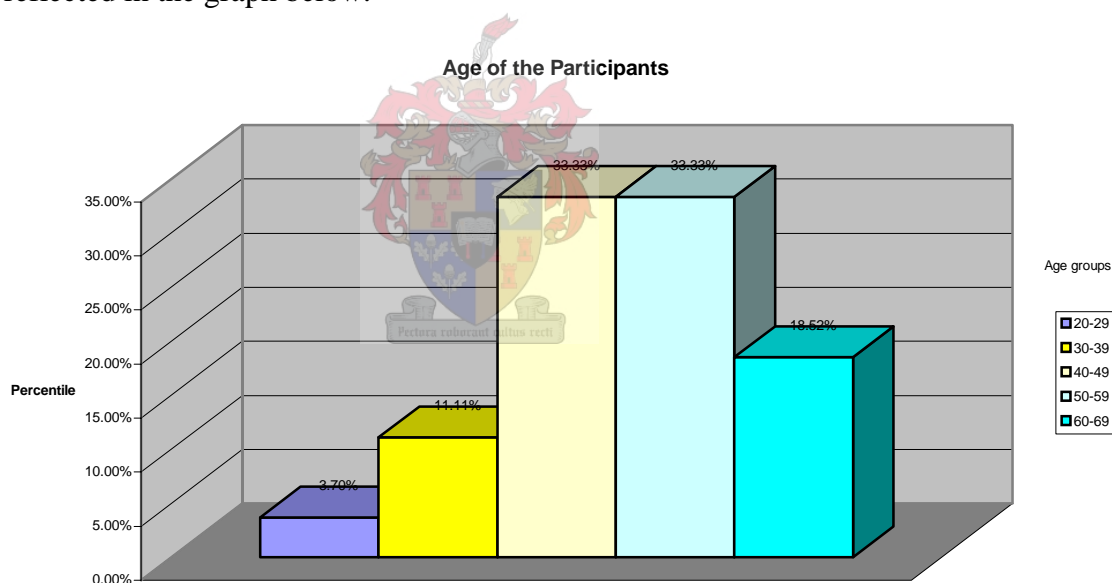


**N=27**

**Figure 5.1 Age of the foster parents**

As shown in Figure 5.1 most (66.66%) foster parents fell within the age range of 40 to 59 years old with the second highest number of foster parents falling within the range of 60 to 69 years old (18.52%) while the remainder (14.81%) fell within the age range of 20 to 39 years old. The highest concentration of foster parents fell in an older age range. This corresponds with Everett's (1995:241) study where it was found that most foster mothers are older than 51 years.

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This finding corresponds with Hudson and Levasseur (2002: 855) who stated that the age of foster parents and what they can offer foster children as a result of their age can be an influence on a foster placement as well as other experience and skills a foster parent might bring to the fostering arena at a more mature age. The conclusion can be drawn that most of the foster parents are in the elderly life phase.

### 5.2.3.2 Marital status

The **second** factor investigated was the marital status of the foster parents and the distribution is reflected in the table below.

**Table 5.1 Marital status of the foster parents**

| Marital Status | N | Percentage (%) |
|---|---|---|
| Single | 5 | 18.52% |
| Married | 14 | 51.85% |
| Separated | 1 | 3.70% |
| Widow/widower | 3 | 11.11% |
| Partner | 4 | 14.81% |
| Total | 27 | 100.00% |

**N=27**

The findings in Table 5.1 show that just more than half (51.85%) of the foster parents are married and 14.81% have a supportive partner. This finding is in line with SANC (1987:94-97) and Rhodes et al (2003:136) who suggest that foster parents utilise their resources, such as friends, partners and family members. A third of the foster parent's interviewed were either single (18.52%), separated (3.70%), or widowed (11.11%). According to SANC (1987:94-97) foster parents who meet different criteria can be used for various placements depending on the needs of the child, for example, single foster parents might meet the needs of a child who is not able to build relationships with many people.

### 5.2.3.3 Gender

The **third** factor investigated was the gender of the foster parents and the distribution is reflected in the pie chart below.

**N=27**

Gender of the Participants
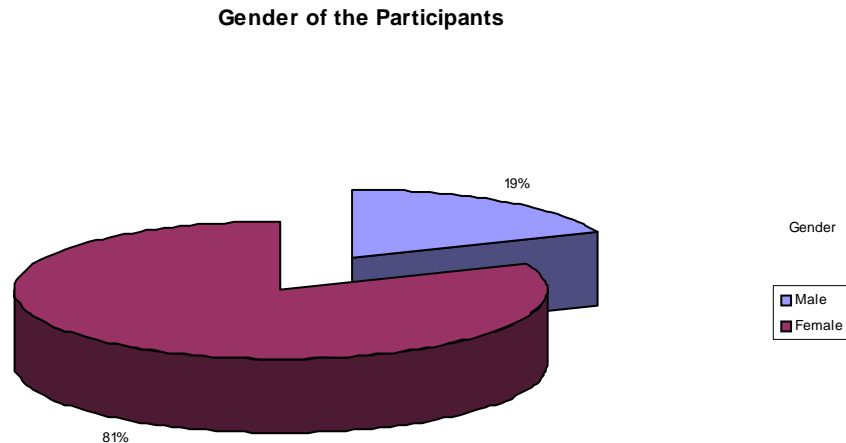


**Figure 5.2 Gender of the foster parents**

The large majority of foster parent's who viewed themselves as the primary caretaker of the foster children were female (81.48%) although a large majority of these foster parents have husbands and partners who also play a significant role in the foster child's life as well as a role in supporting the female foster parent. This correlates with Hudson and Levasseur (2002: 855) who mention that the role of the foster father can be an issue that foster parents deal with while fostering. What the role of the foster father is, as well the influence of fostering on his tasks in the home needs to be determined and the lack of such information may play a role in the enabling foster fathers and developing and supporting their skills as foster parents.

One single/unmarried male took part in the study (other than the married men who took part in the study as part of a couple) and did not differentiate between his role and that of other female foster parents – he felt that all foster parents had to deal with issues and parent the foster children to the best of their abilities. The male foster parents did, however, appear to have a hands on approach to parenting the foster children and did not leave traditional roles to their female counterparts.

They put this down to an acceptance of the foster children as their own as well as the reality of raising a number of children between two partners.

### 5.2.3.4 Race of foster parents

The **fourth** factor investigated was the race of the foster parents and the distribution is reflected in the graph below.

**Table 5.2 Race of the foster parents**

| Race | N | Percentage (%) |
|------|---|----------------|
| Coloured | 11 | 40.74% |
| Black | 8 | 29.63% |
| White | 8 | 29.63% |
| Indian | 0 | 0.00% |
| Total | 27 | 100.00% |

**N=27**

Foster parents from all racial backgrounds were approached to take part in the research, but only one Asian foster parent was prepared to participate. However, during the four-day interview period the Asian foster parent informed their social worker that they were no longer willing to participate. The reasons provided by the Asian foster parents was a level of discomfort at possibly pointing out negatives of other foster parents, although this was clearly explained to the foster parents as not being the goal of the research by the social worker. The Asian foster parents also felt that any issues they might deal with should remain within their community and dealt with as such. The result is that no Asian foster parent's are represented in this research.

Equal quantities of Black and White foster parents took part in the study but the majority that participated in the research were Coloured foster parents. There might be number of reasons for this distribution of race amongst the foster parents, namely, the geograghics of the area, the nature of the social worker's case loads or a degree of willingness to participate in research versus a participant's race. These are factors that can be investigated in further research studies.

### 5.2.3.5 Number of biological children

The **fifth** factor that was investigated was the number of biological children per foster parent and the distribution is reflected in the pie chart below.

**Biological Children of Participants**
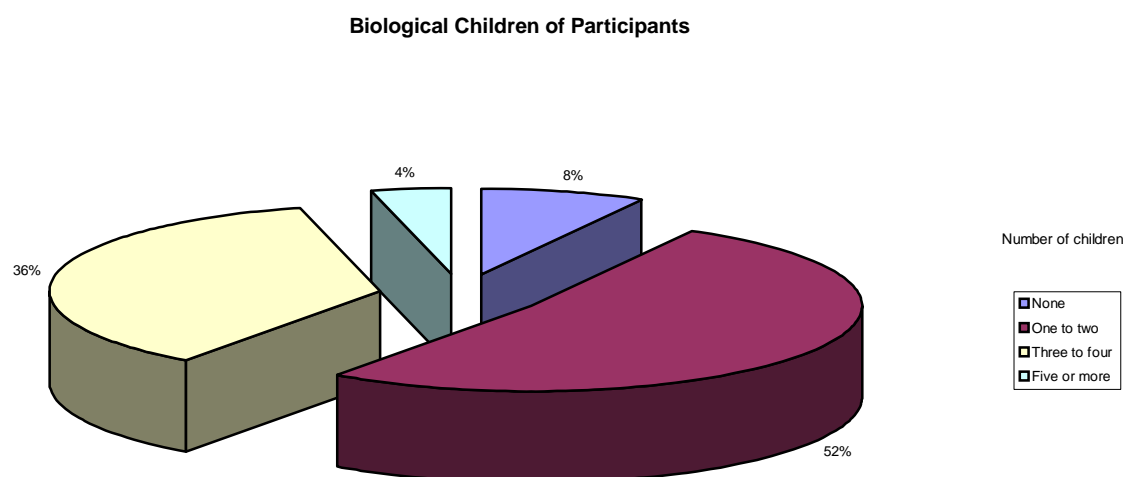


**N=25**

**Figure 5.3 Biological children of the foster parents**

Only eight percent (8%) of the foster parents had no children of their own. Various reasons were provided for this such as infertility, not married or their child/children had passed away. More than half of the foster parents (52%) had one or two children of their own while 36% had three to four children and four percent (4%) had five children of their own or more. Clearly the foster parent's biological children were present in the home and lives of the foster parents. It seems logical to conclude that fostering and the biological children of foster parents would have an impact on each other in one form or another. This is in line with Part (1993:26) who stated from various studies that he conducted that the foster parent's own children gained a great deal from fostering, but also sacrificed a lot during certain stages of their development. The specific impact of fostering relevant to the foster parent's own children will be discussed later in the study.

**5.2.3.6 Number of foster children currently in placement**

The **sixth** factor investigated was the number of foster children currently in placement and the distribution is reflected in the graph and pie chart below.

**Table 5.3 Current foster placements**

| Current foster placements | N | Percentage (%) |
|---|---|---|
| None | 0 | 0.00% |
| One to two | 12 | 48.00% |
| Three to four | 8 | 32.00% |
| Five or more | 5 | 20.00% |
| Total | 25 | 100.00% |

**N=25**

From table 5.3 it appears that the majority of foster parents (48%) had one to two foster children in placement at the time of the research. A further 32% of the foster parents had three to four foster children in placement and 20% had five or more foster children in placement. Therefore, almost all of the foster parents had two or more foster children in placement. This coincides with the research completed by Thomas and Mabusela (1991:121-131) who found that 64% of their foster parents had two or more children in placement. None of the foster parent's interviewed had any placement vacancies. It can be concluded that foster parents are coping with high placement levels and that fostering is being used as an important resource by social workers for the placement of foster children.

**5.2.3.7 Number of foster placements in fostering career**

The total number of foster placements in the foster parent's fostering career is the **seventh** factor investigated and the distribution is reflected in the graph and pie chart below.

**Total Foster Placements of Participants**



Scale

- None
- One to two
- Three to four
- Five or more
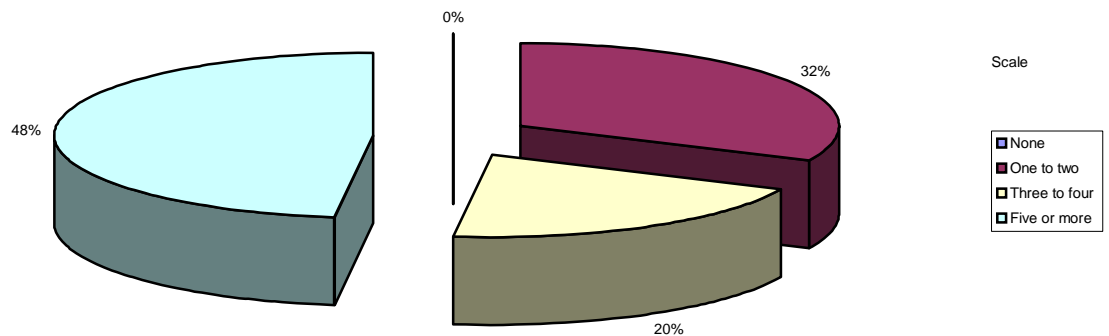
**N=25**

**Figure 5.4 Total foster placements**

Figure 5.4 illustrates the total number of placements foster parents have had in their fostering career. The majority of the foster parents (48%) had had five or more children placed with them in the period that they had been fostering. The total remainder of the foster parents (52%) had had between one and four foster children placed in their care. This coincides with the Review of the Child Care Act (1998) that indicates that in 1998 74 000 children were in foster care placements. It can be concluded that foster car is still used as a resource for placing children in 2005/2006.

**5.2.3.8 Foster care grant**

**Fostering with the foster care grant**

Firstly, the foster parents who took part in the research were asked to indicate if they **received their grants** and what the sum of the grant was. The results are indicated in table 5.4.

**Table 5.4 Foster care grants**

| Receiving grants | N | Percentage (%) |
|---|---|---|
| Did not apply | 3 | 12.00% |
| Receive total grants | 16 | 64.00% |
| Still waiting for part of the grant to pay out | 5 | 20.00% |
| Receives place of safety grant | 1 | 4.00% |
| Total | 25 | 100.00% |

**N=25**

A total of three foster parents (12%) did not apply for the fostering grant at all. Sixteen (64%) of the foster parents were receiving the entire sum, five foster parents (20%) were still waiting to receive at least one or more grants and one foster parents applied for a place of safety grant and received it promptly due to a difference in the paying structure of place of safety grants. The foster care grant is a total amount of R560 per foster child in placement per month all-inclusive. This does not coincide with Kirton (2001:200) who stated that in the United Kingdom foster parents receive a fee plus a maintenance allowance and the grant is divided into two sections depending on the age of the foster child. A number of the foster parents indicated that they received various amounts per child. No known reason was provided for this information. The minimum amount that foster parents received per foster child per month is R515 and the maximum is R560 per month.

Furthermore, the significance and usefulness of the foster care grant was questioned by nine (36%) foster parents as they had to care for the foster children for a period of time while the application for the grant was being processed and one (4%) foster parent did not initially apply for the grant as she was not aware that the grant was available to her. Kirton (2001:201) found that foster parents saw the foster care grant as a subsidy they received as foster parents. They were unsure about facts surrounding the foster care grant and were only provided with clarity once the cheque arrived in the post.

**Fostering without the foster care grant**

Secondly, the foster parents were asked if they were able to **foster without the fostering grant or if the fostering grant was decreased**. The results are indicated in table 5.5.

**Table 5.5 Fostering without or decreased financial assistance**

| Fostering without or decreased financial assistance | N | Percentage (%) |
|---|---|---|
| Yes | 17 | 68.00% |
| No | 5 | 20.00% |
| Unsure | 1 | 4.00% |
| No comment | 2 | 8.00% |
| Total | 25 | 100.00% |

**N=25**

Seventeen (68%) foster parents felt that they were able to foster without the grant or if the grant was decreased but added that it would make some expenses more difficult to meet. Five (20%) foster parents felt that they would not be able to foster without the foster care grant. This is in line with Kirton (2001:201,306) who found that the financial implications of raising a foster child as your own must also be taken into account. Foster parents raised the difficulty surrounding meeting the material needs of the child under these circumstances. Wilson and Chipunga (1996:389) found in their study that foster parents are mostly pensioners who struggle financially to care for foster children. A further three (12%) were not sure or did not comment.

**Foster parent's opinion with regard to receiving a salary**

Finally, foster parents were also asked if they thought that they should receive **a salary** rather than a grant for the fostering role they fulfil. The results are indicated in table 5.6.

**Table 5.6 Foster care grant as a salary**

| Feels that grant should be a salary | N | Percentage (%) |
|---|---|---|
| No | 10 | 40.00% |
| Yes | 11 | 44.00% |
| Unsure | 2 | 8.00% |
| No comment | 2 | 8.00% |
| Total | 25 | 100.00% |

**N=25**

Ten (40%) of the foster parents felt that foster parents should not receive a salary for fostering, while 11 (44%) foster parents felt that foster parents should receive a salary for the tasks they complete as foster parents. Two (8%) foster parents felt unsure about providing an answer to the question if foster parents should receive a salary as they felt that they needed to think about the issue further. Two (8%) foster parents felt that they did not want to comment on the issue.

The foster parents provided various reasons as to whether they should receive a salary or not:

- **Reasons to receive a salary**
  - **Cover extra expenses**

    - *"Would assist with extra expenses"*
    - *"Will help with material needs, and feels that fostering is an emotionally challenging task and the salary will recognise the work the foster parents do."*
    - *"The cost of living is increasing."*
    - *"The cost of schooling and uniforms for 6 foster children is very high."*
    - *"Foster parents who struggle should receive a salary."*
    - *"The grant is not sufficient to cover food, clothes and school fees."*
    - *"An additional income would allow foster parents to do more for the foster children."*

- **Reliable income**

  - *"A salary would be more reliable."*
  - *"Fostering is a twenty four hour a day job and further financial assistance will recognise the care the foster parents provide."*
  - *"Foster parents would feel employed, have a job in child services, but a person's motivation must be for the child."*
  - *"More people would be encouraged to foster."*

These findings coincide with Kirton (2001:200) who found that the foster parents either felt that the grant was "ok" or not enough at all. Rhodes (1993: 8) also states that there is an increasing call for fostering to be recognised as a job and paid accordingly along with the increasing status of fostering in the childcare sector. Therefore, the foster parents themselves have recognising a need for an improved and more reliable income. This would have implications for the government and the amount of funds set aside for foster care grants.

- **Reasons for not receiving a salary**
  - **Poor motivation to foster**

    - *"The focus will not remain on the foster child."*
    - *"People will foster for the money."*
    - **"**Would be concerned about people's intent to foster – how many children would they take in then?"*
    - *"It would encourage people to foster for the wrong reasons."*

  - **Focus on the foster child**

    - *"Fostering is about the well being of the child. It is a job but it is about the child."*
    - *"A salary would make fostering too much of a job, it would be too 'logical'."*
    - *"Would affect the children negatively and is too formal."*
    - *"The grant should be spent on the foster child."*

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These comments are in line with Kirton (2001: 201) who found in his study that for the foster parents who were interviewed there was no, if little link between their motivation to foster and the fostering grant. They saw it mostly as part of the subsidy they received as foster parents. Kirton's (2001: 202) study expressed a majority view as apposed to certifying fostering as a salaried job. They felt that this was too clinical and cold. Kirton (2001: 201) and Kirton (2001: 306) also asked foster parents if they saw fostering as parenting or a job and the majority answered that they would link it more to parenting than a job but a few saw it as both parenting and a job. The view of fostering as parenting and not necessarily a job therefore, seemed not to be linked to the finances. Finally, Kirton (2001: 311) found that the foster children interviewed were aware of the finances involved in fostering and the impact that it had on the fostering relationship. Family care organisations would need to ensure that their assessments of people to become foster parents are vigilant and detailed enough to determine what the motivation of the particular person is to foster. If the social worker feels that the person being assessed to become a foster parent is only wanting to be a foster parent due to the finances involved, this person should not be encourage to continue pursuing fostering as a career.

- **Uncertainty about receiving a salary**
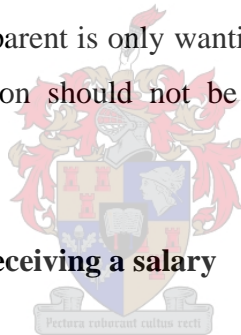
  o **Criteria for receiving a salary**

    - *"Foster parent's receiving a salary should depend on the number of children they foster and the sum of the salary being offered to the foster parents."*
    - *"A salary would have tax implications. Foster parents should only receive a salary if it places them in a better position to help the foster child."*

This coincides with Kirton (2001: 203) who examined the view of finances being viewed as compensation for the difficulties the foster parent's face in their roles. The role of the grant was seen with varying degrees of importance depending on the issues the parent's dealt with.

From the above-mentioned information it appears that the issue surrounding foster parents receiving a salary or a grant is still one that foster parents are undecided about. A number of positives and negatives sounding foster parents receiving a salary were raised by the foster parents.

### 5.2.3.9 Support for foster parents

The participants were asked to describe their **understanding of support** in one sentence. The following responses were representative of the responses provided by the foster parents. They can be divided into various categories of such as emotional, material and financial support and seem to cover a number of sources such as social workers and the government grants or family members who assist materially. This coincides with Nixon (1997: 913-930) who states that the **elements of support** needed by foster parents are financial, practical, emotional, psychological, and social.

**Understanding of support**

- **Emotional support**

  - *"I understand support as the social worker showing interest in the foster parent as well as material assistance."*
  - *"Support can be described as emotional for the foster parent and therapeutic for the foster child."*
  - *"Support is when others are encouraged and you assist people with problems."*
  - *"It is the availability of social worker support"*
  - *"Support is financial and that people around you help you through hardships."*
  - *"Support means that the social worker is available for counselling with a foster parent should a problem arise."*

This appears to be in agreement with Hudson and Levasseur (2002: 858) who found in their study that **emotional support** was defined by the foster parents as someone to lean on rather than actual advice, direction or solutions.

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The foster parents identified emotional support as the social worker's time or being able to talk to someone with the problems they might be having. This might have implications for social workers having to make set appointments and set time aside to provide foster parents with emotional support.

- **Financial support**

  - *"Support is financial, that is, to receive grants and school subsidies."*
  - *"I regard support as food and clothing".*
  - *"I regard support as food parcels and clothing."*
  - *"Support is the grant, material goods, and gifts for the foster children at Christmas."*

This links with Hudson and Levasseur (2002: 858) who found in his study that foster parents stated that **financial support** entailed a need for more money in order to achieve their goals in fostering. The family care organizations might need to start discussions with foster parents and government regarding what a more realistic foster care grant might be for foster parents to achieve their goals in fostering.
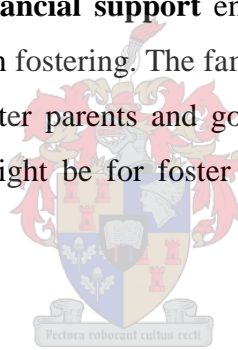
- **Practical support**

  - *"Support means grant, guidance, and providing advice with regard to behavioural problems."*
  - *"Support means the social worker is accessible and must listen to the foster parents' needs, visit, phone, complete paperwork on time and follow the correct procedures."*
  - *"Support means the foster parents get information that can help them to grow."*

**Sources of support for foster parents**

The foster parents were asked to identify their **sources of support** from a list provided and describe the nature of the support that each source provided. Due to the fact that each foster parent had the opportunity to provide more than one source of support, for this section of the research F will equal the total number of responses per source of support through out the group of foster parents provided and will also indicate which form of support is most widely available or used by the foster parents.

**Table 5.7 Sources of support for foster parents**

| Sources of support | F | Percentage (%) |
|---|---|---|
| Social worker | 19 | 27.94% |
| Family members | 20 | 29.42% |
| Partner | 15 | 22.05% |
| Community | 8 | 11.76% |
| Other foster parents | 6 | 8.83% |
| Total | 68 | 100.00% |

**f=68**

The highest form of support (29.42%) provided to or used by the foster parents were **the family members**. These ranged from sisters and brothers to a foster parent's husband's ex-wife. The following responses are representative of the nature of support the foster parent's received from their families:

- **Family members**

  o **Baby sitting**

    - *"My sister helps with babysitting."*
    - *"My brother helps with baby sitting."*
    - *"My family is very supportive. They help with transport, fetches formula or nappies and baby-sits."*

- o **Moral support**

  - *"My family provide moral support."*
  - *"My family members treat the foster child as part of the family."*
  - *"Most of my support comes from my sister who is also a foster parent."*
  - *"Our family members verbalise that fostering is positive and shows interest in the task."*

- o **Material support**

  - *"My adult children provide support by giving money and clothes."*
  - *"I receive material support from my family members such as food and clothing and my sister baby-sits occasionally."*
  - *"My family is assisting with further extensions to the home."*

This links to the study of Wilson, Petrie and Sinclair (2003: 996) and Brown and Calder (2000:740) who stated that conditions in a wider context to the placement could work in favour for the placement. Clearly, the foster parent's families play an important role in ensuring that the foster parent is able to foster or continue fostering. Family members provide support on various levels such as financial, respite, emotional and material support.

The foster parents also received support from their **social workers** (27.94%) and the following responses represent the nature of support the foster parents receive from the social workers:

- **Social Workers**

- o **Home visits and telephone calls**

  - *"I receive home visits and telephone calls from the social worker to gauge if the home and family are doing well and to check on the foster child's progress."*
  - *"The social workers phones, visits, brings gifts at Xmas and arranges activities for the foster children during holidays."*
  - *"The social worker phones regularly, has a close relationship with us and visits once or twice a month."*

- o **Assessing progress of children**

  - *"The social worker also assesses if the foster children are doing well at school for example."*
  - *"We receive phone calls from the social worker who monitors the children's progress and health."*

- o **Administration**

  - *"The social worker visits occasionally and fills in the necessary forms."*
  - *"The social worker is always up-to-date with the relevant paper work."*
  - *"The social worker is responsive when we phone, visits regularly and is up to date with the relevant paper work."*

These responses are in line with Wilson, Petrie and Sinclair (2003:997) who state that the support from professionals is important to the success of the placement. Brown and Calder (2000:738) go on to add that social worker's can provide various forms of support such as emotional support (telephone contact and visits) and practical support (Christmas presents and arranging holiday activities for the foster children).

The foster parents describe the support the social workers provide as administrative, home visits and telephone calls and assessing the progress of the foster children.

The foster parents described the support they received from their **partners** (22.05%) as follows:

- **Partners**

  - *"My partner loves the foster children as his own."*
  - *"I described my partner as a hands on mother."*
  - *"My partner helps with food, money and babysitting."*
  - *"My partner is hands-on and adores the foster child."*
  - *"My partner is very protective of the children."*
  - *"My partner gives mostly financial support."*
  - *"My partner and I talk about problems when they arise."*

This is relates to Wilson, Petrie and Sinclair (2003: 996) and Brown and Calder's (2000:740) study who stated that conditions in a wider context to the placement could work in favour for the placement. Clearly, the foster parent's families play an important role in ensuring that the foster parent is able to foster or continue fostering. Family members provide support on various levels such as financial, respite, emotional and material support. The foster parents stated that their partners provided them with a various types of support ranging from financial support to love and care of the foster children.

The foster parents also received support from the **community** (11.76%) and their responses include the following:

- **Community**

  - **Church**

    - *"The church pastor is also a foster parent and assists me with the counselling of the children."*
    - *"The church provides clothes, books and toys."*
    - *"The church provides some clothing but no further community support is provided."*

  - **Medical community**

    - *"We have a good paediatrician and GP who gives discounts. The church baptises the children and gives donations and food."*
    - *"Only the family doctor has been helpful."*

  - **Schools**

    - *"I receive support from the school as they have an educational social worker who assists with the foster children, the church provides moral support."*

Community support appears to be only a small portion of the support provided to and used by the foster parents. One (4%) foster parent stated that the community was not very supportive of the foster children and felt that the foster children caused problems in the community. Another foster parents stated that she simply does not receive assistance from the community and provided no reason. The medical community and churches seem to provide the most support to the foster parents in the form of moral support, discounted consultations, toys, books and clothing.

The foster parents also received support from other **foster parents** (8.83%) and their responses include the following:

- **Foster parents**

  - *"I have occasional contact with one other foster parent."*
  - *"I have contact with other foster parents who all get together and take the children for outings."*
  - *"I have the support of one other foster parent who assists with babysitting."*
  - *"I receive support from other foster parents and find it useful to share common problems and experiences."*
  - *"I have built a support group of parents with foster children who have been sexually abused."*

The benefits of foster parents supporting each other include forms of respite, sharing information and concerns, communicating with foster parents who have similar placements and for social occasions. Everett (1995: 386) states that support groups and the 'buddy' system for foster parents are beneficial to both existing foster parents and new foster parents.
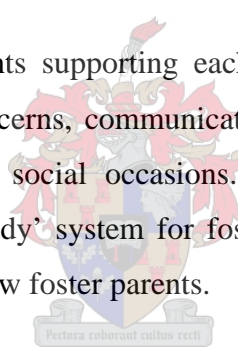
**Support groups**

Finally, the foster parents were asked if they belong to a formal **foster parent support group or foster parent association**. If not, they were asked if they would like such groups to exist.

**Table 5.8 Support Groups**

| Belong to Support Groups | N | Percentage (%) |
|---|---|---|
| Does belong to a Foster parent support group | 0 | 27.94% |
| Does not belong to a Foster Parent support group | 25 | 29.42% |
| Does belong to a Foster Parent Association | 0 | 100.00% |
| Does not belong to a Foster Parent Association | 25 | 29.42% |

None of the foster parents (100%) belonged to a formal foster parent support group or foster parent association. Two (8%) foster parents stated that an attempt had been made by foster parents and social workers a number of years ago to create a support group but it eventually did not work. The reason provided for this was that a number of foster parents dominated the group and the rest of the foster parents lost interest.

A foster parent also stated that an attempt had been made, also a number of years ago, to start an association but nothing seemed to materialise. All of the foster parents (100%) stated that they felt that such groups would be beneficial and needed to exist. Nixon (1997: 913-930) states that other elements of support for foster parents include professional development, problem solving, respite and community support. These forms of support can be developed through the foster parent support groups and associations. Hudson and Levasseur (2002:861) found that 100% of foster parents who were questioned in their research felt that the input of foster parents was essential in the planning of meetings for example. These are skills that can be developed in foster parent support groups and associations. Foster parents can be empowered through networking and decision-making.
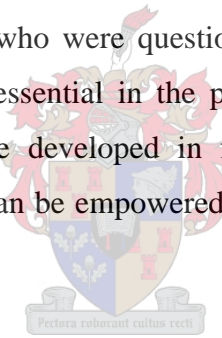
### 5.2.3.10 Child development and behavioural issues

**Developmental phases**

The foster parents were asked if they received any information with regard to the **developmental phase** the foster child in placement was **currently** in.

**Table 5.9 Information regarding developmental phase**

| Information received or not | N | Percentage (%) |
|---|---|---|
| Yes | 11 | 44.00% |
| No | 14 | 56.00% |
| Total | 25 | 100.00% |

**N=25**

More than half (14 or 56%) of the foster parents did not receive information from the social worker or any other source regarding the developmental phase of the foster child placed in their care. One foster parent (4%) stated that she gathered her own information while another foster parents (4%) stated that the child has been in placement with her for fourteen years so she learnt about the child's development as the child grew.

Eleven (44%) foster parents stated that they did receive information regarding the developmental phase of the foster child placed in their care. The foster parents, who had received information on the developmental phases that children find themselves in, received this information from various sources. One (4%) foster parent felt that she understood child development as she ran a pre-school for a number of years, while another foster parent (4%) runs a crèche so she feels that has a lot of information on child development and attends the crèche's courses regularly. Five (20%) foster parents also stated that the social worker provided the foster parents with a lot of verbal information regarding the child's developmental phase, either via the pre-approval training, court reports or during supervision. Two (8%) foster parents stated that they received information on child development from their paediatricians and another foster parent (4%) received assistance from their local schoolteacher. One final foster parent (4%) has a psychology background and works with the Teddy Bear Clinic for abused children. She receives her information regarding child developmental phases from her own background as well as from the Clinic.

The foster parents appear to have received information on the child's development from a variety of sources. The content of the information does not appear to be arranged in a regulated and formal fashion that is easily available to the foster parents and adaptable to different foster children placed in the foster parent's care. Social workers need to look at specific questions with regard to a child's development and functioning according to Maluccio (1995: 444).The author looks at the assessments children's social worker needs to complete during direct work with them.

He looks at key questions that the social worker needs to ask when assessing the child's development and functioning: Where is the child developmentally? What is expected of the child with regard to tasks they need to complete at a given life phase? How are they managing these tasks? What are their adaptive patterns and typical ways of coping? These questions are ones that need to be addressed by foster parents with regard to the foster children in their care in order to assess where the foster child is at developmentally so that the foster children's needs can be met. The foster parents can be trained to ask these questions with regard to the foster child's development. They can use information formatted by the organisation in conjunction with other professionals, such as psychologists, in order to develop an insight into the foster child's behaviour and where the foster child needs to be developmentally.

Maluccio (1995: 445) goes on by adding three principles that deal with these questions surround the child. Firstly, understand where the child is compared to where he should be in any given developmental phase. For example, what understanding does the child have about their sexual identity, do they exhibit age appropriate behaviour and is the child responding to a trauma in his life through his behaviour? Secondly, understanding the child's unique coping methods and how they can be developed and or adapted at all if necessary. Thirdly, analyse what the child is conveying through their behaviour. These principles can be simplified and used by foster parents in order to understand the behaviour of the foster child.

**Awareness of the child's background**

Next, the foster parents were asked of they were aware of the foster child's **background and experiences** before they were placed in their care?

**Table 5.10 Awareness of foster child's background**

| Awareness | N | Percentage (%) |
|-----------|---|----------------|
| Yes | 17 | 68.00% |
| No | 8 | 32.00% |
| Total | 25 | 100.00% |

**N=25**

Eight (32%) foster parents stated that they had not been made aware of the foster child's background before they were placed in their care. One foster parent (4%) was unaware of the children's background as it was an emergency placement. Another did not have information on the child's background and she discovered that the child was abandoned in a bin via her sister-in-law who was a nurse at the hospital.

However, 17 foster parents (68%) stated that they were aware of the foster child's background due to various reasons. Three (12%) foster parents stated that the social worker had made them aware of the foster child's background before the placement took place, either verbally or through the court reports at the court hearing itself. Sometimes the foster parents overhear information about the foster child at court. Another foster parent (4%) knew the foster child from the original safe house and was aware that the foster child was sexually abused. One foster parent (4%) knew the foster child, as his mother was originally the foster child's carer. He took over care of the foster child when his mother passed away. Two foster parents (8%) were aware of the foster child's family as one child's mother initially lived with the foster parent and the foster parent knew the other foster child's parents.

Only a small number of foster parents were aware of the child's background due to the social worker providing them with the relevant information. Butler and Charles (1999: 18) focus on preparation prior to the placement as support for foster parents. Foster parents need to be aware of the child's background and experiences prior to the placement taking place where ever possible. If this is not possible the social worker needs to provide the foster parents with this information as soon as possible after the placement takes place. The foster parents can use this information to prepare themselves and their family for the placement of the foster child as well as develop an understanding as to some of the child's behaviors and needs early on in the placement.

**Coping with the child's background**

The foster parents were also asked if any information, regarding the foster child, provided before the placement took place, would have **assisted them in initially coping with the child's behavioural problems.**

**Table 5.11 Information regarding child's background**

| Information would have been helpful or not | N | Percentage (%) |
|---|---|---|
| Information would have been helpful | 23 | 92.00% |
| Information would not have been helpful | 0 | 0.00% |
| Uncertain if information would have been helpful | 1 | 4.00% |
| No response | 1 | 4.00% |
| Total | 25 | 100.00% |

**N=25**

The majority of the foster parents (23 or 92%) stated that the information they received on the foster children regarding the child's background was either helpful or could have been helpful had they received the information. The foster parents felt that any information on the foster children is important as they have different children in care and need information on the different families in order to work with any behavioural issues. These findings are the same as Butler and Charles (1999: 18) who focus on preparation prior to the placement as support for foster parents. They stated that they require more information about the child's character and biological family's background in order to cope with any behavioural problems that might arise as well as help the foster parent protect the child from future situations and understand why the child behaves the way he/she does. Other foster parents stated that they required medical information; information on exactly what led to the fostering; information on the injuries and the effect thereof and information that could help foster parent to gather evidence.

Butler and Charles (1999: 18) make a few suggestions with regard to supporting foster parents. They feel that for foster parents to feel valued as an important part of the fostering arena, as well as dealing with the relationship with the biological families they need to be encouraged by being provided with more **detailed information** and be specifically involved. The foster parents can be assisted in **bridging the gap** between the their intellectual understanding of and the emotional connection with the biological family's role in the child being placed in foster care.

**Behavioural problems**

The foster parents were asked if the foster children currently in placement exhibit any **behavioural problems**. The foster parents who responded positively provided the following examples of behavioural problems:

- **Health needs**

  - *"The foster child has medical needs and steals. I need time to discuss these problems with the social worker."*
  - *"The foster child has Foetal Alcohol Syndrome and absconds from school and our home."*
  - *"I discovered that one foster child has Foetal Alcohol Syndrome and I started gathering information on the topic once I confirmed the diagnosis with a doctor. I also went to a clinic to have the foster child assessed and had tests done for TB, diabetes and HIV/Aids."*
  - *"Some of the behavioural problems exhibited by the children include aggression, ADHD (Attention Deficit Hyperactivity Disorder) and other medical issues."*

The foster parents appear to be managing children with various medical needs ranging from Foetal Alcohol Syndrome to Attention Deficit Hyperactivity Disorder and general medical needs. It would seem necessary for these foster parents to receive training in dealing with these medical needs.

The foster parents also need to be provided with support in the form of community resources and social work visits aimed specifically at focussing on the child's medical needs and the foster parents skills development surrounding these issues. Social workers also need to focus on the emotional effect managing such a child might have on the foster parent and their family.

- **Hygiene problems**

  - *"The foster child soils himself and throws the clothes he soiled himself in away."*
  - *"The foster children cry a lot, have no sense of hygiene and self care, and ruin their clothing."*
  - *"The foster children soiled their beds and hoarded food."*

The foster parents are dealing with hygiene issues in their homes ranging from soiling to hoarding food. The foster parents need support in working with the foster child, looking at the emotional basis for the behaviour and directing the foster child's behaviour in a more social direction.
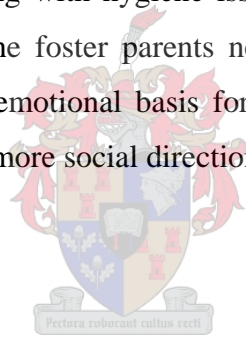
- **Discipline problems**

  - *"The foster children exhibit problems such as not obeying boundaries, rebelling and acting out by saying I am not their father."*
  - *"The foster children exhibit behaviours which include anger, pushing boundaries, not wanting to follow a routine, hoarding food whereas the same child initially wouldn't even cry for food."*
  - *"The foster children don't obey house rules and curfews."*
  - *"The foster child sleep walks, has nightmares, is emotionally needy, steals, disobeys curfews, has anger issues, is rebellious, and has problems with school achievements and adjusting to the school."*
  - *"The foster children lack manners, do not want to be told what to do and lack discipline."*

The foster parents have to manage behavioural issues that are linked to poor discipline with regards to the foster children placed in their care. They have to manage behaviours that range from criminal behaviour, such as stealing, to lack of respect for household rules and curfews. The foster parents need to be trained to deal with such behaviours as well as working with other professionals like the police and school. Often foster parents need to advocate for the foster children to remain in the school or out or prison in order for other professionals to assist the child with their behaviour.

- **Emotional needs**

  - *"I feel that there is a need for a system where eighteen-year olds in foster care can find their own families. Foster children do exhibit behavioural problems for example, they are extremely insecure, feel threatened by other foster children, tend to be mentally slow, steal, smoke, suffer from asthma, exhibit sibling rivalry and experience difficulty in expressing him/herself. In some instances former foster children want to return to the placement, but are unwilling to submit to house rules, abscond, use drugs and are sexually active."*
  - *"The foster children steal, lie, live in their own fantasy worlds, are needy for affection, and have a lack of respect for other's personal space."*
  - *"The foster child had very needy behaviour. She went into a relationship with her boyfriend and fell pregnant."*
  - *"One of the foster children feels threatened by new placements and I talk to him/her to reassure the child. The children receive counselling in cases where problems existed."*

The foster parents are also coping with the emotional needs of the foster children ranging from sexualised behaviour to insecurities and poor decision-making skills. The foster parents need to be supported in managing these behaviours as well as training to help the foster children become emotionally mature and balanced.

- **Emotional issues**

  - *"The children we care for are new born babies and they came to us once they were found in garbage bags. They hate being hot, but the babies left outside hate being cold. I need to get them into a routine as soon as possible."*
  - *"The foster child is terrified of being reprimanded as she was beaten she exhibits sexualised behaviour for example, - she would open her legs, or come onto my husband."*

Foster parents have to manage any emotional issues that foster children might have. It is important for foster parents to have information about the child's background in order to understand why the child might behave the way that they do. This developed insight on behalf of the foster parents will empower them to help the foster children to move on from their past emotionally as well as mature emotionally.

- **Developmental delays**

  - *"The foster children are slightly behind with regards to their scholastic progress."*

Due to the foster child's previous experiences foster parents might have to assist the foster child in any developmental delays that they might be experiencing.

The behavioural problems exhibited by the foster children and described by the foster parents are in line with Barbell and Wright (1999: 4) and Rhodes (1993:9) who discuss the changes taking place in America in the fostering arena that increases the challenges to foster parents. They highlight that the most important change in fostering in America is the changing nature of the children requiring such placements. For example, the increase in infants and pre-schoolers, children with severe emotional and behavioural problems and mental and physical disabilities, the prevalence of substance abuse and it's impact on the family, a growing population of children infected with HIV/AIDS, and the discharge of young people from care who do not have employment, homes or families to go to.

Rich (1996: 437 – 445) adds that foster parents have to deal with a high prevalence of medical, emotional, developmental and behavioural issues in foster children.

**Coping with behavioural problems**

The foster parents were then asked if they had received any information with regard to **coping with these problems**.

**Table 5.12 Information to assist with behavioural problems**

| Receiving of information | N | Percentage (%) |
|---|---|---|
| Receiving of pre-approval training | 10 | 40.00% |
| Receiving of training/information provided after approval | 4 | 16.00% |
| Did not receive information | 7 | 28.00% |
| Other | 4 | 16.00% |
| Total | 25 | 100.00% |

**N=25**

Ten (40%) foster parent's stated that they had received training but only training before they had been approved as foster parents. Four (16%) foster parents stated that they had received training to assist with specific behavioural problems once they had received placements and seven (28%) foster parents stated that they had not received training at all. Four (16%) foster parents had received training from other sources or avenues, for example, a foster parent phoned the social worker and asked for assistance, via social work supervision or through private counselling. One (4%) foster parent received a four-week training course from the social worker once the foster child was in placement. The respondents do not appear to have the relevant post approval training in order to cope with the specific problems they deal with once a foster child is placed in their care.

Brown and Calder (2000:729, 741-742) completed a study with forty-nine parents from thirty foster families where they were asked to describe their needs in response to one question: "What do you need to be a good foster parent?" Five themes were identified of which the one most relevant to this study was the foster parents having and needing a range of parenting skills. Foster parents can develop the relevant parenting skills through a comprehensive and relevant training programme provided by the childcare organisations.

The foster parents were consequently asked to identify if the information they received covered any of the **following topics**: coping strategies, parenting skills and styles, attachment and behavioural issues, bonding with the foster child, family routines and traditions and the foster child's biological family. If they had implemented any of the information they received, the foster parents were asked to provide examples.

- **Pre-approval training**

  - *"We only received training on attachment and behavioural issues, bonding with the foster child and family routines and traditions before we started to foster, but not on coping strategies, parenting skills and styles and contact with the child's biological family."*
  - *"I received pre-approval training that I hold in high regard, but I feel that post placement training is essential 'once you are faced with the children you need support'."*
  - *"We received pre-approval training on various topics except for coping strategies."*
  - *"The social worker will phone us and discuss any issues along with coping strategies. We also received pre-approval training on various topics."*
  - *"I received training on all of the topics before I was approved as a foster parent."*

- **Other training/information**

  - *"We received post placement training on the topics as part of an evening group a few years ago. It took place at a foster parent's home."*
  - *"I had training about nine years ago, where I got information about a whole range of topics."*
  - *"I had no parenting skills and parenting styles background. I learnt about attachment and behavioural issues at CATS but had no information with regards to bonding with the foster child and found that the foster child did not know how to use a knife and fork as well as other family routines and traditions."*
  - *"The doctors have explained the effect of premature birth on behaviour to us, but otherwise I have been teaching herself how to cope. I have had no training."*
  - *"I attended my own courses."*

Foster parents do not appear to have received regulated post approval training and they seem to receive information from various sources such as doctors and private training courses.
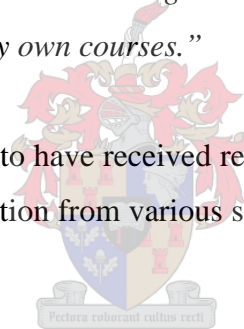
Brown and Calder (2000: 738) states that support for foster parents includes emotional support (regular supervision visits to the foster parent's home where issues and training are discussed and social workers can empower foster parent's through training and providing them with information in order to fulfil their tasks as foster parents. There appears to be a need for relevant training for foster parents who are actively fostering children placed in their care.

### 5.2.3.11 Race, ethnicity and cultural identity

The foster parents were asked what their **understanding of race, ethnicity and cultural identity** was. The following responses are representative of the responses provided by the foster parents:

- *"My understanding of race, ethnicity and cultural identity is that the child speaks a different language to me."*

- *"I understand that race has to do with the colour of the child but I am unclear about culture."*

- *"I do not focus on race but educate the children on their culture so that they don't loose their identity."*

- *"I understand race as colour and culture as the habits and traditions that goes along with each race."*

- *"Race is skin colour and culture is traditions."*

The respondents appear to have a sense of understanding with regard to the meaning of the term 'race' but culture is summarised as mainly to do with traditions. There appears to be a need to develop the foster parent's understanding of the meanings of the terms race and culture. Along with understanding foster parents might then be able to meet the needs of trans racially placed children.

**Trans racial placements**

Foster parents were then asked if they had ever **fostered trans racially or had specifically fostered a Black child.**
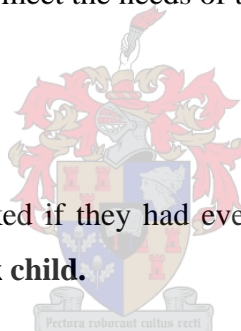
**Table 5.13 Trans racial placements**

| Trans racial placements | N | Percentage (%) |
|---|---|---|
| Experience of fostering trans racially | 12 | 48.00% |
| Unaware of fostering trans racially | 13 | 52.00% |
| Total | 25 | 100.00% |

**N=25**

As indicated by table 5.10 twelve (48%) foster parents stated that they had fostered trans racially and 13 (52%) foster parents stated that they had not fostered trans racially or were not aware of the child's race. This appeared to be due to the fact that the foster parent had not received any official paperwork when the child was placed in their care and chose not to make any assumptions about the child's race and culture. Trans racial placements seem to have taken place amongst almost half of the respondents.

**Table 5.14 Fostering of a Black child**

| Experience and Awareness | N | Percentage (%) |
|---|---|---|
| Fostered a Black child | 11 | 44.00% |
| Not aware of race of child | 14 | 56.00% |
| Total | 25 | 100.00% |

**N=25**

Eleven (44%) foster parents stated that they had fostered a Black child while 14 (56%) foster parent's stated that they had not fostered a Black child or were not aware of the child's race due to a lack of confirming paper work when the foster child was placed in their care. Again almost half of the foster parents appear to have specifically fostered a Black child.

**Dealing with issues unique to fostering a Black child**

The foster parents where then asked if there were any issues that they dealt with that were unique to a **trans racial placement** or issues unique to fostering a **Black child.** The following responses are representative of the foster parent's responses:

- **Not aware of any issues**

    - *"I am unaware of any issues I had to deal with when fostering a Black child or fostering trans-racially."*
    - *"I have not experienced issues unique to fostering trans-racially but I speak English to the black child instead of Afrikaans which is our home language."*
    - *"I do not feel that I have dealt with any issues."*
    - *"I did not have to deal with issues specific to fostering a Black child or trans-racially."*
    - *"I experienced no issues with the placement."*
    - *" Issues might be relevant to people who foster older children."*

- *"I do not see an effect on foster children regarding race, ethnicity and cultural identity but think it is important for children to follow their roots. I also find that foster children are more modern in their approach and that they tend to reject tradition. Though language barriers could exist, I could communicate with Black children as they were urbanised."*

- *"I did not find fostering a black child was unique, but will stand up for a child if any remarks are made."*

- *"Children have been placed in my care mostly from birth, so they took on the culture in my home."*

The majority of the foster parents appear to be unaware of any specific needs the Black foster children might have with in a trans racial placement.

- **Specific issues**

  - *"The Khoisan child hides things for example the keys and had skin problems. The Bushman child was very skinny and very fast. Their behaviour is different to my own culture."*

  - *"On a practical level children of different races react differently to skin care and need different hair care products."*

The foster parents identified behaviours that were different to what their family was accustomed to as well as issues such as hair care and skin care. Foster parents need to be made aware of the differences that foster children might have especially in trans racial placements. Foster parents need to be aware of the needs of children who are trans racially placed as well as the resources that assist them in meeting these needs. For example, a Black child will need different hair products and will need to go to a hairdresser that is familiar with dealing with ethnic hair.

The foster parents appear to have a concerning lack of awareness and understanding with regard to race and culture of the foster children placed in their care. This complies with O'Hagan (1999: 278) who identifies **four reasons** why culture might be neglected with regard to the children and families arena: it is often ignored, misunderstood or misinterpreted, intentionally downgraded and interest therein is criticised, and the importance of culture in the development of identity is not recognised. The respondents do not appear to have the knowledge and skills to identify any issues or needs a child, who is placed trans racially, might have.

With a large number of foster parents fostering trans racially (48%) it seems concerning that the foster parents are not able to identify specific needs, behaviour and traditions of the foster children placed in their care. Vonk (2001: 247) states that there are no guidelines as to which attitude, skills and knowledge these trans racial adopters and foster parents need to enhance their cultural competence

This might be as a result of the incorrect use of the term culture, the downgrading of culture may occur through acts such as infanticide, and social workers who are already trying to deal with other issues such as emotional abuse might not be able to deal with the difficulties surrounding the definition of culture. It seems necessary for further research to determine and highlight if there is an effect on the foster children with regard to self-esteem and identity as well as their functioning as adults when raised in an environment where their culture and race are not recognised.

However, the foster parents also stated that they integrated the foster children into their home and culture, especially if they were placed from a young age. This links to Vidal de Haymes and Simon (2003: 261) who interviewed foster children who were trans racially placed and found that the children were often pressurised by their peers to choose a racial identity and the loyalty that goes along with it but were pleased to report that this was not the case at home. The fact that the foster parents integrate the foster children into their own homes and cultures might also relieve a number of pressures experienced by the children from society.

**Support with trans racial placements**

The foster parents were asked if they have received support with regard to fostering trans racially or fostering a black child and if so, what **support** did they receive and where did the support come from? The following responses were provided by the foster parents regarding the support they received, or not, and from whom:

- **Support received**

  - *"I have not requested support. Some friends found it inconvenient and friendships have diminished. We have a few very supportive friends."*
  - *"The doctors gave us some information which has helped us to better understand the foster child."* This coincides with Vidal de Haymes and Simon (2003: 259) who found that the foster parents they interviewed had **difficulties** in the following areas: their place of residence, schools and trying to engage with people from the child's own community.
  - *"I am aware that all family's are different and foster parents must model race in a positive light. The school was not happy to take on a black child with gay parents so the social worker assisted us with letters to the Human Rights Commission with regards to the school issue."* Singer and Hussey (1995: 46) agrees that professionals who are interested in the health and welfare of teenagers for example must advocate for increasing services in the schools. This can be true for children of all ages.

- **Lack of support**

  - *"Our extended family doesn't accept trans-racial fostering. We have received no support with regards to fostering trans-racially or fostering a black child."*

- *"I have not received support with regard to issues that might arise from fostering trans-racially, but have been made aware of the impact of race and culture on a child and family and I use this information. I feel it is important to develop a child's identity in trans-racial placements as they grow up and to encourage the child to speak their own language."* This coincides with Vonk (2001: 248) who adds that parents with trans racial placements seems to have special needs such as a need for an increase in their awareness, skills and knowledge surrounding trans racial and cultural placements.

- *"I have not received support."*

- *"I have not received any support with regard to fostering trans-racially."*

- *"I have not received support and am unsure if it is necessary to receive support with regard to issues when fostering trans-racially as I speak Zulu and have adapted on my own."*

- *"I have not received support in fostering trans-racially but would ask for assistance if necessary."*

The majority of the foster parents appear not to have received support when they were fostering trans racially and two foster parents stated that they were experiencing problems with people voicing their disapproval with regards to the trans racial placements. Foster parents need to receive support in coping with situations where the foster children and placements are discriminated against.

**Awareness of the effect of race, ethnicity and cultural identity**

The foster parents were then asked if they had **been made aware of the effect race, ethnicity and cultural identity** could have on a foster family and foster child? If yes, were they able to practically use this support in meeting the needs of the foster child and assisting in the placement? If no, do the foster parents feel that you need support with regard to the issues in your trans racial placements? The following responses are representative of the foster parent's responses:

- *"Society made me aware of the differences in race. People have made assumptions about the baby's (foster child) origin, made snide comments – they are probably feeling guilty because of the apartheid years."*
- *"Awareness of differences in race, ethnicity and culture is something one gets from family, friends and through your own experience."*
- *"Yes, I have been made aware of the effect of race, ethnicity and cultural identity."*
- *"I received notes and pamphlets about 14 years ago on the effects of race and culture on a family and foster child. I use this information to advocate for the foster children."*

The foster parents experience of their awareness of the effect race and culture might have on a foster child ranges from the reactions of people around them to information pamphlets and their own understanding of the effects of race and culture. The foster parents awareness of the effect of race and culture on a foster child appears to be informal. Social workers need to provide foster parents with the correct information and skills with regard to race and culture in general.
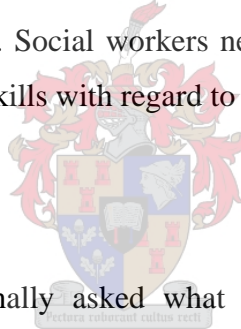
**Needed support**

The foster parents were finally asked what **support** they would identify as necessary? The following responses are representative of the foster parent's responses:

- *"We should perhaps support children who are angry due to a lack of discipline or trying to find their own identity. Black children who are raised differently can't socialise with their own culture."*
- *"I have a lot of experience, but think foster parents who started fostering recently would require support and information."*
- *"More in-depth information on the child's culture is necessary as well as going through the culture with the child. A child must be able to go back to its culture as an adult."* This coincides with Vonk (2001: 248) who states that in order to develop a framework of cultural competence for parents it is important to understand that the child-parent relationship is one where the parent is involved with the child's healthy and maximum development.

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The parent should seek knowledge and skills with which to nurture, guide and support a child.

- *"I identify legal support and support in the fostering process as a requirement."*

- *"Information on trans-racial placements would be good as I am currently dependent on the children's views with regard to maintaining his roots. I would appreciate support with regards to the background of a child and his/her customs."*

- *"I would appreciate assistance should it be required. Support such as food, money, schooling and clothing."*

- *I can't identify support needed for such placements."*

The foster parents identified a range of support they required. The support ranged from assistance with the foster child to material support and information regarding the child's race and culture. These identified forms of support coincide with Vidal de Haymes and Simon (2003: 268) but the authors also add more specific forms of support. They interviewed foster parents who made **recommendations** with regard to the support and resources that these parents might need:

- Provide the parents with a list of resources for things like toys, books, clothes, art, films and magazines that provided a positive image of the child's culture and race.

- Provide the parents with training with regard to information on the child's culture, race and food for example.

- Pair families with mentor families for support and information.

- Provide the parents with a newsletter to connect similar families.

- Provide the parents with a list of local and national events that they might want to take part in.

- Educate social workers on how to support trans racial families and to see this type of placement as a viable placement.

- Provide the parents with parenting classes on how to raise a child or colour in the world dealing with subjects such as racism.

- Develop a forum that helps White parents recognise and deal with their own racism and that of their family and friends.

**5.2.3.12 Contact with the biological family**

The foster parents **contact with the foster child's family** during a foster placement was investigated. Twenty-one (84%) foster parents stated that the children placed in their care had contact with their biological families or a family member. The children either had visual contact (supervised by a social worker or not) or had contact with a family member telephonically. Four (16%) foster parents stated that the foster children placed in their care did not have contact with their biological families.

The foster parents were asked who arranged the contact with the biological family. Seventeen (68%) foster parents stated that the social worker arranged the contact, while four (16%) foster parents stated that contact with a family member was arranged informally between the family members and the foster parents. In some cases the social worker was informed and agreed to the contact with the biological family continuing. The question was not relevant to four (16%) foster parents, as the foster children in their care did not have contact with their biological family.

Next, the venues for contact with the biological family was looked at as well as who **supervised** the contact. The foster parents responded as follows:

**Table 5.15 Venues for contact with the biological family**

| Venues for contact | N | Percentage (%) |
|---|---|---|
| Foster parents home | 11 | 44.00% |
| JCWO's offices | 4 | 16.00% |
| Joint – at foster parent's home or office | 3 | 12.00% |
| Telephone/letters | 1 | 4.00% |
| Not applicable | 4 | 16.00% |
| Other | 2 | 8.00% |
| Total | 25 | 100.00% |

**N=25**

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The most utilized venue for contact with the child's biological family was the foster parent's own home. Eleven (44%) foster parents stated that contact took place in their own homes while four (16%) foster parents stated that contact took place at the Johannesburg Child Welfare Organisation's office. Three (12%) foster parents stated that contact took place at either their own home or the 'social worker's office' while two (8%) foster parents stated that the foster children had contact at a prison with the child's mother or at the foster child's mother's own flat. Occasionally the children would go to venues such as the zoo but this was not done very often. One (4%) foster parent stated that the foster child only had telephonic contact or contact with their family via letters. The question was not applicable to four (16%) foster parents who stated that contact with the child's biological family did not take place at all. One (4%) foster parent stated that contact did not take place, as the whereabouts of the child's family is unknown.

**Table 5.16 Supervision for contact with the biological family**

| Supervised contact | N | Percentage (%) |
|---|---|---|
| Social Worker | 9 | 36.00% |
| Foster parent | 5 | 20.00% |
| Unsupervised | 7 | 28.00% |
| Not applicable | 4 | 16.00% |
| Total | 25 | 100.00% |

It appears from table 5.13 that the social workers tend to supervise the contact most of the time. Nine (36%) foster parents stated that the social worker supervised the contact while five (20%) foster parents stated that they supervised the contact between the child and their biological family themselves. Seven (28%) foster parents had foster children in placement where contact with their biological family was unsupervised and the question was not applicable to four (16%) foster parents who stated that contact with the child's biological family does not take place.

**Feelings with regards to contact taking place in the foster parent's home**

Next, the foster parent's feelings with regard **to contact taking place in their home** were investigated. The eleven (44%) foster parents responded as follows:

- **Positive feelings**

  - *"I support contact in my home if it is in the best interest of the foster children."* This coincides with Mapp (2002: 177) who describes effective family contact as including a safe environment, such as a home like environment (Haight, Kagle and Black, 2003: 204) where the assessed parents and child can interact in a structured way.

  - *"I have a good relationship with the biological mother so I support contact in my home."* This coincides with Waterhouse (1992: 42- 43) who's study found that foster parents viewed contact successful if the foster parents had an easy relationship with the parents.

  - *"I feel fine about contact taking place in my home."*

  - *"It was a positive experience as the biological mother came to the foster child's birthday's."*

  - *"On of the foster children are an orphan and her uncle informally arranged a visit which was ratified by the social worker. We supervised the visit at our home and we felt it had no influence on our family."*

  - *"I have had contact in my home and I am happy with the arrangement."*

  - *"The foster children who are adults still have contact with us It gets interesting at wedding! We are happy to have had contact at home - we have a good relationship with biological parents."*

  - *"The foster child's sister visited. It was an informal contact arranged by me at my home and supervised by me as well. I know the sister well as both children lived with me after their mother died."*

  - *"I have no problem with the contact taking place at my home, and felt that it was good."*

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The majority of the foster parents appear to be happy with contact taking place in their home.

- **Negative feelings**

  - *"The foster child's brother stays over at our home and needs to be fetched by us. We are not happy about it as he is very disruptive, but we deem it necessary."*
  - *"I am happy that the children could see their mother, but I was not happy with the mother's behaviour."* Foster parents found contact difficult if the biological family became involved in the contact arrangements without the foster parent being aware of this, parents were not consistent in sticking to the contact plan, the foster parents had to supervise contact, the parents were difficult and the foster parents and biological parents had a difficult relationship and if the child was in care due to abuse (Waterhouse 1992: 42).

The foster parents were not happy with contact taking place in their home if the foster child's biological family were disruptive.

**The effect of contact on the foster family and the foster child**

The foster parents were then asked what **effect**, if any, the contact with the foster child's family had on **their own family and on the foster child**. The foster parent's responded as follows:

- **No effect**

  - *" I have not seen any effect on my family or the foster children - the foster children enjoy contact."*
  - *"I experience no issues around the effect of contact."*
  - *"Neither my family or the foster child was affected by the contact."*
  - *"Contact had no influence on my family. The foster child was also not affected by the contact, as we all are "one big family". It was a happy experience for all."*

- **Positive experience**

- *"The foster children enjoy seeing their parents."* This coincides with Waterhouse (1992: 42- 43) who's study found that foster parents viewed contact **successful** if the child was happy and content after contact with biological families and other relevant parties had taken place and if the child seemed to be benefiting from the experience.

- **Negative effect**

  o *"We did not like contact in our home as the biological family did not stick to the boundaries. They would walk around our home and arrive at unscheduled times. Our children felt uncomfortable with contact at home. The foster children tend to regress and become upset after contact."* This coincides with Waterhouse (1992: 42-43) who's study found that foster parents viewed contact **successful** and the social worker and a neutral venue for contact with biological families and other relevant parties could be found outside of their homes.

  o *"The foster child's brother stays over at our home and needs to be fetched by us. The brother is undisciplined and our stepchildren do not visit when he is here. Social worker's should treat contact individually per case rather than according to a system."*

  o *"The foster child is unsettled by contact as the mother does not have the time to bond."*

  o *"The meeting had no effect on my family but I feel that the foster child could be disrupted as it gives him/her a false sense of hope that he/she could go back to their biological mother. I am of the opinion that contact could be arranged if the parents are on board, but should be avoided if parents are uncooperative."*

This is in agreement with Waterhouse (1992: 42- 43) who's study found that the foster parents were on board with contact with biological families and other relevant parties if they could see that it was a clear part of a rehabilitation plan and if the reason for the child being in care was related to the parents not being able to cope rather than due to abuse.

o *"Generally the contact did not disrupt my home, but we had an HIV+ mother visiting who was very aggressive. A foster child once became aggressive because she did not know how to cope with seeing her biological mother. Contact need to be carefully arranged and the mother and other family need to be committed to contact."* Foster parents found contact difficult if the biological family became involved in the contact arrangements without the foster parent being aware of this, parents were not consistent in sticking to the contact plan, the foster parents had to supervise contact, the parents were difficult and the foster parents and biological parents had a difficult relationship and if the child was in care due to abuse (Waterhouse 1992: 42).

o *"When she (the foster child) was little, contact with the biological mother was traumatic for her and caused her to cry and feel insecure."*

o *"One of the older foster children was not happy, was very quiet and did not want to be physically close to the biological mother."*

o *"I was happy that the children could see their mother, but I was not happy with the mother's behaviour. The contact did have an effect on my own family."*

o *"The effect on the foster child is that they regressed, became more aggressive, hoarded food and their sleeping patterns changed."* The verbal and non-verbal reaction to the family contact must be carefully assessed, according to Mapp (2002: 178) and Haight, Kagle and Black (2003: 204).

The foster parents (and social workers) must determine if negative behaviour means that the child is distressed or if it is caused by a strong attachment to the family. She highlights that behaviour is often the way in which a child communicates and this needs to be watched carefully. The foster parent needs to be aware of the fact that they might have to deal with a difficult period with the child after family contact and the child might be processing his feelings during this time.

o *"It did not have an effect on my family but I could feel foster child retract."*

o *"It had no effect on my own family, but two of the foster children retreated until I talked to them."*

The foster parents appear to have mixed feelings with regard to the effect that contact with the foster child's biological family has on their own family and the foster child. The foster parents seemed to feel that the contact either had no effect or was positive if they had a good relationship with the foster child's biological family. The foster parents felt that the effect of contact was negative if the family members behaved poorly or if the foster children's response to the contact was negative.

**Support with regard to contact with the foster child's biological family**

The foster parents were asked if they were provided with **support** with regard to dealing with issues regarding contact such as dealing with the foster child's family, dealing with the foster child's reaction to the contact and working with the professional involved in contact. What assistance did they receive and was this assistance positive or negative. The foster parents responded accordingly:

- **Received support**

- *"I did receive information with regards to dealing with the child's biological family and dealing with the child's reaction to contact from the social worker and pre-approval training during a role play exercise."*

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This coincides with Waterhouse (1992: 42- 43) who's study found that the foster parents responded favourably towards contact if they felt that the social worker was supportive and if the social worker was able to provide them with information regarding the child and his family.

- *"We received information from the social worker on dealing with the biological family and the children's reaction to contact, but not as far as working with professionals."*

- *"We had support regarding all aspects of contact from the social worker. The social worker also came to observe progress or problems."*

- *"We received support in dealing with foster child's family, but not in dealing with foster child's reaction to contact."*

- *"We had support in dealing with foster child's family. I suggested that the social worker provides more resources for community assistance."*

- **No support received**

- *"We did not receive any information."*

- *"We had no support dealing with issues, but we had contact with the social worker who instructed us to refer back to her should the extended family be difficult. I suggest that contact should be arranged by the social worker."*

The foster parents who received support regarding contact with the foster child's biological family seemed to receive this support in the form of information or support form the social workers. The support did not appear to cover all areas of concern for the foster parents.

**5.2.3.13 HIV/AIDS and foster care**

**Fostering a child who was diagnosed with HIV/AIDS**

The foster parents were asked if they have ever **fostered a child who was diagnosed with HIV/AIDS**. The Review of the Child Care Act (1998) states that as many as 2.5 million children under the age of sixteen (16) years old stood to be orphaned by AIDS by 2005. Also the Review of the Child Care Act (1998:4.2.7) estimates that 25% of all children or nine (9) to twelve (12) percent of the total population will be HIV positive. Therefore a total of about 3.5 to 4.8 million children will be infected with HIV within the next four years. However, only four foster parents (16%) stated that they had had children placed in their care that were diagnosed as being infected with HIV.

The remaining 21 foster parents (84%) stated that they had either never had a child infected with HIV placed in their care or they were not aware that specific children were infected or not. There appears to be a contradiction between the statistics provided and the actual placements taking place with children infected with HIV and AIDS who are placed in foster care. This needs to be investigated in further research.
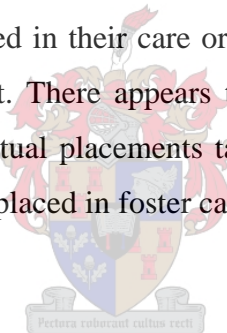
One (4%) participant stated that she understood (no source provided) that foster parents were not necessarily provided with the foster child's HIV/AIDS status due to confidentiality issues that might arise for the child. However, she had concerned about the children placed in her care as an emergency placement and had the children tested. Six of the eight foster children placed in her care over a period of time had tested positive for HIV. The participant felt that foster parents needed to be informed as to the status of the foster children placed in their care as only then would they be able to respond to the child's medical needs appropriately as she had done.

**Knowledge of fostering a child diagnosed with HIV/AIDS**

The foster parents were then had to identify how they **came to foster a child who was diagnosed with HIV/AIDS** and were provided with the following options – own choice, emergency placement, social worker's request.  Two foster parents (8%) received the children through emergency placements; one foster parent (4%) came to learn about the children's status after the foster placement took place. One foster child passed away and she is still fostering the second foster child out of her own choice.

The fourth (4%) foster parent received the foster children infected with HIV/AIDS through a planned placement with a social worker. None of the foster parents seemed concerned about the foster children's diagnosis and felt that it would not affect their decision to foster. In general they felt that it was part of fostering and that children are all equal. The foster parents were asked if they had received any support with regard to HIV/AIDS and fostering a child who has needs with regard to HIV/AIDS as well as the type of support they had received. One (4%) foster parent responded that they had received support and information from the social worker in the form of booklets and pre-placement training.
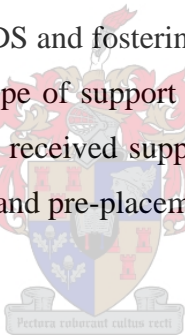
**Special needs**

Finally, the foster parents had to indicate **three special needs** that a foster child placed in their care, diagnosed with HIV/AIDS, might have presented with. One (4%) foster parent indicated that the foster child had general health needs, a special diet and the foster parent had to assist the foster child with respiratory problems. Three (12%) foster parents indicated that the foster children had not progressed in the virus as such yet and had not presented with any unusual needs.

Unlike the statistics provided by the Review of the Child Care Act (1998) there does not appear to be a large number of children diagnosed with HIV/AIDS placed in foster care. This may be due to several reasons:

- Foster parents who care for children diagnosed with HIV/AIDS did not form part of the group identified by the organisation's social workers, whether consciously or not,
- Foster parents are not necessarily always aware if a child placed in their care has been diagnosed with HIV/AIDS.
- The fact that a foster child has been diagnosed with HIV/AIDS might not been seen as an issue as foster parents might not want to focus on one child having more needs than others in the home (the principle of 'all children are equal')

Cohen and Nehring (1994:60-67) stated that many issues surrounding HIV/AIDS and fostering needs to be addressed via a national conference. The issues surrounding divulging the status of a foster child to foster parents needs to be addressed on all levels from organisations to government. It seems logical that if a foster parent is unaware of a child's medical needs they will not be able to respond to them. In order to cope with information of such a controversial nature foster parents will need appropriate training and support. Foster parents do not appear to be receiving specific support surrounding HIV/AIDS and foster placements and this needs to be addressed if fostering is to be an arena in the near future that provides important placements for children affected by this disease.

### 5.2.3.13 Grief and loss

The foster parent's **experience of grief or loss** during a foster placement was investigated. Two (8%) foster parents stated that they had not experienced grief and loss during a foster placement. The reasons provided included that the foster child was still in placement with the foster parent and had not moved on to another placement or returned home to his/her parents. The second foster parent had a foster placement that felt relatively uncomplicated to her and she had not experienced any difficulties to date.

**Circumstances of grief and loss**

The foster parents also had to identify under which circumstances they experienced grief and loss. They were given a choice between a foster child moving onto another placement, a foster child's feelings regarding living in another placement other that his/her family home, the foster child's family's feeling with regards to their child being in care, the foster parent's own family's loss when a child moves on to another placement or returns home, and the information they had received regarding the child's previous circumstance, neglect and abuse. They were also asked to indicate whether they received support during the above-mentioned periods of grief and loss and if so whom they received the support from.

The foster parents indicated more than one **circumstance of grief and loss** and as a result F will indicate which circumstance (or response to indicate the circumstance) or grief and loss is most prevalent amongst foster parents and not the number or foster parents involved.

**Table 5.17 Grief and loss**

| Circumstance of grief and loss | f | Percentage (%) |
|---|---|---|
| Foster child moving onto another placement | 9 | 21.43% |
| Foster child's family's feeling towards placement | 6 | 14.29% |
| Foster child's feeling towards being in placement | 6 | 14.29% |
| Foster family's own grief when child moves on | 3 | 7.14% |
| Information the foster parents received regarding the foster child's circumstances, neglect and abuse | 13 | 30.95% |
| No grief and loss experienced | 2 | 4.76% |
| Other | 3 | 7.14% |
| Total | 42 | 100.00% |

**f=42**

- **Information regarding the foster child's background experiences**

The circumstance indicated by the foster parents that created the highest degree of grief and loss (30.95%) was the **information** the foster parents received regarding the child's previous circumstances, neglect and abuse. A foster parent stated that they were concerned about the effect that the information they received about the foster children would have on them. They were also concerned that the effect of receiving such information might follow their children into their adult years. Another foster parent stated that receiving information on the foster child's experiences caused a loss of innocence and naivety for the foster parents and their families.

This coincides with Edelstein, Burge and Waterman (2001:12) who found that foster parents experienced a symbolic loss of innocence when being confronted by the details of the foster child's past experiences. They also seemed to develop a heightened sense of stress and awareness of the foster child. Edelstein, Burge and Waterman (2001:12) state that foster parents are often left feeling anxious, frustrated and powerless, often due to the information they received regarding the foster child's past experiences. This was especially true with regard to foster children who absconded and children who moved on to other placements or returned to their family homes. The foster parents were concerned for the foster child's safety and had a sense of hope that the foster child might be safe and happy elsewhere.

- **Foster child moving on**

The foster parents also felt that the **foster child moving** onto another placement (21.43%) left them with a sense of loss and grief. One foster parent stated that the emotions that they felt were akin to that of a death in the family. Another foster parent stated that they were relieved that a particularly difficult child had left their home but felt guilty about experiencing these feelings and still felt sad to see a child leave their home. The foster parents also noted that their own families experienced grief and loss when a child moved onto another placement (7.14%). One foster parent stated that they attempted to support their families during these periods of grief and loss.

This sense of loss that the foster parents seem to experience on various levels coincides with Edelstein, Burge and Waterman (2001:12) who state that foster parents will have invested a lot into a foster child and will have lost the unique relationship that they might have had with that specific child. They go on to add that the foster parents carry a large and emotive responsibility with regard to the feelings of loss and grief for all parties involved in fostering, for example the foster child and their own family. These feelings of continuous loss and grief are often overlooked by professionals and seen as 'part of the job'.

Finally, three foster parents (7.14%) experienced grief and loss in the form of the **passing of the foster children** placed in their care. Two foster parents had babies placed in their care who passed away due to AIDS related illnesses and one foster parent had a baby placed in her care who passed away due to a rare virus that the doctors did not diagnose quickly enough.

The foster parent described her feelings as those of anger as well as sadness and frustration as she had taken the baby to the doctor on numerous occasions and alerted the doctor to the child's symptoms but the doctor did not recognise the child's virus until the illness had progressed to dramatically. The foster parent felt afraid to continue fostering but did so after a short while. She feels that she is a strong advocate for the children placed in her care now and ensures that the doctors listen to her description of the symptoms of a child clearly and quickly. Edelstein, Burge and Waterman (2001:18) advised that some foster parents might choose to stop fostering completely due to a lack of energy they might experience from unresolved grief.  It can be concluded that foster parents clearly have strong feelings of loss and grief and these need to be addressed in an appropriate manner by the professionals involved.

- **Negative reactions of the foster child and the foster child's family**

The foster parent's feelings of loss and grief towards **the negative reactions** of the foster child (14.29%) and the foster child's family (14.29%) to the foster placement were the next significant circumstances to create a sense of loss and grief for the foster parents.

One foster parent felt hurt that a foster child did not enjoy being in the placement, felt torn towards a family that had abused him and did not appreciate what the foster parent had done for him. Another foster parent stated that they found it particularly difficult when a foster child's family made negative comments about the foster parents and their role in the child's life publicly, especially in the formal court environment. Edelstein, Burge and Waterman (2001:11) state that foster parents often report that the honeymoon period is over with a foster child and that the child might then start acting out, possibly due to their own feelings of grief and loss. Finally, two foster parents felt that they had not experienced (4.76%) any sense of grief or loss to date.

- **Feelings surrounding grief and loss**

The following comments represent a few of the **experiences of grief and loss** that the foster parent's experienced:

- *"I felt a sense of grief at court with regard to the foster child's family's feelings on their child being in care."*
- *"The foster child's family has been unsupportive and the community has been judgemental about fostering."*
- *"I have experienced grief and loss with regard to a foster child moving to another placement, the biological family's views on the children being in care and the information on the child's background and abuse."*
- *"The foster child (baby) passed away due to AIDS."*
- *"The baby died due to a rare virus and the doctors did not pick it up quickly enough."*

The foster parents have had to cope with a number of difficult circumstances during their fostering career ranging from the passing of a foster child to information they received regarding the foster child.

**Support with regard to grief and loss**

Next, the foster parents indicated if they received **support** during the above-mentioned periods of grief and loss.

**Table 5.18 Support from sources**

| Support | N | Percentage (%) |
|---|---|---|
| Received support | 12 | 48.00% |
| Did not receive support | 5 | 20.00% |
| No comment | 6 | 24.00% |
| Not relevant | 2 | 8.00% |
| Total | 25 | 100.00% |

**N=25**

The majority of the foster parents (12 or 48%) received support from a source, while five (20%) foster parents did not receive any support during the periods of grief and loss that they experienced. Six (24%) foster parents did not comment or could not think of a support system during these periods of grief and loss and the question was not relevant to two (8%) foster parents as they stated that they had not experienced any feelings of grief and loss while fostering. Edelstein, Burge and Waterman (2001: 15) state that should a foster parent not deal with their feelings of grief and loss appropriately a number of issues might arise. Foster parents might eventually become emotionally unavailable to continue fostering, or they might sabotage any progress a child might be making or ensure that the placement ends, having consequences for the foster child.

The following comments provided by the respondents indicated who provided the foster parents with **support during the periods of grief and loss**:

- **Social worker**

  - *"The social worker provides us with support through frequent telephone calls."*
  - *"We got support from the social worker who followed the process and procedure with us."*

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- *"I did receive support in dealing with grief and loss via the social worker who visited and spoke to me."*
- *"My social worker was always available. I received telephone calls and visits from her."*
- *"Our social worker was supportive and visited us to help me deal with and make sense of my grief and loss."*
- *"Our social worker has helped to discuss our feelings."*
- *"The social worker does home visits to support us and we focus on the care of the foster children rather than the biological family's views."*
- *"The social worker visits when we are feeling loss and grief."*

- **Private counselling**

  - *"We had private counselling to deal with our own emotions."*

- **Community assistance**

  - *"We received support from the community with regards to the grief and loss."*

- **Family members**

  - *"I feel anger but try to work through these feelings. I receive support from my daughter during these times of anger."*

The foster parents appear to have received most of their support from their social workers during the periods of grief and loss that they experienced during fostering. The social workers provide this support to the foster parents through home visits and telephone calls to the foster family. Some foster parents appear to receive support from their family members and one foster parent attended private counselling.

**5.2.3.14 Biological Children**

The foster parents were asked if their own children were provided with **support** when they assisted the foster parents in the fostering task and during the fostering process.

**Table 5.19 Biological children receiving support**

| Biological children receiving support | N | Percentage (%) |
|---|---|---|
| No support not provided | 15 | 60.00% |
| Received support | 1 | 4.00% |
| Support only received during screening process | 1 | 4.00% |
| Not Applicable: children not at home any longer | 6 | 24.00% |
| Not Applicable: foster parent has no biological children | 2 | 8.00% |
| Total | 25 | 100.00% |

**N=25**

As indicated in table 5.6 the majority of the foster parents interviewed (15 or 60%) stated that their own children did not receive support in any form from the social workers or organisation. However, Wilson, Petrie and Sinclair (2003:997) state that the support from professionals is important to the success of the foster placement. All parties involved in the fostering arena need to receive support for the placement to be successful. One (4%) foster parent said that their own children receive support from their social worker and one foster parent (4%) indicated that their children only received support from the organisation during the screening process.

Six (24%) foster parents own children no longer lived in the family home and two foster parents (8%) did not have any children of their due to the loss of their children and infertility. It can be concluded that providing support for the foster parents own children is either not a service provided by the organisation or a service that is not necessarily prioritised.

**Sources of support**

The foster parents whose children were still living at home were asked **who their children received support from**. The foster parents who were interviewed made the following comments:

- *"We help our children not to feel stigmatised by fostering and to embrace the foster children as part of the family."* The foster parent also needs to deal with issues related to their own biological family and attachment issues to the foster child (Stovall and Dozier, 1998: 55 – 88).
- *"We talk to our own children as a family, but protect them from the abuse details. We educate our children on the dangers "out there". The social worker once talked to our eldest child in confidence."*
- *"We talk to our own child, reassure him and uses positive reinforcement."*
- *"We will talk to our own children about any issues. We have a family tradition where the whole family meet every night before supper to discuss issues. It makes the family aware of identifying issues in future."*
- *"Our own children get support from us."*
- *" The social worker has always provided our children with support in their fostering role and the fostering process. The social worker includes the biological children in events and will also bring them gifts along with the foster child on occasions."*

The foster parents appear to be the main source of support for their own children.

**Effect of fostering on the foster parent's own children**

The foster parents were then asked if fostering has **had an effect on their own children**. The foster parents responded as follows:

- **Initial negative response**

  - *"At first my own children were not supportive of fostering as they were concerned about my workload. They were also a bit jealous of my time, but have grown to love the foster children as their own family."*
  - *"Initially my children were jealous and didn't want to be involved."*
  - *"Fostering has had no immediate effect on our own children, although the youngest is a bit jealous."*
  - *"My children have gradually grown accustomed to the foster children in the home and no longer feel jealous for my attention."* This coincides with Part (1993:27-29) who found that the children that were interviewed in the research felt that one 'bad' aspect of fostering included the foster children receiving attention.
  - *"Initially our girls were unsettled by the baby in the home, but they soon settled."*

- **Developed insight**

  - *"Biological children have developed an appreciation for the fact that people 'out there' care for children that are not biologically their own."*
  - *"Both sons have developed a sense of advocacy for foster children."* Part (1993:30) found that most of the foster parent's own children developed a greater appreciation of their family as well as the difficulties that other children and families experience.
  - *"My own child realises that she is not ready for children yet."*

- **Negative response**

  - *"One son battled to adjust as he lives away and only sees the foster child occasionally."* Part (1993:26) found that often the foster parent's own children felt a sense of displacement.

  - *"My own child is aware when a foster child is having contact, and feels insecure about foster children leaving. He feels that the foster child is his sister."* Part (1993:26, 27-29) found that the foster parents own children enjoyed caring for babies and young children and the challenge of helping. They have an important role to play during fostering, as they are often the sounding boards for the foster children, are the ones who have the most contact with the foster child and are often their main support network.

  - *"My son's stepdaughter was confused about the children moving on, but the family talked to her to explain the process and help her understand."*

The foster parent's children appear to have a variety of reactions to fostering ranging from negative feelings to developing insight over time. Fostering appears to have an effect the majority of the foster parent's own children.
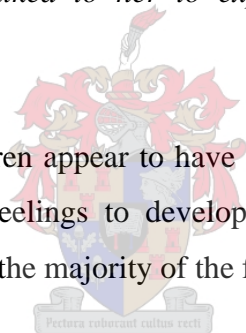
**Role of the foster parent's own children**

The foster parents were asked to indicate **what role, if any, their own children play in fostering** and participants responded as follows:

- **Material assistance**

  - *"She helps to baby-sit and gives material support".*
  - *"My children help provide materially for the family."*
  - *"My child assists materially and financially."*
  - *"My own children have a sister-brother relationship with the foster child. They contribute financially to the foster child."*

- **Spend time with the foster children**

  - *" The older children help with homework."*
  - *"My child is friendly with the foster children."* Part (1993:30) found that most of the foster parent's own children enjoyed fostering.
  - *"My child forms a basic friendship with the foster children."*
  - *"My own children entertain the foster children, play with them. The foster children often confide in my children."* Part (1993:27-29) found that the foster parents own children have an important role to play during fostering as they are often the sounding boards for the foster children, are the ones who have the most contact with the foster child and are often their main support network.
  - *"Our own children treat the foster children like brothers and sisters."*

- **Baby sitting**

  - *"They come to visit and play with the children, help with babysitting and feel as though the foster children are related to them."*
  - *"My children are a great help to us. They baby-sit; help with hair care, and chores in the home. They also play with the foster children."* Part (1993:27-29) found that the foster parents own children enjoyed caring for babies and young children and the challenge of helping.
  - *" They love the foster children. Our children help provide material assistance for example, food and they also assist with babysitting."*

Clearly the foster parents own children play a large role in the lives of the foster children as well as supporting the foster parents. They appear to spend time with the foster children incorporating them in to the family, help with baby-sitting and also support the foster parents financially and materially. But there should be questions as to why the foster parent's own children are not receiving regular support and how they can be accommodated within the fostering arena.

**5.2.3.14 Training**

**Receiving of training**

Foster parents were asked if they **received training** as a form of support once they were fostering a child. Six (24%) foster parents stated that they had received training other than the pre-approval training while they were being assessed to become foster parents. Nineteen (76%) foster parents stated that they had not received any further training other than the pre-approval training during the assessment process. One (4%) of the above mentioned six (24%) foster parents stated that the training they received took place through the adoption social work team and was not related to fostering.

None (100%) of the foster parents could recall any specific topics that took place during the training based only on the fact that their various training sessions took place more than a year ago. One (4%) foster parent had received training four years ago, another foster parent had received training eight years ago and a third foster parent had received training nine years ago. One (4%) foster parent stated that they felt that the social worker was *"training from a book and not real life"*. In correspondence with Sinclair and Wilson's (2003:882-883) study the authors add that American social work (Chamberlain, 1998) suggests that a 'social learning' approach to the training of foster parents can be effective.

Euster, Ward and Varner (1982: 375 - 376) had developed a series of programmes to train foster parents (Noble and Ward 1980, 1981 and Euster, Ward and Varner 1981) using conventional methods such as short lectures, paper and pencil exercises and small group discussions. But they felt that they needed to develop an approach that would **be effective with foster parents** of all backgrounds and educational levels. This developmental approach to training for foster parents will be necessary due to the country's range of people from different backgrounds, races, cultures, languages and so on.

Furthermore, Euster, Ward and Varner (1982: 375 - 376) adapted the counselling techniques of family sculpture, guided fantasy and role playing in order to involve individuals of different backgrounds and educational levels in a training programme that teaches foster parents about the emotional and behavioural significance of placement for foster children, biological parents and the foster parent's own families. These techniques might be appropriate for a training programme developed in South Africa as we have a variety of foster parents from different backgrounds and educational levels.

**Providers and venues of training**

The foster parents were also asked to describe **who provided the training and where the training took place**. The six (24%) foster parents who had received training commented as follows:

- *"I received training in a small group of foster parents at a foster parent's home in the evenings four years ago. The social worker was the facilitator. I feel that it is necessary for training to take place on a regular basis".*
- *"I received follow-up training by a social worker a year later (after the pre-approval training)".*
- *"I received training from a social worker at Johannesburg Child Welfare Organisation about nine years ago."*
- *"I was only invited to training once, but it took place during work hours .I feel that I am experienced enough now."*
- *"I was told to attend fostering training, but never where to go or any other details."*
- *"I received four weeks of training via a social worker at my home around 1998."*

The foster parents received training mainly at their homes. The training was suggested and provided by the social workers but the training took place a number of years ago and was not always convenient for the foster parents to attend.

**Frequency of training**

Finally, the foster parents were asked **how often** the training takes place? No responses were given by any (100%) of the foster parents as no current post approval training appears to take place.

The foster parents were also asked what further information they would like from the training sessions relating to fostering? None (100%) of the foster parents felt that they could think of specific topics at the time but all added high praise for the pre-approval training provided by the organisation. The lack of training provided for foster parents is concerning and coincides with Barbell and Wright (1999: 6-7) and Burry (1999: 198) who found in a call for an increase in Child Welfare's literary abstracts that various areas of concern were highlighted. One area the abstracts addressed was the strategies for recruiting carers from various sectors of the community and **specialized training** to increase the competence of carers. The training of foster parents can enable them to be more effective in their roles (Maluccio 1995: 445).

Sinclair and Wilson (2003:883) found that good foster parents were not produced by good organisational or strategic plans, but are rather due to accurate selection, **appropriate training** and support. But add that they had no evidence to suggest that this training (in terms of how many hours they received) or support affected placement successes necessarily, and they suggest an urgent need to test and develop methods of training, supervision and support. It appears to be necessary to develop a training programme for foster parents which they attend regularly in order to provide them with the support they need to address and cope with the needs of the foster children in placement.

In conclusion the foster parents expressed a need for training but it appears that the following needs to be addressed:

- Training methods need to be appropriate to training foster parents,
- Details such as venues, dates, times, child care options and frequency of the training need to finalised before a training programme is introduced,

- Social workers need to be trained in facilitating training specific to foster parents as well as possibly training foster parents to run groups themselves,

- Follow up supervision sessions between foster parents and social workers need to take place to determine the affectivity of the training and if the foster parents are implementing the training at all and appropriately,

- Follow up assessments of foster parents might be an option for the future where a competency based approach is followed by the organisation and the training the foster parents have received is included in their portfolio as evidence of skills development. Herby organisations will be able to monitor the support and training a foster parent receives as well as the effect the training and support might have on a placement.

## 5.3 SUMMARY

The empirical study had the aim of collecting information to provide to social workers regarding the training and support received by and required by the foster parents as well as the experiences and behavioural problems that the foster parents need to deal with on a daily basis. The foster parents seem to deal with a variety of issues ranging from their own family to that of the foster child's behaviour and needs as well as dealing with the foster child's biological family. Vital issues that seems to stand out of the empirical study is the lack of training for foster parents once they receive a foster child into their home as well as the lack of consistency with regard to providing information to the foster parents regarding various problems and, finally, the variety in sources from which the foster parents need to gather their information and support. The next chapter will focus on conclusions and recommendations regarding the empirical study.

**CHAPTER 6**

**CONCLUSIONS AND RECOMMENDATIONS**

**6.1 INTRODUCTION**

This exploration into the issues that foster parents need to manage as part of their tasks in their fostering role as well as the need for support and training on behalf of this identified group stemmed from the researcher's experience working with foster parents in a British setting. The researcher wanted to determine in what way foster parents in South Africa manage certain issues and if the foster parents receive training and support from various sources but primarily from the childcare organisation. The aim of this chapter is to present the conclusions drawn from the study based on the findings of the study to make the appropriate recommendations based on the conclusions. These recommendations will indicate general guidelines regarding the training and support needs of foster parents.

**6.2 CONCLUSIONS AND RECOMMENDATIONS**

The following conclusions and recommendations are based on the findings from the empirical study.

**6.2.1 Identifying details**

All the participants who took part in the study were approved foster parents, both male and female, whose age ranged from twenty to sixty nine. The majority of the foster parents were female and Coloured. An equal number of White and Black foster parents took part in the study while no Indian participants agreed to take part in the study. At least half of the foster parents were married and had at least one or two children of their own as well as at least one or two foster children in their care. At least half of the foster parents had had five or more foster placements in their foster career.

From these findings it can be **concluded** that the general profile of approved foster parents varies between age, gender, marital status, race and number of children in the home, biological or foster children. No one characteristic stands out above the others.

- **Recommendations**

  o The family care organisations should provide **support and training** for foster parents:

    - As they will either have a foster child in placement at the time of the training and support or will be awaiting another placement,
    - As fostering does not vary between race, gender, marital status and the number of children the foster parent cares for.

## 6.2.2 Foster care grants

Two thirds of the foster parents were receiving grants for each child placed in their care. The remainder of the foster parents either did not apply for the grants or were still waiting for foster care grants for particular foster children. Two thirds of the foster parents also stated that they were able to continue fostering should the foster care grant be decreased or stopped completely. They added, however, that this would make the fostering task increasingly difficult. A small number of foster parents are reliant on the foster care grant to continue fostering. The foster parents appear to be divided with regard to a foster parent receiving a salary. The main concern foster parents had was that people would foster for the money and not for the reward of caring for a child. However, foster parents recognised the benefits of a steady income that would cover expenses.

The **conclusion** can be made that there is confusion surrounding a number of issues regarding the foster care grant, such as, the correct amount foster parents should be receiving, the time period in which it takes for the grant to be processed by he government, and whether foster parents should be receiving a salary or not.

The foster care grant can often determine if a foster parent is able to continue fostering or not and therefore these issues need to be addressed in detail and urgently by the family care organisations and government.

A **number of issues** can be highlighted surrounding the foster care grants:

- Foster parents have to support foster children as well as their own families on a grant that is relatively small in financial value.
- Foster parents have to care for foster children and their families while they are waiting for the grant to be processed.
- Foster parents do not appear to have had formal discussions regarding the foster care grant and receiving a salary.
- A process whereby the application, processing and use of the grant and/or future salary would need to be formulated and put into practice by the government and family care organisations.

- **Recommendations**

Further research with regard to the foster care grant and the above-mentioned issues needs to take place along with practical guidelines in improving the current foster care grant process. A formal discussion regarding the value of the current foster care grant and providing foster parents with a salary needs to take place with foster parents as well as family care organisation and the government.

### 6.2.3 Support for foster parent

Foster parents appear to have a basic understanding of the concept of support. Support varied from emotional support to financial support and practical support. Family member remained the most used from of support with social workers and the foster parent's own partners assisting as well. There appears to be a concerning lack of support from the community and community resources as well as other foster parents. Family members and partners provide a wide range of support from baby-sitting to financial support and moral support whereas social workers telephone regularly, assess what the progress of the foster child might be and visits the family home.

The support from the community stems mainly from the medical profession and the church and occasionally the local schools. Any contact with other foster parents comes in the form of socialising and taking the foster children on outings in a group. None of the foster parents belonged to a formally arranged foster parents support group or association, yet all of the foster parents stated that they felt that it was necessary for such groups to exist.

The **conclusion** can be made that foster parents receive a degree of support from the sources around them, but no formal support structure have been developed for foster parents. Foster parents have also not been empowered through training and information to create and develop their own support and representative structures where issues can be discussed and debated as well as forwarded to the relevant organisations.

- **Recommendations**

Foster parents need to be assisted in developing a fuller understanding of support that will empower them to understand how to use their sources of support more effectively.

- The **family care organisation** should:

  - Develop a training session wherein support for foster parents is discussed with foster parents in order to develop their understanding of the concept and use of their sources of support.
  - Develop a training session whereby foster parents are trained and empowered to develop their own foster parent associations, as well as how such associations are run and what representation the foster parents will have with such associations.
  - Develop a formal 'Buddy' programme for foster parents whereby the foster parents voluntarily allow their names and details to be provided to other foster parents (especially new foster parents).

The foster parents will then be able to contact each other for
support and advise during challenging periods in fostering
(especially after social work hours when social workers are not
necessarily available) as well as develop socializing networks with
other people who have similar interests.

- Develop community support as foster parents network. A register
of 'Buddies' should be maintained and monitored by the
organisation.

- Develop community understanding and support or foster parents
through community awareness programmes.

## 6.2.4 Child development and behavioural issues

The majority or foster parents were not aware of the developmental phase that the
foster children placed in their care were in. The foster parents who did receive
information on the child in placement either sourced the information themselves
or received the information from various sources, such as their work place, the
social worker, by default in the court setting or from the local schools. It can be
concluded that without information on the foster child's developmental phase the
foster parents might not be able to determine if the child is developing as he/she
should or if the foster child might have special developmental needs. Should a
foster child have special developmental needs, it can be concluded that the foster
parents might not be aware of these special needs and might not meet the special
needs of the child. The foster parent might also not be able to highlight concerns
to the relevant social workers or professional.

The majority of the foster parents were given information regarding the foster
child's background before the placement took place, but a third of the foster
parents were unaware of the foster child's background experiences, abuse and
neglect before the foster placement took place. The majority of the foster parents
stated that such information would be helpful to the initial success of coping and
dealing with specific behavioural issues.

It can be **concluded** that foster parents are not consistently provided with information by the social worker regarding the foster child before the placement takes place. Although this is not always possible, for example during emergency placements, information regarding the foster child that might be informative and helpful to the foster parent needs to be provided to the foster parent as soon as possible after the placement takes place. Foster parents are not able to prepare for the placement or meet the foster child's immediate needs if they do not have information on the foster child.

The foster parents were able to identify a number of behavioural issues exhibited by the foster children, but very few foster parents had received information on how to cope with and manage the foster child's behaviour. The majority of the foster parents stated that they received pre-approval training, but virtually no training on issues such as behavioural problems once they had started to foster. It can be **concluded** that the foster parent might find coping with the foster child's behavioural problems more difficult without tools and skills to cope and manage the problems.

- **Recommendation**

  o **Family care organisations** should:

    - Develop a system, such as a document, whereby information regarding the foster child relevant to the foster parent is gathered and provided to the foster parent either on the day the placement takes place or as soon as possible afterwards.
    - Develop and implement a training programme that includes information and skills develop for foster parents coping with specific behavioural issues.
    - Develop and implement an ongoing training programme for foster parents as well as assess the use of the information and skills development of the foster parent through annual foster parent appraisals. Foster parents should receive recognition for attending the training sessions and various training session should be deemed compulsory depending on the content of the session.

- The appraisal may take place instead of a supervision visit and could be gathered along with other training certificates in order to develop a profile of each foster parent along with their skills and development in the fostering field.

## 6.2.5 Race, ethnicity and cultural identity

The foster parents did not appear to have a comprehensive understanding of race, ethnicity and cultural identity. At least half of the foster parents had fostered a child trans racially or had fostered a Black child. The majority of the foster parents felt that trans racial placement had no effect of the foster children and were unaware of any specific tasks they might need to fulfil with regard to foster children in these trans racial placements. The foster parents appear to intentionally **downgrade the importance** of race and culture. This might be due to a number of issues:

- In the current culture of 'all are equal' in South Africa foster parents might misunderstand the importance of recognising a foster child's race and culture in order to actively develop that foster child's sense of self and self esteem.
- Foster parents might misinterpret that focussing on the foster child's race and culture might be indicative of singling that child out racially rather than educating the foster child on his/her race and culture and developing the child's self esteem.

The foster parents added that they had not received support when fostering a child trans racially nor had they been made officially aware of the effect race, ethnicity and culture might have on a foster child. The foster parents identified various forms of support that they would need in order to effectively foster a child who was trans racially placed. The **conclusion** can be made that foster parents are uninformed about race, culture and ethnicity in general, however they were able to identify various needs and support they would require when fostering a child trans racially.

- **Recommendations**

  o As summarised by Vidal de Haymes and Simon (2003:268) family care organisations should:

  - Provide the parents with a list of resources for things like toys, books, clothes, art, films and magazines that provided a positive image of the child's culture and race.
  - Provide the parents with training with regard to information on the child's culture, race and food for example.
  - Pair families with mentor families for support and information.
  - Provide the parents with a newsletter to connect similar families.
  - Provide the parents with a list of local and national events that they might want to take part in.
  - Educate social workers on how to support trans racial families and to see this type of placement as a viable placement.
  - Provide the parents with parenting classes on how to raise a child of colour in the world dealing with subjects such as racism.
  - Develop a forum that helps White parents recognise and deal with their own racism and that of their family and friends.

## 6.2.6 Contact with the biological family

The majority of the foster parents stated that they had contact with the foster child's biological family and the majority of the contact with the foster child's biological family was arranged by and supervised by the social worker. Contact with the foster child's biological family mostly took place at the foster parent's home and the foster parents were happy with the arrangement. Generally foster parents felt that contact with the foster child's biological family did not have an effect on their own family and they dealt with any issues that arose on their own.

The foster parents identified a few behavioural issues the foster children might exhibit related to contact with their biological families but also dealt with these issues primarily on their own. The foster parents had a mixed reaction to whether they received support surrounding issues that might arise regarding contact with the foster child's family. The foster parents stated that they received support regarding contact with the foster child's biological family but felt that they did not receive support on all aspects of contact with the foster child's biological family and made recommendations as to what support they felt they needed.

It can be **concluded** that foster parents are receiving support from social workers and the organisation regarding contact with the foster child's biological family, but further support is required.

- **Recommendations**

  o The family care organisation should:

  - Discuss further support issues regarding contact with the foster child's biological family with the foster parents.
  - Develop and implement a training programme whereby foster parents are prepared for and are enabled to develop skills with regard to contact with the foster child's biological family.

## 6.2.7 HIV/AIDS and foster care

The large majority of foster parents noted that they had never fostered a child infected with HIV/AIDS. The foster parents who had fostered a child who had been infected by HIV/AIDS came to do so through their own choice, through an emergency placement or once the placement had taken place. One foster parent had also dealt with the passing of a foster child infected with HIV/AIDS. The foster parents were also able to identify specific needs that these children might have.

In **conclusion**, it appears that very few foster parents have fostered children who have been infected with HIV/AIDS. This is in sharp contrast to the statistics available on the number of children infected with or affected by HIV/AIDS who might need foster family homes. The following points might indicate why this sharp contrast exists:

- Foster parents who care for children diagnosed with HIV/AIDS did not form part of the group identified by the organisation's social workers for this study, whether consciously or not.
- Foster parents are not necessarily always aware if a child placed in their care has been diagnosed with HIV/AIDS.
- The fact that a foster child has been diagnosed with HIV/AIDS might not been seen as an issue as foster parents might not want to focus on one child having more needs than others in the home (the principle of 'all children are equal').

It seems logical that if a foster parent is unaware of a child's medical needs they will not be able to respond to them. In order to cope with information of such a controversial nature foster parents will need appropriate training and support. Foster parents do not appear to be receiving specific support surrounding HIV/AIDS and foster placements, and this needs to be addressed if fostering is to be an arena in the near future that provides important placements for children affected by this disease.

- **Recommendations**

  - The issues surrounding HIV/AIDS and fostering needs to be addressed on a national level.
  - The issues surrounding divulging the status of a foster child to foster parents needs to be addressed on all levels from organisations to government.
  - Organisations need to develop and implement a specific training and support programme for foster parents who are fostering children infected with HIV/AIDS.

- Community awareness should be increased with regard to fostering a child with HIV/AIDS in order to decrease any stigma or fear that might exist in agreeing to foster a child who is infected with HIV/AIDS.

## 6.2.8 Grief and loss

The majority of foster parents stated that they had experienced grief and loss during a foster placement. Most of the foster parents found it difficult to process the information they received with regard to the foster child's background as well as the abuse and neglect that the foster child had experienced. The foster parents seemed to have experienced a loss of innocence with regard to the effect the nature of the above- mentioned information had on them. The foster children moving onto other placements as well as the foster child and the foster child's biological family's feelings towards the placement also affected the foster parents. About half of the foster parents also added that they received support during these periods of grief and loss. The sources of support ranged from the social worker to private counselling and family and community support.

It can be **concluded** that foster parents experience grief and loss during a foster placement and half of the foster parents received support with regard to this grief and loss.

- **Recommendations**

  o Family care organisations should:

    - Provide all foster parents with support surrounding periods of grief and loss during fostering.
    - Develop and implement a training programme that informs foster parents of the nature of grief and loss during fostering.
    - Provide the foster parents with skills to cope with and manage the grief and loss they and their families might experience.

**6.2.9 Biological children**

Almost two thirds of the foster parent's own children were not provided with support with regard to issues they might experience in the fostering process or during a foster placement. The foster parents appear to be the main source of support for their own children and noted that their children developed a few issues during fostering, but were attended to by the foster parents themselves. The foster children, however, appear to play a large and practical role in assisting their parents in fostering.

It can be **concluded** that the foster parents' own children play an important role in the fostering arena and do not receive support from sources other than their own parents.

- **Recommendations**

  o The family care organisation should:

    - Develop specific supervision visits aimed at the foster parents' children and their needs.
    - Develop a support group aimed specifically at the foster parents' biological children.
    - Develop and implement a training programme for foster parents highlighting the effect fostering might have on their own children and how to manage such issues effectively.
    - Develop a support group aimed specifically at the foster parents' own children.
    - Recognise the role that the foster parents' own children play in fostering.

**6.2.10 Training**

A small number of foster parents stated that they had received training other than the pre-approval training provided before they started to foster. The majority of foster parent had not received training in general once they had started fostering. None of the foster parents could recall any topics addressed during any training as the training had taken place a number of years ago. One foster parent noted that the training they had received was not realistic, but rather theoretical. Times and venues appear to be an issue for foster parents and needs to be addressed in order for foster parents to be motivated to attend training sessions.

- **Recommendation**

  - Training methods need to be appropriate to training foster parent needs.
  - Details such as venues, dates, times, child care options and frequency of the training need to finalised before a training programme is introduced.
  - Social workers need to be trained in facilitating training specific to foster parents, as well as possibly training foster parents to run groups themselves.
  - Follow up supervision sessions between foster parents and social workers need to take place to determine the effectivity of the training, and if the foster parents are implementing the training at all and appropriately.
  - Follow up assessments of foster parents might be an option for the future where a competency based approach is followed by the organisation and the training the foster parents have received is included in their portfolio as evidence of skills development. Herby organisations will be able to monitor the support and training a foster parent receives, as well as the effect the training and support might have on a placement.

### 6.2.11 General comments

The foster parents did not have any general comments regarding the research interview. It can be **concluded** that they had shared everything they could/or were willing to with the researcher in the interview. The researcher could have explored certain topics in more detail but a certain amount of resistance was perceived due to uncertainties on the part of the participants.

### 6.3 FURTHER RESEARCH

In the light of the results of this exploratory investigation with regards to the training and support received by foster parents as well as specific issues foster parents need to manage, it is suggested that further research focus on the following:

- Further issues managed by foster parents, such as saying goodbye to a foster child,
- The development of a training programme for foster parents,
- The implementation of a training programme for foster parents,
- The development of support groups for foster parents and the foster parent's biological children,
- The development of foster parent associations,
- The development of procedures whereby foster parent's are appraised and skills development is monitored,
- Fostering and HIV/AIDS in general,
- Fostering and trans racial placements and foster parents and finances.

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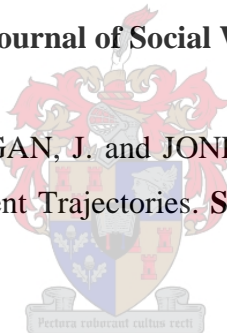
**ANNEXURE A**

UNIVERSITY OF STELLENBOSCH
Department of Social Work
2005

**THE SUPPORT OF FOSTER PARENTS: THE CONTRIBUTION OF SOCIAL WORK**

INTERVIEW GUIDE WITH THE FOSTER PARENTS

**A. Personal Data:**

1. Age:

2. Marital Status:

3. Children:

4. Foster children currently in placement:

5. Number of children fostered in career:

**B. Employment/Income/fostering grant:**

1. Do you receive a fostering grant?
2. If yes, what is the income from the grant?
3. Are you able to foster without this fostering grant?
4. Are you able to foster if the grant is decreased?
5. Do you feel that fostering should receive a salary?
6. If yes, why?
7. If no, why?


**C. Family composition/biological children:**
1. Are your children provided with support when assisting in the fostering role?
2. If yes, from who?
3. Has fostering had an effect on your children?
4. What role, if any, do your children play in fostering?
5. Do your children receive support in the fostering process?

**D. Social Work Support:**

1. In one sentence what is your understanding of support?
2. Do you receive support from other sources:

| | |
|---|---|
| SOCIAL WORKER | |
| FAMILY MEMBERS | |
| PARTNER | |
| COMMUNITY | |

3. In one sentence describe the support you receive from each of the sources of support you identified.
4. Do you receive support from other foster parents?
5. Do you belong to a more formal foster parent support system?
6. If not, would you like a foster parent support system to exist?
7. Do you have a foster parent association?
8. If not, would you like a foster parent association to exist?

**D. Child development and behavioural issues:**

1. Do you have information about the phase the foster child is currently in with regard to their development phase?
2. Are you aware of the foster child's background and experiences before they were placed in your care?
3. Would information about the foster child before the placement assisted you in initially coping with the child's behavioural problems?
4. Do the foster children placed in your care exhibit any behavioural problems?
5. Have you received information with regard to coping with these problems if they exist?
6. Does the information you received cover any of the following subjects:
7. Have you implemented any of the information you have received? Give examples.

| COPING STRATEGIES | |
|---|---|
| PARENTING SKILLS & STYLES | |
| ATTACHMENT & BEHAVIOURAL ISSUES | |
| BONDING WITH THE FOSTER CHILD | |
| FAMILY ROUTINES AND TRADITIONS | |
| THE FOSTER CHILD'S BIOLOGICAL FAMILY | |

**E. Race, ethnicity and cultural identity:**

1. What is your understanding of race, ethnicity and cultural identity?
2. Have you fostered trans racially?

1. Have you fostered a black child?
2. Name issues you dealt with unique to the trans racial placement.
3. Name issues you dealt with unique to fostering a black child.
4. Have you received support with regard to fostering trans racially or fostering a black child?
5. If yes, what support did you receive and from who?
6. Have you been made aware of the effect race, ethnicity and cultural identity can have on a foster family and foster child?
7. If yes, were you able to practically use this support in meeting the needs of the foster child and assisting in the placement?
8. If no, do you feel that you need support with regard to the issues in your trans racial placements?
9. What support would you identify as necessary?

**F. Contact with the biological family:**

1. Have you had contact with the foster child's family during a foster placement?
2. How was the contact arranged and by who?
3. Where did the contact take place?
4. Was the contact supervised and by who?

5. Have you had contact in your home?

6. How did you feel about the contact taking place in your home?

7. What effect did the contact in your home have on your family?

8. What effect did contact have on the foster child?

9. Were you provided with support with regard to dealing with issues regarding contact:

| | |
|---|---|
| DEALING WITH THE FOSTER CHILD'S FAMILY | |
| DEALING WITH THE FOSTER CHILD'S REACTION TO THE CONTACT | |
| WORKING WITH THE PROFESSIONALS INVOLVED IN CONTACT | |

10. What assistance did you receive in contact? Was it a positive or negative experience?

**G. HIV/AIDS:**

1. Have you fostered a child who has been diagnosed with HIV/AIDS?

2. How did you come to foster a child who is HIV/AIDS?

| | |
|---|---|
| OWN CHOICE | |
| EMERGENCY PLACEMENT | |
| SOCIAL WORKER'S REQUEST | |

3. Have you received any support with regard to HIV/AIDS and fostering a child who has needs with regard to HIV/AIDS?

4. Name three special needs a foster child you cared for had.

5. What type of support have you received when fostering a child who has HIV/AIDS?

**H. Grief and loss:**

1. Have you experienced any grief or loss during a foster placement?
2. Under which of these experiences did you experience grief and loss?

| | |
|---|---|
| A FOSTER CHILD MOVING ONTO ANOTHER PLACEMENT | |
| A FOSTER CHILD'S FEELINGS REGARDING LIVING IN ANOTHER PLACEMENT OTHER THAN HIS/HER FAMILY HOME | |
| THE FOSTER CHILD'S FAMILY'S FEELING WITH REGARD TO THEIR CHILD BEING IN CARE | |
| YOUR OWN FAMILY'S LOSS WHEN A FOSTER CHILD MOVES TO ANOTHER PLACEMENT | |
| THE INFORMATION YOU RECEIVE REGARDING THE CHILD'S PREVIOUS CIRCUMSTANCES, NEGLECT AND ABUSE | |

3. Have you received support with dealing with your grief and loss?
4. If yes, what support have you received and from who?
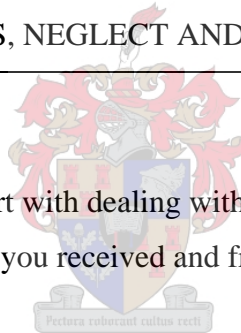
**I. Training:**

1. Have you received training as a form of support once you are fostering a child?
2. What fostering issues have been dealt with in this training?
3. Who provides the training?
4. Where does the training take place?
5. How often does the training take place?

What further information would you like from the training sessions relating to fostering?

**ANNEXURE B**


UNIVERSITY OF STELLENBOSCH
Department of Social Work
2005

**THE SUPPORT OF FOSTER PARENTS: THE CONTRIBUTION OF SOCIAL WORK**


DECLARATION BY/ON BEHALF OF THE RESPONDENT

I, the undersigned, ………………………………, (ID ………………………..), as the respondent or in the capacity as ………………………. of the respondent (ID ………………….) of ………………………………………………………………….. (address).


   **A.** I confirm that:

1.   I/the respondent was invited to take part in the above mentioned research project which is to be undertaken through the Department of Social Work of the University of Stellenbosch, directed by Mrs B. Durand.

2.   It has been explained to me that:
2.1   the goal of the study is to determine the support that foster parents are provided by the organisation as well as the type of support foster parent's receive.
2.2   The procedures to be followed for this part of the study is qualitative, and will take place in the form of semi-structured interviews with the foster parents. There will be one interview per respondent and the interview will not exceed one hour.
2.3   There will be ………. other respondents taking part in the study.

3.   It has been explained to me that participation in the study will contribute to the understanding of the support that foster parents receive and need, as well as the overall achievement of the study. The findings will assist social workers in understanding the resources available or not to support foster parents, the current support and training programmes being used and the support and training needs of foster parents.

4.   I have been informed that the information that is gathered during the interview will be treated confidentially, but will be applied to the findings contained in Chapter 5 of the Master's Thesis.

5.     I have been informed that I may refuse to take part / let the respondent take part in the research, and that this refusal will not affect in any way my / the respondent's current / future interests in Johannesburg Child Welfare.  I also understand that the researcher may withdraw me / the respondent from the study if it is in the interest of myself / the respondent.

6.     The information that has been given above by Mrs B Durand, has been explained to me / the respondent in Afrikaans and English, and that I speak / understand this language and that I have been given the opportunity to ask which have been answered in a satisfactory manner.

7.     I / the respondent have / has not been coerced into participating in this study, and that I / the respondent may withdraw at any time during the interview without any penalisations.

8.     Participation in the study will hold no additional costs for me / the respondent.

**B**    I herewith confirm that I participate voluntarily in the abovementioned study.

Signed / confirmed ………………………………….. on this…………. day of ………………………………… 2005.


…………………………………..
The respondent / representative
of respondent
Signature or right thumbprint
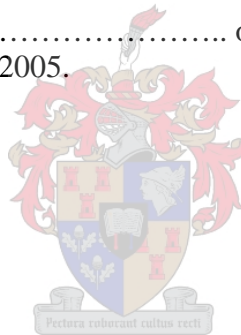

## DECLARATION BY THE RESEARCHER

I, Bronwyn Margaret Durand, declare that I:

1.     Explained the information that is contained in this document to the respondent / representative of the respondent …………………………………………;
2.     Encouraged him / her / them to pose questions on anything that was unclear;
3.     That this discussion was held in Afrikaans and English and that no translator was used / that this conversation was translated by


Dr / Mr / Ms …………………………………………
Signed at ………………………………….. on this …………. day of ………………………………… 2005.

…………………………………                    …………………………………..
Researcher                                                      Witness