# THE OPERATIONALISATION OF CLUSTER FOSTER CARE SCHEMES: A SOCIAL DEVELOPMENTAL PERSPECTIVE

by

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I declare that "The operationalisation of cluster foster care schemes: A social developmental perspective", is my own work and that all the sources that I have used or quoted have been indicated and acknowledge by means of completed references.


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Mr W.J. du Toit                                      Date


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**ABSTRACT**

The presence of poverty, unemployment and children been infected or affected by HIV/Aids contributed to a high level of children in need of care and protection (Patel, 2005:165) and forced communities to came up with a ways of addressing this increasing need of alternative care. Cluster foster care schemes were one of the initiatives that were started spontaneously by community members to address need for more alternative care options (Colby-Newton, 2006:18). This form of alternative care was also included with the proclamation of the Children's Act, 38 of 2005 and the Children's Amendment Act, Act 41 of 2007 (Matthias, 2010:172-176).

Although cluster foster care schemes are acknowledge and practice as a form of alternative care for children in need of care and protection the operationalising thereof remain a grey area. In an unpublished study by Taback and Associates, it was suggested that further research should be conducted regarding elements that need to be included in the operationalising of cluster foster care schemes (Taback and Associates, 2010:4). The above form the motivation for this study and also provide the basis for the formulation of the **research question** namely:

*"What are the operational elements necessary for the operationalising of cluster foster care schemes?"*

Following from the research problem and research question, the goal for this research was to explore and describe the present functioning of cluster foster care schemes in order to identify operational elements to be documented in a guideline for service providers and social workers.

The researcher made use of **qualitative research approach** to explore and describe the participants' perception on the research problem. This research endeavour firstly falls in the ambit of the **phenomenology research design**, which aimed to describe the conscious experience of the everyday life of the participants, which were in this study the managers of cluster foster care schemes as well as foster parents that provide foster care as part of a cluster foster care scheme. In addition to this the researcher also opted to include the **exploratory, descriptive**

**and contextual research design,** which guided the exploration, description and contextualising of the views of the participants on elements needed to operationalise cluster foster care schemes. In order to achieve the above the researcher the researcher decided to make use of an intervention research model by Rothman and Thomas (1994:3-51), namely the "***Intervention Develop and Design"*** framework (IDD framework). In this study the researcher only used phases one to phase four and certain steps of the IDD framework to develop the operational guidelines for the operationalising of cluster foster care schemes.

In concluding the report of the study, the researcher provided summaries of and conclusions related to the background rational; research questions; goals and task objective of the study; the research methodology implemented; the empirical findings and literature consulted; and the developed operational guidelines. He concluded the document with recommendation related to the research process and methodology employed; research findings; and recommendation for further research on the research topic.

**Key words:** Alternative care; Children Act, Child in need of care and protection; Cluster foster care schemes; Foster care; Indigenous forms of alternative care; and Operationalising

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**CHAPTER 1**

**INTRODUCTION AND GENERAL ORIENTATION TO THE RESEARCH STUDY**

**1.1 Theoretical background and rationale**

The recommendation to the Children's Court for suitable alternative placements of **children in need of care and protection** poses a challenge to the social workers in the field of child and family care in South Africa. Although the Constitution of South Africa (Act 108 of 1996), the White Paper on Social Welfare (1997:41-43), the International Convention Regarding the Rights of Children (1997:72) and Section 7 of the Children's Act (Republic of South Africa, 2006:32) make it clear that the **family** is the basic unit for the care and protection of children, these legislation and policy documents acknowledge the fact that several circumstances within a community and family can contribute to the fact that children in need of care and protection could be dependent on alternative care, other than that of the family (Matthias and Zaal, 2009:163; Republic of South Africa, 2006:96).

In addition to the care of parents and relatives (i.e. family), **foster care** is regarded as an alternative form of care which enables the child in need of care and protection to be cared for as part of a family and the community. In addition to the existing types of foster care, where the child is placed in the care of a family or with recruited and screened non-family members, Section 156 of the Children's Act, Act 38/2005 (Republic of South Africa, 2006:104) extends foster care to placing the child in need of care and protection in a **cluster foster care scheme**[1].

The provision of cluster foster care schemes is a new form of legally acknowledged foster care which became part of legislation when the Children's Act (Act 38 of 2005) (Republic of South Africa, 2006:1-217) and the Children's Amendment Act 41/2007 (Republic of South Africa, 2008:117) were first proclaimed. This inclusion of cluster foster care schemes, as a form of alternative care, was already shaped in the recommendations for care of children in need of care and protection, as described in

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[1] See Section 1.8.3 for a definition of cluster foster care schemes.

The White Paper for Social Welfare (1997:43), which reads as follows: *"Traditional and indigenous systems of foster care will be recognised provided that the needs and rights of children are protected"*.

The development of alternative care for children in need of care and protection at both the **international and the national levels** has been documented since Greek and Roman times (Pieterse, 1975:22). Looking at older literature that described services to children in need of care and protection in previous times, the following descriptions were found: *Children dependent on alternative care were either sold, or placed in the care of wealthy citizens* (Pieterse, 1975:25; Friedlander and Apte 1980:14). Recent references related to the historical care of children in need of care and protection in an African context was also found. Ansah-Koi (2006:563) and Davids, Letlape, Magome, Makgoba, Mandivenyi, Mdwaba, Ned, Nkoma, Sakhumzi and Skinner (2006:13) note that the care of African children in need of care and protection took place inside of the cultural context. When a parent died, the grandparents or other relatives took over the care of the child/children.

For the purpose of this study, and in order to explore the nature of alternative care in the local context, the researcher subsequently focussed on tendencies regarding the historical development of **alternative care in South Africa**. The following was noted: Since 1652, South Africa, for the most part, followed the European policy regarding the care of families and children in need (Gray with Mackintosh, 1998:7). Traditionally, the church took care of orphans and children in need of care. Already in 1652 orphans and neglected children in the Cape were placed with suitable foster parents under supervision of the Board of Charity of the Church (Pieterse, 1975:37). Potgieter (1970:8) notes that the first legislation in the interest of social care, namely the 'Meesters en Diensboden Wet', was documented in 1856. The author explains that this legislation specifically made provision for the care of the child in need of care.

In 1948, the National Party came into power and the 'apartheid' system was introduced. The 'apartheid' system would continue to dominate South African policy and legislation for the next 48 years. The emphasis of social services was on race,

which benefited the white population, while the other population groups did not share in the advantages provided through these social services (Helm, 1962:36-49, Gray with Mackintosh, 1998:10; Patel, 2005:71; Dutschke, 2006:17-19). Discrepancies in the nature of care in institutions and foster care based on race were common, especially the way in which the state gave financial support (Patel, 2005:70-71). In reaction to this, several indigenous practices for the care of orphans and children in need of care developed. In the development of indigenous child care practices, the care for these children by extended families, and grandmothers in particular, is highlighted in the literature (Alpaslan and Mabutho, 2005:276; Van Dyk, 2008:343; Gerrand and Ross, 2009:4).

In spite of formal care (i.e. foster and institutional care) and indigenous practices (i.e. care by extended family and community members) as a means of alternative care, **statistics** prove that the present forms of alternative care do not meet the increasing needs of children in need of care and protection. The reasons behind the latter statement are discussed below.

Several authors in the field of child and family care make it clear that the inter-dependency of AIDS[2] and poverty is one of the most general factors contributing to the greater need for alternative care of children in need of care and protection (Patel, 2005:165; Leatt, 2006:20; Proudlock and Jamieson, 2007/2008:35). According to Meintjies, Budlender, Giese and Johnson (2005:23) more than two fifths of the children in South Africa are cared for in households where none of the parents generate an income, and approximately half of the children are cared for in a household where the basic income is R500 per month. These authors also note that AIDS, on the other hand, contributes to approximately 18% of the orphaned child population in South Africa, due to the death of a mother or a father or both, while 0, 4% of all children form part of child-headed households.

In line with the statistical description of children in need of care and protection in South Africa described above, and providing a description of the context of this pressing issue, Sloth-Nielsen (2008:3-5) concurs that the foster care situation in the

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[2] Acquired Immune Deficiency Syndrome: The acronym will be used in the rest of the document.

country has changed to such an extent that 91% of all foster placements take place within extended families. Only 6, 3% of children are in foster care due to inadequate care by their parents, while 48% of children in foster care are completely orphaned. Furthermore 80% of children in need of care and protection have lost one parent (Sloth-Nielsen, 2008:3-5).

Also providing a description of the extent of the need for care of children in need of care and protection, statistics by the South African Agency for Social Security (SASSA) show that approximately 346,314 children in South Africa are in foster care, of which 20,116 are in the Western Cape where this study commenced (SASSA, 2011:9). Regarding the foster care allowances, Meintjies et al. (2005:20) concur that these allowances are an important means of income for many families.

The need to continuously revise the way in which children are provided with care and protection is indicated by: 1) the increase in the number of children dependent on alternative care, 2) the need for more indigenous ways of alternative care, 3) alternative care as a means of income for many families, as well as 4) the recommendations of policy documents such as the White Paper on Social Welfare (Department of Welfare, 1997:41-43) and Section 2 of the Children's Act (Act 38 of 2005) (Republic of South Africa, 2006:28). It was concluded from the above that it is imperative to provide for more indigenous forms of alternative care to address this pressing issue of children in need of care and protection. This viewpoint regarding the local situation has also been addressed in other countries, as described below.

In contrast to the traditional model of foster care, as followed in most European states, countries like Canada, Australia and New Zeeland have already started with a more **indigenous form of care**. The family is not only viewed as those related to the child by blood, but also as the community of which he/she is part. The right of the child to be cared for in his/her own community and culture, as well as the right of the community to participate in the care of children in need of care and protection is therefore recognised by these countries (Schmidt, 2007:44). In Ghana, a form of foster care, similar to the cluster foster care scheme in South Africa, already exists. A group of women in a tribe, known as "queen mothers", take responsibility to care

for a maximum of six children who are in need of care and protection. This care then takes place inside of the specific tribe to which they belong. The group of foster parents support one another as foster parents, and see to it that the children are cared for within their tribe of origin (Ansha-Koi, 2006:559).

In South Africa, apart from the 91% of all children in need of care and protection in foster care with relatives (usually grandmothers and aunts) (Sloth-Nielsen, 2008:5), there are also examples of existing cluster foster care schemes. These schemes originated spontaneously to care for children in need of care and protection *within* the communities *by* community members. One of the first schemes was launched in Durban under the supervision of the Child Welfare Society (Russell and Schneider, 2008:331).

As stated previously, the proclamation of the Children's Act 38/2005 (Republic of South Africa, 2006:104) provides for children in need of care and protection to be placed in cluster foster care schemes. The proposed regulation of this act sets clear guidelines for the registration and implementing of this form of alternative care. As a result of these guidelines, Taback and Associates (2010:26), on behalf of the Department of Social Development, conducted a research study regarding cluster foster care schemes in 2010 to investigate the existing examples in practice in South Africa. In their unpublished study, Taback and Associates (2010:26) recommend the following:

- The finalising of norms and standards for the care of foster children inside of cluster foster care schemes;
- The provision of implementing guidelines for the implementation of cluster foster care schemes;
- The revision of foster care services in general; and
- The assessment of the level of preparedness for the implementing of the basic norms and standards of cluster foster care schemes.

The preliminary literature review above focussed on a description of: 1) alternative care of children in need of care and protection, 2) statistical descriptions of the extent and nature of the issue of children in need of care and protection, 3) existing

legislation and policies that address the issue of children in need of care and protection and 4) recommendations made by a recent study regarding cluster foster care schemes specifically. From these descriptions, the researcher identified a need for additional research around the operationalising[3] of cluster foster care schemes in South Africa.

In addition to the preliminary literature study regarding the research topic, the researcher also considered the theoretical framework on which the study could be based. The following section describes the selected theoretical framework, together with the rationale for the choice that was made.

## 1.2 Theoretical framework

The **social developmental approach** as described by Midgley (1995:23-28), Gray with Mackintosh (1998:33) and Patel (2005:29-31) serves as a theoretical point of departure for this research study. The reason for this choice was based on the following characteristics of the said approach:

- The approach focuses on a process of planned social change;
- It places emphasis on the utilisation of local skills;
- Indigenous practices aimed at the community as a whole are acknowledged as key to this approach;
- The emphasis on development is closely connected to a process of –
    - o sustainability of services; and
    - o economic development;  and
- Focuses mainly on previously disadvantaged groups (Estes, 1998:3, Midgley, 1995:23).

For the purpose of this present study, and within the framework of the above named characteristics of the social development approach, the operationalising of cluster

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[3] See Section 1.8.5 for a definition of the term "operationalising".

care foster schemes will mean that children in need of care and protection will be cared for within the framework of an indigenous model within their own communities. With regard to the field of child and family care, Patel (2005:167); Hölscher (2008:115); Lombard and Kleijn (2006:229) and Gray and Lombard (2008:116) emphasise the following areas in the context of social development: 1) The family as the basic unit in a community and 2) the partnership between state and non-government organisations. These two areas are discussed below in order to provide a contextual description of the theoretical framework on which this study was founded:

## 1.2.1 The family as the basic unit in a community

The development of cluster foster care schemes implies, within the social development approach, that the child in need of care will continue to be cared for within the community. It means that the child will have access to the resources in the community, and also that the child will be cared for within a family as well as a community context (Martin, 2010:50).

## 1.2.2 The partnership between state and non-government organisations

According to Regulation 67 to the Children's Act, Act 38 of 2005 and the Children's Amendment Act, Act 41 of 2007 (Republic of South Africa, 2010:70), registration in accordance with the Act on Non-Profit Organisations (Act 71 of 1997:10) is one of the basic requirements for cluster foster care schemes. The focus is on the partnership between the state (i.e. the government) and non-government organisations. The state is, according to this partnership, responsible for registration of the organisations and acts as chief guardian of all children in need of care and protection on the one hand, while the non-government organisation provides the services on the other hand.

The problem statement for this study that was based on the discussion in the first two sections of this chapter is debated next.

## 1.3 Problem statement

The first logical step in any research endeavour is to establish the reasons for the research. Gravetter and Forzano, (2009:26) are of the opinion that the selection of a research topic and the statement of the problem to be investigated usually constitute the first, or some of the very early steps, in the research process. A further illustration of the problem formulation as the beginning of the research process is provided by Babbie and Mouton (2009:99), who refer to this step as "getting started". The authors note that the problem formulation provides certain direct guidelines on how to derive at the research topic or question. According to this description, the research topic can only be formulated once the research problem was identified and clarified. Fouché and De Vos (in De Vos, Strydom, Fouché and Delport, 2011a:80) go further and explain that the research question (i.e. the statement regarding what the researchers want to find out) and the research goal (i.e. what the researchers want to achieve) stem from a general problem or topic of interest. These authors therefore also place the focus on the importance of "getting started" through the formulation of a research problem and research topic. Kumar (2005:36) summarises the above statements by advising researchers to have a clear idea on **what you want to find out about and not what you think you must find**.

In this study the researcher opted for the steps suggested by Babbie (2007:99) to formulate the problem statement of the research project. The author suggests that the researcher studies some literature and previous research completed on the topic of interest, and establishes contact with people with specific knowledge around the topic of interest. The researcher implemented the suggested steps by above author as follows:

- **Preliminary literature review**

The researcher concluded the following from the preliminary literature review, as described in Section 1.1 of this chapter. Cluster foster care schemes are legally

acknowledged as a form of alternative care for children in need of care and protection (Section 183, Children's Amendment Act, 41/2007 - Republic of South Africa, 2008:74). These schemes provide social workers in South Africa with an alternative care option through which the high demand for **care options** of children in need of care and protection could be addressed. Although South African legislation and policy documents provide for this alternative care option, the operationalising thereof is still a grey area (Taback and Associates. 2010:10). The preliminary literature review indicated that no guidelines regarding the elements that are needed to operationalise this form of alternative exist.

- **Previous research**

An unpublished study, conducted by Taback and Associates, identified 22 examples of cluster foster care schemes in South Africa (Taback and Associates, 2010:4). Recommendations emanating from their study suggest, amongst others, that further research should be conducted regarding elements that need to be included in the operationalising of cluster foster care schemes. In addition to the recommendations by Taback and Associates (2010:4), the researcher also explored the perceptions of people with specific knowledge around the topic of cluster foster care schemes.

- **Discussions with experts in the field of interest**

A personal interview with an expert official of the Provincial Department of Social Development in the Western Cape confirmed that there are currently no specific guidelines regarding the operationalising of cluster foster care schemes as a form of alternative care (Louw, 2010). The expert, however, also confirmed the research of Taback and Associates (2010:4) which indicated that there are already practitioners who provided this form of alternative care.

In conclusion, it appears that, although legislation in terms of the Children's Act 38 of 2005 (Republic of South Africa, 2006:104), the Children's Amendment Act, 41 of 2007 Republic of South Africa, 2008:72-80) and the Consolidated Regulations pertaining to the Children's Amendment Act (Republic of South Africa, 2010:70-75) regarding cluster foster care schemes as a form of alternative care is in place, no

specific guidelines regarding the operationalising thereof exist according to recent research.

Maree and van der Westhuizen (in Maree, 2007:29) suggest that a well-defined problem statement should consist of the following elements:

- Words that describe the **specific action**; for instance "assess, explore, compare";
- Clear identification of the object of the study to indicate what the **focus** will be;
- The participants need to be described, in other words, **who** will be involved in the study; and
- The context of the study should be indicated, in other words **where** the study will take place.

With reference to the suggestions of the above mentioned authors, and based on the preliminary literature review discussed above, the researcher narrowed the **problem statement** down to the following:

The focus of this study is to *explore and describe* (i.e. the action) the functioning of *existing cluster foster care schemes* (i.e. who), as well as to *identify operational elements* (i.e. the focus) in existing cluster foster care schemes, in order to provide practical guidelines for the operationalising of such schemes in the future. Based on the research findings, the researcher envisaged to contribute to the social work profession by means of the development of operational guidelines for cluster foster care schemes *within the South African context* (where the study will take place).

The problem statement provided a focus for this study and enabled the researcher to formulate a research question to guide this research study.

## 1.4 Research question

The research problem may lead to either a research question or a hypothesis. Hypotheses may be described as predictions, assumptions or guesses the researcher makes about the relationship amongst variables (Kumar, 2005:74; Rubin

and Babbie, 2005:749; Bless, Higson-Smith and Kagee, 2006:14; Creswell, 2009:132). The formulation of hypotheses is more suitable to use in quantitative, rather than qualitative research studies, because it involves certain predictions about the relationship between variables and statistical tests (Creswell, 2009:129).

Research questions, on the other hand, are described as questions that guide and provide focus for the research study (Jansen in Maree, 2007:3). According to Leedy and Ormrod (2005:54), a research question mainly differs from a hypothesis in that a research question does not offer any speculative answers related to a specific problem. The purpose of the research question is mainly to guide the researcher through the research study in order to obtain data that will enable the researcher to develop insight into the research problem. A hypothesis, on the other hand, aims to specifically focus on testing a specific statement through statistical analysis.

According to Creswell (2009:129) and Leedy and Ormrod (2005:4-5), a **research question** rather than a hypothesis is used in qualitative studies. The unique qualitative nature of this study, where the researcher was more interested in the experiences and perceptions of current practitioners of cluster foster care schemes regarding the operational elements, rather than testing the operational elements (which were not yet identified according to Taback and Associates (2010:4) and Louw (2010), indicated that a research question was more applicable than the formulation of a hypothesis. In summary, cluster foster care schemes in South Africa were described for the first time in April 2010 in the Children's Act, Act 38 of 2005 (2006:154). Although there are certain guidelines around the definition, registration and minimum standards for this type of alternative care, no standardised guidelines exist to assist service providers to operationalise such schemes. For the purpose of this research study the researcher subsequently made use of a research question rather than a hypothesis, seeing that a hypothesis would suppose that the operational elements are already in place.

A research question, according to Strydom and Delport (in De Vos, Strydom, Fouchè and Delport, 2005:321), should paraphrase vague ideas into specific questions regarding the research problem to be investigated. The research question for this study was formulated as follows:

- *What are the operational elements necessary for the operationalising of cluster foster care schemes?*

In order to answer the research question, the researcher formulated a research goal and objectives, which are described below.

## 1.5 Research goal and objectives

The term 'research goal' refers to what the researcher wants to achieve through the study (Henning with Van Rensburg and Smit, 2004:16; Greeff in De Vos et al., 2005:105; Creswell, 2009:111). The research goal must therefore be formulated in such a way that it can provide answers to the research problem and the research question (Rubin and Babbie, 2005:649; Creswell, 2009:112-13). The **goal** of this study was based on the identified research problem and research question, and was formulated as follows:

- *To explore and describe the present functioning of cluster foster care schemes in order to identify operational elements to be documented in a guideline for service providers and social workers.*

Research objectives provide the researcher with specific steps to complete in the effort to attain the research goal. A research objective, according to Fouché and De Vos (in De Vos et al., 2011b:94), can therefore be described as more concrete and measurable steps which can speedily be taken to attain the goal of the research study. The same authors alert the reader that where a goal is more a dream, the objectives become the steps in how to obtain this goal. The following **objectives**

were formulated to assist the researcher in answering the research question and to attain the above mentioned goal:

- To explore the present functioning of cluster foster care schemes through qualitative methods of data collection from managers and foster parents currently involved in cluster foster care schemes;
- To describe and contextualise the present functioning of cluster foster care schemes;
- To verify the findings from the qualitative data with literature;
- To identify existing technology from the literature;
- To identify and analyse elements and procedures which can be utilised for the operationalising of cluster foster care schemes; and
- To develop practice guidelines from a social development perspective which can be utilised for the implementation of cluster foster care schemes.

In order to attain the research goal and objectives, the researcher set out to identify the methodology that would best suit this present study. The next section focuses on the identification and choices made related to the methodology to be used in this study, while the implementation thereof together with a theoretical description is provided in Chapter 2 of this document.

## 1.6 Research methodology

Research is viewed as a systematic process of collecting, analysing and interpreting data, in order to increase our understanding of the phenomenon that we are interested in or concerned about (D'Cruz and Jones, 2006:5, Leedy and Ormrod, 2005:2). Research has, according to Leedy and Ormrod (2005:2-6), the following eight distinct characteristics:

- Research originates from a question or a problem;
- Research requires clear articulation of goals;

- Research requires a specific plan for proceeding;

- Research usually divides the principal problem into more manageable sub-problems;

- Research is guided by the specific research problem, question and/or hypothesis;

- Research accepts certain assumptions;

- Research requires the collection and interpretation of data in an attempt to resolve the problem that initiated the research; and

- Research is by its nature cyclical (i.e. an event that happens during a specific time) (Hornby, 2005:364) or, more exactly, (helical i.e. a process that is guided by certain technical procedures) (Hornby, 2005:696).

These characteristics were used as a guideline to develop a research plan for this present research study. The discussion that follows provides a description of the research methods and techniques chosen by the researcher to obtain data that would address the identified research problem, and to answer the abovementioned research question.

## 1.6.1 The research approach

Creswell (2009:3) identifies three approaches commonly used in scientific research namely; the quantitative research approach, the qualitative research approach and the mixed methods approach. The latter is a combination of the quantitative and the qualitative approaches.

The *quantitative research approach* is described in the literature as an investigation into social and human problems. This approach is based on the verification of a theory which comprises of several variables. Testing takes place by means of the measuring of amounts, which are then analysed through prescribed statistical procedures (Kumar, 2005:17-18; Niewenhuis in Maree, 2007:38; Fouché and Delport in De Vos et al., 2005:74; Cresswell, 2009:13).

The *qualitative research approach*, on the other hand, focuses on the fact that society is made up of individuals and groups with their own experiences, acceptances, beliefs and values. Qualitative researchers argue that the only way to determine the reality regarding a given problem is to examine peoples' experiences of, and their managing of, a specific problem (Shaw and Gould, 2001: 40-42; Jansen in Maree, 2007:4). In summary, according to Bless et al. (2006:79) and Creswell (2009:4), it is important in qualitative research studies to explore the perspectives of people who function 'within' the research problem.

In this study, the researcher opted to make use of the **qualitative research approach**. Although provision is made in legislation for the registration and management of cluster foster care schemes, it seems that limited literature or theory exists regarding the operationalising thereof. Despite the apparent lack of guidelines on how to operationalise cluster foster care homes, the preliminary literature review highlighted that there are already existing organisations and individuals practicing this form of foster care. Consequently, the researcher wanted to explore and describe their experiences and perceptions regarding the functioning of cluster foster care schemes.

Based on the decision to make use of the qualitative research approach, the researcher continued to make choices regarding the implementation of this research study within the qualitative research approach framework. The first task was to choose a research design that would assist the researcher to attain the research goal from a qualitative approach.

## 1.6.2 The research design

The research question, the goal of the study and the skills and resources available to the researcher determined the choice of research designs (Fouché and Schurink in De Vos et al., 2011:312). Table 1.1 below illustrates typical qualitative research

designs, as described by Niewenhuis (in Maree, 2007:71-77) and Fouché and Schurink (in De Vos et al., 2011:313-323), from which the researcher could choose:

**Table 1.1**: Different research designs in qualitative research

| Research Design | Description of the particular design. |
| --- | --- |
| Conceptual research design | The research design is largely based on secondary sources, which are critically engaged with the understanding of concepts.<br>The aim is to add to an existing body of knowledge and understanding. |
| Historical research design | This is a systematic process of describing, analysing and interpreting the past, based on information from selected sources as they relate to the topic under investigation. |
| Action research design | The focus of action research is on its participatory dimension and on the practical experiences of the participants for which a practical solution is sought. |
| Phenomenological research design | The focus is on the basic differences between human subjects and natural phenomena. |
| Case study research design | A case study consists of an intensive research of a single unit, which may be an individual, family, group or community. |
| Grounded theory research design | This design's focus is on the building of theory from the ground up. |
| Narrative research design | The researcher studies the lives of one or more individuals and asks them to provide stories of their lives. |
| Biography research design | The biography design refers to information obtained in documentation and archival material. |
| Ethnography research design | The ethnographic design aims to describe different cultures and societies. |

In addition to the above, Bless et al. (2006:43) and Kelly (in Terre Blanche and Durrheim, 1999:398) add exploratory-, descriptive- and contextual research designs from which a qualitative researcher may choose.

In this study, the researcher firstly opted for a **phenomenology research** design which aimed to describe the conscious experiences of the everyday life and social action of participants (i.e. managers and foster parents working in cluster foster care schemes). The researcher further strived to describe the phenomenon of cluster foster care schemes as accurately as possible, refraining from any pre-given framework (Fouché and Schurink in De Vos et al., 2011:316). The phenomenological research design paved the way for the researcher to obtain the operational elements

of cluster foster care schemes as identified by practitioners of this form of alternative care.

Secondly, and in support of to the **phenomenological research design**, the researcher also included the exploratory, the descriptive and the contextual research designs. The reason for the decision to utilise these designs will be described below:

- According to Bless et al. (2006:43), the **exploratory research design** is used when there is little or no information on the research subject. This design was deemed appropriate as the study by Taback and Associates (2010:4), referred to in Section 1.1 above, identified a need to explore the operational elements for cluster foster care schemes. The need for exploration of the experiences and perceptions of managers and foster parents currently involved in cluster foster care schemes therefore became apparent.

- The **descriptive research design** is used when the researcher wants to develop an in-depth description of a specific situation/phenomenon/problem (Bless et al., 2006:43). The goal of this study was to provide a description of operational elements for cluster foster care schemes, as based on the perceptions and experiences of managers and foster parents currently involved in cluster foster care schemes. The use of this design therefore followed on the exploratory research design.

- The **contextual research design** assists the researcher to avoid separation of participants from the larger context to which they may be related. This characteristic is in line with qualitative research, which emphasises holism and everyday life (Kelly in Terre Blanche and Durrheim, 1999:398; Shaw and Gould, 2001:17). It was included as a research design in this study, as the researcher wanted to acknowledge the specific context in which this study took place, namely forms of alternative care for children in need of care and protection in which cluster foster care schemes are being employed. Therefore, the exploration and description took place within the specific context in which cluster foster care schemes normally function.

In addition to the research designs described above, the researcher took cognisance of the research goal of this study to provide guidelines for the operationalising of

cluster foster care schemes to service providers and social workers. In order to achieve the above, the researcher also decided to make use of an intervention research model by Rothman and Thomas (1994:3-51), namely the *"Intervention Develop and Design"* framework, also known as the IDD model. According to Kumar (2005:2007) and Fouché and De Vos (in De Vos et al., 2011b:94), intervention research is regarded as a study undertaken by social workers as change agents. The social workers usually work with the affected parties to strengthen and maintain the functioning of the individual, the group or the community. In this study, the researcher wanted to explore and describe the operational elements that could lead to the operationalising of cluster foster care schemes. The focus was therefore on "intervention" (i.e. the development of an alternative care option for children in need of care and protection), as well as on "design" (i.e. the design of a guideline to assist service providers and social workers to operationalise cluster foster care schemes). Furthermore, managers and foster parents involved in existing cluster foster care schemes served as participants in this study. The IDD model (Rothman and Thomas, 1994:3-51) was therefore used as the model from which the research designs above would be implemented.

Qualitative research processes are typically less structured than quantitative research processes (Yegidis and Weinbach, 2009:21). An added advantage of the IDD model (Rothman and Thomas (1994:3-51) was therefore that it is less rigid. This advantage fitted well with the qualitative nature of this present study. Bender (2007:69) describes the interrelatedness of the proposed phases and steps of Rothman and Thomas (1994:3-51), and explains the less structured nature of this model. This interrelatedness was implemented in this study as illustrated in Table 1.2 below:

**Table 1.2**: The interrelated nature of the phases and steps of the IDD model as implemented in this research study (as adapted from Bender (2007:69)

| | Phases | Steps | Implementation plan |
|---|---|---|---|
| 1 | Problem analysis and project planning | 1. Identification and involvement of clients. | Identify population, sampling method and techniques relevant to qualitative research. |
| | | 2. Gaining entry and cooperation from settings. | Negotiate entree: Obtain permission from participants and organisations to be included in the sample. |
| | | 3. Identifying the concerns of the population. | Explore, describe and contextualise according to qualitative research designs. Utilise qualitative data collecting methods. |
| | | 4. Analyse identified concerns. | Record the data. |
| | | 5. Determine aims and objectives. | Analyse data according to Tesch's framework (Creswell, 2009:186) and utilise qualitative data verification model according to Guba (in Krefting, 1991:214-222). |
| 2 | Information gathering and synthesis. | 1. Use of existing source of information. | Complete literature control of findings by studying international and local sources of literature. |
| | | 2. Study natural examples. | This step overlaps with Phase 1, Step 3. |
| | | 3. Identify the functional elements of successful models. | This step is implemented together with Phase 2, Step 1, where the researcher studies existing models, programmes and guidelines. |
| 3 | Design | 1. Designing an observational system. | This step will not be utilised for the purpose of this study. |
| | | 2. Specifying procedural elements of the intervention. | Identify aspects in Steps 3 and 4 of Phase 1 and Steps 1, 2 and 3 of Phase 2 to be utilised in the product. |
| 4 | Early development and pilot testing. | 1. Develop a prototype or preliminary intervention. | Only Phase 1 of this step was implemented for the purpose of this study. The rest of the phases of Step 4 and Steps 5 and 6 of this study will be investigated on a post-doctoral stage. |
| | | 2. Conduct pilot test. | |
| | | 3. Applying design criteria to the preliminary intervention concept. | |

| 5 | Evaluation and advanced development | 1. Selecting an experimental design.<br>2. Collection and analysing data.<br>3. Replicating the intervention under field conditions.<br>4. Refining the intervention. | |
|---|---|---|---|
| 6 | Dissemination. | 1. Preparing the product for dissemination.<br>2. Identifying potential markets for the intervention.<br>3. Creating a demand for the intervention.<br>4. Encouraging appropriate adaptation.<br>5. Providing technical support for adopters. | |

Based on the chosen research designs, and within the framework of the chosen qualitative research approach, the remaining part of this chapter will be presented according to the selected phases and steps of the IDD model (Rothman and Thomas, 1994) that were chosen to be employed.

### 1.6.3 Phase 1: Problem analysis and project planning

This phase consists of the following five steps to be completed in order to analyse the research problem, and to plan the research project (Rothman and Thomas, 1994:27): 1) Identifying and involving clients; 2) gaining entry and cooperation from settings; 3) identifying concerns of the population; 4) analysing identified concerns; and 5) setting goals and objectives.

### 1.6.3.1 Step 1: Identifying and involving clients

A **population** refers to the total number of objects or people related to the research problem (Kumar, 2005:165; Bless et al., 2006:98; Babbie, 2007:111). The following two populations were deemed relevant for the purpose of this study:

- All managers of cluster foster care schemes; and

- All foster parents who provide foster care as part of cluster foster care schemes.

**Sampling**, on the other hand, refers to the process used to select a part of the population to participate in the research project (Kumar, 2005:165; Bless et al., 2006:100; Niewenhuis in Maree, 2007:79; Marlow, 2010:27). In qualitative research, the researcher makes use of the non-probability sampling method rather than the probability sampling method. The **non-probability sampling method** entails that the chance to be included in a sample cannot be determined prior to the implementation of the research study (Henning with Van Rensburg and Smit, 2004:71; Rubin and Babbie, 2005:245; Bless, et al., 2006:105-106). In this study, the researcher determined the criteria for inclusion into the sample, based on the knowledge and experience of the present practitioners of cluster foster care schemes.

The inclusion criteria for the sample for the population of <u>managers of cluster foster care schemes</u> were as follows:

- All managers;
- Of cluster foster care schemes;
- Who function through a management committee or management board;
- Who manages two or more foster homes; and
- Who applied or plan to apply for registration as a cluster foster care scheme.

The inclusion criteria for the sample for the population of <u>foster parents in cluster foster care schemes</u> were as follows:

- All foster parents;
- Of children in need of care and protection;
- who function as part of cluster foster schemes in the Western Cape;
- Who function through a management committee or management board;
- Who manages two or more foster homes; and

- Who applied or plan to apply for registration as a cluster foster scheme.

**Techniques** of sampling typically associated with the non-probability sampling method include quota-, convenience-, purposive-, and snowball sampling (Bless, et al., 2006:105-106; Niewenhuis in Maree 2008:79; Marlow, 2010:141). The choice of sampling techniques to use for the purpose of this study was determined as follows. In a personal conversation with a specialist social worker with the Department of Social Development's provincial office in Cape Town (Louw, 2010), it was confirmed that guidelines regarding the registration of cluster foster placements were not in place. Consequently, no cluster foster care scheme had been registered in the Western Cape where this study was conducted. The researcher was therefore not able to identify possible participants from a registration list. For this reason, the researcher made use of the **purposive and snowball sampling techniques**.

When using the *purposive sampling technique*, the researcher relies on his/her judgment regarding the necessary characteristics from within a population to be included in a sample to ensure that the research question can be answered best (Henning with Van Rensburg and Smit, 2004:71; Kumar, 2005:179; Bless et al., 2006:106; Marlow, 2010:146). The purposive sampling technique enabled the researcher to approach people who, because of their knowledge of the research problem (i.e. providing alternative care for children in need of care and protection through cluster foster care schemes), could answer the research question best (Henning with Van Rensburg and Smit, 2004:71).

Additionally, the researcher made use of the *snowball sampling* technique, where each participant would be asked to identify other participants who complied with the inclusion criteria to be included in the sample (Babbie and Mouton, 2009:647).

Sampling in qualitative research is flexible and usually continues until data saturation is detected. Niewenhuis (in Maree 2008:79) and Bless et al. (2006:107) explain that data saturation means that the researcher has enough data when no new

information is forthcoming. The **sample size** in this qualitative research study would therefore be determined by data saturation, and could not be determined at the onset of this study.

Based on the fact that two populations would be included in two qualitative research studies, the researcher continued to make different choices about the methods and techniques to be employed for the different studies. This is illustrated in Table 1.3 below:

**Table 1.3**:    Illustration of the two qualitative research studies within the framework of the research approach and –design of choice:

| Qualitative research approach | |
|---|---|
| **Research Design** | |
| **Primary design:** Phenomenological Supporting designs: Exploratory                                  Descriptive                                  Contextual | |
| **Population 1** All managers of cluster foster care schemes. | **Population 2** All foster parents who provide foster care as part of cluster foster care schemes. |
| **Sampling** Non-probability sampling method with the utilisation of purposive and snowball sampling techniques. | **Sampling** Non-probability sampling method with the utilisation of purposive and snowball sampling techniques. |
| **Method of Data Collection** Semi Structured Interviews | **Method of Data Collection** Focus groups |
| **Method of Data Analysing** Tesch (in Creswell, 2009:186) framework for the analysing of qualitative data. | |
| **Method of Data Verification** Guba (in Krefting, 1991:214-222) framework for data verification of qualitative data. | |

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**Ethical aspects included in this study**

- Informed consent
- Voluntary participation
- Confidentiality
- Participants will not be misled
- Referral of participants
- The research results will be made available to all participants

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## 1.6.3.2 Step 2: Gaining entry and cooperation from settings

The researcher opted to commence with the research endeavour in the Western Cape due to the geographical availability to the researcher. Through the use of the purposive sampling technique, the researcher identified participants that complied with the inclusion criteria by obtaining the assistance of the Provincial Department of Social Development, Western Cape. The said Department identified five members of the list of 22 members of cluster foster care schemes as identified in the unpublished research document by Taback and Associates (2010:3), and provided the researcher with the contact details of these five practice examples. The researcher then started to establish contact with the identified participants through an invitation letter, explaining the purpose and the nature of the research study (see Appendix A). Those who agreed to participate were then requested to sign an informed consent form, after it was ensured that they had no more questions regarding their participation (see Appendix B).

The researcher initially used the managers and foster parents of these five practice examples for their expertise and experience in the field. Some of the participants referred the researcher to other practitioners of cluster foster care schemes that met the inclusion criteria. The researcher then made use of this information to identify and recruit additional participants for this study, using the snowball sampling technique. The same procedure and appendixes as described above have been followed and used to invite them to participate, and to obtain their informed consent.

Following the identification of the participants, the researcher arranged to collect the data.

**1.6.3.2 Step 3: Identifying concerns of the population**

Once the samples from the two different populations were procured and contacted, and the informed consent forms were completed; the researcher continued to collect the data. Within the qualitative research approach, the researcher can make use of observation, interviews and focus groups, amongst others, as ways of collecting data (Kumar, 2005:124; Bless et al., 2006:114-120; Creswell, 2009:179).

In this study, the researcher opted to make use of **interviews** and **focus groups** as methods of qualitative data collection. According to Kumar (2005:124), *interviews* are seen as a two-way conversation. The researcher asks the participants certain questions to find out more about the experiences and perceptions of the participants regarding the research problem, while the *focus groups* concentrate on obtaining the same information from a group of participants (i.e. using interviewing to obtain the data at a specific time from multiple sources of data).

For the purpose of this study, *qualitative interviewing* was be used to obtain the data from the *managers* of cluster foster care schemes. It provided the researcher with the opportunity to see the research problem through the eyes of the participants (Niewenhuis in Maree, 2008:87; Creswell, 2009:181). The interviews were based on a semi-structured format. One of the unique aims of qualitative research is to obtain data from participants that reflect their real experiences and opinions on a specific topic. In order to meet this criterion, the researcher needs to be conscience of not influencing or directing the interview in any specific direction. Bless et.al. (2006:116) suggest that a qualitative researcher needs to opt for a semi-structured format where the participants have the opportunity to comment on some broadly defined topics. In this research study, the researcher listed the identified topics in an interview guide which was utilised during the conducting of semi-structured interviews and focus groups (see Annexure C). In qualitative research an interview guide can be described as a list of broad questions, without restricting participants to share other information they deem relates to the research topic and goal (Babbie, 2007:306). The questions included in the interview guide were:

- What is your understanding of a cluster foster care scheme?
- What is your reason for involvement in the cluster foster care scheme?
- What kind of management practices do you use in your cluster foster care scheme?
- Who is the primary target group of your cluster foster care scheme?
- What resources do you have available?
- What kind of restrictions do you experience in rendering this kind of alternative care?
- Which elements would you like to include in an operational guideline for implementing a cluster foster scheme?

The researcher made use of *focus groups* to obtain the data from *foster parents* providing foster care within cluster foster care schemes. Focus groups in qualitative studies consist of participants with similar knowledge and experience regarding the research topic (Merriam, 2009:93). Focus groups are further based on the assumption that group interactions will widen the range of data obtained from the participants. Participants in a focus group will have the opportunity to use group dynamics to unpack, deepen and to create a more effective understanding of the research topic (Niewenhuis in Maree, 2007:90). In this study, the researcher included foster parents that rendered foster care as part of a cluster foster care scheme in focus groups in order to obtain their collective understanding of the elements needed to operationalise cluster foster care schemes.

The researcher utilised the same questions that were used as a semi-structured framework for interviewing the managers of cluster foster care schemes to facilitate the focus groups with foster parents.

Creswell (2009:183) and Greeff (in De Vos et al., 2005:298) concur that qualitative **data recording** could be done through tape recordings, visual recordings, and field notes. The qualitative data obtained from the interviews/focus groups in this study was recorded through the use of tape-recordings. Transcripts were made of the tape recordings directly after the conclusion of the interviews/focus groups. Field notes

were made during the course of the interviews/focus groups, and added to the transcripts.

Once data saturation was detected, the researcher set out to analyse the data. The method used in this regard will be discussed below.

**1.6.3.4 Step 4: Analysing identified concerns**

De Vos (in De Vos et al., 2005:388) explains that the challenge in qualitative data analysis is that the researcher must make sense of the meaning of the data collected. It entails, according to this author, that the unprocessed (i.e. raw) qualitative data which was collected from the participants must be encoded to identify themes, sub-themes and categories. Various descriptions of how to analyse qualitative data are provided in the literature (cf. Babbie and Mouton, 2009:490; Desai and Potter, 2006:117; Fox and Bayat, 2007:106). For the purpose of this study, the researcher opted to make use of **Tesch's eight steps of data analysis** (Creswell, 2009:183-190). These steps (further discussed and described in Chapter 2) provided the researcher with a systematic framework from which to analyse the data in an orderly and scientific manner.

The researcher also took cognisance of the importance of the **verification of qualitative data**, and addressed it as follows in this study:

In this study the researcher made use of Guba's four proposed criteria for qualitative data verification (as cited in Krefting, 1991:214-222). These four criteria were included in this study to ensure that the qualitative data was verified and to ensure the scientific value of the findings. These criteria are explained below, and the implementation will be described in Chapter 2.
.
- **The truth value of the data**: The research design, the participants (sampling procedure) and the context in which the study takes place will determine the truth value of the study, according to Guba (Krefting, 1991:215). Through enhancing

the truth value, the researcher attempts to ensure that the real meaning of the data is protected and described as such (Krefting, 1991:215). The researcher planned to ensure the truth value of the qualitative data obtained in this study by means of interviewing techniques (e.g. non-leading questions, active listening, focusing), the use of an independent coder, triangulating through the use of more than one source (i.e. managers and foster parents) and more than one method of data collection (i.e. individual interviews and focus groups).

- **Applicability**: The original work of Lincoln and Guba (1985) (in Krefting, 1991:216) explains the term 'applicability' as follows: *"The researcher cannot specify the transferability of findings, he or she can only provide sufficient information that can then be used by the reader to determine whether the findings are applicable to the new situation"*. The extent to which the findings of the study can be applied in other contexts or broader groups has an impact on the reliability of the research (Krefting, 1991:216). In order to ensure that the findings of this study would be applicable to other settings, the researcher chose to provide a thick description of the methodology employed, as well as the purposive sampling technique.

- **Consistency**: Guba (in Krefting, 1991:216) describes consistency as when the same contextual message could be found repeatedly. Consistency was be ensured in this study through triangulation of sources and methods of data collection, as well as a thick description of the methodology employed.

- **Neutrality**: Guba (in Krefting, 1991:216-217) describes neutrality in qualitative research as the extent to which research findings are impartial. Neutrality in qualitative research studies refers to the neutrality of the data rather than the neutrality of the researcher. The issue of neutrality was addressed through the use of field notes, transcripts and triangulation of sources and methods of data collection.

**1.6.3.5 Step 5: Setting goals and objectives**

The research goal and objectives have been identified and discussed in section 1.5 of this chapter.

Once the five steps of the first phase of the IDD model by Rothman and Thomas (1994) was completed, the researcher moved on to the second phase.

**1.6.4 Phase 2: Information gathering and synthesis**

This second phase of the IDD model by Rothman and Thomas (1994) refers to three steps, namely: 1) Identifying the functional elements of successful models; 2) studying natural examples; and 3) using existing information sources.

**1.6.4.1 Step 1: Using existing information sources**

The researcher did a preliminary literature review prior to the identification of the research problem (as described in Section 1.1 of this chapter). During this stage he was able to gain an understanding of the nature of the current state of affairs (statistical descriptions of the need to provide care for children in need of care and protection), legislation and policy documents related to the topic, and the theoretical descriptions of key concepts. Finally, he identified recommendations from a previous study related to the topic, which included the need to identify the operational elements for cluster foster care schemes. The latter became the focus of this study.

A literature control followed Step 3 of Phase 1 above and Step 2 of this phase below. According to Leedy and Ormrod (2005:140), the phenomenological research design depends primarily on the description of the phenomenon as seen through the eyes of the participants who experience it first-hand. The authors further suggested that findings in a phenomenological study need to be closely related to an existing body of theory and previous research. The qualitative research approach therefore not only uses a literature study to determine certain concepts, theoretical background

and existing research regarding the phenomenon that needs to be researched, but is also bound to verify the research findings obtained from the participants with an existing body of knowledge. Literature control in qualitative research is thus a form of literature review/verification where the researcher verifies the data collected with existing theory and previous research (Delport, Fouché and Schurink in De Vos et al., 2011:305). Once the qualitative data was analysed and described (see Chapters 3 and 4), the findings were verified with existing literature to ensure that the researcher developed a full understanding of the topic.

## 1.6.4.2: Step 2: Studying natural examples

This step overlapped with Step 3 of Phase 1, described above. The researcher obtained the qualitative data from managers of cluster foster care schemes and from foster parents who function within cluster foster care schemes in the Western Cape. Although the study was not limited to the Western Cape, the researcher started in this province due to the geographical situation of the researcher and the availability of participants. Data saturation took place while he was still collecting data in this area. Qualitative data collection methods, namely semi-structured interviews and focus groups, were employed and data was analysed according to the framework for qualitative data analysis by Tesch (in Creswell, 2009:186).

## 1.6.4.3 Step 3: Identifying the functional elements of successful models

Rothman and Thomas (1994:33) explain that this step entails that the researcher studies existing programmes, policies and practice models in order to identify potential useful elements of intervention that can guide the design and development of activities. The researcher, as part of the fourth objective of this study (see section 1.5 above), studied the literature to identify all the existing programmes, guidelines, models and approaches related to cluster foster care schemes. Following this identification, the researcher analysed the elements and procedures which may be utilised for the operationalising of cluster foster care schemes, as part of the sixth objective of this research study (see section 1.5 above). The identification and analysis of successful models were documented in Chapter 5 of this document.

**1.6.5 Phase 3: Design**

This third phase of the IDD model by Rothman and Thomas (1994) consists of two steps, namely: 1) Designing an observational system and 2) specifying procedural elements of the intervention. This study was conducted as part of a Doctoral study. Certain phases and steps were therefore not included for the purpose of this study (see Table 1.2 above). It was envisaged that the remaining phases and steps would form part of a post-doctoral research endeavour. For the purpose of this study, the researcher only focussed on the second step of this phase.

**1.6.5.1 Step 2: Specifying procedural elements for the intervention**

Prior to the development of practice guidelines (the fifth objective of this study) (see section 1.5), the researcher studied; identified and specified procedural elements to be included in the guidelines.

This step overlapped with Steps 3 and 4 of Phase 1, and Steps 1, 2 and 3 of Phase 2. The researcher collected the qualitative data from participants, analysed the data, and then verified the findings with literature. Subsequently, the researcher studied successful models that would provide further information related to procedural elements to be included in the practice guidelines.

**1.6.6 Phase 4: Development and pilot testing**

The steps associated with this phase in the IDD model by Rothman and Thomas (1994) are 1) developing a prototype or preliminary intervention, 2) conducting a pilot test, and 3) applying design criteria to the preliminary intervention concept. The researcher implemented the first step of this phase to conclude this study.

**1.6.6.1 Step 1: Developing a prototype or preliminary intervention**

The development of practice guidelines to assist service providers and social workers to operationalise cluster foster care schemes was the sixth objective of this study. This step entailed that the researcher used the findings of this study, the literature control, as well as the existing technology to develop the practice guidelines. The manual containing the guidelines are presented in Chapter 6 of this document.

The researcher also took cognisance of ethical concerns in social research when planning this research endeavour. The identified aspects to be included in this study are presented below.

**1.7 Ethical considerations**

The word 'ethics' is derived from the Greek word 'ethos', meaning one's disposition or character (Bless et al., 2006:140). Babbie (2007:62) relates ethics closely to the word "morality", which both concerns itself with "what is right and what is wrong". Gravetter and Forzano (2009:98) define research ethics as follows: "*Research ethics concerns the responsibility of researchers to be honest and respectful to all individuals who are affected by their research studies or their reports of the study's result.*"

In many human orientated professions, such as psychology and social science, human beings become the object of the study. Where human beings are involved, the researcher needs to look closely at ethical implications and the influences thereof on the participants of the study. In this regard, Leedy and Ormrod (2005:101) note that most ethical issues fall into four categories, namely, 1) Protection from harm, 2) informed consent, 3) right to privacy and 4) honesty with professional colleagues.

Most professions, to a more or lesser degree, have a code of ethics that governs the ethical behaviour toward the consumers/clients served. The code of ethics of a

profession also influences the way in which the said professional performs research (Kumar, 2005:210). The profession of social work in South Africa is guided by the Social Service Professions Act 110 of 1978 (Republic of South Africa, 1978:1-24). The social work practitioner who embarks on a research endeavour should keep the following in mind:

- Informed consent by participants;
- Confidentiality;
- Anonymity of the participants;
- Voluntary participation;
- Objectivity;
- Careful research design; and
- Accurate report of findings (Miley, O'Melia and DuBois, 2009:404)

To link the above to the professional requirements of research practices, the researcher made use of the recommendations provided by Bless et al. (2006:142-146), Babbie (2007:62-69), Strydom (in De Vos et al., 2005:56-57) and Rubin and Babbie (2009:521-526). The discussion of these recommendations follows below, while the practical application thereof will be further discussed in Chapter 2 of this document.

- **Informed consent**

  To obtain informed consent implies that the researcher must be transparent to all participants regarding the purpose, goals of the investigation, the choice of sampling, the procedures which will be followed to collect data, the advantages and disadvantages of the study to the participants, as well as the field in which they practice. The researcher should also reveal his/her professional credentials to the participants in order to enhance his/ her own credibility (Strydom in De Vos, et.al, 2005:59). Although informed consent may be a vague term which can be dealt with in a superficial manner, the researcher must be aware of the not so obvious implications of the research to the participants. Consideration such as what is expected of the participants and what kind of demands it will make on them regarding, for instance time; knowledge and language barriers must be taken into account before consent can be obtained. Researchers should also be

aware of undue intimidation of participants, specifically in incidences where the researcher is viewed as intellectually superior to the participants. Participants can also participate because of peer pressure (e.g. other foster mothers participate), to retain the goodwill of the researcher, under pressure of management and other external factors. The researcher is thus compelled to ensure that the above mentioned concerns are painstakingly included in the designed procedures to obtain consent of the participants. The authors who directed this part of the discussion advise that the researcher makes use of a written consent form which makes provision to address the discussed concerns.

- **Voluntary participation**

  Social research often, if not always, represents an intrusion into the private lives of the participants (Babbie and Mouton, 2009:521). The qualitative researcher who is only interested in the real life experience of the participant may intrude on the most private experience of the participants. It is expected that they reveal personal experiences which might not be known to other people. The external validity of the research can come into question if the researcher does not respect the voluntary participation of the participants. In obtaining consent to participate in a study, the researcher needs to ensure that potential participants are aware that their participation is subjected to their voluntary consent.

- **Confidentiality**

  Confidentiality refers to the rights of the client/participant to ensure that personal information shared in confidence is preserved (Johnson and Yanca, 2010:151). It is the role of the researcher to explain the limits of confidentiality and the rights of both the participants and the researcher within the framework of the research process. In research, the researcher must distinguish between anonymity and confidentiality.  Anonymity refers to when people who read the research findings cannot identify the participant, while confidentiality refers to when the researcher can still identify a specific response by a participant, but guarantees confidentiality so that the reader of the document would not know where the data came from (Babbie, 2007:65). It is the opinion of the researcher of this study that anonymity can more easily be adhered to in a study which is quantitative in

nature, because different respondents can have the same response to a question, while in qualitative studies the contribution of the participants is more unique in nature and can differ from one participant to the next. Anonymity in qualitative studies can therefore not easily be guaranteed. It is the responsibility of the researcher to alert the participants to incidences where a study is confidential rather than anonymous in nature. The confidentiality clause of a study should include how participants will be protected, how information will be revealed in the study, who will have access to the transcripts of the interviews and what will happen to the transcripts and recordings of the data after the study is completed.

- **Participants will not be deceived**

  Deception can be applicable to either the subject or the participants. Firstly, a researcher can deliberately misrepresent facts in order to represent research findings which he/she views as more valid than the real findings of the research study. Secondly, the researcher can also mislead a participant from the purpose and goals of this study in order to motivate the participant to participate in the study. According to Strydom (in De Vos, et al. 2005:61), researchers often deceive research participants by disguising the real goal of the study, hiding the real functions of the actions of the subject and hiding the experiences the subject went through.

- **Referrals of participants to suitable organisations or state Departments for practice- and registration enquiries**

  In some research studies it might happen that the participant needs to be referred to other professionals for further interventions. It often occurs that participation in a study causes certain emotional disturbances to participants. In such incidences it is common practice to refer affected participants for appropriate interventions by trained professionals.

- **Research's findings will be made available to all participants**

  It is the duty of the researcher to ensure that participants are informed of the findings and results of the research study. It implies that the researcher must

present the research findings in a format that is accessible to each participant. In this study, the researcher took into account the diversity of the participants of the study and made the research findings specifically available in the form of an operational guideline which was compiled in a manner that would be accessible to both management of cluster foster care schemes as well as foster parents who provide foster care as part of a cluster foster care scheme.

The next section will focus on the key concepts used in this study, in order to ensure clarity and to prevent misinterpretation.

## 1.8 Key Concepts

### 1.8.1 Alternative care

According to Article 167, Children's Amendment Act, 38 of 2007 (Republic of South Africa, 2008:60), the term '***alternative care'*** implies a placement of care where a child was placed in foster care, a child and youth care centre or in temporary safe care by court order for a period determined by the court (see Figure 1.1 below). Alternative care for children in need of care and protection can also be viewed as a form of care ordered by the court where the family is not available or not in a position to care for the child (Sloth-Nielsen, 2008: 284). Chapter 12 of the Children's Amendment Act, 38 of 2007 (Republic of South Africa, 2008:72-80) makes provision for foster care with a foster parent who was found fit, and who was properly assessed by a designated social worker employed by a registered child protection organisation. In practice, there is also a distinction between kinship foster care, where a child is placed with a family member directly related to the child and public foster care, where the state pays recruited and screened foster parents to care for children in need of care and protection (Oswusu-Bempah, 2010:77). In the South African context 91% of all foster placements take place within extended families (Sloth-Nielsen, 2008:3-5), categorising them in the group of kinship foster care. Many kinship foster care placements are, however, still subsidised with a foster care grant by the government, as many foster parents do not have the financial means to support a foster child (Meintjies et al., 2005:20).

**Figure 1.1**:   Forms of Alternative Care use in South Africa
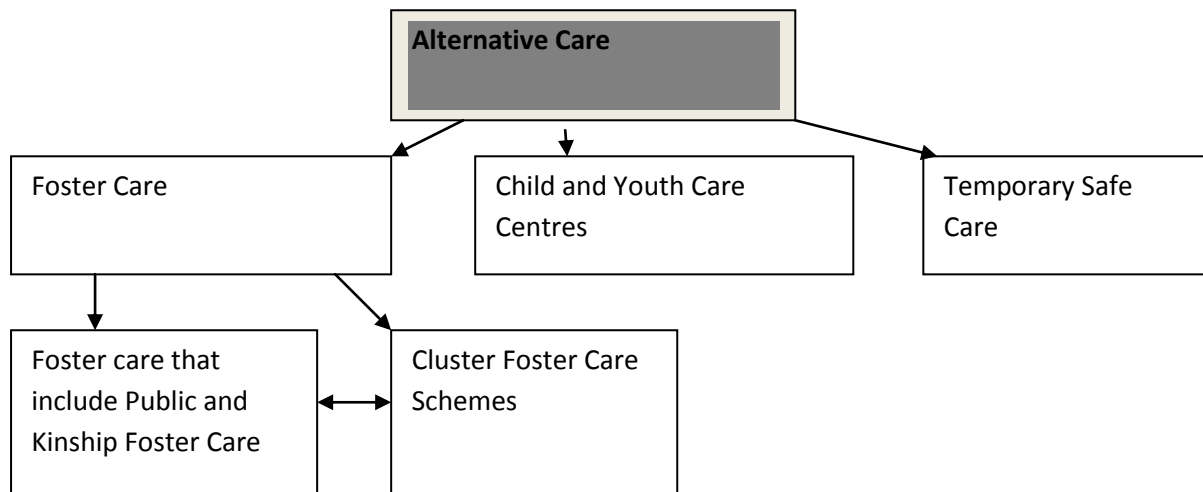


In this study, the researcher focussed on foster care provided to children in need of care and protection within the context of a cluster foster care scheme. The researcher furthermore wants to alert the reader that, within the cluster foster care scheme, children in need of care and protection can be fostered by either family members (kinship foster care) or foster parents recruited and screened by the state (public foster care).

### 1.8.2  Children's Act

In 1995, the South African government and the broad child care sector recognised that the old Child Care Act (74/83) as amended constructed under the apartheid government, was entrenched in racial discrimination and inequalities and therefore no longer appropriate for the new democratic South Africa. In the same year, the government mandated the South African Law Commission to review existing legislation and to make recommendations to the Minister of Social Development regarding more appropriate legislation for children. The new child care legislation in South Africa has been developed in various stages and includes a number of different components (Gallinetti and Sloth-Nielsen, 2010:487). The principle act was signed by the president of South Africa on 8 June 2006 (Republic of South Africa, 2006:2). In the same year, the principle act was supplemented by the Children Amendment Act 41 of 2007 (Republic of South Africa, 2008:2). Both acts were further supplemented by the Consolidated Regulations pertaining to the Children' Act

of 2005 (Republic of South Africa, 2010:3) and the consolidated forms in terms of the regulations under the Children's Act (Republic of South Africa, 2010:155-288). For the purpose of this study, the researcher will refer to both acts and regulations to the acts as applicable to the specific topic under discussion. Table 1.4 refers to the specific chapters and sections in each act that will be referred to in this study.

**Table 1.4**: Chapters and Sections of the Children's Act, 38 of 2005 and the Children's Amendment Act, 41 of 2007 and consolidated Regulations pertaining to sections of the Children's Act applicable to this study

| Children's Act, 38 of 2005 | Children's Amendment Act, 41 of 2007 | Consolidated Regulations pertaining to the Children Act |
|---|---|---|
| **Chapter one: General principles**: <br> 6. General principles. <br> 7. Best interest of child standard. <br> 8. Application. <br> 9. Best interest of child paramount. <br> 10. Child participation. <br> 11. Children with disability or chronic illness. <br> 12. Social, cultural and religious practices. <br> 13. Information on health care. <br> 14. Access to court. <br> 15. Enforcement of rights. <br> 16. Responsibility of children <br> 17. Age of majority. | **Chapter eleven: Alternative Care** <br> 167. Alternative care. <br> 168. Leave of absence. <br> 169. Child in alternative care prohibited from leaving Republic. <br> 170. Child absconding from alternative care. <br> 171. Transfer of child in alternative care. <br> 172. Change in residential care programme. <br> 173. Removal of Child already in alternative care. <br> 174. Provisional transfer from alternative care. <br> 175. Discharge from alternative care. <br> 176. Remaining in alternative care beyond the age of 18 years. <br> 177. Appeal against and review of certain decisions. <br> 178. Serious injury, abuse or death of child in alternative care. | Chapter 12: Alternative Care: <br> 57. Manner and criteria for approval of person, facility, place or premises for temporary safe care. <br> 58. Limitations and conditions for leave of absence of child from alternative care. <br> 59. Fees payable on transfer or provisional transfer of child in alternative care. <br> 60. Procedures before issue of notice of provisional transfer of child from alternative care. <br> 61. Procedures before issue of notice to discharge of child from alternative care. <br> 62. Manner in which children in alternative care must be transferred or provisionally transferred, their residential care programmes changed, removed permanently or discharged from alternative care. <br> 63. Manner in which application for extension of alternative care beyond 18 years of age is to be made. <br> 64. Serious injury, abuse or death of child in alternative care. |
| **Chapter nine: Identification of child in need of care and protection:** <br> 150. Child in need of care and protection. <br> 155. Decision of question whether a child is in need of | **Chapter 12: Foster Care.** <br> 180. Foster Care. <br> 181. Purpose of foster care. <br> 182. Prospective foster parent. <br> 183. Cluster foster care. <br> 184. Determination of placement of child in foster care. | **Chapter 13 Foster Care:** <br> 67. Requirements for approval of organization to manage and provide cluster foster care. <br> 68. Requirements for registration as cluster foster |

| care and protection.<br>156. Orders when child is found to be in need of care and protection.<br>157. Court orders to be aimed at securing stability in child's life.<br>159. Duration and extension of orders. | 185. Number of children to be placed in foster care household.<br>186. Duration of foster care placement.<br>187. Reunification of child with biological parent.<br>188. Responsibilities and rights of foster parents.<br>189. Termination of foster care. | care schemes.<br>69. Functioning and management of cluster foster care schemes.<br>70. Contents of written plan or agreement.<br>71. Provision of services by cluster foster care schemes. |
|---|---|---|

### 1.8.3 Cluster foster care schemes

Cluster foster care schemes are described in Article 3(e) of the Children's Amended Act 41 of 2007 (Republic of South Africa, 2008:10) as follows: "*A scheme providing for the reception of children in foster care, managed by a non-profit organisation, and registered by the provincial head of social development for this purpose*". According to Matthias and Zaal (2009:178) cluster foster care schemes are groups of foster parents, registered to look after a number of foster children in their care.

For the purpose of this study, the term refers to foster parents that provide alternative care as part of a cluster foster care scheme in terms of Section 156 (e) (ii) of the Children's Act 38 of 2005 (Republic of South, 2006:104). It must however be noted that at the time of data collection the projects were not registered in terms of Section 183 the Children's Amendment Act 41 of 2007 (Republic of South Africa, 2008:74) and regulations 67-71 (Republic of South Africa, 2010:70-75). Participants were, however, selected according to the criteria as described under Section 1.6.3.1 of the chapter.

### 1.8.4 Indigenous forms of alternative care

The word '**indigenous**' is defined by Reber, Allen and Reber (2009:348) as "a *native to a particular geographical area".* The New Dictionary of Social Work (Terminology Committee for Social Work, 2004:32) further defines **indigenous workers** as "*members of a community or group who are involved in services rendered to promote social functioning, voluntarily or for a consideration".* Osei-Hwedie (2002:312) describes **indigenous social work** practices as practices where models, already existing in the community, are utilised to address social needs. Schmidt

(2007:44) widens this concept by mentioning that **the indigenous model of caring for children** includes the community, and that it is regarded as the child's right to be cared for within this community.

Some of the elements supporting the definition of indigenous forms of alternative care can be identified as forms of alternative care that are unique to a specific geographical area, cultural group and models that are independently developed by the members of a specific community or culture group.

For the purpose of this study, indigenous forms of alternative care will be regarded as means of care which developed within communities to address care needs of children in need of care and protection, for example a grandmother or community members who spontaneously started caring for children in need of care in their community.

### 1.8.5 Operationalising

According to Babbie and Mouton (2009:128) the term 'operationalising' is the development of specific procedures which will contribute to the empirical observation of concepts in practice. Comin (2001:1) provides an even clearer description of this term, and explains that it refers to something that can be put in practice or can be used.

In this study, the researcher wanted to specifically examine which methods, processes and skills are necessary to operationalise cluster foster care schemes. The researcher will refer to these methods, processes and skills as **operational elements** throughout this document.

### 1.9 Layout of the research document

The layout of this document is illustrated in the table below.

**Table 1.5**: Layout of the research document

| Chapter | Content |
|---|---|
| 1 | Description of the background and rational for this study. Description of the research problem, research question, and research goal and objectives. Description of the chosen methodology for the purpose of this study. Description of the ethical concepts that was included in this study. Description of the key concepts related to the research topic. |
| 2 | Description of the application of the methodology used in this study. Description of the limitations experienced during the research endeavour. |
| 3 | Description of research findings obtained from managers of cluster foster care schemes. Description of the literature control to data collected from managers of cluster foster care schemes. |
| 4 | Description of research findings obtained from foster parents that provide foster care as part of cluster foster care schemes. Description of the literature control to data collected from foster parents that provide foster care as part of cluster foster care schemes. |
| 5 | Description of identified functional elements of existing models, guidelines and theoretical source on the operationalising of cluster foster care schemes. |
| 6 | Identified elements needed to operationalise cluster foster care schemes as a form of alternative care. Description of these elements in a practical guideline for the operationalising of cluster foster care scheme. |
| 7 | Discussion of conclusions and recommendations drawn from this study. |

## 1.10 Conclusion of the chapter

This chapter provided the reader with a background of this study and a description of the research problem. The research question and goal and objectives for this study were formulated, and the choice of research methodology was motivated. The ethical considerations and key concepts were also described. In Chapter 2 of this document, the researcher will describe the chosen methodology implemented in the study in terms of why it was appropriated for the purposes of the study. The methodology and the application thereof in this study will be discussed, while the limitations experienced will also be provided.

# CHAPTER 2

# DESCRIPTION AND APPLICATION OF THE RESEARCH METHODOLOGY UTILISED IN THIS STUDY

## 2.1    Introduction

The international concern regarding the rights of children is highlighted by the fact that, since 1980, systems for the monitoring of the rights of children have emerged in countries with different economic and political profiles (Bray, Dawes and Van der Merwe, 2007:5). In 1989, the United Convention on the Rights of Children (44/25 of 1989) was accepted. This convention for the first time provided indicators to identify the **rights of children**. Mahery (in Boezaart, 2009:314), in support of the convention, stated that it contains all the basic rights of a human right instrument. The author classified the rights contained in the convention according to four P's, namely, 1) Provision, 2) Protection, 3) Prevention and 4) Participation. Schematically these four P's can be illustrated as follows.

**Figure 2.1**: Basic Rights of Children
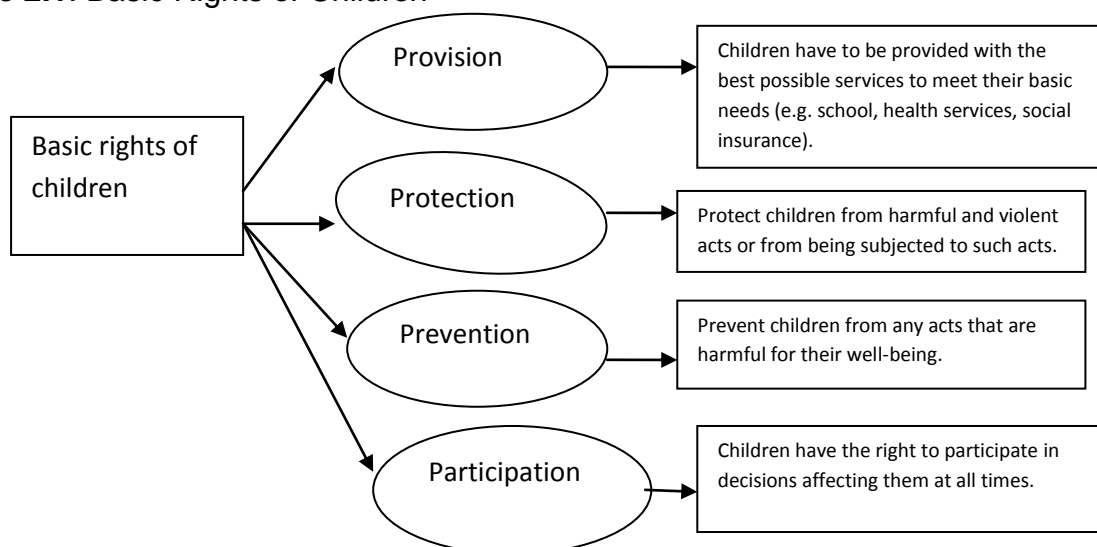
Legislation and policies developed from the United Convention on the Rights of Children in 1989 (44/25 of 1989) include the African Charter on the Rights and Welfare of the Child (Commission of the African Union , 1999; Bray et al., 2007:566-579); the South African Constitution, Act 108 of 1996 (Republic of South Africa, 1996:1-201); The Children's Act  38 of 2005 (Republic of South Africa, 2006:1-217); the Children's Amended  Act 41 of 2007 (Republic of South Africa, 2008:1-117) and The White Paper for Social Welfare (Republic of South Africa, 1997:1-72). These legislative  and policy documents place the emphasis on the basic rights of children, and highlight  that the **family** is the most desirable unit in society to ensure that the basic rights of children are met.

The above mentioned conventions, charters, legislation and policy documents state clearly that children have the **right to parental or family guidance, care and protection** and; where possible; have the right to live with their families (Section 5 and 9 of the United Convention on the Rights of Children, 1989:539; Section 19 of the African Charter on the Rights and Welfare of the Child, 1990:9). These documents further place emphasis on the need for governments to make provision in legislation and policies for services that support and capacitate families to care for and to protect children. Addressing the mentioned need, the White Paper for Social Welfare (1997:41-42) provides specific guidelines for programmes to improve and strengthen family capacity. Despite the fact that the  family is considered as the most desirable unit to care for and protect children, evidence shows that children are often the silent victims of economic, political and social injustice (Bray et al., 2007:22-36).

Incidences of poverty and the impact of Aids are some of the factors that contribute to the fact that some parents and family members are no longer in a position to care for and protect the children in their care (Patel, 2005:165; Leatt, 2006:20; Proudlock and Jamieson, 2008:35). The absence of parents and family shifts the responsibility of care and protection of children to the community and ultimately to the government of a country. In order to address the need to investigate alternative care options when families are not able to provide children with care and protection, legislation

and policies are specifically designed to make provision for **alternative forms of care and protection of children**. These forms of alternative care, however, continue to aim at providing care situations that resemble a family situation as close as possible (Section 7 of the Children's Act as 38 of 2005, Republic of South Africa, 2006:32).

The historical development of care and protection of children in South Africa was discussed in Chapter 1 of this document. Regarding the current situation related to alternative care, there are approximately 144 registered Child and Youth Care Centres in South Africa (Dunn, 2007:4). Chapter 13 of the Children's Amendment 41 of 2007 (Republic of South Africa, 2008:80-102) stipulates the requirements for registration, national norms and standards, as well as the management of Child and Youth Care Centres. Similar processes were followed with foster care as a form of alternative care. Chapter 13 of the Consolidated Regulation pertaining to the Children's Act, (2010:70-75) stipulates guidelines for the registration, management and care programmes of **cluster foster care schemes**, as a new form of alternative care. However, no guidelines regarding how to operationalise the cluster foster care schemes exist. The figure below provides an illustration and summary of the development of alternative care for children in need of care and protection, as described in Section 1.1 in Chapter 1.

**Figure 2.2**:   Development of alternative care for children in need of care and protection
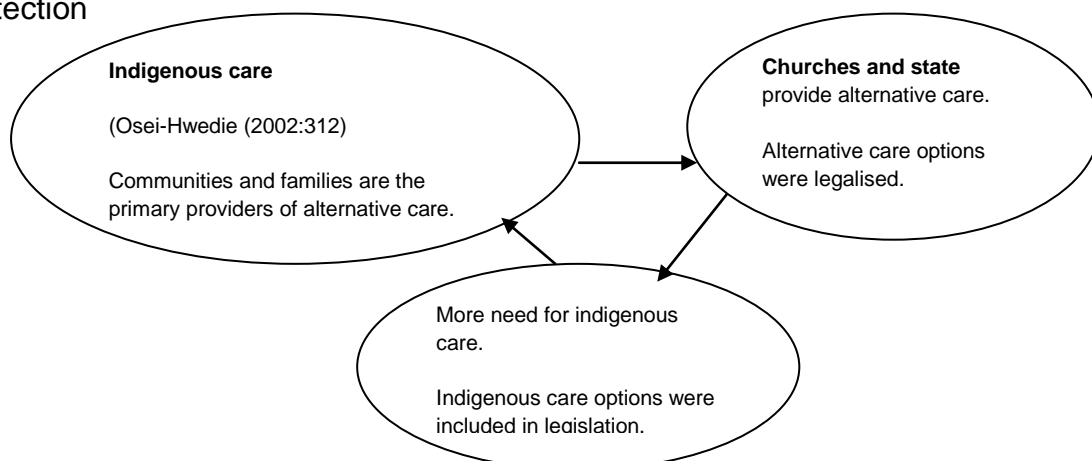
In Chapter 1 of this report, the researcher discussed indigenous forms of alternative care that were developed by international and national communities to care for children in need of care and protection. The White Paper for Social Welfare (1997:43) specifically recognises traditional and indigenous forms of alternative care, and accentuates that these forms of alternative care must be recognised; provided that the needs and rights of children are protected. Additionally, Section 156 of the Children's Act 38 of 2005 (Republic of South Africa, 2006:104) included cluster foster care schemes as a form of alternative care.

A typical example of this form of alternative care was developed by Child Welfare Society in Durban. A group of foster mothers joined forces to support one another, and also started with an income generating project to address their financial and material needs (Russell and Schneider, 2008:331). This was one of the first examples of South African cluster foster care schemes that were documented. Taback and Associates (2010:3) identified 22 cluster foster care schemes in South Africa. These authors used the existing schemes as the population to draw a sample from when conducting a research study to assist the Department of Social Development with guidance regarding the implementation of cluster foster care schemes. This present study was based on the recommendations that emanated from the said study by Taback and Associates (2010). The motivation for this study furthermore stemmed from the fact that, although Section 183 of the Children's Amendment Act 41 of 2007 (Republic of South Africa, 2008:74) and Regulations 67, 68 and 69 of the Consolidated Regulations to the Children's Act (Republic of South Africa, 2010:70-75) made provision for the registration, the management and the provision of services by cluster foster care schemes; no formal operational guidelines exist to assist service providers and social workers to operationalise this form of alternative care. Taback and Associates (2010:26) confirmed this need in their recommendations regarding the need for further research.

The goal of this study was therefore identified based on the research problem (see Chapter 1) as summarised above. The researcher identified the need to develop operational guidelines for service providers and social workers involved with cluster foster care.

In Chapter 1, an overview was given of the methodology that formed the foundation for the structure and execution of this study. The focus of this chapter is to provide the reader with a discussion of the theory and the implementation of the research methodology utilised in this study, as well as limitations experienced.

## 2.2    Research methodology

Research is a systematic process which entails specific methods, procedures and techniques that are employed in the process of implementing the research plan or research design (Babbie and Mouton, 2009:647). This process is known as research methodology. Research methodology specifically refers to the general approach the researcher takes in solving the research problem (Leedy and Ormrod, 2005:12; Fouché and Delport, in De Vos et al., 2005:71). Gravetter and Forzano (2009:2) expand on the description above and note that the term 'research methodology' refers to the scientific method that researchers use to answer specific research questions. The authors further divide this scientific method into the following nine steps (Gravetter and Forzano, 2009:26).

**Figure 2.3**: Steps in the Research Process (As adapted from Gravetter and Forzano, 2009:26)

| | |
|---|---|
| | **Step 1**: Find a Research idea/Assumption (Select a research topic, formulate the research problem and identify the research question/hypothesis). |
| **Step 9**: Refine your research idea, come to a conclusion and make recommendations. | **Step 2**: Formulate research objectives and goals. |
| **Step 8**: Report the results. | **Step 3**: Identify participants (population and sampling). |
| **Step 7**: Analyse the data. | **Step 4**: Select a research approach. |
| **Step 6**: Collect the data. | **Step 5**: Select a research design. |

The abovementioned steps and implementation thereof entailed the following aspects:

## 2.2.1 Find research idea/assumption

Leedy and Ormrod (2005:3) note that the world is filled with unanswered questions and unresolved problems. The challenge for the researcher, however, is to find a topic that is researchable, while also satisfying his/her inquisitive mind. Although the social work environment provides a number of concerns and questions, Bless et al. (2006:19) alert the reader that finding a research idea is a delicate task. Babbie (2007:109) continues with this line of thought, and notes that a research project can be motivated by an interest, idea and/or theory. Bless et al. (2006:19-20) expand on the latter viewpoint, and assert that a research topic or research question may arise

from five sources, namely observation of 1) reality, 2) theory, 3) previous research, 4) practical concerns and 5) personal interest.

The descriptions above make it clear that our observations, study of theory, personal interest and ideas lead to *assumptions*. An assumption can be described as the basic idea which we believe is true (Van der Westhuizen, 2010:60), or a condition that we take for granted (Leedy and Ormrod, 2005:5). A *critical assumption*, on the other hand, is motivated by critical thinking (Sheafor and Horejsi, 2010:107). It is therefore important that the researcher base assumptions on critical thinking that will provide the foundation for the research problem, research question/hypothesis, research goal and objectives and research methodology to be employed. Critical thinking leads to the development of a *paradigm*. Babbie and Mouton (2009:645) define a paradigm as: *"A model or framework for observation and understanding, which shapes both what we see and how we understand it, a term popularised by Thomas Kuhn to refer to an accepted tradition and set of beliefs/values that guide research."*

It can therefore be accepted that the reference to a model' or 'framework' is the prototype that is needed to perform a specific task, in this incident research. Research methodology, referring to a general approach the researcher takes in solving the research problem (Leedy and Ormrod, 2005:12; Fouché and Delport in De Vos et al., 2005:71), can then be described as the paradigm for social research. A paradigm is needed in qualitative research to act as a 'model/framework' from which to develop an understanding of certain real life problems. The qualitative researcher has to take into account that words are often the only way in understanding real life problems. Niewenhuis (in Maree, 2007:47), however, warns that each word is "laden" with its own complex meaning that is often particular to a specific setting. According to Van der Westhuizen (2010:60), a paradigm is therefore a set of assumptions about fundamental aspects relating to a particular world-view of the phenomenon.

The present study was conducted within the paradigm of the Children's Act as amended 41 of 2007 (Act 38 of 2005). This paradigm makes provision for the care and protection of all children residing in South Africa. It specifies the best interest of children (Section 7), actions to protect children in need of care and protection (Chapter 9), forms of alternative care, including **cluster foster care schemes** (Chapter 12) and specific requirements regarding the provision of alternative care. Regulations 67 to 71 of the said act (Republic of South Africa, 2010:70-75) provide specific requirements for registration, management and care for children in need of care and protection in a cluster foster care scheme. This provided the researcher with a clear understanding of the meaning of concepts such as:

- Best interest of the child principles;
- Children in need of care and protection;
- Alternative care;
- Foster care; and
- Cluster foster care schemes.

The paradigm of a research study is based on three dimensions, namely, ontological-, epistemological- and methodological assumptions (Maree and Van der Westhuizen in Maree, 2008:31). These assumptions informed the present study as follows:

- *Ontological assumptions*: Ontological assumptions are based on the researcher's beliefs (without any proof) about what exists, what it looks like, what units are included and how these units interact with one another (Mouton, 1996:124; D'Cruz and Jones, 2006:49). These assumptions are therefore often based on the researcher's own knowledge, ideas and experiences. Babbie and Mouton (2009:4-5) refer to this kind of knowledge as 'ordinary knowledge'. The authors explain that ordinary knowledge can be based on first hand experiences, personal authority and secondary resources available to the researcher. Ontological assumptions therefore follow the approach of constructivism rather than positivism. Constructivism refers to the manner in which human beings construct their own reality (Niewenhuis in

Maree, 2008:59), while positivism rests on a set of principles and guidelines which need to be adhered to (Marlow, 2010:7). The ontological assumptions for this study were based on the experience of the researcher as a practising social worker in the field of child and family care, where the researcher became aware of the increasing numbers of children in need of care and protection. The researcher also observed how families and community members reacted to this need by providing foster care in a community based context. He observed how projects, typically characterised by the previously described cluster foster care scheme framework, were spontaneously developed by community members. These projects developed without proper guidelines (see Chapter 1, Section 1.1). The researcher therefore became aware that, although Section 183 of the Children's Amendment Act, 41/2007 (Republic of South Africa, 2008:74) made provision for cluster foster care schemes as a form of alternative care, no operational guidelines existed to assist service providers and social workers who wanted to render this form of alternative care.

- *Epistemological assumptions*: Epistemological assumptions, on the other hand, are based on the way in which it is possible to gain knowledge of the reality created by ontological assumptions. It is further a theory of knowledge by which one explains one's assumptions of a specific reality (D'Cruz and Jones, 2006:50). Creswell (2009:51) concurs that a theory is an interrelated set of constructs that are formed into propositions or hypotheses that specify the relationship between variables. A theoretical assumption regarding alternative care for children in need of care and protection may, for instance, be based on the rights-and-best-interest principles for the care and protection of children. Additionally, knowledge, and specifically scientific knowledge, refers to a body of factual statements, hypotheses, models, theories and laws which is accepted at a specific time by the scientific community (De Vos, Schulze and Patel in De Vos, et al., 2005:24). In alternative care for children in need of care and protection it will consist of previous documented research studies, best practice models of care and well developed policies and

legislations. Where ontological assumptions are based on the researcher's own ideas, observations and experiences of reality, epistemological assumptions are based on a set of documented knowledge and theory that forms the basis of the assumption. The epistemological assumption related to this study was based on the inclusion of cluster foster care schemes as a form of alternative care in Section 156 (e) (ii) of the Children's Act 38 of 2005, (Republic of South Africa, 2006:104). The prescribed guidelines for registration, operation and care practice for children in this form of alternative care (Regulation 69-71 of the Consolidated Regulations on the Children's Act, Republic of South Africa, 2010:70-75), as well as the research study by Taback and Associates (2010:1-30) provided further theory and knowledge to establish an epistemological assumption for this study.

In conclusion, it appears that this study was primarily based on ontological assumptions derived from the researcher's own field experiences and the awareness of the existence of practice examples of cluster foster care schemes. Epistemologically, the researcher was, however, able to develop an assumption regarding legislative requirements regarding registration; operation and care practices.

- *Methodological assumptions*: The term 'methodology' refers to the different research methods, rules and procedures that may be implemented to test, confirm or challenge either the ontological- or the epistemological assumptions (Babbie and Mouton, 2009:4; Jansen in Maree, 2008:33). In order to explore and describe the ontological assumptions described above, to confirm/challenge the epistemological assumption above, and to contribute to the existing social work knowledge base regarding the operationalising of cluster foster care, the researcher utilised specific social research methodologies. The methodology included the qualitative research approach, specific steps in the Intervention Develop and Design model (IDD) by Rothman and Thomas (1994:3-51), specific methods and techniques in sampling and qualitative methods of data collection (i.e. interviews with

managers of cluster foster care schemes and focus groups with foster parents involved in cluster foster care schemes). The researcher analysed the data according to the eight steps for qualitative data analysis by Tech (Creswell, 2009:183-190), and verified the data according to the proposed four focus areas prescribed by Guba (Krefting, 1991: 214-222).

### 2.2.2 Formulation of a research problem

The identification and development of a research idea/assumptions described above led to the identification and formulation of the research problem that informed this study. A *need* to do research on a specific topic is normally based on a need which arises from a concern. A *concern*, on the one hand, refers to a 'feeling that something is not right', while a need, on the other hand, refers to what is necessary for the person/social system to function within a reasonable expectation in a specific situation (Johnson and Yanka, 2010:4). It can therefore be expected that a well-functioning individual/social system will be in a position to address needs that impact on their well-being.

The **concern** that informed this study was the South African government's response to the increasing number of children in need of care and protection through the development of legislation and policies (see Chapter 1). The **need** that informed the identified concern above was identified by the researcher as the reasonable expectation that the government will provide adequate forms of alternative care, together with guidelines to implement this, to satisfy the need.

A problem appears when an individual's and/or social system's ability to address their own needs is blocked (Johnson and Yanka, 2010:4). A research problem, on the other hand, is described by Merriman (2009:58) as "...*anything that perplexes and challenges the mind".* In support of this description, Grinell and Unrau (2005:91) assert that the research problem is the focus point of a research study. The authors assert that the research process departs from a "deficiency". It was therefore

concluded that a research problem refers to a point where a specific unmet need or problem exists. The formulation of the research problem furthermore leads to a description of the need for the study (Fouché and De Vos in De Vos et.al., 2011a:89; Creswell, 2009:98). Leedy and Ormrod (2005:47) summarise the discussion above by stating that the formulation of a research problem forms the heart of any research project. The authors warn that if this part of the research process is not thoughtfully attended to, it may lead to a derailment from the focus of the study. It is also noted that a research problem can either be situated in literature, theory or practice (Leedy and Ormrod, 2005:47).

In order to identify the focus for this study, the formulation of the research problem was based on deductive reasoning which assisted the researcher to move from the general to the specific (Delport and De Vos in De Vos et al., 2005:47). The research problem that provided the focus for this study was formulated in Section 1.3 of Chapter 1 of this document. The inclusion of cluster foster care schemes as a form of alternative care for children in need of care and protection may be described as the government's reaction to address the care needs of the increasing number of children in need of care and protection (see Chapter 1). The motivation to address this need through the development of guidelines to assist social workers and service providers to implement the statutory stipulations (i.e. the government's reaction on the identified need) was also informed by The White Paper for Social Welfare's recommendation to recognise traditional and indigenous systems of foster care (1997:43). The proclamation of the Children's Act 38/2005 (Republic of South Africa, 2006:104) adhered to this recommendation, as the placement of children in need of care and protection in cluster foster care schemes was legalised. The Consolidated Regulations, 67-71 of this act, (Republic of South Africa, 2010: 70-75) make provision for the registration, management and nature of services of cluster foster care schemes. Additionally, an unpublished study conducted by Taback and Associates (2009:1-30) specifies the existence of various practice models in this regard. The mentioned research, however, recommended that the operationalising of cluster foster care schemes is an aspect that needs to be further investigated. The focus of this study was therefore to explore and describe the functioning of existing

practice models in order to identify certain operational elements. It was envisaged that these elements would contribute to the formulation of operational guidelines to assist social workers and service providers to operationalise cluster foster care schemes.

The research problem led to a research question which will be discussed next.

### 2.2.3 Formulation of the research question

A research problem may translate into the formulation of either a research question or a hypothesis (Leedy and Ormrod, 2007:54). After formulating the research problem, the researcher might be in a position to form certain assumptions or ideas as to why a certain need or problem exists. For example, in a study about the lack of adequate alternative care for children in need of care and protection, the researcher might hold an opinion or idea that this situation is due to economic or financial constraints. This idea or assumption can form the basis of the study. A *hypothesis* is based on similar logic and can be defined as predictions, assumptions or guesses the researcher makes about the relationship between variables. The research study is then conducted to enable the researcher to test the hypothesis (Kumar, 2005:74; Rubin and Babbie, 2005:749; Bless et al., 2006:14; Creswell, 2009:132). Leedy and Ormrod (2005:4) assert that the formulation of a hypothesis also provides a tentative explanation for the phenomenon under investigation. Grinell and Unrau (2005:70) provide an even clearer description, and distinguish between non-directional and directional hypotheses. A non-directional hypothesis is simply a statement that says one expects to find a relationship between two or more variables, but is not planning to investigate the specific relationship between the two variables. A directional hypothesis goes a step further to investigate the nature of the relationship between the variables. The use of hypotheses is more suitable in the quantitative research approach than in the qualitative research approach, because it involves certain predictions based on variables, statistical tests and analyses (Creswell, 2009:129).

In this study, the researcher was more interested in exploring and describing the experiences and perceptions of current practitioners of cluster foster care schemes regarding the operational elements. Based on the fact that there is a need to identify the operational elements to be able to operationalise cluster foster care schemes, the researcher concluded that one could not; in this specific incidence; formulate a hypothesis. This decision was also based on the fact that the researcher wanted to contextualise the proposed guidelines, and therefore could not identify variables to test prior to scientifically identifying the operational elements. The differences and similarities between research questions and hypotheses, illustrated in the table below, contributed to the fact that the researcher formed the opinion that a **research question** was more appropriate for the purpose of this study.

**Table 2.1**:   Differences/Similarities between hypotheses and research questions (Kumar, 2005:74; Rubin and Babbie, 2005:749; Bless et al., 2006:14; Creswell, 2009:132)

| HYPOTHESES | RESEARCH QUESTION |
| --- | --- |
| Provides a study with focus. Tells the researcher what specific aspects to focus on during the implementation of the research. | The research question guides the researcher though the study and reflects the researcher's important thoughts on the study. |
| Tells the researcher what data to collect and what not to collect. | Provides a vague guideline regarding the sample that is needed to answer the research problem. |
| The construction of a hypothesis enhances the objectivity of the study. | A research question, similar to a hypothesis, enhances the objectivity of the study. |
| It may enable the researcher to add to formulation of theory. | It may enable the researcher to document the raw data as obtained from the participants. |

A *research question* is the step in the research process where the researcher formulates vague thoughts into specific questions (Strydom and Delport in De Vos et al., 2005:321). Jansen (in Maree, 2007:3) is of the opinion that the research question becomes the beacon that will guide the researcher's thoughts throughout the research process. It is, however, important to note that the research question differs from the interview questions in a way that the latter refers to broader identifying areas to ask questions about. In formulating the research question, the researcher needs to ask whether the formulation of the research question will address the research need or research problem, and thereby lead to a focus for the study

(Marlow, 2007:45). The research question may consist of a central question, (which aims to answer the central phenomenon) and/or associated sub-questions (i.e. questions that are further formulated to obtain more information on the central phenomenon) (D'Cruz and Jones, 2004:20; Creswell, 2009:129). Babbie and Mouton (2009:75) elaborate on the above distinction between central and sub-questions, and distinguish between empirical and non-empirical questions. The authors explain that empirical questions are formulated to address real life issues, while non-empirical questions focus on the clarification and meaning of certain concepts. Empirical questions are therefore aimed at collecting new data in order to provide answers to address the research problem or need.

Based on the description of a research question above, the researcher opted to use an empirical question to investigate the real-life issue as experienced by practitioners providing cluster foster care as a form of alternative care. The researcher focussed further on one central question in order to ensure that the focus of this study remains intact. Babbie and Mouton (2009:76) refer to the following types of empirical questions that enabled the researcher to formulate the research question for this study, as illustrated in the table below:

**Table 2.2**:     Empirical questions in social research (Babbie and Mouton, 2009:76)

| Question Type | Question |
|---|---|
| Explorative questions | What is the case?<br>What are the key factors? |
| Descripte questions | How many?<br>What is the incidence of x?<br>Are x and y related? |
| Casual questions | Why?<br>What are the causes of Y ? |
| Evaluative questions | What was the outcome of X<br>Has P been successful? |
| Predictive questions | What will the effect of X be on Y |
| Historical questions | What led to Y happening?<br>What was the event that led op to Y?<br>What caused Y? |

Based on the identified need to identify operational elements needed to operationalise cluster foster care schemes, and linked with the explorative and descriptive nature of the present research study, the researcher formulated the following explorative research question in order to address the research problem:

*"What are the operational elements necessary for the operationalising of cluster foster care schemes?*

The research question above led to the formulation of the research goal and objectives of the study.

## 2.2.4 Define and establish the research goal and objectives

Well developed and articulated goals are the prelude in designing and implementing specific activities (Miley et al., 2009:307). A goal can also be described as a desired end to which an activity is directed (Sheafor and Horejsi, 2010:325). In addition, objectives are specific actions that need to be taken in order to achieve the set goals. Objectives are differentiated from goals by their concrete, observable and measurable qualities (Fouché and De Vos in De Vos et al., 2011b:104; Miley et al., 2009:307). In summary, a goal refers to the desired end product, while the objectives are related to the process that would be followed in order to reach the goal.

In terms of the outcome (i.e. end product) of social research, Fouché and De Vos (in De Vos et al., 2011b:105) explain that a research goal can either stem from applied research or basic research. *Basic research* can be described as studies that are primarily aimed at increasing the understanding of a particular aspect in society. This type of research also aims to build theory regarding this particular aspect. *Applied research*, on the other hand, is aimed at providing a scientific solution to a troublesome situation (Bless et al., 2006:43).

The desired end product of this present study was to develop guidelines for practitioners and social workers regarding the operationalisation of cluster foster care schemes. Therefore, this study was conducted from an **applied research** framework. The research problem that directed this study (see Sections 1.3 and 2.2.2) was based on the fact that no guidelines existed regarding the operationalisation of cluster foster care schemes. The researcher therefore aimed to develop a solution to the research problem (i.e. guidelines to operationalise cluster foster care schemes) through scientific procedures. The applied research framework directed the formulation of the following **research goal**:

- *Explore and describe the present functioning of cluster foster care schemes in order to identify operational elements to be documented in a guideline for service providers and social workers.*

Where the research goal of this study focussed on the specific outcome that the researcher wanted to achieve, the research objectives specified the steps that needed to be taken in order to achieve the research goal. If one examines a research study from the perspective of its objectives, a research endeavour can be classified as descriptive, correlational, explanatory or exploratory (Kumar, 2005:10). Kumar (2005:10) distinguish between these concepts as follows:

- **Descriptive research**: The objectives, through this form of research, are directed at systematically describing a situation, problem, phenomenon, service or programme. It will, for example, aim to describe the living conditions of children in alternative care or their attitude towards alternative care. This classification was deemed to be applicable to this study, as this study aimed to describe current practices of cluster foster care schemes.
- **Correlational research**: The objectives are focussed on discovering/ establishing the relationship/association/interdependence between two or more aspects of a situation. The researcher can, for example, follow steps to establish the correlation between incidences of poverty and children in need of care and protection. The researcher opted not to make use of this classification, as the researcher worked from a qualitative approach and did

not intend to investigate correlations between aspects related to the research topic.

- **Explanatory research**: The objectives, through this classification, assist the researcher to clarify why and how there is a relationship between two aspects of the situation or phenomenon. The objective is therefore to explain why there is, for instance, a relationship between children who were found in need of care and protection and poverty. The researcher also did not identify this classification as relevant to the present study, for the same reason provided in the former discussion under correlation research.

- **Exploratory research**: The objectives can either be to explore an area where little is known about a certain situation/service, or can be conducted to develop new procedures. The researcher can, for instance, aim to study certain existing practices/services in order to develop certain practical guidelines or measurement tools to ensure the effectiveness of the services. This classification related well to the abovementioned goal of this study.

The **research objectives** of this study were therefore classified as explorative and descriptive in nature, and were formulated as follows:

- To explore the present functioning of cluster foster care schemes through qualitative methods of data collection from managers and foster parents currently involved in cluster foster care schemes;

- To describe and contextualise the present functioning of cluster foster care schemes;

- To verify the findings from the qualitative data with literature;

- To identify existing technology from the literature;

- To identify and analyse elements and procedures which can be utilised for the operationalising of cluster foster care schemes; and

- To develop practice guidelines from a social development perspective which can be utilised for the implementation of cluster foster care schemes

After the researcher formulated the goal and objectives for this study, he needed to establish where to obtain the empirical data that was necessary for the study. The identification of the participants to include in this study was therefore the next step in the research process, and is described next.

### 2.2.5 Identify participants

Once the research question (or hypothesis) and the research goal and objectives have been identified, the researcher needs to establish from whom/what to collect the data. The qualitative researcher may draw his/her data from many sources, not only from a diversity of individuals or groups, but also from other sources such as audio-visual and electronic records (Leedy and Ormrod, 2005:144). According to Kumar (2005:211), those from whom information is collected or those who are studied become the **participants** of the qualitative research study. The source of data in quantitative research, on the other hand, is referred to as the respondent (Babbie and Mouton, 2009:647). The difference between the terms 'participant' and 'respondent' is therefore situated in the fact that a participant provides data from his/her own experiences, which are congruent with the nature of a qualitative study. A respondent, on the other hand, responds to specific questions that the researcher is interested in to assist him/her to draw statistical conclusions. The latter is in line with the quantitative research approach.

Sources of qualitative data might be situated in a number of participants and/or objects. A **universe** refers to all the objects/participants from which the researcher wants to draw conclusions, while a **population** sets boundaries and refers to participants/objects in the universe who possess certain characteristics that the researcher is interested in (Leedy and Ormrod, 2005:253; Strydom in De Vos et al., 2005:193). The total number of participants/objects associated with the specific focus of a research problem and research question is therefore referred to as the population of a research study (Kumar, 2005:165; Bless et al., 2006:98; Babbie,

2007:111). In this study the researcher involved two populations, namely 1) all managers of cluster foster care schemes (population one) and 2) all foster parents that provide foster care as part of a cluster foster care scheme (population two) (see Table 1.3).

It is, however, not always practical and possible for the researcher to include all the participants (i.e. the whole population) in the research study. Strydom (in De Vos et al., 2005:194) explains that one of the primary reasons for using sampling methods and techniques is that it is seldom feasible to gain access to all the participants, and that including the whole population in a study is seldom time- or cost effective. The process that the researcher chooses to identify and select a section of the participants/objects to participate in the specific research study is referred to as the **sampling method** (Strydom in De Vos et.al, 2005:194; Marlow, 2010:138; Kumar, 2005:165). A **sample** is therefore the smaller part of the participants (i.e. the population) that the researcher wants to study (Bless et al, 2006:98). The universe, population and sample for this study were identified in Chapter 1, and are illustrated in the figure below:

**Figure 2.4**: Distinction between universe, population and the sample
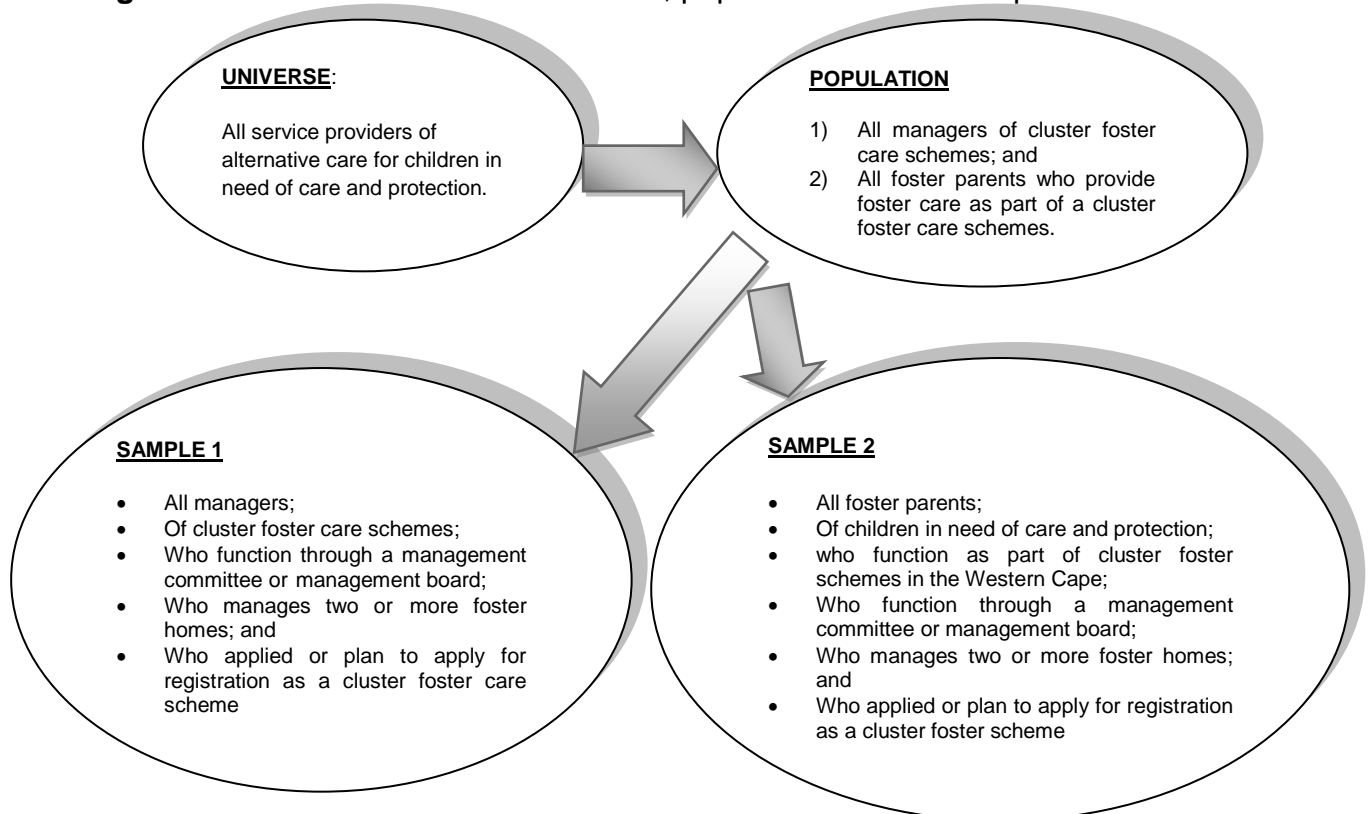
As previously mentioned, the researcher is seldom in a position to choose all participants from the population to participate in the study. The burden, however, lies heavily on the researcher to choose participants that are representative of the population, knowledgeable about the research topic and can provide clarity or information on the research question (Marlow, 2010:140). In order to ensure that the researcher follows a scientific process in the drawing of a sample, the researcher has a choice between the probability- and non-probability sampling methods (D'Cruz and Jones, 2004:99; Maree and Pietersen in Maree, 2008:172). *Probability sampling* allows the researcher to select a sample where each element in the population has a chance of being selected to be included in the sample (Leedy and Ormrod, 2005:199; Marlow, 2010:140). This method of sampling increases the representativeness of the sample. It is advisable to use the probability sampling method when the quantitative research approach is implemented. The probability sampling method assists the researcher to choose from (among others) the following techniques to draw the sample from, namely, the simple random sampling-, systematic random sampling-, stratified random sampling- and the cluster random sampling techniques (Bless et al., 2006:101-108; Maree and Pietersen in Maree, 2008:172-176; Marlow, 2010:141-145).The *non-probability sampling method* is used when sampling provides the researcher with a choice to handpick the sample according to specific knowledge and experiences that will provide answers to the research question (Kumar, 2005:177; Babbie, 2007:183). This method of sampling is advisable in a qualitative research approach where the researcher wants to obtain participants who can pave the way to answer the research question by experiences and knowledge obtained from their individual life experiences (Henning with Van Rensburg and Smit, 2004:71). Table 2.3 below provides an illustration of the distinction between the probability and non-probability sampling methods, as described by D'Cruz and Jones (2004:99):

**Table 2.3**: Distinction between the probability and non-probability sampling methods (D'Cruz and Jones, 2004:99)

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

Based on the qualitative nature of this present study, the **non-probability sampling method** was employed. This sampling method assisted the researcher to choose from the following sampling techniques to assist him to draw the samples from the two populations described above (Bless et al, 2008:105-106; Maree and Pietersen in Maree, 2008:176-178; Marlow, 2010:146-147):

• **Convenience sampling technique**: This sampling technique refers to situations when elements of the population are selected to be included in the sample based on their availability. It is usually a cost-effective way of selecting a sample, but may not be as representative of the population as needed. It is advisable to use this technique in an explorative or pilot study where the researcher wants to obtain data on a specific topic quickly.

• **Quota sampling technique**: In this sampling technique, the researcher identifies categories and numbers of participants that need to be in the sample. Sampling is then done by means of convenience sampling until the quota is reached. The quota may be proportional or non-proportional in nature, for instance, 45% of rural foster parents and 65% of urban foster parents.

• **Purposive sampling technique**: This sampling technique is used where the sampling is done with a specific purpose in mind. It relies on the judgement of the

researcher regarding the characteristics of a representative sample. The researcher might, for instance, view the ideal participant in a study regarding foster parents as a foster parent who is between 40 and 50 years of age and has one child in his/her care. Members of the population who fall in this category will qualify as participants. The danger of this sampling technique is that it relies on the subjective considerations of the researcher.

- **Snowball sampling technique**: This sampling technique is often used where the population is difficult to find or where the researcher is interested in an interconnected group of people. The starting point of this technique is to make contact with one or more participants who belong to a population. Data is collected, and the participants are then asked for information about other participants who have similar knowledge and experience to provide answers to the research question.

The researcher opted to make use of the **purposive** and the **snowball sampling techniques**, as discussed in Section 1.6.3.1 of Chapter 1.

In closing, it is also important that the researcher considers how the **sampling size** will be determined. Niewenhuis (in Maree, 2007:79) notes that qualitative research studies usually involve a smaller sample size than quantitative research studies. Sampling in qualitative research is flexible and often continues until no new themes emerge from the data collecting process. This process is called **data saturation**. In this study the researcher determined data saturation by utilising Tech's eight steps in qualitative data analysis (Creswell, 2009:186), and by using an independent coder. Once it was determined that no new themes emerged, the researcher; together with the study promoter and independent coder, identified that data saturation took place. In this study, data saturation was identified after the researcher completed six interviews with managers of cluster foster care schemes (population one) and 14 interviews with foster parents that rendered foster care as part of a cluster foster care scheme (population two). The researcher, however, continued with data collection with another three managers of cluster foster care schemes (population

one) and four foster parents that rendered foster care as part of a cluster foster care scheme (population two) in order to ensure that no new themes occurred.

### 2.2.6 Select a research approach

The term 'research approach', also referred to as 'research strategy', refers to the general approach followed in a specific study. The choice of approach to follow is determined by research question and goal of the research study (Gravetter and Forzano, 2009:33). Marlow (2010:13) concurs that currently there is quite a debate regarding the use of quantitative or qualitative research approaches in social work. On the one hand, the positivist approach of quantitative research argues that social work as a profession will lose its credibility should social work researchers abandon the structured, statistical nature of quantitative research. On the other hand, the interpretive approach of qualitative research claims that it should be noted that social behaviour is complex and not always observable and measurable. According to the interpretative approach, only by obtaining real-life experiences from participants who experience a specific situation on a daily basis can the research add to the theory in social work (Grinnell and Unrau, 2005:62-78; Marlow, 2010:13). In order to address the research problem identified as the focus for this study, and to answer the research question, the researcher compared the quantitative and qualitative research approaches according to definitions, points of departure and differences, as discussed below.

*Quantitative researchers* rely on measurement to compare and analyse the differences between two or more variables (Bless et al., 2006:43). Measurement is furthermore used to answer, explain, predict and control phenomena (Leedy and Ormrod, 2005:94). *Qualitative researchers*, on the other hand, are interested in understanding how people interpret their experiences, how they construct their world and what meaning they attribute to their experiences (Merriam, 2009:5). Although the research process is broadly the same in both the quantitative and qualitative research approaches, they are differentiated in terms of sampling methods and techniques, data collection, the procedures adopted for data processing and analysis and the style of communication of the findings (Kumar, 2005:17). The table below illustrates differences and similarities that were drawn from the descriptions provided

by Leedy and Ormrod (2005:95-96), McMillen and Schumacher (2006:21-30); Fouché and Delport (in De Vos et al., 2005:73-75), Fouché (in De Vos et al., 2005:269), Creswell (2009:13) and Merriam (2009:14-19, 23-37).

**Table 2.4**: Differences and similarities of the qualitative and quantitative research approaches

| | Quantitative research | Qualitative research |
|---|---|---|
| Role of researcher | • Role of researcher is that of an objective observer whose involvement with the phenomena studied is limited to what is required to obtain necessary data. | • The researcher attempts to gain first hand and holistic understanding of the phenomena studied through a flexible strategy of problem formulation and data collection;<br>• The process is adapted as the investigation proceeds; and<br>• The researcher is the primary instrument for data collection and analysis. |
| Purpose | • Focus on specific questions or hypotheses that remain constant throughout the study;<br>• The intent of the study is to establish, confirm or validate relationships and to develop generalisations that contibute to theory;<br>• It is more deductive than inductive in nature; and<br>• Roots are based on the assumption that human behavior can be quantified through measurement. | • Interested in how people interpret their own experiences and how they construct their own world;<br>• Overall purpose is to explore and describe how people make sense of their own world;<br>• It is more inductive than deductive in nature; and<br>• Roots are situated in how people constuct their own real life exeperience. |
| Process | • Carefully structured guidelines to conduct the study;<br>• Concepts, variables, hypotheses and methods of measurement are defined before the study commences and remain standardised throughout the study; and<br>• The researcher stays detached from the respondents so that he/she can come to unbiased findings which can lead to conclusions. | • Is more holistic and evolving in nature;<br>• The design, data collection method and interpretation develop and can change along the way; and<br>• Researcher enters the research endevour with an open mind and is willing to adapt according to the requirements of specific real-life situations. |
| Data collection | • The researcher identifies one or more variables that he/she intends to study and then collects data specifically related to those variables;<br>• Specific methods of measuring each variable are identified, developed and standardised before the study begins, with specific attention to validity and reliability;.<br>• Date collection procedures are developed in such a manner that all respondents answer the same questions in the same manner;<br>• Data collecters are expected to only record the data provided by respondents and avoid to add their own interpretation and observations to the data; and<br>• Measurement is focussed on specific variables that are quantified through rating | • Qualitative researchers operate from the assumption that reality is not easily divided into measurable variables;<br>• The researcher is the main research intrument;<br>• The qualitative researcher focuses on a smaller group of participants who can best provide information on how the participants construct their real-life experiences; and<br>• Data tends to be loosely structered. |

| | | |
|---|---|---|
| | scales, frequency counts and other means. | |
| Research design | • Experimental in nature, implying that it is the most rigorous design of all with strict requirements; and<br>• The quantitative researcher has a choice between, amongst others:<br>  o Pre experimental design;<br>  o Quasi experimental design;<br>  o True experimental design; and<br>  o Non-experimental design. | • Is more interactive in nature; and<br>• The qualitative researcher can choose from designs such as:<br>  o Ethnographic;<br>  o Phenomenological;<br>  o Case study;<br>  o Grounded theory;<br>  o Critical studies;<br>  o Narrative; and<br>  o Biography designs. |
| Data collection techniques | • Questionaires (constructed with open-ended and close-ended questions);<br>• Self-administrated questionaires;<br>• Group-administrate questionaires;<br>• Structered interviews;<br>• Scales; and<br>• Experiments. | • Participant observation;<br>• Interviewing (unstructured or semi-structured); and<br>• Focus groups. |
| Data analysis | • Quantitative researchers tend to rely heavily on deductive reasoning, begining from a certain premise (e.g. hypotheses, theories) and then draw logical conclusions from them; and<br>• Strive to maintain objectivity in data analysis by using predetermined statistical procedures and using objective criteria to evaluate the outcome of the procedure. | • Make use of inductive reasoning because researchers make specific observations and then draw certain conclusions about larger and more general phenomena; and<br>• Data analysis can be more subjective in nature because the researcher scrutinises the body of knowledge for specific themes and sub themes. |
| Report findings | Findings are reported via:<br>• Numbers;<br>• Statistics; and<br>• Formal voices, scientific style. | Findings are reported via:<br>• Words;<br>• Narritives, verbatum quotes; and<br>• Personal voices, literary style |

In this research study, the researcher was particularly interested in the current practices of cluster foster care schemes, in order to identify operational elements that were needed to develop guidelines to enable service providers and social workers to operationalise this form of alternative care to children in need of care and protection. From the discussion above it was concluded that the qualitative research approach relates to the interpretive research approach in research. The implication is that the qualitative researcher is more interested in the real-life experiences of the participants, in order to find an answer to the research question. In this research study, the researcher viewed the participants as the people with the knowledge and experience regarding the operational elements that needed to be included in operational guidelines for cluster foster care schemes. Therefore it was concluded that this research endeavour fell in the ambit of the qualitative research approach. The researcher's goal was to explore and describe the perceptions and experiences of current practitioners of cluster foster care schemes as a point of departure to

develop an operational guideline through a **qualitative research approach**. Following the choice of a research approach, the researcher needed to identify a plan to implement the requirements of the research approach of choice.

### 2.2.7 Select a research design

A research design is a structured framework or plan of *how* the researcher intends to conduct the study (Babbie and Mouton, 2009:646). According to Fouché (in De Vos et al., 2005:268-272), the choice of a research design followed in a qualitative research study depends on the purpose of the study, the nature of the research question and the skills and resources available to the researcher. The qualitative researcher may, according to Fouché (in De Vos et al., 2005:269) and Creswell (2009:13), choose from the following research designs: Ethnographic-, biographical-, grounded theory, case study-, phenomenological-, narrative-, explorative-, descriptive-, explanatory-, and contextual research designs. The research goal of the research study is, however, a guiding factor in the choosing of a research design for a study.

The goal of this present study (see Section 2.2.4 above) highlights the phenomenological, explorative, descriptive and contextual nature of this study. This study was therefore conducted through the use of the **phenomenological research design**, together with the **explorative-, descriptive- and contextual research designs** (see Section 1.6.2 in the previous chapter regarding the description and rationale for the choice of these designs).

Additionally, this study falls within the genre of intervention research. The goal of this study was to develop and design operational guidelines for cluster foster care schemes. In order to achieve the said goal of this study, the researcher therefore opted for the implementation of the **"Intervention Develop and Design"** framework, also known as the IDD model (hereafter used when referring to the design used in this study) developed by Rothman and Thomas (1994:3-51). This design was also

recently used in a study of similar nature by Van der Westhuizen (2010) to develop guidelines for aftercare services to chemically addicted adolescents.  According to Van der Westhuizen (2010:416), this model is regarded as highly appropriate where social problems require intervention through the development of social (human) technologies to address these problems.  Rothman and Thomas (1994:3-8) concur that intervention research has three focus areas that could be utilised for the following purposes:

a) **Knowledge development** (KD): the empirical research contributes to the knowledge base about human behaviour;

b) **Knowledge utilisation** (KU): the acquired knowledge is used to enhance or change one's understanding or practices relating to populations, problems relating to human behaviour  and interventions in human services; and

c) **Development and Design** (D&D): literature and empirical research are utilised in designing and developing new human technology (i.e. operational guidelines, policies etc.).


The proposed design consists of six phases with different steps under each phase. As discussed in Table 1.1 in Chapter 1, this study will only follow the proposed design up to Phase four. According to Bender (2007:69), interrelatedness exists between the various phases of the IDD model. Different steps from different phases thus often overlap. Figure 2.4 below provides an illustration of the phases and steps of the IDD model, as well as how these steps were interrelated in this study. The phases and steps used by the researcher were also highlighted.

**Figure 2.5:** Phases[4] and operations of the Intervention Develop and Design model (adopted from Rothman and Thomas, 1994:28)

**PHASES**

| Problem Analysis & Project Planning | Information Gathering & Synthesis | Design | Early Development and Pilot Testing | Evaluation and Advanced Development | Dissemination |
|---|---|---|---|---|---|

**STEPS**

| | | | | | |
|---|---|---|---|---|---|
| Identifying and involving clients | Using existing information sources | Designing an observational system | Developing a prototype or preliminary intervention | Selecting an experimental design | Preparing the product for dissemination |
| Gaining entry and cooperation from settings | Studying natural examples | Specifying procedural elements of intervention | Conducting a pilot test | Collecting and analysing data | Identifying potential markets for the intervention |
| Identifying concerns of the population | Identifying functional elements of successful models | | Applying design criteria to the preliminary intervention concept | Replicating the intervention under field conditions | Creating a demand for intervention |
| Analysing identified concerns | | | | Refining the intervention | Encouraging appropriate adaptation |
| Setting goals and objectives | | | | | Providing technical support for adopters |

Some of the actions in the steps of the IDD model were already discussed in the sections above. The following discussion will provide the reader with a layout of the implementations of the phases and steps, and cross referencing will be made to avoid repeated discussions.

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[4] The grey areas indicate the phases and steps that were included in this study.

## 2.2.7.1 Phase 1: Problem analysis and project planning

The entry phase to IDD involves the following steps:

- identifying and involving of clients;
- obtaining of permission and co-operation of the different establishments;
- Identifying the concerns of the population;
- Analysing identified concerns; and
- Setting goals and objectives.

These steps imply implied following actions during the research endeavour:

## 2.2.7.1.2 Step 2: Gaining entry and cooperation from settings

Rothman and Thomas (1994:29) assert that a researcher may gain entry and cooperation from research settings through informants who know who the knowledgeable people in a specific setting related to the research topic are. The informant can introduce the researcher to the "gatekeeper", meaning the people in the population who control access to the needed source of data (Bless et al., 2006:145). Fouché and De Vos (in De Vos et al., 2011b:91) explain that the aim of the qualitative researcher is to make the unfamiliar familiar, and to build a relationship with all the participants in order to motivate them to accept mutual ownership for the research study. Therefore the researcher must not only obtain consent from the gatekeeper, but also from each participant.

In this study, the researcher used a social worker at the Western Cape Provincial Department of Social Development as informant to gain entry and access to possible participants currently caring for children in need of care and protection in cluster foster care schemes, and who applied for registration (the process of registration of cluster foster care schemes was not yet active at the time of this study). Five possible projects were identified. The researcher approached these projects firstly by means of a telephone call, which was followed up by an electronic letter of invitation to participate in the study (see Annexure A). This letter was addressed to the

managers of the respective existing cluster foster care schemes. The nature, purpose, goals and objectives of the study, as well as the manner in which ethical concerns would be addressed were clearly stipulated in the letter. Three of the approached cluster foster care schemes agreed to participate and appointments were made with the managers of these schemes. Although the fourth one initially agreed to participate telephonically, the manager cancelled subsequently and withdrew from the study.

During the first contact with the managers of the respective existing cluster foster care schemes, the nature of the study and the roles, responsibilities and consequences to participate in the study were discussed. The informed consent form (Annexure B) was presented to the managers who, after they familiarised themselves with the content of the form, signed the forms.

The respective managers then acted as gatekeepers and identified the foster parents currently providing foster care in their specific cluster foster care schemes. The managers firstly approached the foster parents and explained the purpose and the goals of the study. Appointments with these foster parents were arranged through the managers. The same invitation letters and consent forms (see Annexure A and B) were used to ensure that they were able to give informed consent to participate in the study.  It must also be noted that some participants had a dual role of manager and foster parent in their specific cluster foster care scheme. In order to avoid contamination of data, the researcher obtained the data linked to the dual role in the same interview, and separated the data during the data analysis process. After the consent of the various participants was obtained, the researcher embarked on the next step in the IDD of Rothman and Thomas (1994:29), namely, to identify the concerns of the population.

### 2.2.7.1.3    Step 3:  Identifying concerns of the population

One of the main pitfalls that any qualitative researcher utilising the IDD design must be aware of, is to avoid imposing external views of the problem and the solution

thereof on the participants (Merriam, 2009:5). As previously mentioned, the qualitative researcher is only interested in the unrefined data and the views of the people who have the real-life experiences (Merriam, 2009:5). The researcher is compelled to identify the concerns of the population through data collection techniques that do not compromise validity of the study. In qualitative research studies, the researcher normally utilises documents, observation and interviews (individual interviews and focus groups) as methods of qualitative data collection (Kumar, 2005:119-127; Niewenhuis in Maree, 2008:81-88; Merriam, 2009:86-108). The discussion below provides a description of how these methods serve as sources of qualitative data collection, as well as of how it related (or did not relate) to this present study.

- **Documents**: It is important to distinguish between a literature review and the use of documents as a method of data collection. Although the two may overlap in the sense that both deal with data in a written form, a literature review provides mainly a justification for a research study or serves as a literature control; while documents serve as a source of data collection (Niewenhuis in Maree, 2008:82). When using documents as a method of data collection, the researcher will use all available documents; published and unpublished; that might provide information and insight regarding the phenomenon that is investigated. The researcher, who makes use of this method of data collection, distinguishes between primary and secondary sources. *Primary sources* refer to documents that are original in nature and might be published or unpublished, while *secondary sources* refer to all published documents (books and articles) which are based on previously work (Leedy and Ormrod, 2005:89-90). In this present study, the researcher did not make use of documents as an initial form of data collection. In Chapter 5 of this study, and as part of Phase 2, Step 3 of the IDD model, the researcher, however, discussed the functional elements inherent to models and guidelines and suggestions in literature relating to cluster foster care schemes as a form of alternative care. The literature was, however, only studied after the data was collected and analysed, and therefore served as a literature control of the findings.

- **Observations**: This method of data collection in a qualitative research study refers to observations made in the natural and everyday business in a particular setting or community (Strydom in De Vos et al., 2005:276). Although it appears to be a very straight forward method of data collection, observation must be followed in a specific scientific manner in order to validate it as an empirical form of data collection. Researchers may distinguish between non-participant observation and participant observation (D'Cruz and Jones, 2004:118-119; Bless et.al. 2006:114-115). *Non-participant* observation refers to observation done by an outsider who records events. For instance, an observer is placed in a shopping mall, observing the number of people purchasing washing powder. This kind of observation is a typical form of observation utilised in cases of ethnography (Leedy and Ormrod, 2005:145). *Participant observation* occurs when the observer hides the purpose of his/her involvement from a group or community, and becomes part of the community. In this process he/she will observe their everyday business, behaviour or any aspect of life that will bring forward answers to the research question (Merriam and Associates, 2002:13). Bless et al. (2006:115), however, warn that participant observation can be costly, extensive and labour intensive. The authors recommend the use of a *modified participant observation*, where the observer only collects data on certain occasions, for instance at a community meeting. Niewenhuis (in Maree, 2008:84) provides the following criteria to be included in observation to ensure that empirical data is collected validly:

  o The researcher has defined the focus and purpose of the observation;

  o The focus should be clearly linked to the research question;

  o The researcher defines the key constructs to be observed in terms of the specific everyday life or behaviour of the participants he/she is interested in;

  o The motivation behind behaviour should be considered. Observers should note that non-verbal behaviour can also add to the data basis of the research project; and

o The researcher should attempt to remain more passive than active as an observer, and to allow the participants to reveal and continue with their everyday life activities (Niewenhuis in Maree, 2008:84).

In this study, the researcher did not utilise observation as a method of data collection. The researcher was particularly interested in the knowledge and experiences (which are not observable) of current managers and foster parents providing foster care in a cluster foster care schemes, rather than in observing behaviour.

- **Interviews**: An interview is a two way conversation in which the researcher asks the participant questions as a method of data collection. Through this method; the researcher becomes able to learn about their unique ideas, beliefs, views and opinions (Niewenhuis in Maree, 2008:87). The aim of a qualitative interview is to see the world of the participants through their eyes in order to obtain data which is rich in real-life experiences. The responsibility lies heavily on the researcher to empower the participant in such a manner that he/she embraces the feeling that whatever he/she has to contribute to the interview will be the most important aspect of the research process. According to Merriam (2009:89-94) and Marlow (2010:164-165), the researcher has a choice between structured, semi-structured and unstructured interviews. A *structured interview* takes place when the interviewer knows in advance the questions to ask or just simply administrates a structured questionnaire. This form of interviewing, however, limits the depth of the data. In a *semi-structured interview*, the interviewer has more freedom to pursue hunches and can improvise questions as the interview process develops. Semi-structured interviews are mostly guided by interview schedules, consisting of general types of questions. An *unstructured interview or non-scheduled interview (*Bless et al., 2006:116*)* has no formal questions or schedules, and the researcher pursues whatever topic or information the participants offer. Niewenhuis (in Maree, 2008:87) refers to this type of interview as an open-ended interview. This form of interview is merely a conversation between the researcher and the participant. The author explains that in such incidences the researcher is

primarily interested in the ideas, beliefs and attitudes of the participant about certain events or phenomena. The question of which form of interviewing is the most appropriate to provide answers to the research question depends mostly on the type of research that the researcher chooses to answer the research question. The qualitative researcher, who is more interested in the real-life experience as experienced by the participants, will rather opt to use either semi-structured- and/or unstructured interviews than structured interviews.

In this qualitative research study, the researcher chose semi-structured interviews as the method of data collection. The researcher made use of a pre-designed schedule, containing a few basic open-ended questions regarding the research topic (see Annexure C). Semi-structured interviews appeared to be more appropriate to use when collecting the qualitative data from managers of cluster foster care schemes, because they were mostly one or two people responsible for the management of a cluster foster project.

- **Focus groups**: According to Kumar (2005:124) and Marlow (2010:165), individuals or a group with knowledge of a specific topic can form part of the participants in the interviewing process. Marlow (2010:165) describes a focus group as a group of people who have the same knowledge and experiences about the research topic, while Kumar (2005:124) explains that the only difference between a focus group and an interview it that the first one is conducted with a group, whereas the last one is conducted with an individual.

  In this research study, focus groups were used to interview foster parents who functioned as part of a cluster foster care scheme.

**Questioning** as an interviewing technique forms an important part of any interview. In structured-, semi-structured- and unstructured interviews, the researcher has a choice between open-ended and closed-ended questions. The difference between open-ended and closed-ended questions is described by Babbie and Mouton (2009:233) as follows: *Open-ended questions* encourage the participant to provide

his/her own answer to a question, while a *closed-ended question* requires that the participant chooses an option provided by the researcher. For the purpose of this qualitative study, *open-ended questions* appeared to be most suitable as the researcher primarily did not want to influence or suggest alternatives to the participants. The researcher therefore only used open-ended questions in both the interviews and focus groups.

Merriam (2009:100) furthermore suggests that, in order to obtain the maximum amount of data, the researcher can use **probing** as an interview technique in addition to questioning. Through this technique, the researcher follows something up that was already said. Niewenhuis (in Maree, 2008:89) adds to this description, and suggests that the researcher may use one or more of the following forms of probing:

- Detail-oriented probes: aimed to ensure that the researcher understands the "who, where and what" of the answer. The author however warns that the researcher should be careful not to use "why" questions because it might intimidate the participant.

- Elaboration probes: designed to obtain the full picture. The researcher asks the participant to tell him/her more about a specific response.

- Clarification probes: used to ensure that the researcher understood the response of the participants correctly.

The researcher opted for all three ways of probing to ensure that in-depth data that was clearly understood by the researcher was obtained. In order to construct the interview in such a manner that it allowed the researcher to obtain sufficient data to answer the research question, the researcher further needed to ensure that he applied communication techniques that permitted the participants to freely and without undue influences participate in the interviewing process/focus groups.

One of the primary communication techniques, besides questioning and probing, is **listening**. Active listening refers to the kind of listening where the researcher attends to both the participants' verbal and non-verbal messages (Sheafor and Horejsi, 2010:149). In support of this, Niewenhuis (in Maree, 2008:88) concurs that a successful interviewer is usually a good listener who does not dominate the interview, does not take short cuts and never judges or criticises the participant. The researcher applied this technique, and made field notes of non-verbal data. This was added to the transcripts of the interviews/focus groups.

Additionally, the table below provides a description of suggestions by Greeff (in De Vos et al., 2005:289) of communication skills that may be utilised to ensure that maximum data is obtained from the participants. These techniques were also used in this study:

**Table 2.5**: Different communication techniques utilised in focus interviews and focus group interviews

| Technique | Description |
| --- | --- |
| Minimal verbal response | A verbal response that correlates with occuational nodding, e.g. "mm-mm, yes and I see". |
| Paraphrasing | Involves a verbal response where the researcher will enhance the meaning by stating the participant's contribution in different words. |
| Clarification | To get clarity on an unclear statement. E.g. "Could you tell me more?" |
| Reflection | Reflect something that the participant said back to him/her to obtain more response, e.g. "You said that you became involved with the project via your sister?" |
| Encouragement | Encourage the participant to pursue the line of thought. E.g. "This is interesting, tell me more." |
| Reflection summary | Summarise the participant's ideas, thoughts, feellings etc. E.g. "So you have been saying......" |

Collected data furthermore needs to be **recorded** in one way or another, in order to be analysed. In qualitative research, the researcher may employ three methods to record data namely, to record the data with a Dictaphone, to make notes during the interview (i.e. field notes), and to write down as much as he/she can remember straight after the interview (Greeff in De Vos et al., 2005:298; Merriam, 2009:109).

The first option provides the researcher with the opportunity to analyse everything that has been said. It also provides an opportunity to listen repeatedly to ensure that the transcripts of the interviews portray the actual responses of the participants. The second and third methods of recording data rely more on the researcher's skills to record while conducting the interview, as well as to remember what has been said during the interview to record it afterwards. Both of the latter methods pose the risk that data can get lost in the process. It is, however, important to obtain the participants' consent to use whatever data recording method the researcher chooses.

In this research study, the researcher used an audio-recorder to record data. The method was used with the consent of all the participants in the study. The researcher also made field notes during the interviews/focus groups to include the non-verbal data. After collecting the data, the researcher transcribed the recorded data and added the field notes to the transcripts. The researcher followed the advice of Niewenhuis (in Maree, 2008:104) and Merriam (2009:110) that it is advisable for the researcher to transcribe his/her own collected data, because it provided the opportunity to become acquainted with the collected data.

Once data saturation was detected (see Section 2.2.5 above), the researcher continued to analyse the acquired data.

### 2.2.7.1.4    Step 4:  Analysing identified problems

The next critical step in the IDD model is to analyse those aspects that the participants labelled as concerns or problems (i.e. the collected qualitative data). Data analysis is the process of reducing the collected raw information, sifting significance from trivia, identifying significant patterns and constructing a framework for communicating the essence of what the data reveals (De Vos in De Vos, et al.,

2005:333). Rothman and Thomas (1994:30) state that it is important that the researcher finds the following in analysing the data:

- Discrepancies between the ideal and the actual;

- For who is the situation a problem?

- What are the negative consequences of the problem for the participants?

- Who should share the responsibility in solving the problem?

- What conditions need to change to ensure that support is established?

- On what level should the problem be addressed?

The literature provides a variety of descriptions of ways to analyse qualitative data. Leedy and Ormrod (2005:150) note that the qualitative researcher begins with a large body of information and must, through inductive reasoning, sort and categorise it into a smaller component of underlying themes and sub-themes. Merriam (2009:175-176) agrees with this and elaborates further by adding that qualitative data analysis is not only an inductive process, but also a comparative process. The author states further that the only objective for data analysis is to answer the research question. Creswell's (2009:185) description of qualitative data analysis is illustrated in the figure below.

**Figure 2.6**: The process of data analysis in qualitative research as adopted from Creswell (2009:185)
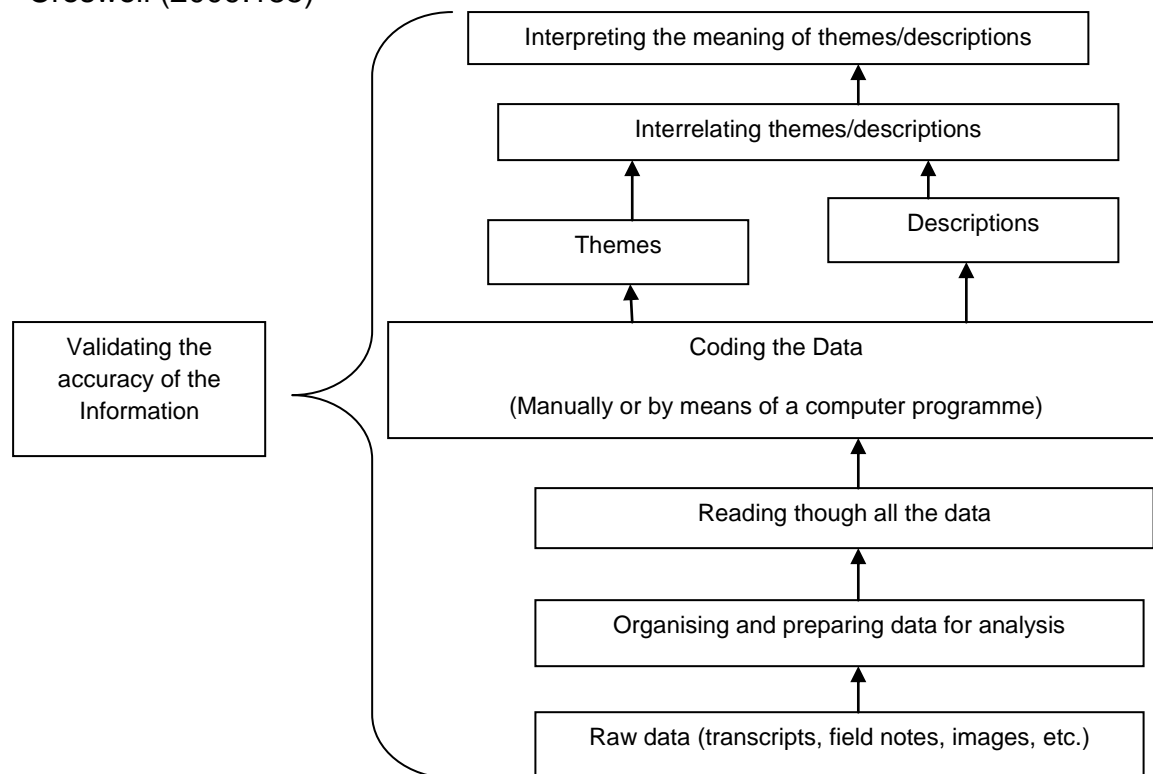


**Coding** forms an important part of the qualitative data analysis process, referring to the process of organising the data into chunks or segments of the text in order to develop a general understanding of each segment or chunk (Creswell, 2009:227). Coding can be done by hand or by computer programmes designed for this purpose (De Vos in De Vos et al., 2005:338). Babbie (2007:385-386) differentiates between open coding, axial coding and selective coding.  This author describes these ways of coding as follows:

- **Open coding** is the initial classification and labelling of concepts in qualitative research. In open coding, the codes are suggested by the researcher's examination and questioning of data;

- **Axial coding** aims to identify the core concepts of the study. Although the researcher, through axial coding, uses the open coding; more concepts can be identified after the open coding has been done; and

- **Selective coding** seeks to identify the central code in the study. This refers to the one code that all the other codes refer to.

The researcher, for the purpose of this study, made use of open and axial coding to analyse the raw data collected from the participants. Firstly, the researcher and the independent coder coded the data as presented to them and secondly more codes were identified after the initial coding, based on an in-depth discussion between the researcher, the independent coder and the study promoter. In coding the qualitative data obtained from the participants in this present study, the researcher followed the framework provided by Tesch for qualitative data analysis (in Creswell, 2009:186). The researcher also employed the services of an independent coder, who was familiar with Tesch's framework. The process and application thereof in this study involved the following steps:

a) **Get a sense of the whole. Read all the transcriptions carefully**. The researcher followed this step after transcribing the data following each data collecting opportunity. The action was repeated until all the transcripts were completed and studied.

b) **Pick one document (i.e. one transcript of an interview) based on the most interesting one, the one on top of the file or maybe shortest. Go through it and ask yourself, "What is it about?" Do not think about the substance of the information, but rather of its underlying meaning. Write thoughts in the margin.** The researcher picked the transcript of the first interview and started to make separate notes that answered the above prescribed questions. The researcher further completed this process in numerical order with all transcripts of the collected data. In this step, the researcher was alerted to the fact that some managers also acted as foster parents in the particular cluster foster care schemes. After a discussion with the study promoter, it was decided to separate the data that was more applicable to the role of management of a cluster foster care scheme from the data that was more applicable to the role of a foster parent involved in a cluster foster care scheme.

c) **When you have completed this task, make a list of all the topics. Cluster together similar topics. Form these topics into columns, separating major topics, unique topics and leftovers.** The researcher approached this step by listing all the topics identified in the previous step in the form of themes, sub-themes and categories. This listing was done in a form of a table that included horizontally all themes and vertically all sub-themes and categories. A theme represented the main part of each topic while sub-themes and categories referred to the parts that supported the theme.

d) **Now take this list and go back to your data. Abbreviate the topics as codes and write the codes next to the appropriate segments of the text. Try this preliminary organising scheme to see if new categories and codes emerge**. In this step the researcher and the independent coder compared their different findings of themes, sub-themes and categories and combined all the data in themes, sub-themes and categories that correlated with each other. Codes for each theme, sub-themes and categories were identified and entered.

e) **Find the most descriptive wording for your topics and turn them into categories. Look for ways of reducing your total list of categories by grouping topics that relate to each other. Perhaps draw lines between your categories to show interrelationships**. The researcher, as well as the independent coder, identified words that described the different themes, sub-themes and categories. These themes, sub-themes and categories are discussed in Chapters 3 and 4 of this study.

f) **Make a final decision on the abbreviation for each category and alphabetise these codes.** The researcher concluded the abbreviations of each theme, sub-themes and categories and placed them in an order that revealed the story line presented by the participants (see Chapters 3 and 4)

g) **Assemble the data material belonging to each category in one place and perform a preliminary analysis**. The data material was listed in table form next to the relevant themes, sub-themes and categories.

h) **If necessary, recode your existing data.** After the previous steps were completed, the researcher identified certain information that was better suited in other themes or sub-themes than where they were original placed.

In qualitative research studies, the researcher must continuously be aware of the mutual influence that the participants and the researcher might have on one another (Terre Blanche and Durrheim, 1999:214-221). In view of this, the researcher also engaged himself in the process of data verification.

Data verification in qualitative research involves **qualitative validity**, which means that the researcher checks for the accuracy of the findings by employing certain methods. **Qualitative reliability**, on the other hand, must be enhanced by ensuring that the research findings are consistent when applied by different researchers (Creswell, 2009:190). In describing the importance of data verification further, Őhman (2005:31) concurs that the researcher needs to consider the following in the validation of the research: 1) The truth value of the data, 2) the applicability of the study, 3) the consistency of the findings, and finally 4) the question of neutrality. The author continues to assert that data verification in qualitative research is based on the quality of the data, as well as on the data collection process. Both Merriam and Associates (2002:27) and De Vos (in De Vos et al., 2005:345-346) refer to Guba's model (as cited in Krefting, 1991:214-222) as an appropriate way of ensuring data verification. According to De Vos (in De Vos et al., 2005:345-346), Marshall and Rossman paraphrased Guba's model on the validity of the qualitative study as follows:

- How credible are the particular findings of the study?

- According to what criteria can we judge the findings?

- How transferable and applicable are these findings to another setting or group of people?

- How can we be reasonably sure that the findings would be replicated if the study were conducted with the same participants in the same context?

- How can we be sure that the findings are reflective of the subjects and the inquiry itself, rather than a creation of the researcher's biases or prejudices?

Guba's model (as cited in Krefting, 1991:214-222) was used to ensure that the data in this study was verified. The theoretical descriptions of the criteria related to this model were provided in Chapter 1. The table below illustrates the strategy, the criteria as well as the application thereof to ensure the sufficient data verification of data collected in this study.

**Table 2.6**:     Application of techniques to ensure data verification

| STRATEGY | CRITERIA | APPLICABILITY |
|---|---|---|
| Truth Value | **Prolonged engagement:**<br>The researcher stays in the field until data saturation occurs. | **Prolonged engagement:**<br>In this study the researcher embraced the principle of data saturation. Data saturation was noticed after all recorded interviews were transcribed and coded by an independent coder as well as by the researcher. The two independent findings were compared in order to establish data saturation. |
|  | **Triangulation:**<br>Triangulation in a research study occurs when the researcher collects data from multiple resources with the hope that they as a whole will bring answers to the research question (Leedy and Ormrod, 2005:99). To adhere to this requirement the researcher uses more than one subject of study, as well as existing literature resources from different fields. | **Triangulation:**<br>In this study the researcher used multiple ways of triangulation. Firstly the researcher included two subjects, namely managers of cluster foster care schemes and foster parents who provided foster care as part of a cluster foster care schemes in the research. In the literature review, the researcher used sources of different disciplines, e.g. management, developmental psychology, etc. |
|  | **Referential adequacy:**<br>The researcher asks what kinds of materials are available to document findings. Materials that can be use include audit and videotaping. The researcher must, however, be aware of elements of failure in these systems. | **Referential adequacy:**<br>In the research study the researcher utilised an audit tape to record all interviews. The process was seamless throughout the study and no failures occurred. |

| Applicability | **Thick description:** Applicability in qualitative study depends on similarities between sending and receiving context. In order to achieve that the researcher collects sufficient descriptive data (in the words of the participants) and documents them in the same manner. | **Thick description:** The researcher identified themes and sub-themes and described the contents thereof in the exact words of the participants. |
|---|---|---|
| | **Purposive sampling:** Qualitative research is interested in specific information from specific knowledgeable sources. Participants are selected for the knowledge and experiences which can contribute to the answering of the research question. | **Purposive sampling:** The researcher used non-probability sampling and used the sampling techniques of purposive sampling and snowball sampling (see Section 2.2.5) |
| Consistency | **Inquiry audit:** An independent auditor accesses all relevant documentation, transcriptions, field notes etc. in order to establish dependability. | **Inquiry audit:** All the relevant documents as mentioned were studied by the independent coder and the study promoter in order to establish dependability. |
| Neutrality | **Neutrality audit trail:** In this respect Guba and Lincoln (as cited in Babbie, 2009:278) suggest that a trail should be left to enable the auditor to determine if the conclusions, interpretations and recommendations can be traced to a source that supports the inquiry. The authors suggest that at least the following six classes of data should be available. 1. Raw data; 2. Data reductions and analysis products; 3. Data Reconstructions and synthes products; 4. Process notes; 5. Materials relating to intentions and expectations; and 6. Instrument development informations. | **Neutrality audit trail:** The researcher filed and stored all the relevant documentation and opted to store it in a closed cabinet in his office for the next five years. The framework by Tesch (in Creswell, 2009:186) for qualitative data analysis was used and the findings were described and verified with relevant literature. |

## 2.2.7.1.5    Step 5: Setting the goal and objectives

The final step in this phase is setting a goal and objectives for the study. According to Rothman and Thomas (1994:31), a goal refers to a broad condition or outcome desired for the specific study, while objectives refer to more specific tasks that would contribute to attainment of the goal of the study. The goal and objectives for this study were described in Section 2.2.4 of this chapter. The figure below provides an illustration of the layout of the goal and the objectives (referred to as task objectives

within the IDD model framework) that guided the implementation of this research endeavour:

**Figure 2.7** Goals and objectives (task objectives in IDD model)



**Goal**

To explore and describe the present functioning of cluster foster care schemes in order to identify operational elements to be documented in a guideline for service providers and social workers.

**Task objectives**

| 1 | 2 | 3 | 4 | 5 | 6 |
|---|---|---|---|---|---|
| To explore the present functioning of cluster foster care schemes through qualitative methods of data collection from managers and foster parents currently involved in cluster foster care schemes | To describe and contextualise the present functioning of cluster foster care schemes | To verify the findings from the qualitative data with literature | To identify existing technology from the literature | To identify and analyse elements and procedure which can be utilised for the operationalising of cluster foster care schemes | To develop practice guidelines from a social development perspective which can be utilised for the implementation of cluster foster care schemes |

Following the first phase of the IDD model by Rothman and Thomas (1994) the researcher continued with the second phase namely, information gathering and synthesis.

## 2.2.7.2 Phase 2: Information gathering and synthesis

According to Rothman and Thomas (1994:31), this phase might as well also be known as "not reinventing the wheel" phase. The authors note that, when planning a research study, it is necessary that the researcher familiarises him/herself with previous research findings, as well as existing theory and literature regarding the

research topic, in order to prevent the researcher duplicating a study of similar nature.

In this study, the literature review, as part of the research process where the research problem was established, accomplished this aspect to some extent. Firstly, it shared with the reader the results of other studies conducted in the field and secondly it also linked the study with a larger, on-going dialogue in the literature. Additionally, it related the content of the literature with existing legislation and policies related to the research topic.

On the other hand, the question of how literature will be used in a research study depends largely on the research approach chosen for a specific study. In quantitative research, where the researcher primarily works within the positivist framework (Leedy and Ormrod, 2005:95-96), the researcher departs from the assumption that there is already a large amount of studies done on a specific research topic. A substantial amount of literature is necessary in order to provide direction for the research question and hypotheses in quantitative studies (Creswell, 2009:27). This direction is more deductive in nature, as the research study is founded upon an extensive literature study. The utilisation of literature in the qualitative research approach is, on the other hand, based on the assumption that little or no literature exists on the research topic. Delport and Fouché (in De Vos et al., 2005:264-265) discuss the place of literature in the different research approaches, and concur that a literature study has either a place before or after data collection. In both incidents the intensity of the literature review can differ. In a phenomenological study, for instance, where the researcher wants to understand the participants' perceptions, perspectives and understanding of a particular situation, the primary literature review should be done after the data was collected (Delport and Fouché in De Vos et al., 2005:264). Creswell (2009:26), in discussing the place of literature in qualitative research studies, notes that a lesser amount of literature review is necessary before the data is collected for the study. In qualitative studies, the literature therefore provides a background to, and a motivation for, the research problem of the study (see Section 1.1 in Chapter 1 of this document). The findings of the qualitative study

are then compared with existing literature, as part of a literature control after data was collected. The use of literature in qualitative research studies is illustrated in the figure below.

**Figure 2.8**: Utilisation of literature in a qualitative research studies

Literature review before data collection:

Literature that assists the researcher to define the rationale for the study which will lead to the research problem

DATA COLLECTION

Literature control after data collection is completed:

Literature becomes the basis for contrasting and comparing findings in qualitative research
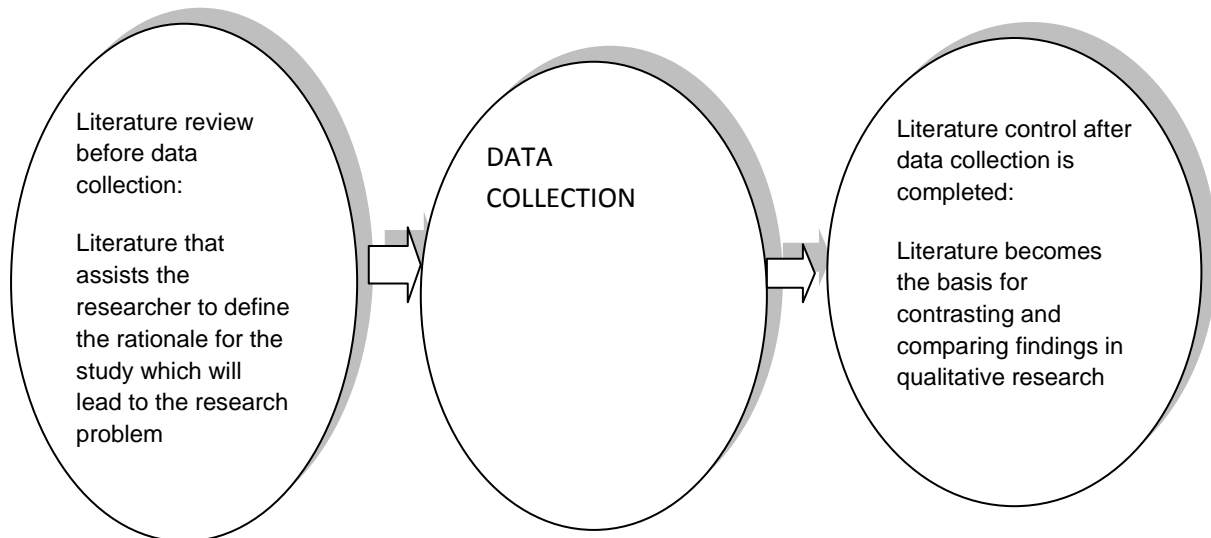
The following steps are included in phase two of the Intervention Develop and Design model (Rothman and Thomas, 1994:28):

- Using existing information sources;

- Studying natural examples; and

- Identifying functional elements of successful models.

### 2.2.7.2.1    Step 1: Using existing information sources

A literature review usually consists of a careful examination of existing empirical research studies, reported practice and identified innovation relevant to the social or health concerns under investigation (Rothman and Thomas, 1994:32). Rothman and Thomas (1994:32) place specific emphasis on the fact that researchers must also include literature of related fields in the study during this step of the IDD model. According to Kumar (2005:32) and Bless et al. (2006:25-26), literature sources may be obtained from professional journals, books and article reviews, books and articles

published on the internet and from discussions with other professionals and knowledgeable people on the subject. Literature sources can further be divided into primary sources, namely, sources that portray certain information for the first time and secondary sources, namely, work of researchers who interpreted literature and wrote about primary sources (Leedy and Ormrod, 2005:162-163).  In embarking on a literature study, the researcher needs to be aware of the following guidelines as described by Merriam (2009:74-75):

- Is the author of the source an authority on the topic?

- When was the article and book written?  (As a rule the most recent work must be used in the literature review, except in the case of classical work)

- What exactly was written about or tested?

- What is the quality of the source? (e.g. a thoughtful analysis, a well-designed study and/or an original way of description)

In this study, the researcher included management practices, as well as theory from developmental psychology in the literature review. The researcher also made use of international as well as national literature sources, including books, professional journal articles, acts, policies and internet publications. The researcher attempted to use, as far as possible, primary literature sources. In addition to using existing information sources, the researcher also gained a better understanding of the research problem by studying natural examples.

## 2.2.7.2.2    Step 2: Studying natural examples

According to Rothman and Thomas (1994:32-33), the observation of how community members who are faced with the problem/or similar problems have dealt with the problem becomes a useful source of information in a research study. The authors therefore suggest that the researcher involves the people who actually experience the problem, as well as service providers who provide interventions in the field of the

study to obtain a better understanding of the research problem. The authors continue to advise that the researcher does not disregard unsuccessful models of practices, because it can provide a clear guideline of the kind of pitfalls that can be expected in the field of the research study. This part of the IDD model supported and overlapped with Step 3 in Phase 1, as described above.

### 2.2.7.2.3    Step 3: Identifying the functional elements of successful models

Once the researcher has collected and analysed the data, he/she needs to establish what has previously been done to address the need or problem. Rothman and Thomas (1994:33) advise the researcher to ask the following critical questions in this regard:

- Is there a policy and/or programme that were successful in addressing the need or problem?

- What made a particular programme, policy or practice effective?

- Is there a policy/programme that failed and what was the reason for that?

- What elements appeared to be critical in success or failure?

- What specific procedures were used in the development of programmes and policies?

- Was information is provided to service providers?

- Was training provided and what kinds of training procedures were followed?

- What positive consequences, rewards and incentives or negative consequence, such as penalties, were used to maintain change?

- What environmental barriers, policies, or regulations were removed to make it easier for the changes that occurs?

In this study the researcher started this step by studying the historical development of alternative child care on an international and national level. The researcher aimed to develop a clear distinction between indigenous forms of alternative care and the legalised form of alternative care. He also focussed on the development of international and national legislation and policies that guide the basic rights of children, as well as the provision of alternative care options to children in need of care and protection. Additionally, he considered existing guidelines and strategies related to alternative care of children in need of care and protection. This information was documented in Chapter 5 of this document.

Once information was gathered and documented, the researcher was able to commence with the third phase of the IDD model by Rothman and Thomas (1994:33).

### 2.2.7.3     **Phase 3: Design**

This phase consists of two steps, namely 1) designing an observational system and 2) specifying the procedural elements of the intervention. Considering that this research study did not include all the steps in Phase 4 and Phases 5 and 6 of the IDD model (as it would form part of a post-doctoral study), the design of an observational system was not relevant to this present study. Step 2 of this phase assisted the researcher to complete Task Objective 5 (see Step 5 of Phase 1), and will be discussed below.

### 2.2.7.3.1     **Step 2: Specifying procedural elements of the intervention**

Rothman and Thomas (1994:34-35) explain that, by studying natural examples and other prototypes, the researcher can identify certain procedural elements that can be included in intervention guidelines. This step specifically guides the researcher regarding how the intervention should be done.

In this research study, the researcher obtained data from the managers and the foster parents who managed and provided foster care as part of cluster foster care schemes. Following data collection, the data was analysed and specific themes, sub-themes and categories were identified. These themes, sub-themes and categories were then described and verified with literature. The researcher then continued to study existing literature to identify guidelines, strategies and legislative requirements to be included in the proposed guidelines to operationalise cluster foster care schemes. After this process was completed, the researcher was able to identify certain procedural elements which needed to be included in the guideline.

### 2.2.7.4    Phase 4: Early development and pilot testing

In this phase, a basic product is developed that can be implemented and evaluated under field conditions (Rothman and Thomas, 1994:36). This phase includes the 1) development of a prototype intervention, 2) conducting a pilot test and 3) applying design criteria to the preliminary intervention concepts. In this study, the researcher only completed the first step of this phase. It was envisaged that the rest of the phases and steps of the IDD model would be conducted at a post-doctoral level.

### 2.2.7.4.1    Step 1:  Developing of a prototype intervention

In this step, preliminary intervention procedures are selected and specified. The researcher concluded this present study with the development of guidelines to operationalise cluster foster care schemes. The data collected from the participants (see Chapters 3 and 4), the literature control (see Chapters 3 and 4), as well as the literature study of existing models, strategies and requirements for cluster foster care schemes (see Chapter 5) formed the foundation of this step. It resulted in a guideline to operationalise cluster foster care schemes (see Chapter 6).

The ethical considerations applied in this research study will be discussed in the next section of this chapter.

## 2.3 Ethical considerations

In Chapter 1 of this document, the researcher described the rationale and the necessity of ethical considerations when a researcher embarks on a research endeavour. The researcher wants to draw the reader's attention again to Gravetter and Forzano's (2009:98) definition of research ethics: "*Research ethics concerns the responsibility of researchers to be honest and respectful to all individuals who are affected by their research studies or their reports of the studies' results.*" As described in Chapter 1, no researcher can embark on a research endeavour before ethical issues relating to the research were not fully considered and implemented to protect the participants in the research study. In this section of the document, the researcher aims to discuss the implementation of the identified ethical considerations as discussed in Chapter 1.

- **Informed consent**: Informed consent refers to the right of the participants to know what the research is about, how it will affect them, the risks and benefits of participation and the fact that they have the right to decline participation if they wish to (Bless et al., 2008:142). Researchers are therefore bound to be as transparent as possible about the content and advantages and disadvantages of the research study. In this study, the researcher developed a written consent form (see Annexure B) which includes all the elements as discussed above. The researcher further followed a process where the consent forms were distributed with the invitations to participate (see Annexure A). These procedures allowed the participants to familiarise themselves with the contents of the consent form and to decide, without any form of pressure, if they wanted to participate in the study. The researcher repeated this process verbally during the first contact with the participants and discussed in detail the contents of the consent form as well

as the implications of the study to the participants. Participants were also afforded the opportunity to ask questions before signing the consent forms.

- **Voluntary participation**: Social research often, if not always, represents an intrusion into the private lives of the participants (Babbie and Mouton, 2009:521). Voluntary participation implies that no participant must participate in a study through force or with a feeling that he/she does not have a choice. In this study, the researcher included the voluntary clause into the consent form (Annexure B). The potential participants were alerted to this aspect, as well as to their right to withdraw at any stage of the study should they wish to t.

- **Confidentiality**: Confidentiality refers to the rights of the participant to the preservation of secret information concerning the "self" that is disclosed in a professional relationship (Johnson and Yanca, 2010:151). Creswell (2009:89) identifies the right of the participants to be guaranteed that confidentiality regarding their identities and that the data they offer during the research will be protected. In this study, the researcher protected the confidentiality of the participants by utilising guidelines provided by Tesch for coding qualitative data (Creswell, 2009:186). These guidelines ensured that no data relating specifically to the participants will be portrayed in the documentation. Although the researcher might still be aware of which participant revealed what kind of information, the research report did not reveal any names or identifying detail. The researcher also informed the participants that the data would be used in a holistic manner to develop operational guidelines for participants and social workers to operationalise cluster foster care schemes.  Data would be kept confidential at all times and, for a period of five years, would be locked up in the office of the researcher before being destroyed. No raw data would be made available to any other person or organisation, apart from the independent coder and the study promoter who would also be required to sign a confidentiality agreement (see Annexure B).

- **Participants will not be deceived**: Deception of participants is one of the pitfalls that researchers can easily be subjected to, should the real goal of the study be disguised in any way (Strydom, in De Vos et.al., 2005:61). In this study, the research explained in Annexure A the purpose and the goals of the study. The researcher repeated this information during the first contact with the participants and alerted those regarding expectations of them, the time of the interview and the venue. The researcher further invited the participants to pose questions to him on aspects that they might not feel comfortable with, prior to deciding to participate or not.

- **Referral of participants to suitable organisations or state Departments for practice- and registration enquiries**: In some research studies it might happen that participation in a study causes certain emotional disturbances to participants, due to the personal nature of the data. In such incidences, it is common practice to refer affected participants for appropriate intervention by trained professionals. In this study, the researcher anticipated (due to originality of cluster foster care schemes) that participants might have questions regarding registration procedures and other administrative procedures linked to cluster foster care schemes. The researcher contacted the Provincial Department of Social Development to familiarise himself with registration procedures and contact staff members in this regard. This information was made available to participants when needed.

- **Research's findings will be made available to all participants**: It is the duty of the researcher to ensure that participants are informed of the findings and results of the research study. It implies that the researcher must present the research findings in a format that is accessible to each participant. In this study, the researcher took into account the diversity of the participants of the study and made the research findings available in the form of an operational guideline, which was compiled in a manner that would be accessible to both management

of cluster foster care schemes as well as foster parents who provide foster care as part of a cluster foster care scheme.

In an effort to provide a clear and "thick" description of the implementation of the research methodology, the next section will focus on the limitation experienced during the course of this present research endeavour.

## 2.4 Limitations of the study

The term 'limitations of a research study' refers to the challenges that could affect the quality of the findings of the study (Jansen in Maree, 2008:42). According to Jansen (in Maree, 2008:42), these limitations can refer to aspects such as time limitations and access to the participants. The author emphasises further that it is not only important to identify the limitations of the study, but also to find ways of how to address these limitations.

One of the major limitations in this study was the selected population size. Cluster foster care schemes are one of the new alternative care options for children in need of care and protection. It started off as a spontaneous reaction of community members to address the increasing need for alternative care for children in need of care and protection. Initially, such forms of indigenous alternative care did not enjoy any legal status. For the first time, the proclamation of the Children's Act, 38 of 2005 (Republic of South Africa, 2006:1-217) made provision for this kind of alternative care to be included in the Children's Act as a legal option of alternative care. Prior to the proclamation of the Children's Act, only a few practitioners engaged in this form of alternative care. The researcher therefore only had access to known service providers (as identified in the study by Taback and Associates (2010:1-24). In addition to the purposive sampling technique, the researcher also made use of the snowball sampling technique to ensure that access to more participants was

possible. However, data saturation occurred before all the available subjects of the population were included.

Legislation regarding cluster foster care schemes came into operation six months after the researcher started with this research endeavour. At that time, no procedures regarding registration, minimum standards and other relevant policies and guidelines for the operationalising of this form of alternative care were in place. Subsequently, however, the responsible state departments started to develop policies and guidelines in this regard. The researcher attempted to keep abreast with these developments and included the findings thereof in Chapter 5 of this document.

It should also be noted that the participants were from the White and Coloured racial groups, and that none of the participants represented African or Asian racial groups.

## 2.5 Conclusion

Chapter 1 of this document provided the reader with a background to this study, and a description of the research problem. The research question and goal and objectives for this study were formulated, and the choice of research methodology was motivated. The ethical considerations and key concepts were also described. In this chapter, in order to ensure a "thick" description of the research methodology to improve the applicability of this research study, the researcher described the chosen methodology implemented in this study in terms of why it was appropriate for the purpose of this study, as well as how the implementation took place. In order to answer the research question, the researcher opted for a qualitative approach. This approach enabled the researcher to explore and describe the experiences and perceptions of current managers and foster parents involved in cluster foster care schemes. The research was conducted within the framework of the IDD model by Rothman and Thomas (1994:28). The application of the phases and steps of this model was described in this chapter, together with the scientific research process

that was followed. The chapter was concluded with a description of how the ethical considerations were implemented, as well as the limitations of this study. In the Chapters 3 and 4 of this document, the researcher will provide a description of the research findings, together with a literature control.

**CHAPTER 3**

**DISCUSSION OF RESEARCH FINDINGS AND LITERATURE CONTROL: THE PERCEPTIONS AND EXPERIENCES OF MANAGERS OF CLUSTER FOSTER SCHEMES REGARDING OPERATIONAL ELEMENTS**

**3.1     Introduction**

The Children's Act, Act 38 of 2005, as amended Act 41 of 2007 (Republic of South Africa, 2008:74), stipulates that a cluster foster care scheme must register and operate according to certain stipulations. Sub-Section (a) of Section 183 of the Children's Amendment Act, Act 41 of 2007 (Republic of South Africa, 2008:74) stipulates that the organisation that operates the cluster foster care scheme must be registered as a non-profit organisation in terms of Section 13 of the Non-profit Organisations Act,  Act 71 of 1997 (Republic of South Africa, 1997:11). The importance of the role and function of the management of cluster foster care schemes, in order to adhere to the abovementioned conditions, therefore becomes apparent. The term 'management' refers to a group of people who occupy the highest position in an organisation. The position is accompanied by a number of strategic and operational objectives which direct the business of the organisation (Weinbach, 2008:5-7). Although there is not always consensus on the key activities of managers, Weinbach (2008:8) includes organising, leading and controlling as part of the functions of management.

This present study was, among others, based on a recommendation for further research by an unpublished study by Taback and Associates (2010:10). In this study, it was found that, although legislation regarding the registration of cluster foster care schemes is in place, no clear guidelines exist regarding the operationalisation thereof. This need for further research was also confirmed by an

official of the Western Cape Department of Social Development (Louw, 2010) (See Section 1.3 of Chapter 1). The **goal** of this study was therefore: *"To explore and describe the present functioning of cluster foster care schemes in order to identify operational elements to be documented in a guideline for service providers and social workers."*

It can be accepted that the management of existing cluster foster care schemes will have certain knowledge and experience regarding the elements that are needed for the operationalising of this form of alternative care. Therefore, the purposive sampling of managers of cluster foster care schemes was chosen to obtain data to answer the **research question**, namely: "*What are the operational elements necessary for the operationalising of cluster foster schemes?"*

The methodology employed to answer this research question was provided in Chapter 2 of this document. In this chapter, the researcher, unique to the qualitative research approach, provides a description of the narratives obtained from the sample of managers of cluster foster care schemes. The next section provides a description of the context of this study, namely a description of the demographic information of the participants.

## 3.2 Demographic data of managers of cluster foster care schemes who participated in the study

The population related to managers of cluster foster care schemes and for the purpose of this study, was all managers responsible for the management of cluster foster care schemes. The **inclusion criteria** for the sample were:

- All managers;
- Of cluster foster care schemes;
- Who function through a management committee or management board;

- Who manage two or more foster homes; and
- Who applied or plan to apply for registration as a cluster foster care scheme.

The researcher made use of the **purposive and snowball sampling techniques** to procure a sample for this study. The biographical particulars of the managers of cluster foster care schemes who participated in this study are presented in the table below.

**Table 3.1**:  Demographic details of the managers of cluster foster care schemes who participated in the study:

| Gender | | | | | |
|---|---|---|---|---|---|
| Male | | 2 | Female | | 7 |
| **Age Groups** | | | | | |
| 20-30 | 30-40 | | 40-50 | 50-60 | 60+ |
| 1 | 2 | | 2 | 4 | |
| **Racial Group** | | | | | |
| African | | Coloured | Asian | | White |
| | | 2 | | | 7 |
| **Language** | | | | | |
| English | | Afrikaans | Xhosa | | Other (Specify) |
| 6 | | 3 | | | |
| **City/Town** | | | | | |
| Grabouw | Khayelitsha | Ruiterwacht | Table View | Wynberg | |
| 3 | 1 | 1 | 2 | 2 | |
| **Number of cluster foster homes in each scheme** | | | | | |
| Grabouw | Khayelitsha | Ruiterwacht | Table View | Wynberg | |
| 3 | 3 | 1 | 3 | 3 | |
| **Field of Expertise** | | | | | |
| Social Work | Marketing related training | Legally trained | Education | Child Care Practitioner | |

| 3 | 2 | 2 | 1 | 1 |
|---|---|---|---|---|
| **Current Position in cluster foster care scheme:** | | | | |
| Manager | Unit manager | Social Worker | Foster Parent | Assistant |
| 5 | 3 | 1 | 4 | |
| **Managers that hold a dual position in the cluster foster care scheme** | | | | |
| Manager and foster parent | Manager and social worker | Manager and fundraiser | | |
| 4 | 2 | 1 | | |

In the following discussion the demographic information of the **nine managers** of cluster foster care schemes that participated in this study, and depicted in the table above, will be discussed and verified with relevant literature.

### 3.2.1  Gender distribution

The table above indicates that seven of the nine participants that managed cluster foster care schemes were female while only two of the participants were male. One of the cluster foster care schemes indicated that one of their founder members was male, but resigned after the cluster foster care scheme was established. Evidence throughout the development of human society shows that important decisions in society were mainly managed by males (Smit and Cronjé, 2002:238), and that women were respected for their role in child rearing and taking care of members of their households and their communities (Booysen-Wolthers, 2007:16). It was in this role that women started to care not only for the members of their families, but also for those in need of care in their communities. Owusu-Bempah (2010:90) provided examples of where a mother that was not able to breastfeed her infant would pass him/her on to another mother who was in a position to provide for this need. This author also provides more descriptions of similar practices in traditional societies (Owusu-Bempah, 2010:17-32). Women also played a leading role in the starting of cluster foster care schemes in South Africa. One of the first cluster foster care schemes was started in Durban as an employment-creation effort for unemployed women (Russell and Schneider, 2008:331).

### 3.2.2 Age Group

The age groups of the participants who managed cluster foster care schemes varied from the age group 20 to 30 years, to the age group 50 to 60 years. According to Erikson (as cited in Louw and Louw, 2009:154), the first group falls into the early adulthood life stage, where one of the major development tasks is to establish a loving relationship with another human being. The second group falls into the later adulthood life stage, where development tasks focus more on the contribution that could be made to the next generation, for example the raising of children. These authors refer further to the theory of Erikson and conclude that in both these stages the individual focuses on the establishment of a career as well as a family life (Louw and Louw, 2009:158).

### 3.2.3 Racial Group

The majority of the manager participants in this study belonged to the White racial group, while two of the participants belonged to the Coloured racial group. None of the participants represented African or Asian racial groups.

### 3.2.4 Language

Closely linked to the racial groups who participated in this study are the different language groups they represented. The table above indicates that six of the participants were English-speaking while three of the participants were Afrikaans-speaking. This data reflects the official languages of the population groups of the Western Cape, namely English, Afrikaans and Xhosa (Western Cape Government, 2005:22) where this study was conducted. None of the participants spoke any of the other official languages of South Africa.

### 3.2.5 City/Town

Six of the managers of the cluster foster care schemes that participated in the study were situated in urban areas, namely, Table View, Wynberg, Ruiterwacht and Khayelitsha. Three participating managers managed cluster foster care schemes in a rural area, namely, Grabouw. In line with this information, Hall (2008:89) states that only 13% of children in the Western Cape, where this study took place, stay in rural areas, while 87% of children live in urban areas.

### 3.2.6 Number of cluster foster homes in each scheme

Three cluster foster care schemes and ten foster care homes, that formed part of the various cluster foster care schemes, participated in this study. The cluster foster care scheme in Table View managed three foster homes, while the cluster foster schemes in Wynberg and Grabouw managed four and three foster care homes in their schemes respectively. All the foster homes, apart from the homes of the cluster foster care scheme in Wynberg, were situated in the area where the cluster foster care schemes were situated. The cluster foster care scheme in Wynberg had three homes in Khayelitsha and one home in Ruiterwacht. Figure 3.1 explains the various cluster foster care schemes that participated, as well as the number of foster homes they managed as part of their cluster foster care schemes.

**Figure 3.1**: Participating cluster foster care schemes and the foster homes managed by them



| Wynberg | Grabouw | Table View |
| --- | --- | --- |
| ↓ | ↓ | ↓ |
| Khayelitsha (3) | Grabouw (3) | Table View (3) |
| Ruiterwacht (1) | | |
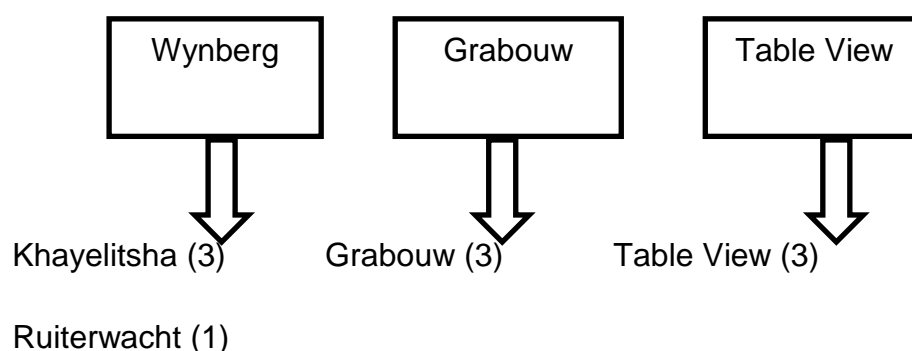
### 3.2.7 Field of Expertise of the Managers of cluster foster care schemes

The field of expertise of the participating managers of cluster foster care schemes varied from tertiary training in social work, legal, education and marketing practices to career experiences in child care practices.

### 3.2.8 Current position in cluster foster care scheme

The current positions that the participants held in the various cluster foster care schemes they managed ranged from strategic managers, operational managers to social workers.

### 3.2.9 Managers that hold a dual position in the cluster foster care scheme

In the last demographic detail it became apparent that some of the participating managers of cluster foster care schemes played a dual role in the various cluster foster care schemes that they represented. Seven of the nine managers that participated in this study held, besides their positions as managers, also another position in the cluster foster care scheme that they represented. Four of the participants were both managers as well as foster parents that provided foster care as part of the cluster foster care scheme. Two of the managers were also social workers in the cluster foster care schemes that they represented, while one of the participants fulfilled the role of both a manager and a fundraiser. The findings, based on the data obtained from the participating managers of cluster foster care schemes, will be discussed in the next section of this chapter.

### 3.3 Findings relating to the operational elements as identified by the managers of cluster foster care schemes

The data was collected by means of **interviews** and **focus groups** with participants that represented the two populations groups in this study, namely managers of

cluster foster care schemes (population one, and discussed in this chapter) and foster parents that provided foster care as part of a cluster foster care scheme (population two, and discussed in the next chapter). **Data saturation** was detected after six interviews were completed with the participants from population one and 14 interviews with participants that represent population two of this study. The researcher, however, continued with data collection with another three managers of cluster foster care schemes (population one) and four foster parents that rendered foster care as part of a cluster foster care scheme (population two) in order to ensure that no new story lines were detected.

The data was recorded by means of field notes and tape recordings, which were transcribed directly after the interviews. The data obtained from the nine narratives was analysed according to the framework for data analysis in qualitative research by Tesch (in Creswell, 2009:186) by both the researcher and an independent coder. Consensus discussions between the researcher, the independent coder and the study promoter followed, after which a final decision was made regarding the themes, sub-themes and categories to be included. The table below provides a summary of the findings.

**Table 3.2**:    Findings relating to the operational needs of managers of cluster foster care schemes

| Themes | Sub-themes | Categories |
|---|---|---|
| **Theme 1** The managers' motivation for starting a cluster foster care scheme as a form of alternative care to children in need of care and protection. | | |
| **Theme 2** Different models of cluster foster care schemes. | | |
| **Theme 3** Current management practices of a cluster foster care scheme, as described by the participants. | **Sub-theme 3.1** Current strategic management practices. | |
| | | **Category 3.1.1** The legal requirements for the provision of foster care as part of a cluster foster care scheme. |

| | | |
|---|---|---|
| | | **Category 3.1.2** The composition, role and responsibility of the management board. |
| | | **Category 3.1.3** The financial management of cluster foster care schemes. |
| | **Sub-theme 3.2** Cluster foster care schemes managers' perceptions of the operational management team involved in the day-to-day tasks related to the cluster foster care scheme. | |
| | | **Category 3.2.1** The role and responsibility of the operational management team. |
| | | **Category 3.2.2** The co-ordination of the operational management tasks. |
| | **Sub-theme 3.3** The role of the social worker providing social work services in cluster foster care scheme. | |
| | **Sub-theme 3.4** The role of the foster parents providing foster care in a cluster foster care scheme. | |
| | | **Category 3.4.1** The recruitment of foster parents of a cluster foster care scheme. |
| | | **Category 3.4.2** The training of foster parents as a requirement for employment as foster parents at a cluster foster care scheme. |
| | | **Category 3.4.3** The service contracts with foster parents providing foster care as part of a cluster foster care scheme. |
| | | **Category 3.4.4** The roles and responsibilities of foster parents providing foster care as part of a cluster foster care scheme. |
| | **Sub-theme 3.5** The role of the assistant providing support to individual foster parents in a cluster foster care scheme. | |
| | **Sub-theme 3.6** The role of volunteers in the day-to-day activities of a cluster foster care scheme. | |

| | | |
|---|---|---|
| **Theme 4** The participating managers' description of the children that are being cared for in the various cluster foster care schemes. | **Sub-theme 4.1** The admission criteria of children at the cluster foster care scheme. | |
| | **Sub-theme 4.2** The placement of children in need of care and protection in a cluster foster care scheme. | |
| | **Sub-theme 4.3** The focus of cluster foster care schemes to integrate children into the community that represents their cultural inheritance. | |
| | **Sub-theme 4.4** Family reunification of children placed in a cluster foster care scheme. | |
| **Theme 5** The participating managers' experiences of the relationship between cluster foster care schemes and different network structures in the community. | **Sub-theme 5.1** The role of social workers at child protection organisations regarding children placed in cluster foster care schemes as part of alternative care. | |
| | | **Category 5.1.1** The statutory role of social workers at child protection organisations regarding children placed in cluster foster care schemes as part of alternative care. |
| | | **Category 5.1.2** The supportive role of social workers at child protection organisation regarding children placed in cluster foster care schemes as part of alternative care. |
| | **Sub-theme 5.2** Educational and medical network structures supporting the services of cluster foster care schemes. | |
| | | **Category 5.2.1** Educational network structures used by cluster foster care schemes in respect of the children in the care of foster parents under their supervision. |
| | | **Category 5.2.2** Medical network structures used by cluster foster care schemes in respect of the children in the care of foster parents under their supervision. |
| **Theme 6** Support to and from the community in which the cluster foster care scheme is situated, as perceived by the managers of cluster foster care | **Sub-theme 6.1** The function of a community committee in the operation of a cluster foster care scheme. | |

| | | |
|---|---|---|
| schemes. | | |
| | **Sub-theme 6.2** Services provided to the community by the cluster foster care schemes. | |
| **Theme 7** The participating managers' description of **guidelines** for starting a cluster foster care scheme. | | |

The themes, sub-themes and categories described in the table above will be described, together with verbatim quotations and a literature control in the section that follows.

### 3.3.1 A thematic discussion of the elements needed to operationalise cluster foster care schemes as a form of alternative care for children in need of care and protection, as identified by managers of cluster foster care schemes

Seven major themes were identified, relating directly to the cluster foster care schemes managers' perceptions and needs for the operationalising of this form of alternative care for children in need of care and protection. From the seven major themes, different sub-themes were identified in themes 3, 4, 5 and 6. In Sub-themes 3.1, 3.2, 3.4, 5.1 and 5.2 several categories were also identified. The seven major themes are:

- Motivation for starting a cluster foster care scheme as a form of alternative care to children in need of care and protection;
- Different models of cluster foster care schemes;
- Management practices of a cluster foster care scheme;
- The children that are being cared for in the various cluster foster care schemes;
- The relationship between cluster foster care schemes and different network structures in the community;
- Support to and from the community in which the cluster foster care scheme is situated; and
- Perceptions of guidelines for starting a cluster foster care scheme.

The verbatim quotations from the participants will be provided in the language they used. The reason why the researcher chose not to translate their responses was to ensure the truth value and neutrality of the findings (Krefting, 1991:215).

**Theme 1: The managers' motivation for starting a cluster foster care scheme as a form of alternative care to children in need of care and protection**

All of the participants started with this form of alternative care before it was included in the Children's Act, Act 38 of 2005, as amended Act 41 of 2007 (Republic of South Africa, 2008:74). The following statements serve to support this:

*"At that time we didn't have any idea of a cluster foster care scheme."*

*"We immediately started to write a business plan of what it was, but it was our own idea of what we were and it turns out exactly what we want to do."*

*"At that stage we did not know what cluster foster care was, but it turned out to be what we are doing. We just did not have a name for what we were doing."*

*"Six years,* [the participant provided data on how long ago she started this form of care] *and when we started in 2005, it* [Children's Act, Act 38 of 2005, as amended Act 41 of 2007 (Republic of South Africa, 2008:74)] *was in the process of developing and we were trying to get into discussions with the Department of Social Development - to say this is what we are doing. Do we have your support? And every meeting we had with the Department was cancelled. So then we decided we believe in what we are doing is right and when they want to come on board they can."*

*"So twee drie jaar daarna het A* [a co-manager] *gevoel ons moet 'n kinderhuis begin. Toe het ons aanvanklik begin met 'n kinderhuis vir gestremde kinders. Dit is toe waar die probleem begin het. Ons het kinders in pleegsorg geneem, omdat ons nie kan registreer as 'n kinderhuis nie. Ons het die toe ook kinders in verskillende pleegouers se sorg laat plaas."*

The current child care legislation in South Africa has been developed in various stages. The principle act, Act 38 of 2005 was supplemented in 2007 by the Children's Amendment Act, Act 41 of 2007 (Gallinetti and Sloth-Nielsen, 2010:487). Parts of the principle act came into operation in 2007. However, the part that included cluster foster care schemes as a form of alternative care, namely, the Children's Amendment Act, Act 41 of 2007, only commenced with the principle act on 1 April 2010 (Republic of South Africa, 2010:1). Although the Consolidated Regulations to the Children's Act, Act 38 of 2005 and the Children's Amendment Act, Act 41 of 2007 provided guidelines regarding the registration, management, functions and responsibilities of a cluster foster care scheme (Republic of South Africa, 2010:70-75), no clear guidelines are available regarding the operationalising of this form of alternative care. Gallinetti and Sloth-Nielsen (2010:487) are in agreement with this statement and concur that the definition of cluster foster care schemes does not provide any indication of what the contents of such a scheme might be.

Despite the absence of legislation and clear guidelines, the participants in this study shared a number of reasons why they embarked on this form of alternative care. The participants provided the following reasons why they started cluster foster care schemes as a form of alternative care. **The basic right of a child to be part of a family** was one of the first statements by a participant to support the reason for starting with cluster foster care schemes as part of an alternative care option for children in need of care and protection.

*"Dit is inherent deel van 'n kind om deel te wees van 'n familie en ander te aanvaar as deel van die familie."*

According to the Bill of Rights for All (Republic of South Africa, 2008:61), each child in South Africa has the right to family- or parental care or an appropriate alternative care when the child is removed from the care of his or her parents or family. Owusu-Bempah (2010:17) is, however, of the opinion that different perceptions of 'a family'

or 'a parent' exist between Western societies and more traditional societies. According to the author, Western societies hold the opinion that a child should be raised by members of a family that are biological related to him/her. Traditional societies, on the other hand, hold the opinion that a child belongs to a community, and, as such is the child of all the members in that community (Schmidt, 2007:44). Changing factors in South Africa, such as the prevalence of HIV (Human Immunodeficiency Virus), poverty and unemployment, migrant labour and infrastructure contribute to the disintegration of family structures in South Africa (Chenga and Cronjé, 2007:139). Furthermore, the term 'family' within the South African context no longer only refers to parents, but can also include child headed households, grandparents' households, single parents and same sex parents (Patel, 2005:165).

Another participant referred to **religious/spiritual motivations and altruistic reasons** as a reason to start a cluster foster care scheme.

*"Die kinders het baie meer die kind* [the participant refers to own biological children that welcomed the foster child into the home] *ingetrek en dit was ons fondament. Toe ons besef dit is so, het ons besef dat ons hele gesinseenheid is 'n instrument in God se hande waar 'ever' ons gaan word die hele gesin as 'n eenheid deur God gebruik."*

*"Ek dink die ander ding is net ons is meer hart-gedrewe as wat ons byvoorbeeld sal sê kom ons kyk na ons finansies. Ons sal die kind inneem in die geloof en dan sal ons skielik besef daar is nie 'n sent vir jaar die kind nie en nou moet ons vir jou 'somehow' kry en dan kry almal kos en ons besef die Here is in die ding."*

Altruism refers to the caring of the needs and happiness of other people more than your own (Hornby, 2005:42). Similar to altruism is the African word 'Ubuntu', which means to place a human being at the centre of the universe without making him or her superior to all things (Osei-Hwedie, 2007:107). Owusu-Bempah agrees that

altruistic motivation is a reason for fostering, specifically where a child in need of care and protection is not related to the prospective foster parents (2010:59).

Some of the participants in this study started with cluster foster care schemes to address the increasing need for **alternative care for children who lived with HIV** This step were motivated by the fact that the children with HIV life expectations were longer with anti-retroviral treatment. The following statement to support experiences in this regard is representative of this aspect:

*"Well A and I worked at Z house* [two co-workers that were previously employed by a children's home], *A as a fundraiser and myself as a social worker. When we were there looking after very sick HIV-positive children and the anti-retroviral drugs came in and the children were living - they were not dying. There will be a future for the children. So we were fortunate to get the use of a house in M* [location near the children's home where the two participants were employed] *and then in O* [another residential area close to the children's home where the participants started a foster care house that formed part of the cluster foster care scheme they managed]."

Rochat, Mitchell and Richter (2008:30) confirm that, despite problems with the access to anti-retroviral medication, the effectiveness in reducing morbidity and mortality in children was evident. Participants also shared their experience regarding the **integration of children in a community as close as possible to their culture of origin**.

*"It appears that children are better off to stay in their communities of origin than in a children's home."*

*"They* [referring to children in alternative care] *were English speaking. Culturally they were flawed* [referring to not being able to relate to the culture of origin].*"*

*"We started a community project for the children and from that we realised that, when children cannot stay in their communities due to various problems, they were shipped out to other communities and then we started with the two houses in K that you visit today - in order to place children back in their communities."*

*"The younger children can learn the language back in the community. They do really well."*

Section 31 of the South African Bill of Rights for All (2008:63) acknowledges the right of all South Africans to belong to a cultural, religious and linguistic community of their choice. One of the key advantages of cluster foster care schemes is to keep children in need of care in their community of origin and, where possible, with their siblings (Matthias, 2010:175). Both Francis (2007:262) and Owusu-Bempah (2010:29) warn that foster parents and adoptive parents who are of a different cultural-, religious- and/or linguistic group than the children placed in their care must be extremely sensitive of the heritage of such a child.

Linked to the above need to integrate children in need of care and protection back into their communities of origin, the participants also reported that they started this form of alternative care to join forces with other foster parents in order to **share resources and to obtain support**. Social support includes those exchanges in our social networks that provide emotional encouragement, concrete assistance or tangible aid and advice and information (Miley, et.al. 2009:374). In this study participants shared experiences that can be linked to all the above.

*"To help them with whatever problems they experience regarding raising the child, because they did not have social workers available to assist them."*

*"We also started by sharing resources - resources like food, clothing, skills, doctors, professionals."*

*"I was a foster mom and when I needed guidance or assistance of a social worker, there was nobody who can give me any guidance. So I was learning out of mistakes and from working with the children specifically. The one child, P* [name of adopted child of the participant] *who I now adopted, I found difficult to get assistance for him and then I found if I join other people and asking how they do it I could get assistance."*

*"Yes some of us had resources and other did not have. So I am very good at networking as a person. I know a lot of people. So though my connections with churches, I had resources available to me that other mothers and other houses could use. But because they did not know it, I could start sharing these resources with them. It initially started with me arranging with the Medi-Cross to see our children at a better rate, because sitting at the Government hospital for hours does not always work when you have your own family to care for."*

*"Yes and the meantime the child need to be cared for. Our moms have the safety-net of an organisation that cares. But what about the foster moms that are not linked to an organisation? I have moms from the community who says I cannot pay my cresh fees because social services have stopped the grant. They have children in their care and they don't have the luxury of an organisation that looks after them."*

The joining of forces, skills, ideas and practices make it possible for people to take certain actions and to get certain things done which they would not be able to do on their own (Nieman, 2006:163*). The working together of people addresses all three levels of social capital formation, namely, bonding, bridging and linking (Nieman, 2006:165-166). Russell and Schneider (2008:331) reported on a similar scenario in Durban where a group of foster mothers were hired and given houses by the Child Welfare Society to care for children in need of care and protection as part of a joint effort.

One of the participants in this study mentioned that they were **approached by prospective foster parents** that wanted to start a cluster foster care scheme, but did not have the financial means to start such a project.

*"I think initially cluster foster schemes started as mothers who wanted to look after children, but they did not have the facilities to do that. So for us it was putting the home together and assisting them to look after the kids."*

*"There were other foster mothers in the community that were involved with foster care and I got them through the social worker."*

**Previous experiences** in providing alternative care were the concluding reason why participants in this study started with cluster foster care schemes as a form of alternative care. The following statement reflects the viewpoints shared by participants:

*"It is based on our experience which is so valuable, between us we have 40 years of experience. First in children's homes as institutionalised care and this came of that [referring to cluster foster care schemes]."*

In a study of three cluster foster care schemes in KwaZulu Natal, it was found that some participants in that study also had prior experiences caring for children in need of care and protection (Colby-Newton, 2006:18). Additionally, according to findings of the study by Colby-Newton (2006:13), cluster foster care schemes were initiated by local people who desired to meet the needs of children around them. The next theme focuses the different types of cluster foster care schemes that participants in this study represented.

**Theme 2: Different models of cluster foster care schemes**

The participants held different opinions on the definition of a cluster foster care scheme.

*"Yes, we perceive it as we are doing it as a group of foster mothers in a particular area looking after children, and the management supervising and supporting it."*

*"Yes, that is the way that we doing it, but we know it for a fact that there are other ways of doing it - where people will provide management to foster parents who already look after foster children. So there are different ways of doing that."*

*"I think our perception is that they have to be in the community and not bunched together as an organisation with 6 cottages on a piece of land."*

Although there are certain similarities in the types/nature of cluster foster care schemes that the participants were involved in, they distinguished between the infrastructures of their schemes.

*"We have homes set up in the communities. Each home has six children. I think our focus is to keep children together and keeping children in the communities where they came from."*

*"We got at the moment four houses and each mother has her group of children. She has six children with an assistant to assist her."*

*"Hoe ons dit in 'n mate beoefen is ons het drie ouerpare spesifiek."*

*"Ons opset is dat ons het drie huise wat opereer en in interaksies met mekaar het om te probeer om die kinders op dieselfde beginsels te versorg.  Ons sien onself as 'n groot familie met waardes van ma en pa wees vir die kinders in ons sorg."*

The unpublished study by Taback and Associates discussed four models of cluster foster care schemes that were participating in their study (2010:6-18) (See figure 3.2).

- Model A were managed by a Non-Government Organisation or a district office of the Department of Social Development. This model consisted of three houses in the cluster foster care scheme where children in need of care and protection lived in their homes of origin with non-related foster parents.  These foster parents were also supported by a child care committee of volunteers living in the neighbourhood (Taback and Associated, 2010:6).
- Model B were managed by Non-Government Organisations and consisted of four foster homes with foster parents and six children that were in their foster care (Taback and Associated, 2010:11).

- Model C were managed by Non-Government Organisations and consisted of two community foster homes where the foster parents and six foster children lived in accommodation provided by the Non-Government Organisation. They were also supported by a management committee of community volunteers (Taback and Associated, 2010:14).

- Model D consisted of four foster homes that were provided by the Non-Government Organisation. A foster mother and six children that were placed in her foster care lived in each home. The implementing Non-Government Organisation provided support to the foster parents (Taback and Associated, 2010:18).

**Figure 3.2**: Models of cluster foster care schemes (as adopted from Taback and Associates, 2010:6-18)

**Model A**

| Managing NGO (Non-Government Organisation)/DSD (District office Department of Social Development |
|---|

| Child care committee volunteers living in the neighbourhood |
|---|

| Child living in home of origin with a non-related foster parent | Child living in home of origin with a non-related foster parent | Child living in home of origin with a non-related foster parent |
|---|---|---|

**Model B**

Foster parent with six children living in foster parent's home.

Foster parent with six children living in foster parent's home

Implementing NGO (Non-Government Organisation)

Foster parent with six children living in foster parent's home.

Foster parent with six children living in foster parent's home.

**Model C**

| Implementing NGO (Non-Government Organisation) |
|---|

↓

| Management Committee - community volunteers |
|---|

| Community foster home: foster parent and six children living in accommodation provided by NGO (Non-Government Organisation). | Community foster home: foster parent and six children living in accommodation provided by NGO (Non-Government Organisation). |
|---|---|

**Model D**

Foster parent and six children in home on property belonging to NGO

Foster parent and six children in home on property belonging to NGO.

Implementing NGO

Provide support to foster parents.

Foster parent and six children in home on property belonging to NGO

Foster parent and six children in home on property belonging to NGO.

The two key legislations, namely, the Children's Amendment Act, Act 41 of 2007 (Republic of South Africa, 2008:74) and the Non-profit Organisation Act, Act 71 of 1997 (Republic of South Africa, 1997:8), both require that management practices must be clearly defined and monitored.  In this study participants held clear opinions regarding the management practices of cluster foster care schemes. Their viewpoints will be discussed in the next theme.

**Theme 3:  Current management practices of a cluster foster care scheme, as described by the participants**

The participating managers of cluster foster care schemes differentiated between two levels of management, namely, strategic management and operational management. Strategic management of an organisation focuses on the assessment of the internal and external environment of an organisation in order to provide direction to the organisation (Du Toit, Erasmus and Strydom, 2010:555). Operational management, on the other hand, is responsible for the implementation

of the strategic objectives as determined by the strategic management (Kroon, 2004:19). In this theme, the following six sub-themes were identified by the participants in this study:

- Current strategic management practices;
- Cluster foster care schemes managers' perceptions of the operational management team involved in the day-to-day tasks related to the cluster foster care scheme;
- The role of the social worker providing social work services in cluster foster care scheme;
- The role of the foster parents providing foster care in a cluster foster care scheme;
- The role of the assistant providing support to individual foster parents in a cluster foster care scheme; and
- The role of volunteers in the day-to-day activities of a cluster foster care scheme

**Sub-theme 3.1: Current strategic management practices**

Strategic management may be seen as a process whereby all the organisational functions and resources are integrated and coordinated. The aim is to implement formulated strategies in order to achieve the long-term objectives of the organisation (Ehlers and Lazenby, 2007:2). The said strategies and objectives are determined by the strategic management team of an organisation (Du Toit et al., 2010:192). The participants in this study identified the following focus areas for strategic management practices in cluster foster care schemes, which will be discussed in the categories below:

- The legal requirements for the provision of foster care as part of a cluster foster care scheme;
- The composition, role and responsibility of the management board; and
- The financial management of cluster foster care schemes.

**Category 3.1.1:  The legal requirements for provision of foster care as part of a cluster foster care scheme**

The participating managers in this study were in agreement that a cluster foster care scheme has to adhere to different forms of legislation in order to provide alternative care to children in need of care and protection. They highlighted the following regarding the legal requirements that cluster foster care schemes have to adhere to:

*"A* [the name of the organisation] *is 'n NPO* [non-profit organisation] *en ons moet 'n bestuur hê. Ons is geregistreer as 'n nie-winsgewende organisasie en by SARS* [South African Receiver of Revenue] *is ons geregistreer as 'n kerk. So ons is steeds 'n kerk."*

*"Yes, a registered NPO-trust* [non-profit organisation and a trust, PBO: public benefit organisation]*, a registered child care organisation."*

In terms of Section 183 (a) of the Children's Act, Act 38 of 2005 as amended Act 41 of 2007 (Republic of South Africa, 2008:74), one of the key requirements to register as a cluster foster care scheme is firstly to register as a non-profit organisation in terms of the Non-profit Organisation Act, Act 71 of 1997 (Republic of South Africa, 2008:74). The Non-profit Organisation Act, Act 71 of 1997 defines a non-profit organisation as *"a trust, company or other association of persons that are (a) established for public purpose and (b) the income and property of which are not distributable to its members or office-bearers except as reasonable compensation for services rendered"* (Republic of South Africa, 1997:2).

On the other hand, according to the South African Revenue Services (2007:5) a public benefit organisation (PBO) is an organisation that must be constituted in one of the following ways:

- Incorporated in the Republic of South Africa under section 21 of the Companies Act (Act 71 of 2008);

- A trust established in the Republic of South Africa with the Master of the High Court whose founding documents are a trust deed;

- An association established in the Republic of South Africa as a voluntary association of persons whose founding document is a constitution adopted by its members; and

- A branch established in the Republic of South Africa by a foreign charitable organisation which is exempted from income tax in its country of origin (South African Revenue Services, 2007:5).

Although registration as a child protection organisation in terms of section 107 of the Amendment Children's Act, Act 41 of 2007 (Republic of South Africa, 2008:42) is not one of the requirement to register as a cluster foster care scheme, some of the participants mentioned that the cluster foster care scheme that they represented was also registered as a child protection organisation.

*"We are also a registered child protection organisation."*

It appears however, that the registration of a child protection organisation is a time-consuming process. The participants experienced the following regarding the process of registration:

*"Unfortunately it takes 18 months to register as a child care organisation, but it is done."*

*"We waited for a period of time and at the end had to request the assistance of the provincial minister of Social Development."*

Section 31 of the Consolidated Regulation to the Children's Act, Act 38 of 2005 and the Children's Amendment Act, Act 41 of 2007 (Republic of South Africa, 2010:34) addresses the criteria for application of a child protection organisation to the Provincial Department of Social Development. Participants to this study, however, applied before these acts came into operation (See Theme 1 of this chapter). At the time of data collection in this research project, none of the participants involved in

the management of cluster foster care schemes was legally registered as a cluster foster care scheme. They held the following viewpoints in this regard:

*"That is difficult process, because we cannot register as a cluster foster care scheme. The Department of Social Development is not ready for registration. There are no norms and standards."*

*"We applied, but had no feedback."*

Gallinetti and Sloth-Nielsen (2010:492) concur that it appears to be difficult to categorise cluster foster care schemes within traditional social work paradigms, which include models of care, alternative care programmes and policies. The authors are of the opinion that this is most probably the result of the development of the legal concept before it was tested in practice (2010:493).

The next category elaborates further on current management practices in terms of the participants' descriptions of the composition, role and responsibility of the management board.

**Category 3.1.2: The composition, role and responsibility of the management board**

According to the participants, the management boards of the various participating cluster foster care schemes were compiled as follows:

*"Ons komitee bestaan uit gemeenskapslede".*

*"We formed a board of trustees. We can also give you an organogram. We are a legally constituted trust. So we are a board six trustees and J and I* [the two co-managers] *are the managing trustees, and we are employed by the trustees and responsible for the operation of the organisation."*

The board of directors of each organisation seems to be the focal point of corporate governance and is ultimately responsible and accountable for the performance and affairs of the organisation (Ehlers and Lazenby, 2007:52). According to Lam (2002:3), each management board should be made up of groups or individuals that have an interest in the organisation or that want to make a commitment to the organisation. With the focus on strategic managers, Smith and Cronjé (2002:17) and Kroon (2002:21) postulate that strategic managers of an organisation firstly need conceptual skills, in other words skills to view the operations of an organisation and its parts holistically. Secondly, the authors view interpersonal skills as equally important. The authors also add a third skill, namely, technical skills, referring to the skills that are needed to use the knowledge or techniques of a specific discipline to obtain the goals. In this study participants confirmed the above by providing the following statements on the choice of individuals that formed part of their respective management boards:

*"Ons voorsitter was byvoorbeeld 'n goeie vriend wat gekies is oor sy motivering om betrokke te raak by die versorging van kinders."*
*"Die voorsitter is 'n plaaseienaar wat sy plaas bestuur en daarom het hy beslisde bestuursvaardighede. In daardie opsig kyk hy dat die organisasie en veral die finansies volgens beslisde riglyne bestuur word, asook dat die administrasie van die organisasie volgens spesifieke riglyne kan plaasvind."*


Du Toit et al. (2010:57) confirm that strategic-, planning-, marketing, financial-, project- and human resource management skills are necessary to ensure that an organisation is effectively managed. The authors further concur with Smith and Cronjé (2002:17) and Kroon (2002:21) that specific technical skills provide the knowledge and skills to an organisation to ensure that effective and efficient services are delivered. Some of the technical skills that were highlighted by the participants in this study are as follows:

*"Ek dink ons tesourier is gekies oor vaardigheid."*

*"Ons het ook 'n afgetrede 'chartered accountant' wat 'n kundige is om administratiewe sisteme te ontwikkel. Hy het reeds verskeie bydraes in die verband gelewer. Ons het ook 'n persoon wat baie kundig is in inkomstebelasting en VAT [value added tax]."*

*"We have a financial person who does all our financial stuff."*

*"N [name of board member] who does our sponsorship."*

*"We have a legal person on the board that does all our legal stuff."*

*"There is person who does our human resources and he is a businessman."*

Neither the Children's Act, Act 38 of 2005, the Children's Amendment Act, Act 41 of 2005 nor the Non-profit Organisations Act, Act 71 of 1997 provide clear guidelines on the skills needed on the management board of a cluster foster care scheme. The changing environment wherein a non-profit organisation operates makes it difficult to be specific about the skills and knowledge needed on the management board of an organisation at a specific time. Therefore skills and knowledge need to be recruited as the need arises (Davis, Cassim, Coach, Mongalo, Butler, Loubser, Coetzee and Burdett, 2011:110).

The participants reported that foster parents that provide foster care as part of the cluster foster care scheme may not also serve on the management board, as depicted by the following statement:

*"Not on the board, because it is a board of trustees and they cannot because they are also employees of the organisations."*

Davis et.al (2011:109) explains the above situation as follows: *"A manager of a company/organisation is an employee of such a company/organisation whereas a board member is not".* Section 12 (2) (c) of the Non-profit Organisations Act, no. 71 of 1997 stipulates that an organisation's income and property cannot be distributed

to its members or office–bearers, except where reasonable service has been delivered (Republic of South Africa, 1997:8). Foster parents that provide foster care as part of cluster foster care schemes are in fact the employees of such a scheme and can therefore not serve on the management board (Gallinetti and Sloth-Nielsen, 2010:489).

Another participant explained that it is quite difficult to find trustees for the management boards.

*"And in trustees that is difficult. When you are a trustee you need to take legal and financial responsibility and not everybody wants to do that and a community member will run a mile if they have to take that kind of responsibility."*

Participants in this study were further of the opinion that board members must be willing to become involved in the management of cluster foster care schemes on whose management board they are.

*"All our board members are really involved in the running of the organisation."*

*"Ons konstitusie noem dit ook duidelik dat 'n bestuurslid moet betrokke wees by die organisasie."*

The involvement and visibility of the strategic management team are firstly important to provide the strategic direction to the organisation and secondly to understand the different phases through which the strategic processes are moving (Ehlers and Lazenby, 2007:8).

A participant referred as follows to the racial representation of the management board:

*"It is not only about window dressing, there are fantastic people but they are white and we need race representation on our board."*

Grobler, Wärnich, Carrell, Elbert and Hatfield (2006:75) alert managers of organisations that they must be clear on their motivation in the appointment of a diverse human resource component. The authors are of the opinion that a human resource component should not only be appointed to meet equity legislation, but more to recruit members that represent the skills needed to form a diverse skills component in the organisation. The following statement by participants indicated that more board members with specific skills are needed to become members of the management boards of the different cluster foster care schemes that participated in this study.

*"We are looking for more skills on our board, but they are difficult to find."*

*"Child physiologists would be very helpful. This is the most important one, or anybody who can help."*

Du Toit et.al. (2010:444) report that an organisation's effectiveness is determined by the availability of sufficient resources to provide the service to their target group. Resources can only be obtained if the organisation has access to sufficient financial resources to obtain and sustain these resources. One of the challenges of the non-profit organisation is to obtain adequate funding to render services to its clients (Anderson, 2004:459).

The next category will deal with financial management practices of cluster foster care schemes, as described by the participants in this study.

## Category 3.1.3: The financial management of cluster foster care schemes

The participants described the financial management of cluster foster care schemes in terms of funding (i.e. donations, fundraising structures, and foster care grants), the day-to-day management of financial needs and the procurement of goods and services for the different foster care homes that formed part of their schemes.

Participants described financial management as an on-going management responsibility as follows:

*"It is a constant management responsibility."*

*"We just sat with our financial planning for this year. Capital outlay for building is something to be planned ahead for. Running cost is more easily - money for that comes in easily, because people like to provide for the care of children. Human resources, salaries, and administrative costs are more difficult to find money for."*

The purpose of sound financial management of a profit organisation is to increase the profit of the organisation (Du Toit, et.al, 2010:449). A non-profit organisation, on the other hand, needs financial planning in order to ensure effective service delivery (Davis et al., 2011:158). Financial management of the latter organisation includes the acquisition, utilisation and control of money the organisation needs to finance its activities and to buy materials and equipment needed to offer the services of the organisation (Smit and Cronjé, 2002:14). One of key the elements of sound financial planning is to ensure that the organisation's spending remains in the allocated budget (Keulder and Benz, 2011:5). Du Toit, et.al. (2010:442) emphasise that all organisations should have procedures and structures in place to recruit and obtain adequate funding for the operations of the organisation.

According to the participants, funding is mainly collected through three forms of resources, namely, donations, fundraising structures and foster care grants. **Donations** seem to form an integrated part of the funding of each cluster foster scheme and participants held different viewpoints on this aspect. Some of the participants viewed donations as their most important source of income, while others viewed donations as an additional income. The following statements focus on donations as an important source of income:

*"We are very blessed with good donors and are not as concerned at the moment about finances as we were in the past."*

*"It is quite a funny story I was doing consultancy at the time and J was a social worker, we know we want to do it, but we didn't know where our salaries will come from and a oversees donor who was quite a well-known businessman said: Well girls if you want to start that, I believe in what you are doing and I will pay your salaries for a year. With that we started - we sat up the trust, started the operations, J resigned her job and I kept on doing consultancy work and he never paid us.  But the great thing was that we got funding very early on although it was wing of pray. Because of our set-up as a trust we got funding because people believed in J and I* [two co-managers].*"*

*"Ons het nog nooit iemand gevra, hierdie persone kom na ons en bied hulle dienste aan. In dieselfde mate doen ons ook geen fondsinsameling nie maar ontvang gereeld fondse van die gemeenskap."*

*"We already had some donors from N* [referring to previous place of employment]*, who loved what we were doing, of decentralising the children, and believed in that. When they heard that N is going to stop that project, they withdrew their money and gave it to our project in which they believed in."*

*"We have a very broad base of funders. We have individuals, companies, trusts and foundations."*

*"Our biggest funder contributes about 10% of our funding each year. We have about 60 local and abroad funders. Even if one of our biggest funders withdraw we can say it is 10% of our budget, we can make a plan."*

*"It is constantly finding new donors and new avenues."*

Donations can be described as something that is given to a person or an organisation, such as a charity organisation, in order to help them (Hornby, 2005:434). The South African Receiver of Revenue (2007:26) distinguishes between a donation that is made in cash and a donation that is made in kind. The latter includes financial instruments such as shares in a company, trading stock (i.e. computers, foodstuffs, medical supplies, furniture, etc.), assets used by the donor in

conducting the trade (i.e. office equipment), assets that are not trading stock (including assets used for private purposes donated to a private benefit organisation [PBO]), or property which is manufactured, installed or constructed on behalf of the donor (this can include goods and services). Donors play an important role in the sustainability of non-profit organisations. According to Davids, Theron and Maphunye (2009:68), non-profit organisations are strongly held accountable for the service done on behalf of their donors.

According to the participating managers of cluster foster care schemes, many donors target children in need of care and protection to pay their social responsibility.  This often happens in the form of special programmes, outings and treats for children. The participating managers are, however, of the opinion that, in order to simulate a real family situation, they need to control these efforts.

*"One needs to control that, because of the number of requests we have from other communities to entertain the children, like taking them to game parks. We have to control this to keep the children on the ground."*

*"We have a volunteer over December who wants to take them to the beach every day. You know what not all of the community children go to the beach everyday - it must be a special treat, not a right."*

*"Within reason we try to give them extra treats, because practically they do not live with their biological family - they do not have the benefit of that."*

Other participants reported that most of their funds came from **fundraising** efforts. Some of the participants believed in organised fundraising events, while others believed such events are time consuming and less effective.

*"That is part of the resources that we have here at the office. We have a fundraiser and we have a strategic plan for the year. So we look for resources such as clothes, food that will not cost us money as an organisation. The cash we receive can go for the things that we need cash for."*

*"We do not for instance do events, because events are time consuming. We rather do funding proposals and focus on the business sector's social responsibilities policies."*

The success of many non-profit organisations depends on their ability to convince the public to donate financial resources to assist the organisations with service delivery (Jablonski, 2011:1). Organisations are thus faced with the challenge to develop fundraising strategies that will not only reflect their core business, but also speak to potential funders (Mostashari, 2005:15). In this study participants shared a number of fundraising strategies that they applied in their fundraising efforts.

*"Community fundraising events, we do a lot of fundraising events, we do lady lunches, we do golf days, gala events, we create an awareness where we have a debit order system, and a feed a child breakfast R50, lunches R50 and all three meals R150. So that people can actually see what it costs."*

*"We get the community members who want to do Christmas parties. This time of the year we get lots of people who want to do Christmas parties. We ask them instead of parties to give us for instance money to pay salaries of necessary staff or to buy specific items that the children need."*

A fundraising strategy is a plan that identifies the financial requirements of an organisation or group so that it may conduct its work and carry out its objectives (Price, 2008:1). Although a number of strategies are available to fundraisers in order to obtain adequate funding, both Price (2008:2) and Jablonski (2011:3) are of the opinion that fundraising strategies must be cost effective and in line with the strategic objectives of the organisation.

Another form of income to the participating cluster foster care schemes was the payment of **foster care grants** to the foster parents caring for children who are

placed in their care. The participating managers reported that some of the foster parents received foster care grants, while others combine their grants.

*"The foster mother gets the foster grant."*

*"The question arises how individual foster mothers can work without the support of a cluster. It seems that foster mothers who do not receive foster care grants heavily rely on the cluster."*

*"They also receive a grant. Each foster mother receives a grant for the children in her care and we pool that money* [the foster parents in this specific cluster foster care scheme paid their entire foster care grant into one account. This account was then managed by the management of the cluster foster care scheme]."

*"They* [referring to foster mothers] *will receive that money in their own bank account and we have an agreement to pool that money so that we jointly can draw the resources from that money."*


The right to social security is protected internationally and nationally. Article 26 (1) of the United Nations Convention on the rights of children obliges State Parties to recognise every child's right to social security and to take the necessary measures to ensure that each child has access to this right (United Nations, 1989:8). On the African continent, the African Charter on the Rights and Welfare of the Child (Article 20 (2)) obliges State Parties to assist parents, families and other people responsible to ensure that their material needs are met (Organisation of African Union Parties, 1999:11). At national level the South African Constitution, Article 27 (1) (c) stipulates that everybody that is not in a position to support him/herself has the right to social security (Republic of South Africa, 1996:13). Section 8 of the Social Assistance Act, Act 13 of 2004 (Republic of South Africa, 2004:10) legalises the above-mentioned conventions and stipulates that a foster parent that has a foster child legally in his or her care is eligible for a foster care grant.

The participating managers, however, reported that applications for grants are challenging. The reasons why foster parents do not receive a foster care grant mostly appear to be due to the lengthy and inaccessible administrative procedures. The participants shared the following information to support this statement:

*"Not for all the children and then we must hear stories that we need a certified copy of this - and a child who does not have a birth certificate, they cannot help. It is all the red tape and in the mean time somebody has to look after the child, because the child is still in our care."*

*"Lots of red tape and I think staff at Social Development create their own red tape, because you have vulnerable child and they do very little about it."*

*"Personally I feel that the staff is lazy or do not have the capacity to do the job - haven't been trained or they don't give a damn. We found that in five years that we are in existence, only the last year we started getting grants."*

*"Some areas where you have Y and X* [monitors of the Department of Social Development] *supervising the foster mother, the foster mothers get the grants quite easy. But in Q, where Z is monitoring the foster mothers you have foster mothers who wait for five years to get the foster care grants."*

*"Most of the time they want documents that is not available. They want for instance both the parents' death certificates. Half the time we do not know who the fathers are. So we foresaw such a back-log. We also have the same problem with extensions of court orders by the Children's Court. Some children's orders have not been extended for years, so it means that we have illegal children in our care."*

*"Although the children are legally in our care, the process of applying for a foster care grant is held up by the fact that not all the children have birth certificates. P* [officer at the South African Social Security agency where applications are made] *does not want to take of applications without a birth certificate. The social workers make it the responsibility of the foster mother to look for the birth certificate and the foster mothers do not always have the resources to do that."*

In the South African society all social grants are managed in terms of the South African Security Agency in terms of Act 9 of 2004 (Republic of South Africa, 2004:6). The South African Social Security Agency (SASSA) is responsible to manage social grants effectively and efficiently by paying the right grant to the right person (South African Social Security Agency, 2011:4). As a legal identity, the agency is responsible to adhere strictly to the prescribed legislation regarding factors that qualify a person for a social grant and specific documentation that can provide proof of specific factors about the applicant. Section 10 of the Regulations to the Social Assistance Act, Act 13 of 2004 (Republic of South Africa, 2004:10) clearly stipulates the documents that have to accompany an application for a social grant. As revealed by the participants in the above statements, a valid identification document of the foster parents and a valid identification document or a valid birth certificate of the child are some of the most important documents that are required for the application of foster care grant.

According to the participants, foster parents are supposed to spend the foster care grant to care for the children in their care. Some of the participants were, however, concerned that the grant money does not always go towards the care of the children. The need for accountability measurements as part of management was thus highlighted. The following was reported on this issue:

*"The concern is: Do they spend it on the children or on themselves, do they feed the children properly?"*

*"What I do, I lie to them and say that I need your slips so that I can take it to Social Services. So they believe that I will sit down with someone at Social Services and discuss their expenses."*

*"Yes, we encourage savings. They must also have two accounts one for their own money and one for the children."*

The main purpose of the foster care grant is to assist the foster parents to meet the material needs of the foster child in their care (Matthias and Zaal, 2009:181). The high incidences of poverty in South Africa, however, often contribute to foster care grants being considered as a way of generating income for poor families (Giese, 2008:20). Section 29 of the Regulations in Terms of the Social Assistance Act, Act 13 of 2004 (Republic of South Africa, 2004:25) provide clear guidelines and conditions on how the foster care grant must be spent.

According to the participating managers of cluster foster care schemes, they also provided petty cash for the day to day needs of the individual homes and held foster parents accountable for the spending thereof.

*"They receive petty cash monthly for instance P* [a foster mother] *receives R2000 this month, R700 goes for electricity. Some goes for bread and milk that she has to buy weekly. And she gives pocket money out of that for the kids. So that is a fix amount every month so she has to work her budget around this amount. If she overspends, she has to explain why she overspent or she had to get permission to overspend."*

Depending on the type of activity, cash payments sometimes cannot be avoided.  In cases like this a petty cash structure must be in place (Keulder and Benz, 2011:10). Petty cash, however, is still part of the financial resources of the organisation and the same financial control measures to control other financial resources should apply to the spending of petty cash. Ehlers and Lazenby (2007:92) are of the opinion that all financial activities of an organisation should adhere to effective management and control thereof.

According to the participants, the **procurement of food and clothing** are mostly done by the operational managers of the cluster foster care schemes. The following statements were offered in this regard:

*"Food is quite simple. I can show you a list of requirements. I will sit once a month with the mothers and they will tell me this is what they need. I will send the list to Head Office, they will forward it to Pick and Pay, who will deliver the food and that is for each house."*

*"The mother will send al list of what the children need or what the individual child needs. But what we do a lot of is, with the help of the moms and the assistants, they swop clothes between the houses."*

*"We network with companies like Woolworths who will have waste. Actually there is no problem with the waste; just they can't sell it but you have still four, five days that you can use that food. So you save money by utilising that."*

The procurement of goods and services are important to ensure that effective services are delivered to the beneficiaries of an organisation (Du Toit, et.al, 2010:542). Organisations' procurement policies should be based on the principle of assuring the most cost efficient and rational use of resources, both at the present and on a long-term basis (Keulder and Benz, 2011:11). The procurement responsibility of an organisation is to source the most cost effective and suitable resources, to negotiate the best price and to ensure that goods and services are delivered and made available to the consumers of the organisation (Kroon, 2002:5).

Besides the role and responsibilities of the strategic management practices of a cluster foster care scheme, the participants also highlighted the roles and responsibilities of the operational management team related to the day-to-day running of the foster homes. The various perceptions and experiences of the participants are discussed in the next sub-theme.

**Sub-theme 3.2: Cluster foster care schemes managers' perceptions of the operational management team involved in the day-to-day tasks related to the cluster foster care scheme**

The participants were in agreement that the cluster foster care schemes that they represented are in need of an operational management structure to ensure the effective day to day running of the organisation. They responded as follows on the composition of the operational management team:

*"So under that are J and I* [co-managers] *as managing trustees. So when we first started we did everything, because it was only us and a part-time secretary. So we did everything from building plans, site visits to changing nappies. We did literary everything, but as we grew we still did a lot of operations together. But I tend to do more the funding side while J more the operational side, particularly around social work obviously."*

In contrast to the discussion above around the management board, the following statement highlights that the foster parents at the participating cluster foster care schemes are included in the management team:

*"We have a management team which consist of the house mothers."*

The operational management of an organisation is firstly responsible to implement the strategic decisions formulated by the strategic management board of an organisation, and secondly to ensure that effective services are delivered to the customers of the organisation (Du Toit et.al 2010:260). The responsibility of the operational management team is further to act as a link between the strategic management board and the work force of the organisation (Kroon, 2002:20). In a cluster foster care scheme, it will imply that the operational management team is responsible to ensure the effective care of the children in that cluster foster care scheme. According to Section 71 of the Consolidated Regulations to Children's Act, Act 38 of 2005 and the Children's Amendment Act, Act 41 of 2007, some of these

responsibilities include the provision of support, mentoring, supervision and advice to member foster parents (Republic of South Africa, 2010:80). It appears from the statements of the participants in this study that members of the operational management team of the different cluster foster care schemes held different positions and responsibilities, and the co-ordination of the operational management tasks. These opinions of the participants will be discussed in the next two categories.

**Category 3.2.1: The role and responsibility of the operational management team**

The participants reported that each person who is employed by the cluster foster care scheme in terms of the operational management of the day-to-day tasks has a specific role and function in the organisation

"We are also busy training an **administrator**; because in the cluster there is administrative work to be done."

*"Yes, but it is all the external staff. You know: doing talks, funding, marketing, doing* **public relations**."

*"Ons het ook 'n voltydse* **tesourier** *aangestel."*

"And we have a **communication assistant**."

The recruitment and appointment of suitable staff are firstly dependent on the strategic- and operational goals of an organisation, and secondly on the competencies of the potential applicants to implement those strategic and operation goals (Hellriegel, Jackson, Slocum, Staude, Amos, Klopper, Louw and Oosthuizen, 2004: 240).

The participating managers of the cluster foster care schemes viewed **their roles and responsibilities within the operational management team** as follows:

*"And what we both* [referring to self and co-manager] *do is the development of new houses through the different stages: building, finding funds meeting with churches."*

*"I see my role as a manager as more of a supportive role instead of a manager comes down hard on the people."*

In terms of the latter statement, the supportive management style, according to Tibaijuka (2002:41), refers to a management style that contributes to direction for task-performance, accompanied by regular feedback and appropriate recognition. Support to co-workers can be on two levels, namely, 1) the provision of material and goods and 2) the provision of on-going emotional support (Iravani, 2011:120). According to Nixon (as cited in Kohler Durand, 2007:33) the elements of support to foster parents include financial, practical, emotional, psychological and social support. Kohler Durand (2007:33) also adds to this list professional development, problem-solving, respite and community support. In this study participants were of the opinion that the support they provided to foster parents in their specific cluster foster care scheme firstly reflected on the day-to-day management of the foster house and secondly on support with professional development. Statements that reflected their views on the **day-to-day support** to the running of the houses were:

*"See to the day-to-day running of the foster houses and whatever administrative requirements there are. What are the requirements of the house, what the mother needs, what are the individual needs of the mother?"*

*"A lot of crisis management."*

Piescher, Schmidt and LaLiberte (2008:90) are of the opinion that foster parents have a number of unmet service needs regarding the care of the foster children that need to be addressed. These authors list aspects like day care, recreational activities, education, health care and transportation as some of the urgent needs of foster parents to meet the day-to-day needs of the foster children in their care. EveryChild (2011:30) adds to this and states that many children in foster care

experience severe trauma and abuse and their caregivers therefore need on-going support in order to deal with this.

The nature of the second level of support focuses more on the **professional development** of the foster parents. The following statements were shared in this regard:

*"If something goes wrong then we are the ones that step in - disciplinary hearings, finding solutions as well as human resource management."*

*"What kind of training do they need and I have meetings with all the staff, it is quite a lot of staff I have."*

As soon as the appropriate staff component is appointed it becomes the responsibility of the operational manager to ensure that the staff member is capacitated to function at his/her maximum potential (du Toit, et.al. 2011:310). Two of the basic human resource functions that were indicated by the participants, namely, discipline- and training of employees, are endorsed by (Erasmus, Swanepoel, Schenk, Van der Westhuizen and Wessels, 2005:19-20).

**Category 3.2.2: The co-ordination of the operational management tasks**

In order to co-ordinate the different operational management tasks (described in the previous category) and to ensure effective co-operation and communication in the cluster foster care schemes, the participating managers made use of meetings and certain administrative guidelines regarding the day-to-day running of the schemes. They described the meeting structures as follows:

*"They come every Friday at the offices where we generally will discuss what the issues are, what the problems are, and what the challenges with the kids are."*

*"We meet once a month with all our homes."*

*"We have a structure where we meet once a week with the house mothers. We will discuss if there are specific needs for the children and then we will get everybody's input what they consider as be best for the children."*

Effective communication plays a vital role in every organisation, and specifically in an organisation manager's co-ordination role. Communication assists the managers to carry out their four primary tasks, namely, planning, organising, leading and controlling (Hellriegel et.al, 2004:313). The importance of effective communication in an organisation therefore necessitates managers to create effective ways to communicate with their employees (du Toit, et.al. 2010:234). Meetings play a decisive role in the promoting of effective communication in an organisation (Smit and Cronjé, 2002:372). Besides meetings, Hellriegel et.al (2004:319) also suggest face-to-face discussions, telephone conversations, written letters/memos, formal written documents and electronic media as other effective ways of creating communication channels.

Specific administrative structures are also developed to assist the foster parents with the day-to-day running of their homes, as well as to hold them accountable to render effective foster care services to the children in their foster care.

*"Regarding holistic care food and clothing, everything comes here. We have a pool that is available to every foster mother. Once a month I will receive a list of food they need. We also run with a basic menu, like they will have chicken twice a week, mince twice a week - but they can utilise it the way they want to. I just make sure that I send out once a month all the ingredience they need for the menu."*

*"We have our own administrative structures where everybody has a register at their houses. So that needs to be signed. We have all the legal policies at the houses, so that need to be signed. Some of our kids go daily with taxis, every house mother has petty cash were she pays the cost - she has to sign were the money go."*

*"If the kids going on outings we pre-plan in advance so that we can make money available and also that we can budget for those outings."*

*"If children need medication we have an account at a chemist. When children need the medication, they get the medication and then all the information will be sent to the office and the bookkeeper will pay the account monthly."*

Foster parents are responsible to provide for the daily needs, which include the physical, emotional, medical and social needs of the foster children in their care (Piescher, et.al. 2008:10). Other than traditional foster parents who are solely responsible to provide  these needs of the children, foster parents that form part of a cluster foster care scheme have the support of the management of  that cluster foster care scheme and other foster parents that form part of the particular scheme (Russell and Schneider, 2008:331).

Participants were, however, also of the opinion that a social worker, either employed by the cluster foster care scheme or contracted from another agency, plays a meaningful role in the operations of the cluster foster care scheme. This aspect will be discussed below.

**Sub-theme 3.3: The role of the social worker providing social work services in cluster foster care scheme**

Some of the managers of the various participating cluster foster care schemes indicated that they employed a social worker, while others planned to either employ a full-time social worker or the services of a consultant social worker.

*"We have a social worker, who does tasks that I as a social worker would do originally."*

*"Look we always had a social worker. J* [manager] *is a social worker and about a year ago we appointed a full-time social worker, because as we grew the work*

*became more and more for J to manage. So I am blessed to have a social worker around."*

*"At the moment we work toward employing either a social worker or a social work consultant."*

*"We are not big enough to employ a full-time social worker, but we need the skills of a social worker."*

*"The social work side we have to rely on the external social workers to get that done. That is how we manage it, but that is a gap for us - they do not get to us in time when we need them."*

Sections 4 (a) and (b) of the Consolidated Regulations pertaining to the Children's Act, Act 38 of 2005 as well as the Children's Amendment Act, Act 41 of 2007 stipulate that a cluster foster home must employ at least one person registered as a social worker with the Council for Social Service Professionals for every 50 children served by the specific cluster foster care scheme (Republic of South Africa, 2010:79). Alternatively the section recommends that the cluster foster care scheme enters into a formal agreement with a designated child protection organisation to provide this kind of service to the cluster foster care scheme.

Some of the participants, however, reported that they did not have the services of a social worker and had to rely on outside social work agencies to provide this kind of service:

*"We use the social worker in the area where the child will be placed to screen the foster parent."*

*"They just do not have to rely on the government social workers* [referring to the use of Non-Government Organisations who are involved in child care], *so the therapeutic input is there."*

Participants described the role and the responsibilities of the social worker employed by the cluster foster care schemes as firstly to attend to the individual needs of the children:

*"More recently she becomes more involved. There is a day a week that she will spend at the project to identify certain needs among the children."*

*"So I will send monthly reports, and in my reports to her I will flag certain things on individual children that I am concerned about for her to address."*

The role of social workers in foster care is widely recognised and described. Schofield and Ward (2008:75-103) are of the opinion that social workers need to be involved from the placement of children in foster care right up to such a time the foster child may leave his/her foster care placement.

The participants were of the opinion that the social workers play a vital role in establishing and monitoring contact between the child in the cluster foster care scheme and his/her biological family.

*"Part of my* [a manager who is also a social worker] *role will be to establish a visiting contract with the family and provide them with guidelines how they should make contact with children and what time is suitable to visit the children and make them aware what kind of contact and when contact is good for the children."*

Section 156 (3) (i) of the Children's Act, Act 38 of 2005 recognises the importance of the supervisory role of the social worker in alternative care and specifies that the court may include conditions such as the supervision by a designated social worker at a foster placement (Republic of South Africa, 2006:106). The supervising role of the social worker at the foster care placement includes social work services to the foster parents, as well as to the foster child. The services to the foster children are based on the court procedures, their relationships with foster parents and biological family, school performances and individual therapeutic needs. The social worker's

role in respect of the foster parents includes legal requirements of foster care, court procedures, relationships with the foster child and his/her biological family, as well as how to apply for and spend the foster care grant (Roux, Bangana and Strydom, 2010:50).

A fundamental component of any alternative care policy and practice is to ensure that foster children remain in contact with their biological family (Barber and Delfabbro, 2004:123). The African Charter on the Right of Children states in this regard that every child that has been removed from the care of his/her family shall have the right to maintain personal relations and direct contact with both parents on a regular basis (Organisation of African Unity, 1999:9). Although contact between the foster child and his/her biological parents or family is considered to be in the best interests of the child in terms of section 7 (f) (ii) (Republic of South Africa, 2006:32), the consolidated Regulations to Children's Act, Act 38 of 2005 and the Children's Amendment Act, Act 41 of 2007 stipulates clearly that a foster parent has a right to reasonable privacy (Republic of South Africa, 2010:75). It appears, therefore, necessary that access between the child in foster care and his/her biological parents and/or family be well controlled and managed by the supervising social worker. A visitation contract stipulates clearly the proposed visitation times, duration of visits and specific conditions of visits between a foster child and the biological parents and/or family (Matthias and Zaal, 2009:181).

Another role of the social worker, as identified by the participants, was that they are also involved in the recruiting, selecting and screening of foster parents.

*"No, earlier we were not registered as a child protection organisation and could not become involved in the screening of foster parents. But now I can* [a manager who is also a social worker]. *We know the foster mother and are in a better position to respond on her suitability to act as a foster parent."*

*"As a child protection organisation we have the right to do the screening, but we chose not to, we will do the initial screening and then get another organisation to write the final report."*

The finding of suitable foster parents can be divided into three processes, namely, recruitment, screening and selecting of suitable foster parents for a specific child. Recruitment involves strategies to find suitable foster parents (Faircloth and McNair, 2012:23). Screening, on the other hand, is a process where the suitability of prospective foster parents is determined by a professional social worker who is qualified to do so (Dickerson and Allen, 2007:10). The last phase in this process namely, selecting of suitable foster parents, is determined by a number of factors, such as the child's age, gender, individual needs, cultural background and relationship to and with the prospective foster parents (Schofield and Ward, 2008:24; Owusu-Bempah, 2010: 86-87). In South Africa children's legislation, Section 182 of Children's Amendment Act, Act 41 of 2007, stipulates that the responsibility of recruiting, screening and selecting foster parents lies with a child protection organisation (Republic of South Africa, 2007:74). Bosman-Sadie and Corrie (2010:205), however, warn social workers not to limit their function regarding the recruiting, screening and selecting of foster parents to an administrative task. The authors suggest these processes need to be properly applied and training of prospective foster parents should also be included.

It appears from the statements by the participants in this study that social workers at cluster foster care schemes also aim to address specific developmental needs of the foster children in their care.

*"The social worker will come in and address the needs. Like now she started a group for our teenagers to develop life skills. It is very successful."*

Group work can be described as a goal directed activity with small treatment and task groups, addressing the members' socio-emotional needs to accomplish certain tasks (Toseland and Rivas, 2009:12). Life skills are firstly the essential skills that make life easier and secondly the skills necessary for successful living and learning (Rooth, 2004:6).

The specific role of the foster parents in the participating cluster foster care schemes, as described by the participants, will be discussed in the next sub-theme.

**Sub-theme 3.4: The role of the foster parents providing foster care in a cluster foster care scheme**

Some of the participating managers of cluster foster care schemes viewed the foster parents as house mothers. The following statement reflects this view:

*"We just see her as the house mother in the organisation, but she is the foster mother for the six children in her care."*

The participants in a study by Colby-Newton (2006:11) of a cluster foster care scheme, namely, iTemba Lethu, also referred to the foster mother as the house mother of the home where the foster children lived. Another terminology that has been used by Russell and Schneider (2008:331) is that of a surrogate mother, meaning a person who is hired to care for six orphans in the community. On the other hand, the following statements by the participants in this study highlighted the legal status of the foster parents in their cluster foster care schemes:

*"Well at the moment the foster mother is the legal guardian of the children."*

*"Yes the children are legally in her care."*

*"We have the foster moms as the legal guardian of the children, so all the children are placed legally in their care though the local social worker."*

According to section 182 Children's Amendment Act, Act 41 of 2007, a child in need of care and protection may be legally placed in the foster care of a person, providing that that person is not the parent or guardian of the Child (Republic of South Africa, 2008:72). In section 65 and 66 of the Consolidated Regulations in terms of Children's Act, Act 38 of 2005 and the Children's Amendment Act, Act 41 of 2007 the legal responsibilities and rights of a foster parent are recognised (Republic of South

Africa, 2008:67-70). Skelton (2009:82) is, however, of the opinion that a caregiver such as a foster parent does not automatically obtain the guardianship of a child in need of care and protection. While foster parents have the legal right to be responsible for day-to-day decisions regarding the care of the foster child, the biological parents or guardian of a child continue to have the power to deal with decisions regarding the child's property, consent to marriage, or to give permission for an operation or medical treatment (Matthias and Zaal, 2009:181).

The participating managers explained that, due to the legal aspects, to recruit suitable foster parents to provide foster care to children in need of care and protection within a cluster foster care setting can be a sensitive process.

*"We had a family interested, but as soon as they found that they have to sign the children on their own names they were scared to have six children on their own names. The foster mothers always say that they are scared if something happens they could not afford to look after the children on their own name."*

The prospect of becoming a foster parent can be a daunting experience for many prospective foster parents. While the provision of foster care grants is viewed by many prospective foster parents as a way of providing an income (Giese, 2008:20), many prospective foster parents realise that they can only use this foster care grant for the child and not for other purposes (Matthias and Zaal, 2009:181). According to the participants in this study the above mentioned fear to become a foster parent can adequately be addressed in a cluster foster care scheme. They held the following opinions in this regard.

*"They come on board to be a foster mother with the support of the organisation. Because the norms and standards of cluster foster schemes are not in place, the children cannot be placed in the care of the organisation. They feel vulnerable to care for children without the support of the organisation."*

Colby-Newton (2006:31), Russell and Schneider (2008:331) and Gallinetti and Sloth-Nielsen (2010:492) comment on the supportive nature of a cluster foster care schemes to the foster parents. In the study by Taback and Associates (2010:8-14) it was found that many of the supporting non-profit organisations do not only provide houses and material support, but also provide guidance and emotional support. All the above authors concur that foster parents within a cluster foster care scheme are the employees of such a scheme. The status of foster parents as employees of the cluster foster care scheme includes that one of the important tasks of the participating managers in this study was the recruitment of suitable foster parents to render foster care as part of the cluster foster care scheme.

**Category 3.4.1: The recruitment of foster parents of a cluster foster care scheme**

The participants explained that a proper screening process is completed before the foster parent is employed.

*"Yes, screened and approved to act as a foster parent. Only after that we consider employment."*

*"The screening is quite thorough, but the chances are still that you did not get it right."*

The participating managers of cluster foster care schemes addressed the issue of recruiting and screening of foster parents on several levels. It appears firstly that it is important to identify specific **criteria** for acting as a foster parent within the context of a cluster foster care scheme. The participating managers stipulated these criteria as follows:

*"We look at things such as age; they must be above 45 years of **age**, must not have any dependent **children**, must have **prior knowledge** of working with children or looked after in a **family setting**, have their own children. A lot of the mothers have children that are grown up and the proof of the pudding lies in its taste."*

*"We try to get women over child bearing age."*

*"We also try to look at the **background** of the mom - that it is similar to the children that she is going to care for."*

Different authors hold different opinions on the selection criteria for prospective foster parents. Criteria suggested by Faircloth and McNair (2012:27-29) include the age profile, the cultural background and household composition of the prospective foster parents. Dickerson and Allen (2007:12) are, however, more concerned about specific personality characteristics of prospective foster parents than chronological and social details. They suggest that factors such as the prospective foster parents' capacity to love the child, to deal with different types of developmental needs and problems of the child, and to make a clear commitment to the upbringing needs as selection criteria of prospective foster parents.

Ideas around **cultural and indigenous practices** for care of children as a foster parent also served as a criterion.

*"Because what I find in this particular community, parents just do not look after their own children. I always find a Gogo [*Xhosa word for grandmother*] who cares for the daughter's children. So when the daughter becomes a grandma, she looks after her daughter's children."*

*"My personal opinion is that mothers in this community still mother their adult children. Therefore they will not leave them to care for our children."*

In traditional societies where fostering of children is more the rule than the exception it often happens that the foster placement not only benefits the child but also the biological parents. The biological parents often place their children in the foster care of family in order to provide financial relieve, to allow the child to learn certain cultural practices and to allow the biological parents to continue with their own careers (Owusu-Bempah, 2010:65). According to Steward (2004:223), traditional

communities have a history of "shared parenting" in which the entire community/village is responsible for rearing the children of the community. In traditional communities it is firstly expected from the paternal family to assume responsibility for the care of their children, and secondly from the maternal family in circumstances where the biological parents cannot meet their parental responsibilities (Roby et al., 2009:110). Owusu-Bempah (2010:30) uses the Navajo-culture as an example and explains that children, whose parents cannot take care of them, automatically and without formal procedures become the children of the grandparents. Similar studies in South Africa confirm that grandmothers constitute a high percentage of the foster parents population (Alpaslan and Mabutho, 2005:276; Van Dyk, 2008:343; Gerrand and Ross, 2009:4; Roux et.al, 2010:46).

The recruitment of suitable foster parents to become part of the cluster foster care scheme appears, however, to be challenging. Participants shared the following opinions regarding these challenges:

*"The recruitment process of a foster mom is an involved process, because you need to find out what the **values** of a person are, which you did not get from an interview. And that are the saddest part, you just do not get that from an interview….. It is difficult, because everybody needs a job. But it is not a job. We look for somebody who will say this is my vocation, my calling."*

*"We are extra cautious about the screening, because we know that the person need to look after the children and we do not want to expose the children to another form of removal when the foster mother is found not to be suitable after a while."*

The above statements by the participants in this present study confirm the viewpoint of Dickerson and Allen (2007:10) that the days when social workers were only interested in finding enough foster homes for children in need of care and protection are long gone. Social workers and other professionals involved in the recruiting and screening of prospective foster parents need to be aware of the individual's motivations to become a foster parent. Researchers documented a large number of

factors that motivated couples and individuals to become foster parents. These factors can vary from an altruistic motivation to care for children in need of care and protection (Owusu-Bempah, 2010:64) to more self-centred reasons which may include financial reasons (Giese, 2008:20). Cole (2005:444-445) added to his argument, and listed the following as motivating factors why individuals and couples avail themselves to become foster parents:

- Rescuing abused and/or neglected children;
- Financial gain;
- Increasing family size;
- Social concern for the community;
- Helping children with special needs;
- Companionship for self;
- Spiritual expression;
- Adoption;
- Replacement of grown or deceased children; and
- Companionship for own child.

According to the participating managers of cluster foster care schemes, the screening of the potential foster parents involved firstly the managers at the scheme, secondly the community and thirdly social workers employed by registered child protection organisations who render services in the specific area where the foster parent will be employed (also see Category 5.1.1 of Sub-theme 5.1).

Recruitment of foster parents is usually seen as the responsibility of the child protection agency that is responsible to make an appropriate recommendation about suitable alternative care to the presiding officer during a Children's Court enquiry (Schofield and Ward, 2008:116-119; Matthias and Zaal, 2009:179). De Jager (2011:61) is of the opinion that the recruitment approach largely depends on the type of foster care needed for a specific child in need of care and protection. The author explains that non-relative foster parents are normally recruited through other foster parents, advertisements and through social workers identifying and approaching

potential foster parents. Kinship foster parents, on the other hand, are identified through the extended family or the tribe to which the child in need of care and protection belongs.  Foster parents in cluster foster care schemes are, however, the employees of that particular cluster foster care scheme (Colby-Newton, 2006:36; Gallinetti and Sloth-Nielson, 2010:489).  The implication thereof is that foster parents employed by a cluster foster care scheme are entitled to all the basic service conditions as stipulated in the Basic Conditions of Employment Act, Act 75 of 1997 (Republic of South Africa, 2010:6-87).  (These conditions will be fully discussed in chapter five of this research report).

The process of sourcing the suitable staff to fulfil the operational needs of an organisation is divided into two steps. The first step is the recruitment of applicants that are available and qualified to fill the position in the organisation, while the second step involves selection of a specific person with specific skills and knowledge for a specific position (Grobler, et.al, 2006:166). Weinbach (2008:99) confirms that the recruitment of qualified, compatible staff members has always been one of the most important tasks of a management team.

According to the participants of this study, the manager at the specific scheme will, after screening a potential foster parent, also include the **community** where the potential foster parent will provide foster care service. The aim is to obtain their input into the suitability of the person to provide foster care to children in need of care and protection within the specific context of that community. The participants held the following opinions on this aspect:

*"And then when we partner with communities and churches in the community, they also need to approve of the person, because there is no sense in placing a person in the community who they do not approve of."*

*"We also need our partners for their external knowledge. They know if it is a woman of high moral standing or if she will beat the kids."*

The thorough checking of the background of prospective employees has become increasingly important (Grobler, et.al, 2006:196). Such an exercise cannot only be considered as cost effective, but it can also limit the chances of appointing undesirable applicants (Hellriegel, et.al, 2004:240). Weinbach (2008:101-102) warns that the appointment of staff should never be a unilateral decision, but needs to include as many other institutions and individuals that can add a valuable perspective to the appointment. From the statements by the participants in this study above, it appears that they considered community members as an import source reference. The participant foster mothers in the study by Colby-Newton (2006:34) in Kwazulu-Natal were also well known by the communities where the cluster foster care schemes were situated.

The final screening is done by an outside social worker, employed by a registered child protection organisation (See Sub-theme 3.5).

*"We can do that* [referring to the final screening]*, but we get an outside social worker from Child Welfare or Social Services."*

*"The outside social worker will come in and screen the foster parent as a once off task."*

Section 182 (d) of the Children's Amendment Act, Act 41 of 2007 stipulates that before a prospective foster parent can be accepted, a designated social worker needs to establish if he/she is fit for such a position (Republic of South Africa, 2007:74). A designated social worker means:

*"A social worker in the service of –*

> *(a) The Department or a Provincial Department of Social Development;*
> *(b) A designated child protection organisation; or*
> *(c) A municipality"* (Republic of South Africa, 2006:20).

Although the process appears to be clear and specific, some of the participants were of the opinion that there are specific limitations in the recruitment of foster parents for children with special needs.

*"You talk about limitations; one of the limitations is to get foster mothers for problematic children. You try to create normal family circumstances and normally, with younger children to suddenly put in a very troubled 13 year old is very disruptive to the family. So we do not take in everybody; we always make sure it is in the best interest of all parties as well."*

*"Also the suitability of the foster mother to respond to individual needs of the child. It is no use placing a child for instance with a mother that could not understand the child."*

Beek and Schofield (2004:22-23) identified children with behavioural and learning disabilities, as well as children with severe disabilities as groups of children that are extremely vulnerable in foster care and also put strain on the foster parents. The inability of foster parents to deal with the special needs of these children often contribute to the breakdown of the foster placement and/or the difficulty to find suitable foster parents for such children (Ashby, 2003:19; Austin, 2004:9). Austin is further of the opinion that foster parents need specific training to deal with children with special needs (2004:7). Although foster parents might have suitable knowledge, skills and personal attitudes to be suitable to act as foster parents, the participants also highlighted the proper training of foster parents to meet the needs of the specific cluster foster care scheme that they will be employed by, as described below.

**Category 3.4.2: The training of foster parents as a requirement for employment as foster parents at a cluster foster care scheme**

The training of the foster parents in the participating cluster foster care schemes consisted of a process starting with observation through living with foster parents

who already provide foster care in a specific cluster foster care scheme, introducing the new foster parents to the children and then continuing with on-going training.

*"So when you find a person that you think stands out in the crowd, we start a whole process which we call the induction process."*

*"She must stay with another foster parent for a week to see what they do and if she is able to care for the children."*

*"We start to introduce them to the children, because we have a house full of children. Remember the children had a foster mother so they do the comparison all the time."*

Weinbach (2008:152) asserts that the training of staff needs to be designed to provoke a standardised "correct" behaviour of staff. Induction into a new job is known as the process to introduce and familiarise new employees with the working environment, as well as with the clients that they are going to provide a service for (Kroon, 2004:315). Grobler et.al (2006:207) suggests that employment procedures, establishing of relationships with fellow employees and employment responsibilities are topics that should form part of the induction programme of a new employee.

According to participants in this study the on-going training programme involves the following:

*"With our training for the foster moms we will address, for instance, discipline of our children. It is a normal cultural practice to give your child a 'snotklap'* [Afrikaans word for giving a child a back slap], but *you cannot do that. It is against the law. Look for alternative methods of discipline, for example time-out. So we teach the mom's that instead."*

On-going training of foster parents is a practical form of support that not only enhances the knowledge and skill levels of foster parents, but also assists them to deal with day-to-day challenges linked to the foster care placement (Kohler Durand,

2007:41). Roux, et.al. (2010:54) suggest that social workers should assist and empower foster parents to deal with the physical, emotional, social and educational needs of children in their foster care. According to De Jager (2011:63) training of foster parents should include:

- The role of the foster parents;
- The impact of fostering on a foster family;
- Attitudes and awareness with regard to issues such as race, gender and disability; and
- Awareness with regards to sexual abuse.

A further component of training that also needs to be included in the training of foster parents includes the legal responsibility and the administration of the foster care grant (Roux, et.al. 2010:54). In addition to the screening and training of the foster parents, the participating managers also provided a description of the service contracts with foster parents as employees of the specific cluster foster care scheme. The following category provides a description of the elements included in these service contracts.

**Category 3.4.3: The service contracts with foster parents providing foster care as part of a cluster foster care scheme**

The participants reported that foster parents are employed by the cluster foster care scheme and should therefore be treated as employees who have certain rights and responsibilities.

*"I think what we as management need to know is that the foster moms are staff and that they are protected by the basic conditions of employment. In the back of our minds we must always have this light going on she is a staff member and you need to care for them to protect them from burn-out."*

*"We employ the moms so we have leverage on that, if you do not behave, you do not get your increase and you do not get your bonus."*

There are several different services- or employment contracts, which may be either for an unspecified period or a limited period that takes the duration of a project into, account (Keulder and Benz, 2011:19). According to Seleoane (2010:2) an employment contract can come into existence in various ways, such as in writing, orally or even implied. Keulder and Benz (2011:19) suggest that the employment contract should stipulate the following:

- The particulars of the two parties to the agreement, namely the employer and the employee;
- Conditions of the employment in terms of position, period of employment, remuneration, leave, length of working week and hours, training, probation time, termination conditions, company policy, medical aid and pension fund;
- The duties to be fulfilled; and
- The grossly inconsistent behaviour, criminal behaviour or negligence that will lead to the termination of contract.

An employment condition that was highlighted by the participants is the initial contract or probation period. The following statements were offered in this regard:

*"She moves into the house and we first start with a contract for three months."*

*"Initially it is for a trial period of three months, but then they go on a permanent contract."*


A probation period refers to the period in which a newly appointed employee is introduced into the working environment in order to familiarise him/herself with the basic requirements of the specific post and the operational requirements of the organisation (Baloyi and Crafford, 2006:12). The probation period allows the manager or supervisor of the newly appointed employee to evaluate and monitor the performance of such a person (Erasmus, et.al. 2005:259). Although the period of probation is determined by the level and responsibilities of the post, a general period of twelve months probation period is expected by most employers (Baloyi and Crafford, 2006:14). However, the following statements indicate that there were elements of failure in the initial three months' probation contract:

*"It is also complicated, because the children get attached to the person."*

*"There is also the legal implication, because the children are placed by the court in the care of the person. So if the person is not suitable, it means that that placement needs to be reversed."*

The above statement reflected two key challenges linked to employment within cluster foster care schemes. The first reflected on attachment of the foster child to the foster parent. Cole (2005:453) is of the opinion that a foster parent is more likely to bond with a child if he/she is convinced that this relationship has the potential to develop into a long-term relationship. Although Section 156, (e) (ii) of the Children's Act, Act 38 of 2005 (Republic of South Africa, 2006:104) makes provision that a child in need of care and protection can be placed in a cluster foster care scheme, the reality is that children in need of care and protection are still placed in the care of the individual foster parent that is employed by the cluster foster care scheme (Colby-Newton, 2006:31; Gallinetti and Sloth-Nielsen, 2010:489). Another part of the service contract, described by the participants, includes the role and responsibilities of the foster parents employed by the participating schemes. This aspect will be discussed in the next category.

**Category 3.4.4: The roles and responsibilities of foster parents providing foster care as part of a cluster foster care scheme**

The participating managers of cluster foster care schemes regarded the roles and responsibilities of foster parents as follows:

*"Each mother is responsible for the daily care of the children in their care."*

*"She needs to make sure that the children go to school, and if they need to go to the doctor they need to make sure that they go to the doctor."*

*"Yes, that is their medical details because it is very important that they take their medication, the foster mother is responsible for that."*

According to Skelton (2009 a:65-68) the traditional role of parents or caregivers of a child can be divided into four categories, namely, 1) care, 2) contact, 3) guardianship and 4) maintenance. The care component refers to the responsibility to provide a home for the child to live in, financial support, promoting the well-being of the child, promoting his/her rights and guiding and directing the child (Skelton, 2009 a:66). Contact refers to the child's right to maintain a relationship with significant other people in his/her live, should the child not live with the biological parents and/or members of his/her extended family (Skelton, 2009 a:82). When a child is found in need of care and protection by a court, the responsibility of the care and contact component of the parental role is transferred to the foster parents or the cluster foster care scheme (Matthias and Zaal, 2009:178). Besides the care component, foster parents also need to address a number of diverse needs of children in their care. EveryChild (2011:33) alerts the reader that foster parents also have the role to address the specific needs of specific groups of children. Some of these groups include children with disabilities, children living with HIV, older children and exploited children. In terms of dealing with specific challenges in terms of foster children, one of the unique characteristics of cluster foster care schemes is the presence of the support element amongst members of the particular cluster foster care scheme. The following statements, offered by the participants to this study attest to this:

*"So if one mother needs to go for instance to the hospital and she has nobody to look after her children when they come from school, she can ask another foster mother in the scheme to look after the children. We make sure that we have two houses close to one another so that they can support one another."*

*"Always they are very supportive of each other there is here and there when women work together you will have fights - happening when one mother is fed up with another."*

*"They support one another. When all the children goes to school in the morning till 13h30 they can do as they please. So if one of the moms cannot make it back in time, she contacts one of the others and asks could my children came to you, can you open my house - there is a loaf of bread. Will you watch over my children?"*

*"They share resources, stand in for one another and also have an assistant. So if one foster parent is not there, the assistant is there; but under the supervision of the other house mother. So you never leave the children without the supervision of a foster parent. The foster mother is off every second week-end but P and M [two foster parents in the said cluster foster care scheme] will never be off at the same time. They stand in for one another".*

Social support includes those exchanges in a social network that provide emotional encouragement, concrete assistance or advice and information (Miley, et.al, 2009:374). Support to foster parents can refer to financial-, practical-, emotional-, psychological- and social support (Kohler Durand, 2007:33). One of the unique characteristics of cluster foster care schemes is that the members of that particular scheme function as part of a "big family" and are supported by a number of people, including fellow foster mothers, volunteers, and the management of that particular cluster foster care scheme (Colby-Newton, 2006:34). Apart from the role of the management team, the social worker and the foster parents, the participating managers also described the role of assistants as an important support component of the management of a cluster foster care scheme. This will be discussed next.

**Sub-theme 3.5: The role of the assistant providing support to individual foster parents in a cluster foster care scheme**

The following statements provide a description of how assistance to the foster parents is provided by means of the appointment of assistants by the schemes.

*"At the moment I have two* [referring to assistants], *but I will need one more."*

*"Yes, you have the assistant. In case where a foster mother dies or retires you have the assistant who the child knows and who is in the house."*

*"We have assistants in the house all the time and they relieve the foster mothers when they are not available."*

In the study by Colby-Newton (2006:36) it was found that most cluster foster care homes that participated in that study had an assistant to assist the foster mother and to relieve the foster mother when she needs to take vacations or have any other personal obligations to attend to. According to the said study some of the assistants were referred to as "*trainee house mothers*" or "*aunties*" that lived in the foster home and took part in the day-to-day care of the foster children in that house (Colby-Newton, 2006:36).

In some of the participating cluster foster care schemes the assistants worked specific hours, while in other schemes the assistant lived in the foster homes with the foster parents and the children in their care.

*"All assistants work from 10h00 to 18h00."*

*"My assistant is my niece and lives with me* [the participant was also a foster parent].*"*

The participants were of the opinion that the assistants should be able to meet specific emotional and development needs of the children in the cluster foster care scheme.

*"They almost become a second parent."*

*"Yes, like an auntie or a big sister."*

"*That the child can connect with, and that is where I think the assistant plays an instrumental part in our children lives. Not only do they assist the mother. And that is where we have our major problems, because the foster mother sees the assistant as her domestic worker. I feel that they have an important role in the development of the child, because they are younger than the foster mother. She also has a little more education than the foster mother, so she can help the child with homework and with skills and also life skills. Because we found the foster mom is older and she will not speak to the children about sex, she will not speak about HIV. So you have the assistant that is more flamboyant, that is more modern and she will.*"

Family members, extended family members and especially siblings play an important role in the development of each child (Howe and Recchia, 2006:2). The benefits of the involvement of siblings in the caring of their younger brothers and sisters are twofold. Firstly it provides an opportunity for the younger sibling to learn acceptable behaviour from their older siblings, and secondly it provides the older siblings with the opportunity to prove that they are competent cultural members by engaging their charges in appropriate activities (Maynard, 2002:970).

Statements by the participants indicated that the assistant to foster parents plays a vital role in providing consistency and stability in the care of these foster children:

*"So until such time we can find a foster mother, the assistant can stay with the children in the house. So the foster mother will come in and the **assistant will be there to support her."***

*"The assistant provides **security for the children**, and that is why we have a six-month period for that and if the person does not work for us* [referring to the appointment of the foster parent], *we start the process from the beginning."*

A principle of the best interests of the child as described in Section 7 (1) (k) of the Children's Act, Act 38 of 2005 is that a child has the right to be brought up in a stable family environment, and, where it is not possible, in an environment that resembles as close as possible a caring family environment (Republic of South Africa, 2006:34). One of the primary goals when placing a child in need of care and protection in alternative care is to ensure the stability and permanency of such a placement (De Jager, 2011:42). Permanency and stability in the lives of children in foster care are assured by the presence and stability of their caregivers (Owusu-Bempah, 2010:126).

The participants identified the following tasks that are specifically linked to the role and responsibilities of the assistant to the foster parent:

*"The foster mom knows which **medication** her children are on, but the assistant will not know and must be informed. So that is what she needs to spend as much time on as possible."*

*"We also provide **computer training** to our assistants. So we have an aftercare programme where she will give computer training to the children."*

*"They **assist the social worker** who needs to render services to the children in our care. Ideally the social worker comes and does interventions with the children, and at the same time transfers skills to the assistant so that intervention happens on a continuous basis."*

*"It also empower the assistant to deal with **day-to-day issues** and that the social worker only be called in serious issues where needed. So she [the social worker] does not need to be here every day. So she can make a weekly planning and do statutory things, intake of children, and speak to social development around extensions."*

*"So if they are not busy with their own tasks, they **relieve a foster mother**."*

Traditionally foster parents' roles are seen as an individual or a couple that provide nurturing, guidance and discipline to a child in order to promote his/her development (de Jager, 2011:48). Dougherty (as cited in De Jager, 2011:48) also added the roles of advocate (on behalf of children with various institutions), mentoring (contact with birth parents) and facilitator (facilitate the relationship between the child and his/her birth parents and/or extended family). The roles of the assistant in the cluster foster care scheme varies, however, from relieving the foster parent to providing emotional support as well as practical guidance with school work (Colby-Newton, 2006:36).

The participants also provided a description of volunteers that assisted the participating schemes with the day-to-day activities of cluster foster care schemes, as illustrated in the following sub-theme.

**Sub-theme 3.6: The role of volunteers in the day-to-day activities of a cluster foster care scheme**

The responses from the participants, as provided in this sub-theme, indicated that volunteers play an important role in the provision of services to foster children in a cluster foster care scheme. It appears, from the participants' statements, that most of the more specialised services are provided by volunteers. The following utterances attest to this:

*"We use volunteers for most of our needs."*

*"Ons het ook op die oomblik deur die Munisipaliteit 'n groep Hollandse studente wat diens doen by ons. Hulle verteenwoordig verskeie velde soos onderwys, maatskaplike werk ensovoorts."*

Volunteers have been playing a vital role in the operations of a number of welfare organisations for many years (Weinbach, 2008:114). In the study by Colby-Newton (2006:31) it was found that volunteers, and specifically volunteers from foreign countries, were often used. According to this author, volunteers came in on a daily basis. The first step in conducting a successful search for volunteers is to determine, as precisely as possible, the competencies that are needed at the organisation (Sheafor and Horejsi, 2010:231). In this study it appears that volunteers were utilised for their specific expertise.

*"We use a volunteer as behaviour practitioner, we have a psychologist, educational psychologist, doctors so any skills we need. Occupational therapists we try to get from the community which is our resource pool."*

Apart from descriptions related to the management, staff and resources of cluster foster care schemes, the participants also provided information relating to the children in their care. The next theme will provide a description hereof.

**Theme 4: The participating managers' description of the children that are being cared for in the various cluster foster care schemes**

Cluster foster care schemes are, in terms of section 156 of the Children's, Act 38 of 2005 (Republic of South Africa, 2006:104), one of the alternative care options when the court found a child in need of care and protection. In this theme, the participants shared specific views on the characteristics of the children that this form of alternative care make provision for. The following sub-themes were identified as part of this theme:

- The admission criteria of children at the cluster foster care scheme;
- The placement of children in need of care and protection in a cluster foster care scheme;
- The focus of cluster foster care schemes to integrate children into the community that represents their cultural inheritance;  and
- Family reunification of children placed in a cluster foster care scheme.

**Sub-theme 4.1: The admission criteria of children at the cluster foster care scheme**

A one of the alternative care options stipulated in the Children's Act, Act 38 of 2005, cluster foster care schemes make provision for children that were found in need of care and protection by the court (Matthias, 2010:175). Participants in this study shared the following statements about these children that are in need of care and protection.

*"All vulnerable children."*

*"Children who are illegal immigrants."*

*"We have a mixture, some with parents and some without."*

*"All children in need, but we need to consider the resources available to the organisation."*

*"Ons sien dat daar in die tyd toe ons begin het 'n groot behoefte was aan kinders waar daar geen familie was nie, absolute niemand wat hulle kon versorg nie."*

*"Physical abused and abandoned children."*

*"And there is a criterion that all of them must be affected or infected by HIV."*

The latter statement relates to the discussion in Theme 1, where the participants reported that one of the primary motivations for starting cluster foster care schemes was to address the increasing need for alternative care for children affected or infected by HIV and AIDS (Dunn, 2007:3; McCarthy, 2010:48).

Liebenberg (as cited in Martin, 2010:3) is of the opinion that children's vulnerability arises from their physical characteristics, special emotional and development needs, their dependence on adult care and guidance, lack of legal capacity and inability to access many government services without adult assistance. Various authors, however, indicate that certain groups of children are more vulnerable than others. Shung-King and Roux (2005:22) and Martin (2010:4) list young children, children living in poverty, children living with disabilities and chronic illnesses, children in conflict with the law, children living and working on the streets, abandoned children, children who are undocumented minors and/or refugees, orphaned children, and children affected by HIV as some of the most vulnerable children in South Africa. One of the participants indicated that they made provision for children that are physically abused and abandoned. A physically abused child refers to physical maltreatment of a child under the age of 18 years by another person (Carstens and du Plessis, 2009:594), while an abandoned child is a child that is left without parental, family or adult support (Owusu-Bempah, 2010:45). A common factor around children that are referred to alternative care options is the absence of adequate parental or family care (Dutshke and Monson, 2008:25). Colby-Newton (2006:6) indicates that the increasing need of children in need of care and protection was one of the motivating factors why concerned community members started with cluster foster care schemes as a form of an alternative care.

Regarding the age criteria for admission into a cluster foster care scheme, the participating managers shared the following information:

"*Children between the ages of 0-18.*"

"*Children from the age of 0-3 years.*"

The above identified chronological age division is in line with the age criteria indicated in the Children's Act, Act 38 of 2005 (Republic of South Africa, 2006:20). The act makes provision for the best interests of children under the age of 18 years.

The participating managers further reported that children with specific behavioural problems are carefully considered for admission.

"*It does not mean we cannot take children with problematic behaviour, but you need to minimise the risk to the other children.*"

"*Some children appear to be better off institutionalised.*"

Children with challenging behaviour pose great challenges to their caregivers. According to Owusu-Bempah (2010:47), challenging behaviour of children in alternative care does not stem from a single event, but rather from a complex number of factors that contribute to this behaviour. The author is further of the opinion that the behavioural challenges amongst foster children often complicate their lives further by questioning authority, absconding from the foster home and being in conflict with the law. Foster care placements of children with behavioural or other emotional problems are more likely to break down, than those without it (Sellick, Thoburn and Philpot, 2004:4). Not all foster parents are equipped to deal with these kinds of behavioural problems (Austin, 2004:7). EveryChild (2011:25) agrees that not all children will benefit from placement in foster care. Older children, children with challenging behaviour and children who have frequently changed foster

care placements might be better off when placed in smaller institutions of residential care.

In addition to the admission criteria discussed in this sub-theme, the participants also described the placement of children in need of care and protection in their cluster foster care schemes. This aspect is addressed in the next sub-theme.

**Sub-theme 4.2: The placement of children in need of care and protection in a cluster foster care scheme**

The participants specifically highlighted the importance of the legal placement of children.

*"Children are placed by the Children's Court."*

*"Children need to be placed by the Children's Court."*

*"Yes, and legally the child has been placed with the foster mother."*

*"If the child has no legal court order, somebody can come and take the child without consent from our care."*

According to Article 167, Children's Amendment Act, 38 of 2007 (Republic of South Africa, 2008:60), the term 'alternative care' implies a placement of care where a child was placed in foster care, a child and youth care centre and/or in temporary safe care by court order for a period determined by the court (See 1.8.1 in Chapter one). Additionally, according to Section 156 (e) (ii) of the Children's Act, Act 38 of 2005 (Republic of South Africa, 2006:104), cluster foster care schemes are one of the alternative care options when a child is found in need of care and protection by the court. In spite of the above legal requirements, participants also indicated that some of the children in their care initially had court orders, but that those orders lapsed and were not extended.

*"Twenty five percent of our children are not on a proper court order. I mean, we had the orders, but it lapsed and we do not have any extension of the order."*

The above statement indicates that the foster children in the participating schemes were legally placed by the Children's Court. Section 159 (1) (a) of the Children's Act, Act 38 of 2005 (Republic of South Africa, 2005:108) states that an order made by the Children's Court lapses or expires two years after the order was made. A court order may be extended for a further period of two years. In such applications the court must, in terms of Section 159 (2), take cognisance of the views of the child, the parents or any other person that has parental responsibilities and rights of the child concerned, including the management of the centre where a child has been placed and any alternative caregiver of the child (e.g. the foster parent) (Republic of South Africa, 2006:108).

Another aspect that is being considered during placements of children, as described by the participating managers, is also to do the placements in such a way that a family structure is developed and provided.

*"We try to have in each house two high school children, two primary school children and two pre-school children. Because the older children help with younger children and younger children learn from the older children."*

*"We also try to get a family dynamic going there, but the children understand that they are not biological family. But we try to teach them to understand that there was circumstance why they live together."*

*"That is part of the criteria we want to work towards, and also to teach them what is normal in a family and how is a family working."*

A crucial element of cluster foster care schemes is that children will live with foster parent/s and a maximum of six other children in one house (Martin, 2010:50). Although these families and other children are often non-related to the foster child,

this form of care offers to the child in need of care and protection the option to live with a parent or parents and a number of 'siblings' (McCarthy, 2010:126). The importance of siblings and a family structure in the development of a child can never be overestimated. Siblings play an important role in the development of understanding other people and provide a platform to acquire acceptable social behaviour and interaction patterns (Howe and Recchia, 2006:2).

According to the participants, the input of the foster parents plays an important role during the admission process, as described below.

*"Amptelik verlaat ons ons almal verskriklik op die mamma, want sy het die hart gekry."*

*"Maatskaplike werkers sal bel, dan sal ek luister na die storie en dan sal ek na die huisma toe gaan en vra of sy kans sien. Dan is dit asof die Heilige Gees daardie konneksie maak, ek weet nie hoe om dit anders te beskryf nie. Ons het waglyste, ek vat nie meer kinders vir waglyste."*

*"But it is in consultation with the foster mother, if she said no then it is no."*

The consultation with the foster parent before placements were made, according to the participants, also focused on determining whether the foster parents have the potential to meet the individual needs of the child concerned, as well as the influence that a new admission will have on the children already in the foster care of the potential foster parent.

*"The suitability of the foster mother, to respond to individual needs of the child"*

*"It is no use placing a child for instance with a mother that could not understand the child."*

*"To maintain the balance of ages in the house, so that you do not have for instance six five-year old children in a house."*

Once foster parents are recruited and screened, they need to be matched with a specific child in need of care and protection. Future contact with biological family, and how the prospective foster parent might deal with it, should also be considered (Johnson, 2005:11; EveryChild, 2011:28).

Apart from the placement of the children, the participating managers also described how focus is placed on the integration of the children into their cultural communities. The next sub-theme will focus on this aspect.

**Sub-theme 4.3: The focus of cluster foster care schemes to integrate children into the community that represents their cultural inheritance**

The placement of a child in need of care and protection in a community that represents his/her cultural inheritance of origin appears to be an important aspect when considering placement in cluster foster care schemes. The first important aspect that was offered by the participants is the child's right to be part of a community.

*"Children in a family become part of the community where the family stay."*

*"The children are meant to be growing up like other children in the community."*

All services to children and their families should promote family preservation, the principle being that all children should remain within their families or community of origin (Berry and Guthrie, 2003:38). According to the Green Paper on Families, human beings have always lived in families from the beginning of time and it is therefore considered as an important structure in each society (Republic of South Africa, 2011:8). Many South African children, however, do not have the opportunity growing up in a secure and safe family environment. A constant effort should be made to integrate children in need of care and protection into environments that simulate a family as closely as possible (Republic of South Africa, 2011:60). Participants in this study described the consequences if children in need of care and

protection are alienated from the communities of origin. They shared the following in this regard.

*"When we do family integration with the child with whatever family is alive, we find a gap between the child who grew up in the suburbs and the biological family in the township. They cannot communicate in the mother tongue and the child cannot associate with the experiences of the family. I think this is why this set-up is so important, because the child lives in his culture, understands his culture and lives in a community that he can associate with."*

*"Yes, that is why we can say that we have the experience in finding that. One of the children who has been in foster care since birth…. To start a relationship between her and her grandmother was just…..the gap between them was just so big. She does not understand the grandmother, she is a little snob and she was exposed to other things."*

*"Trying to do family reunification, you cannot do that if a child has no concept of the culture of origin. Some of our children were frightened to meet the granny in her shack, and they were terrified seeing granny sitting over there. They would not go near the granny and could not understand what they were talking about".*

*"When they went back home, they were not used to the food, the tribe, 'pap'* [food] *and so on. They came across as spoiled little brats."*

Foster children without connection to their own roots might feel alienated from the people that are of the same cultural background than themselves (Iowa Foster and Adoptive Parent Association, 2008:7). Child care legislation acknowledges the importance of the child's cultural background. Section 65 (1) (j) states that foster parents have the obligation to ensure that a foster child from a different cultural, linguistic or religious background than themselves  must be assisted to maintain links with his/her culture, religion or language of origin (Republic of South Africa, 2010:75).

The opportunity to be able to communicate in the language that is usually associated with the cultural group that the individual child belongs to appears to be one of the primary considerations regarding integration into a community that simulates a real family situation.

*"Language is a big thing - and culture."*

*"We still find Xhosa children who cannot speak any Xhosa, they speak Afrikaans."*


Colby-Newton (2006:38) asserts that children in alternative care should be encouraged to maintain contact with the families and communities of origin and that the practices of the culture of origin should be upheld. The right of every citizen of South Africa to use the language and to participate in the culture of their choice is protected in Section 30 of The Constitution of South Africa, Act 108 or 1996 (Republic of South Africa, 1996:15). Singh (as cited in McCarthy, 2010:138) argues that language is not only an effective tool to communicate, but is also a vehicle of values systems and cultural expressions. Language, as a communication tool is therefore seen as a determining factor to identity with groups and individuals. However, Awde (2009:3) argues that culture is more than the preferred language medium that is used for communication. This author is of the opinion that culture consists of beliefs and values that impact on the norms, customs, practices, psychological endeavours, educational institutions and organisations. According to Kiefer (as cited in McCloskey, McDonald, Cook, Heurtin-Robers, Updegrove, Sampson, Gutter and Eder, 2012:10) culture is an integrated way of thought and behaviour shared by a group. Culture is a way of living and ever-changing (Osei-Hwedie, 2002:316). Children are therefore creating culture at the same time that they acquire culture (Maynard, 2002:979).


The participants provided the following information regarding the challenges experienced in this regard:

*"Hulle kom klein en die voertaal is Afrikaans."*

*"En soos 'n kind wat met Xhosa gekom het, het ek probeer Xhosa leer. Ek het so stupid gevoel, maar binne twee weke kon sy vlot Afrikaans praat. Ons probeer verskriklik om vir hulle te sê hulle moet hulle taal praat. "*

*"Hulle is meer demografies georiënteerd as wat hulle kultuur georiënteerd is. Dit is dat die omgewing is vir hulle meer belangrik as wat dit is om Xhosa te praat. Die kind is in die Wes-Kaap en hy moet aanpas by wat hy nodig het om te oorleef."*

The increasing need of children in need of care and protection implies that not all children will have the opportunity to be raised in their culture of origin. Foster parents that are from different cultural background than that of the foster child have to accept the responsibility to allow the child to have access to his/her own cultural background (Iowa Foster and Adoptive Parents Association, 2008:14). Another aspect related to the aim to provide the children in cluster foster care schemes with a family structure within their communities of origin also includes efforts to reunite the children with their own families. This aspect is the focus of the following sub-theme.

Apart from the placement of the children, the participating managers also described how focus is placed on the integration of the children into their cultural communities. The next sub-theme will focus on this aspect.

**Sub-theme 4.4: Family reunification of children placed in a cluster foster care scheme**

The participants acknowledged the potential temporary nature of foster care placements, and shared their experiences in this regard.

*"Many children can go home and do not need to stay long-term with us."*

*"Yes, quite few went back to the biological family which might be an auntie, grandparents and so on."*

*"Baie min en ek kan dit amper op my hand noem. Daar was twee kinders en een kind wat na 'n kinderhuis gegaan het, omdat haar ma wat aan tik verslaaf was die lewe vir ander kinders in ons sorg moeilik gemaak het."*

*"We only have the one child who returned for two days* [to the care of the biological parents], *but the mom could not cope with the child and so the child returned to us. There was no relationship with the mother. The father, however, started to build a relationship with the child, but the outside social worker did not consider returning the child to him."*

Family reunification services are part of the statutory responsibility of the child protection organisation that has the statutory control over the child in alternative care. According to the participants, their cluster foster care schemes participated actively to build and maintain the relationship between the children and their biological families on condition that it is in the best interest of the child.

*"We work very much towards reunification with the family."*

*"If they behave and if in the best interest of the child."*

*"Dit is nou in verlede jaar dat ons 'n besoek gehad het van 'n ouer. Ons laat hulle inkom en gesels met die kind, maar ons sit liewer by want sommige ouers maak beloftes aan die kind wat hulle nie nakom nie. So ons sit by sodat ons kan weet wat gepraat word en as sekere dinge nie nagekom word nie dat ons kan red wat te redde is."*

*"If they can be involved we set up a contract with the parent, foster mother and social worker. It works quite well - it sets out times when she can visit the child and so on."*

In a study by Bogolub (2008:94) with a sample of children in foster care it was found that all children have the intense need to be reunited and to maintain contact with their biological family. Foster children who maintain contact with their biological parents and family have a higher probability to be reunified with their families (Barber

and Delfabbro, 2004:136). The importance of efforts by practitioners to ensure that a stable bond between the foster child and his/her biological parents, caregivers and extended family is restored and/or maintained therefore has to be highlighted (EveryChild, 2011:23).

In line with the discussions above on the importance of the community, the participants also referred to network structures in the communities.

## Theme 5:  The participating managers' experiences of the relationship between cluster foster care schemes and different network structures in the community

Social networks refer to the different structures in a community that provide support to the individual or the organisation (Miley, et.al, 2009:285). In this study, the participants identified the following structures that formed a network for support to the cluster foster care schemes:

- Social workers at child protection organisations; and
- Educational and medical network structures.

## Sub-theme 5.1: The role of social workers at child protection organisations regarding children placed in cluster foster care schemes as part of alternative care

The participating managers of cluster foster care schemes reported that social workers employed by child protection agencies played an important role in their network structure. The following statements attest to this:

*"We have to rely on the external social workers to get therapeutic work done."*

*"Yes, you have to associate yourself with an organisation like Home from Home."*

The participants acknowledged the importance of a network structure involving social workers, but indicated that this aspect is not always experienced as positive.

*"So social Service cannot even get it right to pay us our grants, let alone managing what is going to happen to the grants."*
*"I have been here for three years and I had a social worker here once, because I invited her for coffee, otherwise no supervision happens."*
*"I understand that she has a lot of other work - that you understand."*

According to the participants, social workers at child protection organisations are one of the network structures that play a vital role in the management of the cluster foster care schemes, for instance, therapeutic support to the children, supervision of the placements and monitoring of grants. Further statements obtained from them were divided into two categories, namely:

- The statutory role of the social work of the child protection organisation toward children in the cluster foster care scheme; and
- The supportive role towards the children that were placed in cluster foster care schemes.

**Category 5.1.1: The statutory role of social workers at child protection organisations regarding children placed in cluster foster care schemes as part of alternative care**

The participants explained that the social workers at child protection organisations are responsible for the statutory control of children that are in foster care with the foster parents in cluster foster care schemes.

*"The Children's Act says that the foster child is placed under the supervision of a social worker and that this supervision means the social worker needs to assist the child and support the foster family."*

*"The role division is that the outside social worker focuses on the statutory part and I focus on the development needs of the child."*

*"We can do it* [statutory social work] *but we will not until the government gives us some social work support money."*

*"They are legally responsible for family reunification services."*

Statutory social work refers to social workers that are responsible to utilise social work methods, skills and techniques to assist clients involved in some sort of court case or in need of care and protection (Lombard and Kleijn, 2006:218). The statutory role and responsibilities of social workers towards children in foster care and cluster foster care include: 1) To ensure the protection of the child, 2) to work towards the reunification of the child with his/her biological parents or family, and 3) to ensure the extension of the foster care placement for a longer period of time should reunification with the family appear not to be a viable option (Republic of South Africa, 2010:74).

Statutory social work *intervention* focuses on, amongst others, the support and strengthening of the individual that is in need of residential or alternative care (Republic of South Africa, 2006:19).

**Category 5.1.2: The supportive role of social workers at child protection organisations regarding children placed in cluster foster care schemes as part of alternative care**

As also described in Sub-themes 3.3 and 4.1, one of the primary areas of support that cluster foster care schemes receive from social workers at child protection organisations is, according to the participants, assistance with the screening of potential foster parents.

*"As a child protection organisation we have the right to do the screening, but we chose not to. We will do the initially screening and then get another organisation to write the final report. "*

*"They act as a back-up and safety-net for us with the screening."*

Some of the participants reported that they experienced the actions of social workers as not always in the best interests of the child. The following statements and case scenarios were offered by participants:

*"One day the social worker is there to remove the child; but nobody understands why they do that, or there was no time to prepare the child."*

*"Dit was weereens vir my 'n bewys dat die maatskaplike werkers buite kan baie maklik om die bos gelei word. Ons het byvoorbeeld 'n gestremde seun wie uit baie swak omstandighede uit die dorp gekom het. B* [the social worker who placed the child in the cluster foster care home] *van die dorp het die kind verwyder en die ma en pa het verdwyn. En so is y deur ons as 'n kind met 'special' behoeftes versorg en ook ingeskakel by Rooikruis en Tygerberg hospitaal. Ons was net besig om te reël dat hy 'n oogoperasie kry wat sou bydra dat hy weer kon sien en ons was net met daardie proses besig toe pop 'n maatskaplike werker van H area* [a neigbouring town] *uit om te sê dat die ouers nou in hulle area is en hulle lyk nogal baie oulik, die kind moet nou teruggaan. En ons het gesê dit is 'n groot fout, omdat die ouers nie die afspraak by Tygerberg sou kon nakom nie. Daardie kind is vir feitlik 'n jaar terug by die ouers toe is hy weer verwyder terug na ons toe. Dis toe dat Tygerberg vir ons sê die kind is permanent blind. Daar is hy nou sonder sig omdat 'n maatskaplike werker buitekant voel maar die ouer het 'n reg om 'n kind te kry."*

*"All the time, the social worker is never there."*


Another participant acknowledged the fact that outside social workers do not always have the time for monitoring, and expressed that cluster foster care schemes could assist the social worker in this regard.

*"Yes, that is why I believe we can render a more effective supervision services. I see how grants are mismanaged, how children still suffer - you know that kind of thing still happens. So I say link yourself to an organisation that will supervise that you provide a holistic care to the child. It is not just putting a plate of food on the table. The child needs to be loved and the child needs to be hugged. If there is any need for intervention an organisation like us is better equipped to act than to wait for*

*Social Services who will one day send out a social worker and by that time the child is dead."*

In this study it also became evident that participants fostered sound network structures with educational and medical service providers in order to meet the needs of the foster children in their care.

**Sub-theme 5.2: Educational and medical network structures supporting the services of cluster foster care schemes**

Besides the network structures with social workers at child protection agencies, the participating cluster foster care schemes also maintained network structures with 1) educational and 2) medical services providers, which will be discussed in the following two categories.

**Category 5.2.1**: **Educational network structures used by cluster foster care schemes in respect of the children in the care of foster parents under their supervision**

Participants provided statements that indicated that the local schools and education facilities are important network structures for them.

"*All our children attend school in the area."*

*"We have a school on our premises, but only four children attend this school."*

*"We use schools in our areas which are walking distance from our homes. The children do not use public transport or go to schools in other areas."*

Section 29 of the Constitution of the Republic of South Africa, (Republic of South Africa, 1996:14) states that each child has the right to basic education and that government is responsible to ensure appropriate services to meet this right. As such,

one of the key obligations of the Department of Education is to make attendance at primary schools compulsory, accessible, available and free to all children (Martin, 2010:136). In terms of accessibility and availability, the National Policy for Equitable Provision of an Enabling School, Physical, Teaching and Learning Environment of 2008 and the accompanying National Norms and Standards for School Infrastructure (as cited in Martin, 2010:162-163) make provision for a catchment area with a radius of a maximum of three kilometre walking distance from the nearest school.

**Category 5.2.2: Medical network structures used by cluster foster care schemes in respect of the children in the care of foster parents under their supervision**

According to the participating managers of cluster foster care schemes, they formed important network structures with provincial and state hospitals and also private organisations rendering medical care to the children in their care.

*"State hospitals like Tygerberg, Grootte Schuur and community clinics - we cannot afford private doctors."*

*"Ons het byvoorbeel ons Daghospitaal wat baie goed skakel met ons MIV en gestremde kinders. Dan het ons die SENISIA span wat bestaan uit fisio- en arbeidsterapeute. Hulle besoek ons twee maal per kwartaal en gee opleiding aan alle onderwysers en versorgers. Hulle werk ook 'n program vir elke kind uit en monitor die uitvoering daarvan met die onderwysers en versorgers. Daar is ook 'n onafhanklike groep terapeute wat gestremdes en MIV kinders in die gemeenskap ondersteun."*

As with education, Section 28 of the Constitution of the Republic of South Africa, (Republic of South Africa, 1996:13) states that every child has the right to health care services. In a response from government to give effect to constitutional rights of children, the Department of Health is offering free health care to all children under the age of six, excluding people and their dependents that are on a medical aid or

are non-South Africans that visit the country, especially for the purpose of health care. The benefits are further extended to children and their families above six years where one of them is a beneficiary of a social grant (Martin, 2010:83-84).

Besides formal social work-, health- and educational support structures, the participating cluster foster care schemes also enjoyed support from their local communities. It was also evident that the participants are keen to plough back certain resources and skills into the community where they were based. These viewpoints will be described in the next theme.

**Theme 6: Support to and from the community in which the cluster foster care scheme is situated, as perceived by the managers of cluster foster care schemes**

Cluster foster care schemes are situated in communities and the participants viewed this as an important characteristic of this kind of alternative care for children in need of care and protection. Statements that support the importance thereof were as follows:

*"I think what is nice for me is that H* [referring to name of the cluster foster scheme] *does not start a community, but forms part of a community - an already existing community."*

*"Our project became part of a community and our children are not seen as foster children or labelled or stigmatised."*

The word 'community' can, according to Sheafor and Horejsi (2010:116), be described in two ways. It can firstly refer to people that share the same geographical area or, secondly it can imply people that share a common interest, focus or concern. One of the unique characteristics of cluster foster care schemes is that they are community-based (Gallinetti and Sloth-Nielsen, 2010:419). Colby-Newton's study (2006:68) of different cluster foster care schemes in KwaZulu Natal found that foster

children that were cared for within a cluster foster care scheme were fully integrated into the community, because they attended the local schools and were able to develop normal peer relationships.

In this present study, the participants were of the opinion that the communities in which they were situated played a supportive role towards the cluster foster care schemes in their communities. The support of the community in which the participating cluster foster care schemes were situated was divided into two sub-themes namely:

- The function of a community committee in the operation of a cluster foster care scheme; and
- Services provided to the community by the cluster foster care scheme.

**Sub-theme 6.1: The function of a community committee in the operation of a cluster foster care scheme**

Some participants reported that community committees formed part of how they managed their cluster foster care schemes. The following statements explain the composition, roles and functioning of such committees:

*"They are a set of people living in the community that comes around and find out how we are. Some of them also stay with the children if the foster mother needs to go with one of the children to the hospital."*

*"They are always around to support us and to assist us where they can."*

*"A project like this need to be owned by the community and when the community feels isolated we would never have had the protection that we have. Our place, touch wood, has never been burglarised, vandalised and none of our house either. My car stands there and nobody touches it."*

*"But each house has its own committee and then they are represented from the community, the foster mother and the church."*

*"We have a member's agreement with them and we manage that."*

Community committees are community-based structures focusing on the needs of the residents of that community and ensuring that their needs are addressed (Martin, 2010:23). Ofuoka (2009:921) concurs that a community committee is a group of elected members of the community, for the purpose of co-ordinating the self-help development of that community. The participants in this study described the focus areas of the community committees as follows:

*"Keeping an eye on the children and supporting them."*

*"**Day-to-day support**, you know today one of the children has to go from K to S for a sexual abuse clinic and one of the community members drove her there and supported her through the process."*

*"Keeping an eye on the **finances** of the children, so that the foster mom spends her money properly."*

*"The **spiritual side** is very important, as well as to assist the homes **to integrate into the community**."*

*"Some houses are financially supported by their committees. Some committees also do **fundraising** to support their houses."*

According to the Department of Social Development (2009:18) community members need to be empowered to take the responsibility for the protection of the children in their communities, and to accept the notion that "your child is my child." As such, the Department of Social Development acknowledges the importance of community involvement in the care and protection of all orphaned and vulnerable children. In reaction to this, the mandate of these committees is described in the Action Plan for Children made vulnerable by HIV and Aids, 2009-2012 (Martin, 2010:6). Focus areas to be included in the activities of these committees include the identification of orphans and vulnerable children in the community, provision of food and nutrition,

educational support, psycho-social support, household visits and home-based care, child fostering/recruiting of foster parents and relief to families (Martin, 2010:60).

**Sub-theme 6.2: Services provided to the community by the cluster foster care schemes**

According to the participating managers of cluster foster care schemes, the schemes also provided specific support and services to the communities in which they were situated in. The provision of early childhood development services to both the foster children in the cluster foster care scheme, as well as children in the community appears to be such a service to the community.

*"We started a **cresh** for our own children, who went to school, and then a Gogo who is deaf and looking after her 7-year old granddaughter came here and asked for assistance with homework for the child and that is how it started with the community."*

Partial care facilities (crèches) are described in chapter five of the Children's Amendment Act, Act 41 of 2007 (Republic of South Africa, 2008:14-28). Partial care facilities fall within the prevention framework of the Integrated Service Delivery Model of the Department of Social Development (Republic of South Africa, 2006:22). The prevention level of service delivery is aimed at strengthening and building the capacity and self-reliance of individuals, groups and communities (Republic of South Africa, 2006:18).

The participants were also of the opinion that the foster homes in a specific cluster foster care scheme provide an important support system to children, as well as community members. They shared the following regarding this aspect:

*"Yes in the particular project when I started coming here and we started making all the changes here, the community came -  our electricity is down, can you help us, the rates, my son was in an accident, you know then we helped."*

*"In the morning the one* [referring to one of the assistants] *will give computer training to members of the community."*

*"If you were here at 15h00 you will see how our houses become a community haven for all children of the community."*

After-school care services provide children with a safe environment, offering them, under supervision of adults, a number of growth-enhancing opportunities and including activities to assist with school performances (Durlak and Weisberg, 2007:3). Similar evidence of cluster foster care schemes involvement with their surrounding communities was found by Colby-Newton (2006:27-28) in KwaZulu Natal. In one of the projects participating in that study it was found that cluster foster care schemes supported vulnerable children in the nearby communities through their outreach projects. In another scheme they were supporting a nearby farming community by providing volunteers to assist them to apply for child support grants.

In the final theme below, the participating managers of cluster foster care schemes perceptions on elements that need to be included in an operational guideline for cluster foster care schemes will be discussed.

**Theme 7: The participating managers' description of guidelines for starting a cluster foster care scheme**

Managers that participated in this study requested that the personal **motivation** of the prospective managers of cluster foster care schemes should be addressed in a guideline for starting a cluster foster care scheme. They also emphasised the importance of **experience** with foster children and/or placements.

*"Kan ons net se wat ons sien? Hier op X* [the location of the cluster foster care scheme] *is 'n plek wat elke drie maande sluit en dan weer oopmaak, en dit is omdat hulle begin het met 'n gebou. Jy kan baie geboue hê, maar as jy nie die regte mense*

*het om hierdie program te bestuur nie dan kan jy nie so 'n projek waarborg nie. Dit is 'n 'committed' ding. As jy die nie 'n lewenstaak maak nie, kan jy maar opgee."*

*"Ons het al baie navrae gehad hoe om te begin. Wat ons vir mense sê is begin klein, neem 'n pleegkind in en sien hoe is dit om 'n pleegkind te versorg."*

*"Jy moet weet wat dit is om 'n pleegouer te wees. Ek voel 'n 'cluster foster home' moet deur 'n pleegouer begin word, want hoe gaan hy weet wat is die behoeftes van pleegkinders as hy dit nie self ervaar het nie."*

*"Dit gaan oor jou eie motief. Wil jy 'n pleegouer wees en sal jy 'committed' wees aan die kind in jou pleegsorg? Dit is belangrik dat die persoon wat die 'cluster' bestuur ook 'n pleegouer moet wees, want so 'n persoon sal presies weet wat die uitdagings is wat die ander pleegouers ondervind."*

Other suggestions made by the participants regarding aspects to consider when prospective cluster foster care managers want to operationalise a cluster foster care schemes were:

*"Die mense begin verkeerdom. Hulle het 'n visie en bou 'n huis, maar dan het hulle nie kinders of die **'committed' pleegouer** nie. So wat doen hulle? Hulle vind kinders en neem iemand in diens om na die kinders te kyk? Dit word 'n werk vir daardie persoon en vir die kind weer 'n kinderhuis waar die versorgers dikwels wissel."*

*"Last year we had a visit from people busy with the finalisation of the Children's Act and what I told them is to **link foster mothers in the community to projects** like Y [a cluster foster care scheme]."*

*"Do not try to reinvent the wheel. Look at **best practices**, because best practices consist of huge amounts of experience."*

*"I think also all the **registrations requirements** to register as trust, NGO [non-government organisation] and child care organisation."*

*"**Do not start with a big project**, start one home at a time. We started with one, then we had two and then we expanded from there."*

*"Do not start off by saying we are going to have fourteen this year."*

*"It is important to **start with a need**, because a lot of people have wonderful ideas but there is not actually a need for it where they want to start it."*

*"We have quite a few meetings with individuals who come to us to say they want to start with something without having an idea what the need is."*

*"We also think it is more preferable to **not** start with a project like that **from your own home**."*

*"Criteria must be very clear what you want to do regarding the **intake of the children**, and the kind of children you want to take."*

*"The **capacitating of the staff** and relationship between the staff, the management and the outside social worker must be established."*

*"This is **community-based homes** and not an institution; we need to come away from the institutionalisation of children."*

Some of the participants also suggested the following to be considered regarding the role of the management in the cluster foster care schemes:

*"I think everybody needs to understand their role and what is accepted from them is who is doing what in management."*

*"The actual management of houses need to become independent."*

*"You actually have to capacitate the staff to make that kind of decisions themselves."*

## 3.4 Conclusion of this chapter

This study aimed to explore and describe the present functioning of cluster foster care schemes in order to identify operational elements to be documented in a guideline for service providers and social workers. In order to achieve the goal and

objective of the research study, as described in Chapters 1 and 2, data was collected from nine managers of cluster foster care schemes (representing population one of this study) that were involved with the management of cluster foster care schemes in the Western Cape. Following data analysis, the data was divided into themes, sub-themes and categories. The storyline provided the researcher with an answer for the research question as the participants described: 1) their motivation to start with cluster foster care schemes; 2) different models of cluster foster care schemes; 3) current practices of cluster foster care schemes; 4) the children in cluster foster care schemes; 5) the support networks used by them; 6) the support from and to their communities; and 7) what should be included in guidelines to start a cluster foster care scheme. The findings were discussed and verified with the relevant literature in this chapter. Triangulation of sources of data (Babbie, 2007:277) was employed in order to ensure the truth value of this study, and to enable the researcher to develop user-friendly operational guidelines. The findings discussed in this chapter were therefore supplemented with findings obtained from the foster parents that provided foster care as part of the participating cluster foster care schemes. The latter findings will be discussed in Chapter 4 of this document.

# CHAPTER 4

# DISCUSSION OF RESEARCH FINDINGS AND LITERATURE CONTROL: THE PERCEPTIONS AND EXPERIENCES OF FOSTER PARENTS OF CLUSTER FOSTER SCHEMES REGARDING OPERATIONAL ELEMENTS

## 4.1    Introduction

Foster care as a form of alternative care is most probably one of the oldest forms of care for children in need of care and protection. In Chapter 1 of this document, the development of alternative care was described as a phenomenon that has been documented to be in existence since the Greek and Roman times (Pieterse, 1975:22). Downs, Moore, McFadden, Michaud and Costin (2004:324325) report that children in need of care and protection were mostly cared for by mechanisms embedded in their tribes and cultures. In traditional cultures, the role of the extended family and specifically those of grandmothers was a valued and preferable choice of alternative care for children in need of care and protection (Owusu-Bempah, 2010:29-37). Guishard-Pine, McCall and Hamilton (2007:16) note that later developments indicated favouritism of institutional care, such as work houses as options for alternative care for children in need of care and protection. The same authors report that the first form of foster care was reported in 1853 in Cheshire (England), when a child was removed from a work house and placed with a family in foster care under the supervision of the local government (Guishard-Pine et.al. 2007:16).

The current world view on foster care makes provision for two main forms of alternative care, namely non-kinship and kinship foster care. The first form refers to foster parents who care for a child that is not biologically related to them, while the latter refers to foster parents who are biologically related to the child in their care (Barber and Delfabbro, 2004:23). Child care legislation in South Africa makes provision for both forms of foster care as options for alternative care. Section 156 of the Children's Act 38 of 2005 as amended Act 41 of 2007 (Republic of South Africa,

2008:74) also makes provision for the placement of children in need of care and protection in cluster foster care schemes as an additional form of alternative care. Prior to the inclusion of cluster foster care schemes as a form of alternative care in the South African legislation, communities and child protection organisations started spontaneously to develop foster care placements. Similar projects were included in a research project by Colby-Newton (2006: 5-8) in a study about an introduction to three organisations caring for orphans and vulnerable children, using cluster foster care models in Kwa-Zulu Natal.

This present study was based on the identified need by an unpublished study of Taback and Associates (2010:10) that, although legislation regarding the registration of cluster foster care schemes is in place, no clear guidelines exist regarding the operationalisation thereof. The need to conduct a research study to identify the operational elements for cluster foster care schemes was also confirmed by an official of the Western Cape Department of Social Development (Louw, 2010) (See Section 1.3 of Chapter 1). The **goal** of this study was therefore: *"To explore and describe the present functioning of cluster foster care schemes in order to identify operational elements to be documented in a guideline for service providers and social workers".*

The methodology employed to answer this research question was provided in Chapter 2 of this document. In Chapter 3, the findings from data obtained from managers of existing cluster foster care schemes was described and verified with literature. In this chapter, the focus is on foster parents who provide foster care within the context of cluster foster care schemes, based on their knowledge of and experience in fostering children in such a setting. The purposive sampling of these foster parents was therefore an obvious choice to obtain data to answer the **research question**, namely: *"What are the operational elements necessary for the operationalising of cluster foster schemes?"*

In order to provide a context for the findings related to the foster care parent participants, the next section will provide the reader with the demographic information pertaining to them.

## 4.2    Demographic data of foster parents of cluster foster care schemes who participated in the study

The population related to foster parents, for the purpose of this study, was identified as all foster parents that were providing foster care as part of cluster foster care schemes. The inclusion criteria for the sample were:

- All foster parents;
- Of children in need of care and protection;
- who function as part of cluster foster schemes in the Western Cape;
- Who function through a management committee or management board;
- Who manages two or more foster homes; and
- Who applied or plan to apply for registration as a cluster foster scheme.

The researcher made use of the purposive and snowball sampling techniques to procure a sample for this study. The biographical particulars of the foster parents of cluster foster care schemes who participated in this study are presented in the table below.

**Table 4.1**:    Demographic details of the foster parents of cluster foster care schemes who participated in the study

| Gender | | | | |
|---|---|---|---|---|
| Male | | 3 | Female | 15 |
| **Age Groups** | | | | |
| 20-30 | 30-40 | 40-50 | 50-60 | 60+ |
| 4 | 4 | 7 | 3 | |
| **Racial Group** | | | | |
| African | Coloured | | Asian | White |
| 9 | 6 | | | 3 |

| Language | | | |
|---|---|---|---|
| English | Afrikaans | Xhosa | Other (Specify) |
| 2 | 7 | 9 | |
| **City/Town** | | | |
| Grabouw | Khayelitsha | Ruiterwacht | Table View |
| 6 | 5 | 1 | 6 |

| **Field of Expertise** | | | | | | |
|---|---|---|---|---|---|---|
| Social Work | Social Auxiliary Work | Child Care Practitioner | Education | Administrative | Early Childhood Development worker | Lay person |
| 1 | 1 | 1 | 2 | 1 | 3 | 9 |

In the discussion to follow the biographical information of the 18 foster parents in cluster foster care schemes who participated in this study, and depicted in the table above, will be presented together with verifications from literature.

### 4.2.1  Gender

The gender representations of the foster parent participants in this study consisted of three males and 15 females. The three male foster parents were married to three of the female participants that provided foster care as part of a cluster foster care scheme. These couples were all affiliated with the same cluster foster care scheme. The fact that the majority of the participating foster parents were female is in line with a statement by Dunn (2007:8) in a study that approximately 41% of children in foster care are in the care of grandmothers and 30% are in the care of an aunt. McCarthy (2010:100) confirms this aspect further and notes that 45,8% of all South African children are living without a father figure. The author, however, acknowledges the importance of male figures in the lives of children and is of the opinion that children need to have the advantage of role models that represent both sexes.

### 4.2.2  Age distribution of foster parents

In this study the age distribution of the foster parents varied from 20 to 30 years of age up to 50 to 60 years of age. The majority of the participants were in the age group 40 to 50 years. Newman and Newman (2006:384) refer to the 20 to 30 year age group  categorised as the early adulthood stage, while the two 40 t0 50 and the 50 to sixty year age groups are categorised as the middle adulthood stage.

According to these authors (2006:392-405) the selection of a life partner, in marriage or cohabiting in a stable relationship, and child bearing form some of the major development tasks that need to be achieved during the early adulthood stage. The most important development task of the middle adulthood stage focuses, on the other hand, more on the individual's contribution to his/her work, home, childrearing and other relationships (Newman and Newman, 2006:466). It may therefore be noted that the childrearing and building relationships are important aspects for all the participants in this study.

### 4.2.3  Racial groups of foster parents

Participants in this study represented the African, Coloured and White racial groups. The majority of the foster mothers were African, while the minority were white. Coupled with the racial representation of the participants was the language of choice.  This will be discussed in the next sub-section.

### 4.2.4  Language

The official languages used by the participants were English, Xhosa and Afrikaans. The majority of the foster mothers' mother tongue was Afrikaans and Xhosa, while two of the participants were English. The three language groups that were identified in this study represent the official languages of the Western Cape where this study took place (Western Cape Government, 2005:22).

### 4.2.5  City/Town where cluster foster care scheme is situated

The foster parents who participated in this study provided foster care in cluster foster care schemes that were situated in urban as well as more rural areas. The majority of the clusters were situated in the Cape Peninsula area, while only one cluster was situated in a rural area. Six of the participants rendered foster care as part of the rural cluster. Rural areas are characterised by small population size, low density of population, long distance from large population centres, certain types of economic

involvement such as agricultural, mining and fishing and social factors such as primary relationships, traditional norms and values (Carlton-LaNey, Murty and Moris, 2005:405). Urban areas, where 12 participants rendered foster care services, are characterised by rapid expanding of global markets and high demand on the population to meet the increasing needs of the population (Farrell and Johnson, 2005:500). According to Hall (2008:88-89), 87% of children in the Western Cape lives in urban areas while only 13% live in rural areas.

### 4.2.6  Field of expertise of the foster parents

The fields of expertise of the participants varied from a qualified social worker, child care workers to auxiliary social workers. Three of the participants had work experience in administrative-related fields. The majority of the foster parents were lay people whose knowledge and skills to provide foster care stemmed from their experiences as parents to their own children or child.

Based on the above description of the foster parent participants, the findings relating to their perceptions of the operational elements for cluster foster care schemes will be discussed in the next section.

### 4.3    Findings relating the perceptions and experiences of foster parents of cluster foster schemes regarding operational elements

The data, related to the discussion in this chapter, was collected by means of interviews and focus groups with participants that represented the population of foster parents that provided foster care as part of a cluster foster care scheme. Data saturation was detected after 14 interviews with participants. The researcher, however, continued with data collection with another four participants in order to ensure that no new themes were detected.

The data was recorded by means of field notes and tape recordings, which were transcribed directly after the interviews. The data obtained from the eighteen narratives was analysed according to the framework for data analysis in qualitative research by Tesch (in Creswell, 2009:186) by both the researcher and the independent coder. Consensus discussions between the researcher, the independent coder and the study promoter followed, after which a final decision was made regarding the themes, sub-themes and categories to be included. The table below provides a summary of the findings.

**Table 4.2**:  Findings relating to the operational needs of foster parents that provided foster care as part of cluster foster care schemes

| Themes | Sub-themes | Categories |
|---|---|---|
| **Theme 1**: Foster parents' motivation for involvement as foster parents in cluster foster care schemes. | **Sub-theme 1.1:** Professional background of foster parents as a motivating factor to become involved as a foster parent in cluster foster care schemes. | |
| | **Sub-theme 1.2:** Religion as a motivating factor to become involved as a foster parent in cluster foster care schemes. | |
| | **Sub-theme 1.3:** Unemployment as a motivating factor to become involved as a foster parent in cluster foster care schemes. | |
| **Theme 2:** The foster parents' description of a cluster foster care scheme. | **Sub-theme 2.1:** Demographic details that define a cluster foster care scheme. | |
| | **Sub-theme 2.2:** Children in need of care and protection who are being placed in a cluster foster care scheme. | |
| | **Sub- theme 2.3:** Support between the foster parents of the same cluster foster care scheme. | |
| **Theme 3:** A description of the children in the care of the participating foster parents. | **Sub- theme 3.1:** Age and gender distribution of the foster children. | |
| | **Sub- theme 3.2:** Legal status of children in foster care of the participating foster parents. | |
| | **Sub- theme 3.3:** Individual developmental needs of children in the foster care of the participating foster parents. | |

| | **Sub- theme 3.4:** Relationship between the foster children and their biological families. | |
|---|---|---|
| **Theme 4**: Family circumstances of the participating foster parents. | | |
| **Theme 5:** Foster parents' descriptions of the role and responsibilities of the assistant to the foster parents in cluster foster care schemes. | | |
| **Theme 6:** Parental role and responsibilities of foster parents that provide foster care as part of a cluster foster care scheme. | **Sub- theme 6.1:** Emotional support for the children in their care. | |
| | **Sub- theme 6.2:** The participants' role in the day-to-day care of the children in their care. | |
| | **Sub- theme 6.3:** Discipline of children in the foster care of participants. | |
| | | **Category 6.3.1**: Traditional ideas regarding discipline of children in their foster care. |
| | | **Category 6.3.2:** Alternative ways of approaching discipline. |
| | **Sub- theme 6.4:** The efforts by the participants to involve children in the communities where the cluster foster care schemes were situated. | |
| | **Sub- theme 6.5:** Management of financial resources. | |
| | **Sub- theme 6.6:** Community resources utilised by foster parents of a cluster foster care scheme. | |
| | | **Category 6.6.1:** Education resources utilised by foster parents to provide for the educational needs of the foster children in their care. |
| | | **Category 6.6.2:** Medical resources utilised by foster parents to provide for the medical needs of the foster children in their care. |
| | | **Category 6.6.3:** Social work resources utilised by foster parents to provide for the social needs of the foster children in their care. |
| **Theme 7:** Suggestions from the participating foster parents to potential foster parents that want to become part of cluster foster care schemes. | | |

The themes, sub-themes and categories described in the table above will be described, together with verbatim quotations and a literature control, in the section that follows.

### 4.3.1 A thematic discussion of the elements needed to operationalise cluster foster care schemes as a form of alternative care for children in need of care and protection, as identified by foster parents providing foster care as part of a cluster foster care scheme

Seven major themes were identified, while different sub-themes were identified in Theme 1, 3, 5 and 6. In Sub-themes 5.6 and 6.3 categories were also identified. The seven major themes are:

- Foster parents' motivation for involvement as foster parents in cluster foster care schemes;
- The foster parents' description of a cluster foster care scheme;
- A description of the children in the care of the participating foster parents;
- Family circumstances of the participating foster parents;
- Foster parents' descriptions of the role and responsibilities of the assistant to the foster parents in cluster foster care schemes;
- Parental role and responsibilities of foster parents that provide foster care as part of a cluster foster care scheme; and
- Suggestions from the participating foster parents to potential foster parents that want to become part of cluster foster care schemes.

The verbatim quotations from the participants will be provided in the language used by the participants. The reason why the researcher chose not to translate their responses was to ensure the truth value and neutrality of the findings (see Krefting, 1991:215).

**Theme 1: Foster parents' motivation for involvement as foster parents in cluster foster care schemes**

Owusu-Bempah (2010:71) categorises motivating factors to become a foster parent into social-, economic- and political categories. The author continues to explain that additional factors such as the responsibility to care for the children of your community, tribe and/or family often motivate foster care placements (Owusu-Bempah, 2010:64). The participating foster parents' motivation for becoming a foster parent as part of a cluster foster care scheme includes the following sub-themes:

- Professional background of foster parents as a motivating factor to become involved as a foster parent in cluster foster care schemes;
- Religion as a motivating factor to become involved as a foster parent in cluster foster care schemes; and
- Unemployment as a motivating factor to become involved as a foster parent in cluster foster care schemes.

These three motivations will be described in the following sub-themes.

**Sub-theme 1.1: Professional background of foster parents as a motivating factor to become involved as a foster parent in cluster foster care schemes**

The professional backgrounds that motivated the participants to become involved as foster parents in a cluster foster care scheme varied from tertiary education in teaching to work experiences in early childhood development facilities.

*"Ek is 'n gekwalifiseerde onderwyser en het hier begin as 'n onderwyser. Ek het toe saam met my man 'n huisouer geword."*

*"Ek het ook hier begin as 'n onderwyser."*

*"Yes, I worked at crèche where I worked with children."*

On the other hand, some of the participants were not directly involved with children in previous professional careers, but in unrelated professions such as administration.

*"Ek het by die ACVV gewerk, ek het die administrasie gedoen, kinderhofverslae en daardie tipe ding. Maar in die middag het ek ook die kos uitgery, ons het 'waste'* [food that reached the expiry date] *gekry by winkels. Ek het dit dan na die armste van arm gemeenskappe gery en ek het werklik daar gesien die nood wat ons mense in verkeer. En dit is soos ons by hulle gesien het daar is nood en daar is plek vir ons om die nood te verlig."*

*"Nee ek was 'n administratiewe beampte by die Department Onderwys."*

*"Ek was 'n Klientebestuurder gewees."*

Although the professional background and training of prospective foster parents are not one of the criteria set when recruiting and matching a foster child with suitable foster parents, prior knowledge and skills of building and maintaining relationships with children can be an advantage (Faircloth and McNair, 2012:49).

Although participants indicated that their previous professional knowledge and skills in delivering service to children was a motivational factor in their decisions to become foster parents, it also appears that previous experiences within a family environment also motivated them to avail themselves as foster parents. The following statements by the participants support this:

*"But when I started here it was not like any other job because, I was looking after my younger sisters."*

*"Because I looked at my brothers at home, but here I just looked at it as a job. I am here to give love."*

*"I become involved by knowing women who also looked after children. I know her from school when I looked after my in-law's children. She saw I looked after the children if they were my own. So she told me about the place. I always want to do something with children, like in a school."*

Sibling relationship is a natural laboratory for older children to learn about their future role as caregivers and for younger children to acquire skills to master their world (Howe and Recchia, 2006:4). Sibling caretaking provides children with the

opportunity to demonstrate that they are competent to engage in adult responsibilities, such as childrearing and roles that are expected of various members of a family or tribe (Maynard, 2002:970).

On the other hand, various authors note that prospective foster parents are motivated by the intention to assist children in need of care and protection (Colby-Newton, 2006:13, Dickerson and Allen, 2007:13 and Owusu-Bempah, 2010:71). The religious motivational factors, as indicated by the participants in this study, will be discussed in the next sub-theme.

**Sub- theme 1.2: Religion as a motivating factor to become involved as a foster parent in cluster foster care schemes**

The following statements highlight the fact that the participants viewed their decisions to change careers to become foster parents in cluster foster care schemes as a calling:

*"Ek was werksaam by die Onderwys Departement en my vrou was werksaam by A, maar ons sien ons meer as dat ons is geroepe is om hier te wees."*

*"Dit is nie dat mense na ons toe aangekom het en 'n werk aangebied het nie.  Ek het self my werk bedank en gevoel dat die Here my spesifiek geroep het om in hierdie bediening te staan en so het ek my werk bedank en by A aangesluit om huisouers te word."*

*"Ons het gereeld by hulle gaan kuier daar bo by A* [name of a cluster foster care scheme] *en ons het rerig gesien wat hulle doen en ek en hy* [the participant and her husband] *wou ook iets vir die Here doen. En toe het dit gekom dat daar 'n huis was sonder ouers waar daar reeds kinders in was. Die huis was tot toe deur vrywilligers bestuur.  Ons het huis toe gegaan en vir die Here gebid en gevra of die rerig is wat Hy wil hê ons moet doen toe het Hy vir ons die antwoord gegee; en dit is hoe ons hier opge-eindig het."*

*"Ons kan nou nie verwys na ander plekke nie, maar jy moet regtig 'n roeping het om met hierdie tipe kinders te werk. Daar moet 'n liefde vir kinders wees en die Here*

*moet self in jou hart werk, want jy kan dit nie net as 'n werk beskou waar jy in die oggend 8h00 ingaan en net hier bly nie en elke maand 'n salaris ontvang nie. Jy moet dit sien as 'n roeping waar God jou plaas om 'n verskil in die kinders se lewe te maak."*

Individuals and members of religious congregations tend to contribute time, expertise and money to benefit and empower the community (Cnaan, Boddie and Yancey, 2005:375). The motivation of religious groups or spiritual communities is to encourage concern for the welfare of others and the motivation to become involved with those less fortunate then yourself (Miley, et.al, 2009:254).

In this study it further appears that unemployment was another motivation why participants become involved as foster parents that provide foster care as part of a cluster foster care scheme.

**Sub- theme 1.3: Unemployment as a motivating factor to become involved as a foster parent in cluster foster care schemes**

Unemployment and the need to find a suitable job were offered as motivations why some of the participating foster parents became involved in foster care in cluster foster care schemes. The following utterances indicate that they followed the normal route of application for employment:

*"I saw an advertisement on the community newspaper, and then I faxed my CV* [curriculum vitae] *to W* [the manager of the cluster foster care scheme]. *For me it was a job because I was desperately looking for a job."*
*"Then I saw this advertisement and it was about orphan vulnerable children and the development of a project, and I applied for that."*
*"I first worked at a children's home in Atlantis and when they closed I applied here and got the job."*

*"I just came to look for a job and then I got the job. And when I saw the children, I just loved them."*

*"Somebody told me there is a job and then I came with my CV."*

Within the South African context, many foster parents do not only became foster parents to assist children in need of care and protection, but are also drawn to the financial reward provided by the foster care grant (Giese, 2008:20). Cluster foster care schemes also serve as a form of employment. According to Russell and Schneider (2008:331), cluster foster care schemes were established in Kwa-Zulu Natal to provide an income for unemployed mothers. It was also clear from the statement below that the participant understood that she was employed by the management of the cluster foster care scheme.

*"It is like applying for any job. They need to get something about you that can prove that you want to be a foster parent and that you are fit to look after children. They also contact you family and friends to find out about you and how you lead your life."*

Meintjies (as cited in Gallinetti and Sloth-Nielsen, 2010:487) confirms that foster parents were employed by the management of the cluster foster care scheme. The participants continued to describe how they viewed the cluster foster care schemes.

**Theme 2:   The foster parents' description of a cluster foster care scheme**
Cluster foster care schemes function under the regulations stipulated in Children's Act, Act 38 of 2005, as amended Act 41 of 2007 (Republic of South Africa, 2008:74). The participants reported that they understood this, and linked this aspect with their appointments at the cluster foster care schemes that were dependent on the input of a social worker. Besides the normal recruitment and selection process, participants of this study were also subjected to a second level of screening by a designated social worker of a child protection organisation.

*"You go to* Badisa [child protection organisation of the Dutch Reformed Church] *and then they asked you questions; questions on your life and also why you want to do this."*

*"Then I went for the interview and was also interviewed by the social worker of Badisa."*

Section 182 (2) (d) of the Children's Amendment Act, Act, 41 of 2007 (Republic of South Africa, 2008:74) states that before the Children's Court appoint an individual or a couple as foster parent/s to a child in need of care and protection, they must be properly assessed by a designated social worker for compliance with the prescriptions of the act.  These prescriptions include:

- A fit and proper person to be entrusted with the care of the child;
- Willing and able to undertake, exercise and maintain the responsibilities of the care of such a child; and
- To have the capacity to provide an environment that is conducive to the upbringing of such a child (Republic of South Africa, 2008:74).

The participating foster parents described the term 'cluster foster care scheme' in terms of three sub-themes, namely:

- Demographic details that define a cluster foster care scheme;

- Children in need of care and protection who are being placed in a cluster foster care scheme; and

- Support between the foster parents of the same cluster foster care scheme.

**Sub- theme 2.1: Demographic details that define cluster foster care schemes**

The participants described the demographic details regarding the number of children in care, as well as the number of foster parents as characteristics of a cluster foster care scheme. The following utterances attest to this:

*"We have currently 17 children in our system."*

*"We take children from the age of baby to 18, but are committed to support children beyond the age of 18 and become their support structure once they are adults."*

*"I understand it as the foster mother looking after six children as the law prescribed. The foster mother has a full time occupation of looking after children."*

Section 185 of the Children's Amendment Act, Act 41 of 2007, states that not more than six children may be placed in foster care with a single person or two persons sharing the same household, unless the children are siblings or blood related or it appears to be in the best interest of the child to be placed in such a household (Republic of South Africa, 2008:76). The same section also states that more than six children can be placed in foster care in terms of a registered cluster foster care scheme (Republic of South Africa, 2008:76). In the study of Colby-Newton (2006:19) regarding cluster foster care schemes in KwaZulu Natal, it was found that the one project had eighty children divided into three houses. The study of Taback and Associates (2010:14) confirmed this and report that often foster homes that form part of a cluster foster care scheme host more than six children.

The indicated age group from new born to the age of 18 years falls within the ambit of the Children's Act, Act 38 of 2005, which states that the term 'child' refers to a person under the age of 18 years (Republic of South Africa, 2006:20). The implication thereof is that alternative care option no longer has a legal mandate to care for children beyond the age of eighteen years. The transition into adulthood can, however, be challenging for youth in foster care, necessitating specific guidance and support. Without support and guidance, children leaving alternative care options are often faced with homelessness, unemployment, underemployment, being victims of crime and exploitation and desperately in need of various forms of assistance (Petr, 2008:100). Although the legal mandate to care for foster children beyond the age of 18 expired, section 71 (g) of the Consolidated Regulations to the Children's Act, Act 38 of 2005 and the Children's Amendment Act, Act 41 of 2007 (Republic of

South Africa, 2010:81) make it clear that cluster foster care schemes have the responsibility to assist young persons with transition when leaving cluster foster care after reaching the age of 18 years. Besides the number of children and the age group of children in a cluster foster care scheme, participants were also of the opinion that children have the need to be raised in a family environment. These viewpoints of the participants will be addressed in the next sub-theme.

**Sub- theme 2.2: Children in need of care and protection who are being placed in a cluster foster care scheme**

The objective to simulate a family life for children in need of care and protection was one of the common themes that were offered by all the participants. The following statements reflect the participants' viewpoints in this regard:

*"Ons opset is dat ons het drie huise wat opereer en in interaksie met mekaar is om te probeer om die kinders op dieselfde beginsels te versorg. So ons sien onself as 'n groot familie met waardes van ma en pa wees vir die kinders in ons sorg."*

*"Ons wil graag vir die kinders 'n familie gee en nie die versorging van: ek kom in die oggend in en gaan in die aand huistoe en iemand anders versorg die kinders nie. Die band van familie vir die kinders gee, 'n band van omgee wat hulle nog nie vantevore ervaar het nie. Wat hulle nog nie van hulle ouers gekry het nie."*

*"Die ander ding as hulle nie die ervaring van 'n familie het nie, dan is dit mos nou kinderhuis. En hulle gaan skool in die publieke skool en ons wil nie daar die kinderhuis 'lable' op hulle sit nie. Hulle praat van hulle 'mommy and daddy' by die huis, onmiddellik is hulle deel van 'n familie."*

*"Die familie ding is daar, maar elke kind het 'n 'different' probleem so ons behou die familie maar ons hanteer hulle ook individueel."*

*"By ons gaan dit nie dat die is my kinders en die pleegkinders nie, hulle is almal ons kinders en ons hanteer hulle soos boeties en sussies."*

*"My begip van die 'cluster foster home' is ook dat dit beter is as 'n kinderhuis, want ek dink dit is hoekom 'n 'cluster foster home' daar is om die familie weer te gee."*

*"The children need a home, and for me it is good for the children to have a home where they feel safe and do not run away from home."*

Foster care is seen as the more preferable form of alternative care, as it provides a child in need of care and protection with the opportunity to be raised as part of a family in a community (Webb, 2003:224). The South African Bill of Rights for All (Republic of South Africa, 2008:61) also accentuates that each child has the right to family or parental care or to appropriate alternative care where the child's parents or family cannot resume that care. According to Hepworth, Rooney, Dewberry Rooney, Strom-Gottfried and Larsen (2010:228) the family structure does not only provide in the basic educational, health and social well-being of its members, but also serves as a laboratory where children acquire basic life- and independent living skills. Foster care provides children in need of care and protection the opportunity to be part of a family (EveryChild, 2011:8).

Besides the support that the foster family offers the child in need of care and protection, the participants in this study also shared opinions that the mutual support between foster parents that provide foster care as part of the same cluster foster care scheme is a characteristic of this form of alternative care for children in need of care and protection. Their statements regarding this will be discussed in the next sub-theme.

**Sub- theme 2.3: Support between the foster parents of the same cluster foster care scheme**

In this sub-theme, the participating foster parents described the support between foster parents of a cluster foster care scheme as the sharing of resources, sharing of experiences and mutual emotional support to one another. The following opinions in this regard were shared by the foster parents:

*"She can be an aunt in this house too and not only in her own house. So my children also see her as a mother."*

*"Foster mothers can consult with one another and ask for advice in a specific situation."*

*"We support two foster mothers who live in our community but do not belong to the cluster. The one we support with our professional resources, like the school; and the other one more financially."*

*"We as foster mothers meet every six weeks for tea and to talk to one another."*

*"We also share resources, if the one needs something she can ask the other one, if the one needs to go somewhere she can ask the other one to look after her children. The children also know the different foster mothers and do feel safe with them."*

*"We also help one another to solve problems that we might experience with the children or in the house."*

*"We also share physical resources."*

*"Ons  voel nooit ons is geisoleerd nie. Ek dink dit het alles te make met die familie gevoel wat daar heers."*

*"Die ondersteuning is baie goed."*

*"Ons ondersteun en dra mekaar."*

*"Een huis sal 'n probleem ervaar of 'n behoefte het, dan sal hy die ander huis vra om te help, te vra hoe maak ek nou, ons ken almal mekaar se kinders."*

*"Ons sien mekaar elke dag as C* [a foster mother in the same cluster foster care scheme] *sê, jog julle was nou lanklaas hier; ons kry raas as ons nie na hulle gaan nie. Ek dink is maar meer daardie familie eenheid as jou suster jou nodig het sal sy jou bel en sê bid hiervoor of bid nou hiervoor."*

Social support systems play a crucial role in the sucessful functioning of individuals and families in a community (Hepworth et.al. 2010:220). Foster parents are faced

with a number of challenges that varys from the individual child's needs to the group dynamics that exist between the different members of that particular household (Webb, 2003:232). Kohler Durand (2011:33) concurs that foster parents are in need of financial, practical, emotional, psychological and social support.  Although many of these needs can be addressed by professionals such as social workers (Piescher et al., 2008:111), it is also evident that foster parents can benefit from the support of each other (Johnson, 2005:12). Foster parents have a mutual understanding of the different challenges that they are faced with and not only provide support, but can also provide guidance throughout. One of the unique ways in which foster parents that provide foster care as part of a cluster foster care scheme support one another is to the provision of respite care  to one another (Colby-Newton, 2006:36).

Although participants were of the opinion that the support between them is important, they were also of the opinion that various factors influence the effectiveness of the support.

*"Wat ek bedoel is ons hardloop baie rond om ander dinge te doen werk wat ons buite het om te doen.En dit kan 'n mens partykeer so aan die gang hou dat 'n mens dit afskeep om gereeld by mekaar te kom. Dit is maar wat ek wil sê. So ons moet werk om geleenthede te skep waar ons tog bymekaar kan uitkom."*

*"Ons het doodgewoon nie tyd om mekaar te besoek en dinge te bespreek nie."*

The next theme provides a description of the participants' viewpoints regarding the children in their care.

**Theme 3:  A description of the children in the care of the participating foster parents**

The participants' perceptions of the children in their care were divided into the following sub-themes:

- Age and gender distribution of the foster children;

- Legal status of children in foster care of the participating foster parents;

- Individual development needs of children in the foster care of the participating foster parents; and

- Relationships between the foster children and their biological families.

**Sub- theme 3.1: Age and gender distribution of the foster children**

Cluster foster care schemes are one of the alternative care options for children in need of care and protection and therefore makes provision for children up to the age of 18 (Matthias, 2010:175). In Sub-section 2.1 above, the participants included this age group as a specific characteristic of children who are being cared for in cluster foster care schemes. In this sub-theme, they continue to describe these children in terms of the age group as follows:

*"Our kids are between 2 to 10 years"*
*"Ek het twee wat 14 is, die oudste is 'n pleegseun en dan my biologiese dogter is ook 14. Maar die verskil is dat die seun gestremd is en nie op dieselfde ontwikkelingsvlak as my dogter is nie en dan het ons 'n ag-jarige, 10-jarige, 11-jarige, twee vyfjariges en dan die baba van ag maande."*

The age profile of the children cared for by the participants of the various participating cluster foster care schemes is consistent with the mandate of the Children's Act, Act 38 of 2005 (Republic of South Africa, 2006:20). The various age groups of the children that were cared for within the participating cluster foster care schemes represented the life stages of infancy (birth to two years), toddlerhood (two to three years), early school age (four to six years), middle childhood (six to twelve years) and early adolescence (12 to eighteen years) (Newman and Newman, 2006:45). It is important to acknowledge that each of these age groups have different development tasks that they need to achieve in order to progress to the next life stage. Foster parents must therefore be able to deal with different development

needs. Newman and Newman (2006:45) allocated the following development tasks to different life stages.

**Table 4.3**: Developmental tasks associated with the life stages (adopted from Newman and Newman, 2006:45)

| Life Stage | Developmental Task |
|---|---|
| Infancy (birth to two years) | • Maturation of sensory, perceptual, and motor functions;<br>• Attachment;<br>• Sensorimotor intelligence and early causal schemes;<br>• Understanding the nature of objects and creating categories; and<br>• Emotional development. |
| Toddlerhood (two to three years) | • Elaboration of locomotion;<br>• Language development;<br>• Fantasy play; and<br>• Self control. |
| Early school age (four to six years) | • Gender identification;<br>• Early moral development;<br>• Self-theory; and<br>• Peer play. |
| Middle childhood (six to twelve years) | • Friendship;<br>• Concrete operation;<br>• Skill learning;<br>• Self-evaluation; and<br>• Team play. |
| Early adolescence (twelve to eighteen years) | • Physical maturation;<br>• Formal operations;<br>• Emotional development;<br>• Membership in the peer group; and<br>• Sexual relationships. |
| Later adolescence (eighteen to twenty four years) | • Autonomy from parents;<br>• Gender identity;<br>• Internalized morality; and<br>• Career choice. |

Additional to the various age groups of the children in the participating cluster foster care schemes, it also appears that the composition of the children reflected a real family situation. The following statements describe their opinions on this aspect:

*"We plan to have a normal age distribution in each house, that they can be brothers and sisters and understand what it is to live in a normal house."*

*"Ja ons het net twee wat dieselfde ouderdom is amper soos 'tweeling."*

*"Four girls and two boys."*

*"We have boys and girls."*

Over the last decade the concept of a family changed from a nuclear composition of a family to more diverse forms of families (Hepworth et.al. 2010:228). Compositions such as single parent family structures, same-sex parents structures, grandparent family structures and child-headed households were added to the nuclear family structure, where two people of the opposite sex and committed in a stable relationship cared for children (Butler and Roberts, 2004:56; Department of Social Development, 2010:13). The South African picture of families confirm that about 859 000 children lost both their parents and are cared for by either grandparents, foster parents or in child-headed households, while 35% of children live in single families (Holborn and Eddy, 2011:1-3). Despite the composition and construction of a family, it remains clear that family members benefit from the support of the members of the union and the strength lies in the nature of the interaction and the mutual support that members provide to each other (Miley, et.al. 2009:239).

The composition of the various participating cluster foster care schemes did not only consist of foster children, but of the biological children of the foster parent. "*….dan my biologiese dogter is ook 14"*.

It is important to note that not only the foster child is confronted with the changes in the family, but also the biological child of the foster parents (EveryChild, 2011:26). Webb (2003:245) warns that children who form part of a reconstructed family (where new members are added to the family) are more susceptible to develop problems such as the deterioration of school performances, aggression towards siblings and peers and other developmental problems or delays.

The next sub-theme continues with the discussion of the children in the care of the participants, with specific focus on their legal status.

**Sub-theme 3.2: Legal status of children in foster care of the participating foster parents**

The participants described their awareness of the legal placements of the children in their care in Theme 2 above. In this sub-theme they reported that they were subjected to legal processes before they could act as a foster parent.

*"The children are legally in our care."*
 *"All our children were found in need of care and protection by the children's court, we do not take other children."*
*"I went to court for them and I do receive foster care grants."*

A Children's Court hearing takes place in terms of section 60 of the Children's Act, Act 38 of 2005 (Republic of South Africa, 2006:68), and a presiding officer, appointed for this purpose, has jurisdiction over children that are normally residents of the area, or where more than one child is involved, one of the areas where one of the children resides (Republic of South Africa, 2006, 56). Before the presiding officer can make a ruling that a child is in need of care and protection, he/she needs to establish grounds that confirm that the child is in need of care and protection. Section 150 of the Children's Act, Act 38 of 2005 (Republic of South Africa, 2006:96) stipulates the following conditions under which a child can be found in need of care and protection. These conditions are illustrated below.

**Table 4.4**: Grounds for children in need of care and protections (as adopted from section 150 of the Children's Act, Act 38 of 2005 (Republic of South Africa, 2006:96)

| **A child is in need of care and protection if the child-** |
|---|
| Has been abandoned or orphaned and is without any visible means of support; |
| Displays behaviour which cannot be controlled by the parents or care-giver; |
| Lives or works on the street or begs for a living; |
| Is addicted to a dependence-producing substance and is without any support to obtain treatment for such dependency; |
| Has been exploited or lives in circumstances that expose the child to exploitation; |
| Lives in or is exposed to circumstances which may seriously harm that child's physical, mental or social well-being; |
| May be at risk if returned to the custody of the parents, guardian or care-giver of the child as there is reason to believe that he or she will live in or be exposed to circumstances which may seriously harm the physical, mental or social well-being of the child; |
| Is in a state of physical or mental neglect; or |
| Is being maltreated, abused, deliberately neglected or degraded by  parents, a care-giver, a person who has parental responsibilities and rights or a family member of the child or by a person under whose control the child is. |
| **A child found in the following circumstances may be a child in need of care and protection and must be referred for investigation by a designated social worker:** |
| A child who is a victim of child labour; and |
| A child in a child-headed household. |

A number of children in South Africa are either fully orphaned (lost both parents) or half orphaned (lost one parent) (Holborn and Eddy, 2011:2). In the past, a number of these children would have been absorbed by the extended family. The high prevalence of HIV and Aids, however, contributed to the fact that more and more families are not in a position to care for their offspring (Rochat et al., 2008:25).

In the next sub-theme, the participants' perceptions of the individual needs of the foster children in their care will be described.

**Sub-theme 3.3: Individual development needs of children in the foster care of the participating foster parents**

Some of the participating cluster foster care schemes made specific provision for children with special needs. The participating foster parents described these special needs as follows:

*"We deal with a lot of FAS* [fetal alcohol syndrome] *children."*

*"Ons het ook gestremde kinders in ons huis."*
*"Sy is gestremd en by Astra skool in Montana,*[a school for children with special needs in the northern suburbs of Cape Town]. *Sy kom elke tweede naweek huistoe."*

Two groups of children that were specifically identified were children who were diagnosed with Fetal Alcohol Syndrome (FAS) and children who were intellectually challenged. FAS is the result of excessive use of alcohol by the mother during pregnancy, and is associated with disorders of the central nervous system, low birth weight and malformation of the face, eyes, ears and mouth. Fetal exposure to alcohol also disrupts verbal and visual learning of the affected child. The long term effect on children with fetal alcohol abuse is observed during all the different developmental phases (Newman and Newman, 2006:121). According to Webb (2003:291), the affected infant suffers from a decreased growth rate, and behaviour as a toddler tends to be hyper-excitable, fussy and impulsive. In later developmental phases, such children will display severe lack of school progress and behavioural problems.

A child is viewed as disabled if he/she is blind, deaf or dumb, suffers from a mental disorder of any kind or is substantially and permanently handicapped by illness, injury or congenital deformity (Butler and Roberts, 2004:115). Social workers are reluctant to place children with disabilities and special needs in foster care, because of the challenges faced when caring for such children. In addition to the view of disabilities above, other challenges that impact on the choice of placements include children living with HIV, older children and exploited children (EveryChild, 2011:33).

Contact and relationships with the biological families of the children were also described by the participants, and will be presented in the next sub-theme.

**Sub-theme 3.4: Relationship between the foster children and their biological families**

The participants offered statements that indicated their support of contact between the foster children and their biological families. On the other hand, their comments also highlighted difficulties experienced by them in this regard.

*"Parents come seldom, some come and some do not come."*
*"Children seldom ask about their parents".*
*"Daar is wat besoek ond die wie ouers en familie het."*
*"The biological family does visit, but sometimes not."*
*"They need to phone beforehand and cannot just arrive at the house."*
*"Dit is nou verlede jaar dat ons 'n besoek gehad het van 'n ouer."*
*"We only have the one child, who returned to the mother for two days, but the mom could not cope with the child and so the child returns to us."*

*"There was no relationship with the mother. The father, however, started to build a relationship with the child."*

*"We have successes where the children start to build relationships with their biological families."*

*"We also have where children go for holidays, days or weekends to their families. We see that as a process rather than something you have to rush into."*

Family contact is an important aspect of managing the needs of children in alternative care, and has been viewed as one of the most important factors linked to family reunification (Panozzo, Osborn and Bromfield, 2007:3). Barber and Delfabbro (2004:123-124) offer three reasons why contact between a child in alternative care and his/her family is important. Firstly, parental visits help the child to maintain long-term attachment with the family. Secondly, family contact increases the possibility that the child might be reunified with the parents or extended family, and thirdly parental visits enhance the psychological well-being of children in alternative care. During the time that the child is in alternative care, the foster parents, in collaboration

with the designated social worker, should provide the necessary support to children and their parents and/or extended family to maintain or to re-build a relationship (Williams-Mbengue, 2008:3).

On the other hand, Winokur, Crawford, Longobardi and Valentine (2008:342) acknowledge the fact that it might be difficult for parents and/or families to maintain a relationship and contact with their child in alternative care. These authors provide the following reasons to substantiate their viewpoints: 1) Parents and family might feel inferior to foster parents, specifically where the foster parent maintains a more fortunate lifestyle and maintains a more positive relationship with the child in his/her care; and 2) Parents or family might feel that the foster parents provide sufficient care for the child, and that they will never be in a position to provide similar care. Additional factors within the South African and African context, namely, the existence of poverty within the biological family and the prevalence of HIV and Aids, are viewed as factors that also influence contact between the child in alternative care and his/her parents and/or family (Jini, Stacey, Elinor, and Hooley, 2009:111).

The participants also described their own families to provide a context for the children in their care. The following theme is dedicated to this aspect.

**Theme 4: Family circumstances of the participating foster parents**

Theme 3 above provides a description of the participating foster parents' viewpoints that cluster foster care schemes aim to provide children in need of care and protection with a family life. In line with these viewpoints, some of the participants shared statements that indicated that the extended family of the foster parents also incorporated the children into their family circle, and that it played a vital role in supporting the foster parents. The following statements reflect these opinions of the participating foster parents:

*"En ouma en oupa is ook daar."*

*"Soos C se ma kom 'baby-sit' en haar sister is een van ons onderwyseresse en sy kom help."*

*Ons sal byvoorbeeld vir hulle* [the foster children] *sê ons gaan 'n naweek weg en ons het 'volunteers'. Dan sal hulle sê nee, ons soek nie 'volunteers' nie, ons het familie."*

*"Dit wys ook vir die kinders hulle is deel van 'n familie dit nie iemand wat van buite af inkom nie. Hulle het byvoorbeeld die naweek gesien die kinders is so 'happy' met ouma en oupa. dat hulle vir hulle gesê het julle kan maar langer wegbly."*

*"No if I go away from a Friday to a Sunday, my aunt or my mother and my daughter will come and stay with the children."*

Extended family members and specific grandparents play an important role in the upbringing of children. According to Newman and Newman (2006:481) grandparents' roles can vary from surrogate parent, fun seeker or a distant figure. Studies in South Africa regarding children in foster care, however, indicate that the majority of children in foster care are placed with their grandmothers (Alpaslan and Mabutho, 2005:276; van Rensburg and Green, 2006:328). According to Sloth-Nielsen (2008:5) 91% of children in foster care are placed with members of extended family, such as grandmothers and aunts. In conclusion it appears that the presence of extended family members and specifically the senior members of the extended family can play an important role in the caring of foster children. Not only can they provide the children with a role model of a stable adult, but they can also provide support for day-to-day care of the children (National Community Service, 2006:2).

Another role player that provided support to the participants in this study is the assistant placed at various cluster foster care schemes. The participants' statements reflecting on this role will be discussed in the next theme.

**Theme 5: Foster parents' descriptions of the role and responsibilities of the assistant to the foster parents in cluster foster care schemes**

One of the key persons involved in supporting the foster parents with the provision of care is the assistant. According to the participating foster parents, the assistant is normally a younger person than the foster parents. The participating foster parents' statements below indicate that they viewed the role of the assistant as someone who assists them with the day-to-day care of the children. Special emphasis was placed on the respite care provided by assistants, and the role of an older sibling to the foster children. The first statements by the participants in this regard explain that the assistant of the foster parent provided **respite care** when the foster parents have other commitments to attend to.

*"The assistant is in the house all the time and relieve me when I go off during my off weekend."*

*"The help with relieving the housemother."*

Respite foster care is where someone supports the foster parents by providing day, evening, weekend and short-term care for the child on a regular basis (EveryChild, 2011:20). Although the assistants are not formally screened and appointed as foster parents, they play an important role in relieving the foster parents when they need to take time off (Colby-Newton, 2006:36). The participants' views on the assistant as an **older sibling** were another role that was identified.

*"Sometimes we, as older persons, do not know the language of the younger person, so they can help us to talk to the youngsters. Some children want to experience sex, so they are there to tell them what it is and what not to do."*

*"I still make the decisions, but they are my eyes; they talk to the children and then come to tell me what the needs of the children are."*

Siblings play an important role in the development of children. Children obtain valuable skills and knowledge, such as conflict resolutions skills, emotional maturity

and interpersonal skills through interaction with their siblings (Howe and Recchia, 2006:3). Older siblings also play a specific role in teaching the younger siblings the mastering of everyday activities and in many cultures assume some of the parental responsibilities for their younger siblings (Maynard, 2002:979).

Additionally, the participants also reflected on their own roles in the foster children's lives. The role and responsibilities of foster parents that provide foster care as part of a cluster foster care scheme will be discussed in the next theme.

## Theme 6: Parental role and responsibilities of foster parents that provide foster care as part of a cluster foster care scheme

Foster parents assume the parental role and responsibilities of children in need of care and protection, and are therefore responsible to meet the emotional,  the physical and the material needs of the children in their care (De Jager, 2011:48). The participants shared the following information in this regard that was divided into six sub-themes, namely:

- Emotional support to the children in their care;
- The Participants' role in the day-to-day care of the children in their care;
- Discipline of children in the foster care of participants;
- The efforts by the participants to involve children in the communities where the cluster foster care schemes were situated;
- Management of financial resources; and
- Community resources utilised by foster parents of a cluster foster care scheme.

## Sub-theme 6.1: Emotional support to the children in their care

Foster parents are not only involved in the lives of children in their care in order to meet their physical and material needs, but also to ensure that foster children are raised in an environment that is beneficial to their emotional needs (Johnson,

2005:10). Some of the participants used a real family life situation, with the emphasis on the availability of adults and other children, to meet the emotional need to belong and to be loved.

*"Dit is amper soos 'n mens in jou eie huis sou doen. Jy hanteer steeds die behoeftes van die indivduele kind."*

*"Hulle is nie deel van 'n program nie, want wat met hulle gebeur is deel van 'n huishouding en deel van wat in 'n huis gebeur."*

*"Ons praat met die kind rondom die wasbakke as jy skottelgoed was, of as jy hulle bad."*

*"Kinders kom van die skool af en dan praat ons oor wat het vandag gebeur."*

*"By ons gaan dit nie dat die is my kinders en die pleegkinders nie, hulle is almal ons kinders en ons hanteer hulle soos boeties en sussies."*

Children's emotional needs are related to their development (Butler and Roberts, 2004:29). According to Newman and Newman (2006:161), emotions such as fear, sadness, anger and joy are part of a set of interconnected feelings that are present in all developmental ages. In addition, all children have the need to be loved, nurtured, kept safe, shown attention and affection and taught how to live with other people (Morreale, 2012:1). Parents have, therefore, an important role to play in assisting children to learn to identify and self-regulate their emotions through modeling (Rolfe and Linke, 2011:6; Newmark, 2012:1).

Many children in foster care have been exposed to severe trauma, abuse and rejection by their parents and family, and are as a result thereof emotionally fragile (EveryChild, 2011:30). Foster parents must therefore be alert and able to be patient with the foster child and realise that it will take time before the child will trust him/her with his/her emotions (Webb, 2003:232). Cole (2005:455) suggests that foster children be assisted to build a secure relationship with the foster parents, in order to ensure optimal development. Foster parents should therefore attempt to establish an

emotionaly secure relationship with the children in their care to ensure the child's emotional well-being (American Academy of Pediactrics, 2012:1148).

In some incidences it was, however, clear that foster parents need the guidance and input of professional people to assist them in dealing with the foster child's emotional needs.

*"We also have professional people like a play therapist that help us to identify specific needs in children and then help us to address that. She, for instance, uses specific techniques which she assist the children with anger management and also help the foster mothers to implement that techniques in the home."*

Vandivere, Chalk and Moore (2003:4) assert that foster children are more likely than other children to experience behavioural and emotional problems. Webb (2003:224) is in agreement with the above statement, and adds that a number of these children are unable to adapt to the foster care situation, and are in need of professional services in order to deal with their experienced losses and adaptation to the foster home.

In terms of the physical needs of the foster children, the next sub-theme focuses on the participants' role regarding the day-to-day care of the children in their care.

### Sub-theme 6.2: The Participants' role in the day-to-day care of the children in their care

The statements by the participants, as provided in this sub-theme, illustrate that the day-to-day care of the children in their care consisted of routine tasks that may be compared with any other household.

*"Die roetine is maar meer situasies wat bestuur word, soos in die oggend die kinders wakker maak en gereed maak vir skool en kos voorberei."*

*"We bath them ourselves, especially the younger ones."*

*"We clean the house and wait for them to come home from school."*

*"We also take any children that are sick or need to see a doctor to the day hospital."*

*"Ja, dit is soos 'n familie - elke huis maak sy eie kos."*

*"Die skool rig jou roetine."*

*"They all attend school in the area. I take them in the morning and fetch them in the afternoon."*

*"My kids go out in the morning, and then I have a lot of time to see to all the household things,  like washing and cooking. In the afternoon I then have time to see to my children."*

 *"We prepare breakfast, wake them up to go bath and get ready to go to school."*

When the Children's Court places the child in need of care and protection in the care of a foster parent, that foster parent becomes responsible for, amongst others, the physical care of the child. It also includes financial support, promoting the well-being of the child, promoting his/her rights and providing guidance and support. Another role and responsibility of the participants in this study is the discipline of the children in their care. This aspect will be discussed next.

**Sub-theme 6.3:  Discipline of children in the foster care of participants**

Some of the participants resorted to more traditional methods of discipline, while others approached discipline in an alternative way. The following two categories will focus on -

- Traditional ideas regarding discipline of children in their foster care; and
- Alternative ways of approaching discipline.

**Category 6.3.1: Traditional ideas regarding discipline of children in their foster care**

The more traditional ideas regarding the discipline of the foster children were explained in terms of a more punitive approach, such as threats of reporting them to the management of the cluster foster care scheme.

*"You also use your voice to tell them."*

*"I pinch them."*

*Sometimes I lift the hand and scare them. I do with them like with my own child. But if you actually hit a child, you abuse them and they can report you."*

*"I also say that I will make sure that you be placed in a children's home if you do not listen. Then they will become scarred and be afraid."*

The use of corporal punishment methods, such as smacking, spanking, kicking, punching, beating with objects and pushing, are common within the South Africa context (Rapcan, 2006:1). Halpenny, Nixon and Watson (2010:2) add shouting, yelling or swearing to the list of violent physical and psychological strategies of discipline. According to a study by UNICEF (2010:61) amongst parents and caregivers in 33 lower- and middle-income groups, physical punishment is considered the most desirable option of discipline in raising children properly. Many caregivers and parents are of the opinion that the use of corporal punishment is culturally or religiously justifiable (Rapcan, 2006:2).

The United Convention on the Rights of the Child (United Nations, 1989:14), The African Charter on the Rights and Welfare of the Child (Organisation of African Union Parties, 1999:10) as well as the Constitution of South Africa (Republic of South Africa, 1996:13) prohibit any form of abuse and degradation. The African Charter on the Rights and Welfare of the Child (Organisation of African Union Parties, 1999:10) instructs state authorities to ensure that domestic discipline is administered with humanity and in a manner consistent with the inherent dignity of the child. Skelton

(2009 b:287) confirms that it is the Government's responsibility to ensure that each child is protected against cruel and degrading punishment. Child care legislation realises the importance of the protection of children against corporal and violent ways of punishment, and orders that each organisation registered as a cluster foster care scheme shall ensure the prohibition of physical punishment, humiliation or degrading forms of discipline of the children in need of care and protection placed in this form of alternative care (Republic of South Africa, 2010:72). The participants in this study, however, also reported that they were familiar with other forms of discipline.

**Category 6.3.2: Alternative ways of approaching discipline**

While some of the foster parents resorted to more punitive ways of discipline (as described above), others viewed discipline in an alternative manner and used specific techniques in applying discipline to the children in their foster care.

*"My ones are small, so "skelling"* [use of strong language as method of discipline] *does not work on them. So you try to respond quickly to what they do, you have to tell them what they do is not right and give them the right thing to do."*

*"Punishment sounds too punitive."*

*"We don't talk about punishment we talk about consequence."*

*"Everybody in the house knows the consequences and agreed on the consequences."*

*"It is important that they know beforehand what the consequences for specific kind of behaviour is. It must not come as a surprise to them."*

*"Children are also involved in the decisions when we decide what the consequences are."*

*"You also tell them the consequences of their behaviour, and if they fight with one another you try to solve that and get them to apologise to one another."*

*"We deal with the consequences; we have that put on the wall in their rooms the consequences of each type of behaviour. Some of the consequences are to stay in your room until you calm yourself or that some of your privileges, like watching television, is taken away."*

*"We also have a reward system where they get pocket money for certain tasks that they perform. If they do not adhere to this, the pocket money can be taken away."*

*"On their cupboard we have a list of chores that they need to perform, like you have to clean your room, make your bed and so on."*

*We also use the robot system. It is a system with a green, yellow and red label. Everybody started with a green sticker. The sticker is then put in a common place against their name where everybody can see it. If they, for instance, do not adhere to a specific instruction, we start with a yellow label to give them time to change their behaviour. If they still do not adhere, it means a red label is given with a certain consequence. The consequence can be something like time-out. Once they completed it, they go back to green. "*

*"The children support one another with the consequences, if one needs to go to the corner, the other goes with him or her to the corner and sit with him."*

*"They like their cell phones. One of the consequences is to take their cell phones away."*

There is no doubt that children require guidelines, boundaries and discipline as they learn about the world around them (Rapcan, 2006.5). It is, however, important that parents and caregivers should adopt a disciplinary style that does not infringe on the constitutional rights of the child. Halpenny et.al (2010:2) suggest the use of more inductive discipline strategies such as reasoning, discussing the consequences of behaviour and alternative behaviour with a child, and other non-aggressive strategies such as making a child take time-out. Other strategies that appear to be quite effective are adoption of certain principles in the parents' relationship with the child. In this regard, Rapcan (2006:6) makes the following suggestions:

- Children learn by example, thus parents must model acceptable behaviour;
- Encourage and reward good behaviour;
- Do not over emphasise undesirable behaviour;

- Encourage the ability to learn that behaviour has consequences and be consistent;
- Criticise the behaviour, not the child;
- The child must know his/her boundaries; and
- Be consistent.

Consequences for behaviour were highlighted by the participants. Carroll, Tynan and Chaiken (2009:2) divide these consequences into three categories; namely loss of privilege, positive practice and time-out. The authors provide the following guidelines regarding the application of each of categories:

**Loss of privilege:** After misbehaviour, remove the activity or object that is logically tied to that misbehaviour. For example: The child refuses to pack his/her toys away, then he/she will not be allowed to play with the toys for a period of time. Sensible consequences work best when they are brief;

**Positive practice:** Have the child practice the correct way of behaving when misbehaviour occurs; and

**Time out:** Remove the child from the group or enjoyable activities when he/she needs to calm down, does something dangerous, or breaks a rule.

Additional to the above, the participants reported that they also consult with, or refer inappropriate behaviour of the children to the management of the cluster foster care scheme, or support one another with the discipline of the children.

*"Sometimes I will phone her just to ask advice or to tell her I did this is it correct. Discipline is difficult for us because we do not look after our own children, but we look after other people's children."*

*"Yes one can take over the discipline from another. If the child is in my house I can discipline them. We support one another."*

*"We punish them ourselves or report them at the office."*

According to Van Rensburg and Green (2006:332) foster parents often consult with other family members and/or the supervising social workers on the discipline of children in their foster care. The reporting of a child's misbehaviour to another person is well known within the patriarchal dominant family structure, where the mother of a child will refer all disciplinary action of children to the father (Halpenny, Nixon and Watson, 2010:54). Positive discipline, however, is based on the fact that children learn more through co-operation and reward than through conflict and punishment (Rapcan, 2006:5). The involvement of a third party can therefore defeat this purpose, as the consequences for negative behaviour are postponed until the third party is available (Newton and Newton, 2006:205).

The participants' ideas around the integration of the foster children in the community will be discussed in the next sub-theme.

**Sub-theme 6.4: The efforts by the participants to involve children in the communities where the cluster foster care schemes were situated**

In line with the reported viewpoints in Theme 2 that cluster foster care schemes should provide foster children with a family unit in their communities, the participating foster parents reported that community members viewed them as just another house in the community. Some statements indicated towards a mutual support and involvement from both the community and the foster home.

*"My neighbours just see me as a mother, living here with five children. They always come around and ask: How are the kids?"*

*"They do not see my children as welfare children. I also socialise with the people around here. Sometimes a mother comes over with her children to play with my children. If I have a 'braai'* [barbeque] *for my children, I invite some of them to join us."*

*"If I go out for a weekend, I have somebody to stay here with the children. Then I inform my neighbours that I will not be here for the weekend, and that somebody else will be here with the children."*

*"The community is also protective over the house. If somebody enters my yard, some to the neighbours will ask him: What do you want without me even knowing somebody was in my yard."*

*"They* [community members] *see them as children from the community, there is no discrimination."*

*"Children of the community also come and visit my ones, and play together. And our children visit the communities' children to play with them."*

*"I am part of the community, my children go and play there and they come and play with my children."*

*"Our children are seen as community children and not children in the welfare system."*

*"When it is the birthday of the children, we allow the children to invite their friends and take them to Spur."*

*"The community also becomes involved with our children with a buddy system, where each of our children has a buddy who supports them and celebrates their birthdays."*

One of the key pillars of the building of social capital is acknowledgment of the importance of social networks in the community as well as to trust the norms of reciprocity that exist amongst people of that community (Midgley and Livermore, 2005:165). The connectedness between people of the same community enhances social capital building and capacitates them to provide for their own needs (September, 2005:28). According to Williams-Mbengue (2008:1), children benefit from stable, nurturing family lives, positive school environments and networks of caring friends and neighbours. Where a Children's Court is for his/her care and developmental needs, the court is often inclined to first consider a placement in the

community. In such instances, foster care placements or placement in a cluster foster care scheme would be more beneficial to the child than a child and youth care centre (Matthias and Zaal, 2009:178). One of the benefits of community based foster care is the foster children's right to be affiliated with a peer group of their choice. Newman and Newman (2006:337) emphasise the importance of these peer group affiliations, as it provides an opportunity for children to fulfil important developmental tasks.

The participating foster mothers reported that they act as a link between community members and other network structures in the community, and that they sometimes provided guidance to other parents.

*"They also ask me for advice and some of the information I get from H* [manager of the cluster foster care scheme].*"*

*"At one time I helped a neighbour to report sexual abuse of her child, because I know that I am responsible to report this."*

*"I also assist the police in the community."*

In the study by Colby-Newton (2006:27) on cluster foster care schemes in Kwa-Zulu Natal, similar practices as described above among participants in that study were found. One of the participants in Colby-Newton's study (2006:27) furthermore reported that she was aware of the growing needs of children beyond the borders of her cluster foster care scheme. Instead of admitting those children in the cluster foster care scheme, they started to use their skills; resources and knowledge in outreach programmes to support the community.

In this study participants were also of the opinion that they were in need of certain financial resources to meet the basic needs of the foster children in their care. Their viewpoints on this will be address in the next sub-theme.

**Sub-theme 6.5: Management of financial resources**

The participating foster parents reported that they were financially supported either by receiving a foster care grant in respect of the individual child in their care and/or the management of the cluster foster care scheme they belonged to. According to the participants, they had different ways in which they dealt with the foster care grants they received for the children in their care. Some of them used the foster care grant to meet the material needs of the children, while others transferred it to the management of the cluster foster care scheme they belonged to. The management would then ensure that the material needs of the individual foster care homes are being met.

*"Yes, I went to court for them and I do receive foster care grants. But not into my account. I opened a separate account for the children where their foster money goes in and I have a separate account where my salary goes in."*

*"I will buy the food from the foster care money for the children. I will also buy clothes for the children."*

*"I transfer my foster care grant to H* [manager of the cluster foster care scheme] *who then provides me with everything that I need."*

*"It is voluntary to transfer the foster care grant, but it is being done with the principle of pulling resources."*


Foster parents that are appointed in respect of a specific child in need of care and protection are entitled to a monthly foster care grant (Republic of South Africa, 2005:8). A foster care grant may be paid in respect of a foster parent for up to six children in need of care and protection (Martin, 2010:27). A foster parent qualifies for a foster care grant regardless of whether he/she is a South African citizens, permanent resident or refugee. There is no means test for a foster care grant, but a foster parent needs to submit an identity document, birth certificate of the child and valid court order to provide proof that the child is legally in his/her care (Republic of South Africa, 2005:8). Section 65(1) (a) of the Consolidated Regulations to the

Children's Act, Act 38 of 2005 and the Children's Amendment Act, Act 41 of 2007 determine that a foster parent is obliged to use any social assistance and/or financial contribution from the child's family or parents towards the upbringing of the child and in the child's best interests (Republic of South Africa, 2010:74). In addition, Section 29 of the Regulations in terms of the Social Assistance Act, Act 13 of 2004 determines that a foster parent who receives a foster care grant in respect of a child in need of care and protection must adhere to the following conditions:

- The foster child must remain in the care of the foster parent, and the child that attends school elsewhere is deemed to be in the custody of the foster parent;
- The foster child must have adequate accommodation, be properly fed, clothed and receive medical and dental care;
- The foster child that is of school going age must attend school;
- The foster parent must allow an official who has been authorised in terms of the children's act reasonable access to the foster child and the dwelling in which the child resides; and
- The foster parent must use the grant for the benefit of the child.

From the statements below, however, it appears that not all the children in their care received a foster care grant.

*"We do not receive any foster grant."*

*"Although the children are legally in our care, the process of applying for a foster care grant is held up by the fact that not all the children have birth certificates. SASSA* [South African Social Security Agency] *does not want to take applications without a birth certificate."*

Often applications for the payment of foster care grants are delayed due to the unavailability of the necessary identification, and other relevant documents. Martin (2010:27), however, states that the South African Social Security Agency (SASSA) allowed the use of alternative documents, including a sworn statement or an affidavit in a format prescribed by them.

In some incidences the management of the cluster foster care schemes also provided for the financial needs of the children in the care of the foster parents that formed part of that cluster foster care scheme.

*"Foster children who are not yet a beneficiary of a foster grant are financially supported by the management of the cluster foster care scheme."*

*"H* [manager of the cluster foster care scheme] *will support a mother until the foster grant comes in operation."*

According to Colby-Newton (2006:57), one of the objectives of cluster foster care schemes is to provide financial support to foster mothers in order to meet the physical needs of the children in her care. The author, however, notes that not all cluster foster care schemes are financially sustainable and are in desperate need of donor and state funding. In this research study, it became apparent that participants used community resources in order to meet the medical- and education needs, as well as to provide access to social services. The manner in which they utilise these community networks will be addressed in the next sub-theme.

**Sub-theme 6.6: Community resources utilised by foster parents of a cluster foster care scheme**

In Theme 2 of this chapter the participants discussed their ideas around the integration of foster children as part of a family in a specific community. This, according to the statements in this current sub-theme, entailed that they made use of community resources in the same manner as children that are in the care of their biological families. Community resources that were frequently used in order to meet the individual needs of foster children in this form of alternative care were identified by the participants in the following categories that will be discussed below:

- Educational resources;
- Medical resources ; and
- Social work resources.

**Category 6.6.1: Education resources utilised by foster parents to provide for the educational needs of the foster children in their care**

The participating foster parents reported that the children in their care should go to public schools in the area of the cluster foster care scheme in order to integrate into the community they lived in. They continued to report that this means that the foster children also have access to other educational resources in the community.

*"Die kinders is by openbare skole."*

*"They attend schools in the area."*

*"Yes they can walk to school."*

*"They also have community library cards where they can find information."*

*"There are also computers at the library."*

*"They participate in soccer at school."*

*"Four of our children attend this school* [participants refer to a school in the area where the cluster foster care scheme is situated]*. The rest of the children with special needs are from the community."*

*"We use schools in our areas which are walking distance from our homes. The children do not use public transport or go to schools in other areas".*

*"They go to a school that is right opposite my door and I make sure that they have the best possible public school education."*

*"They all attend school in the area. I take them in the morning and fetch them in the afternoon."*

The Constitution of South Africa states that every child has the right to basic education (Republic of South Africa, 1996:14). According to Section 65 (1) (c) of the Consolidated Regulations to the Children's Act, Act 38 of 2005 and the Children's Amendment Act, Act 41 of 2007 the foster parents have the responsibility to ensure that a child of school-going age attends a school on a regular basis (Republic of

South Africa, 2010:74). According to Martin (2010:136) the Department of Education has the responsibility to make primary school available and accessible to all children. In line with the participants' descriptions of the accessibility of local schools, the National Policy for Equitable Provision of an Enabling School, Physical, Teaching and Learning Environment of 2008, and the accompanying National Norms and Standards for School Infrastructure (as cited in Martin, 2010:162-163) make provision for a catchment area with a radius of a maximum of three kilometre walking distance from the nearest school.

**Category 6.6.2: Medical resources utilised by foster parents to provide for the medical needs of the foster children in their care**

Similar to the educational resources described above, the participants also reported that they attempted to use community and provincial medical resources. On the other hand, they reported that special medical care needed by children is being provided through financial assistance from the management of the cluster foster care schemes. The following statements were offered in this regard:

*"Ons gebruik staatshospitale, soos Tygerberg."*

*"We make use of provincial medical facilities or private medical practitioners or other medical specialists. But if it is private, the cluster foster scheme helps us to pay for it."*

*"We have one medical practitioner that looks after all our children."*

The right to access of basic health care services for all South Africans is accentuated in Sections 27 and 28 (1) (c) of the South African Constitution (Republic of South Africa, 1996:13). According to Leatt, Shung-King and Monson (2006:52) it is reasonable to assume that basic health care services include preventative health intervention and curative care for common and uncomplicated childhood conditions. Martin (2010:84) elaborates and adds that primary health care services to children include the following:

- Immunisation services;

- Contraception, emergency contraception and counselling terminations of pregnancy;

- Antenatal care and monitoring;

- Development and genetic screening for the management and prevention of genetic disorders;

- Trauma services;

- Treatment of STI's;

- HIV/Aids services, including voluntary counselling and testing;

- Tuberculosis services;

- Community outreach services including school health, youth services, early childhood development facilities, home based care, nutrition projects;

- Free secondary and tertiary health care for children older than six of caregivers who are unemployed or receive one or another children's grant;

- On site laboratory testing; and

- Emergency transport services to patients between facilities.

The last network structure that was frequently used by the participants was that of social workers at child protection agencies. The following category described their viewpoints on this.

**Category 6.6.3: Social work resources utilised by foster parents to provide for the social needs of the foster children in their care**

The participants reported that social work services are obtained from the Department of Social Development or non-government child protection organisations.

*"Each of my children has social worker that is involved."*

*"Department of Social Development; all of us falls under the DSD and we have one child in our care who fall under Child Welfare."*

*"Child Welfare only works with children up to the stage of 15 years then, they have to go to DSD* [Department of Social Development].*"*

Both foster parents and children in foster care are, during the course of the placement, in need of social work intervention. Whether the foster child is blood-related or not, the likelihood is that he/she will experience multiple problems; such as difficulty with trusting others, aggressive behaviour, sleep and eating difficulties and needs related to contact with the biological family and/or parents (Webb, 2003:232). Schofield and Ward (2008:82) are of the opinion that the task of the social worker that supervises the foster placements includes planning and supporting of the child in placement. The planning element refers to specific planning regarding the child's development needs and can include educational, medical and social needs and contact with the biological parents and family (Beek and Schofield, 2004:245). These authors also highlighted that it is essential that social worker ensures that he/she build a professional relationship with the child away from the foster parents. They are of the opinion that social worker are often the only independent confidant the child in foster care has.

Although child care legislation is not specific on the role and responsibilities of the designated social worker, Section 65(1) (e) of the Consolidated Regulations to the Children's Act, Act 38 of 2005 and the Children's Amendment Act, Act 41 of 2007 determine that foster parents should allow a designated child protection organisation or designated social worker access to his or her home and to the foster child concerned (Republic of South Africa, 2010:74). Section 65 (4) of the Consolidated Regulations to the Children's Act, Act 38 of 2005 and the Children's Amendment Act, Act 41 of 2007 state further that a foster parent must notify a designated social worker or designated child protection organisation within 14 days of any material changes in his/her living or family circumstances. Foster parents responded as follows on the relationship between them and social workers employed by the child protection organisations that support them:

*"Good, Badisa Elsie River* [child protection organisation in northern suburb of Cape Town] *is mostly involved, but we also have relationships with Child Welfare. Our relationships are good, because we need to understand their job and their job is to help us to go through legal processes."*

*"On a whole we have a good relationship with them."*

*"It also makes it easier that we only have one or two social workers to deal with. Mine is very good, I make contact with them all the time and inform them about the progress, movement and other things that happen to my children."*

*"We involve the social workers that are responsible for the children. Every decision we make about the children, we involve the social workers."*

The last theme that became available in this study was the participants' suggestions regarding the development of a cluster foster care scheme.

**Theme 7: Suggestions from the participating foster parents to potential foster parents that want to become part of cluster foster care scheme**

The suggestions made by the participating foster parents focused primarily on the prospective foster parents' attitudes towards children, and the importance of the support of the community. Some of the statements in this regard were as follows:

*"Love for the children, firstly your heart must be with the children. It must not only be money, but it must be children first."*

*"I will say that the houses that work are the once that have support from their communities."*

The above statements highlight the altruistic motive to become foster parents (See sub-theme 1.2). Owusu-Bempah (2010:57) debates that altruism, where people make sacrifices for the survival of others, is one of the main motivations in traditional

as well as western cultures to foster children. Regarding the importance of the community in order to ensure the successful management of a cluster foster care scheme, Matthias and Zaal (2009:178) are of the opinion that foster care, where the child remains in a community, is most probably the most preferred option of alternative care.

## 4.4 Conclusion of chapter

This study aimed to explore and describe the present functioning of cluster foster care schemes, in order to identify operational elements to be documented in a guideline for service providers and social workers. In order to achieve the goal and objectives of the research study, as described in Chapters 1 and 2, data was collected among eighteen foster parents that provided foster care as part of cluster foster care schemes in the Western Cape. The data relating to the participants' descriptions of present functioning and roles of the foster parents of the cluster foster care schemes were obtained through interviews and focus groups, and recorded through the use of tape-recordings. Transcripts were made of the tape-recordings directly after the conclusion of the interviews/focus groups. Field notes were made during the course of the interviews/focus groups, and added to the transcripts. Following data analysis, the data was divided into themes, sub-themes and categories, verified with the relevant literature and discussed in this chapter. The storyline, related to the data, provided the researcher with a clear understanding of the participants' motivations to become foster parents in cluster foster care schemes, how they defined the term 'cluster foster care scheme', their perceptions of their roles and responsibilities, their descriptions of the children in their care and the utilisation of community resources.

The findings of the data described in Chapters 3 and 4 were also supplemented with the identification of functional elements found in literature related to the operationalising of cluster foster care schemes. Chapter 5 will focus on this aspect.

# CHAPTER 5

# IDENTIFYING THE FUNCTIONAL ELEMENTS NEEDED TO OPERATIONALISE CLUSTER FOSTER CARE SCHEMES FROM LEGALISATIONS, POLICIES AND SUGGESTIONS IN LITERATURE

## 5.1 Introduction

Foster care within a cluster foster care scheme, long-term foster care with unrelated foster parents or relatives, shared care and child-headed households were some of the additional forms of alternative care that were added to alternative care options for children in need of care and protection, with the proclamation of the Children's Act, 38 of 2005 and the Children's Amendment Act, Act 41 of 2007 (Matthias, 2010:172-176). Cluster foster care schemes, according to Section 3 (e) of the Children's Amendment Act, Act 41 of 2007 (Republic of South Africa, 2008:10), implies that children in need of care and protection can be placed in foster care in cluster foster care schemes that are registered as such with the Provincial Department of Social Development. Section 183 of the Children's Amendment Act, Act 41 of 2007 (Republic of South Africa, 2008:74) determines further that an organisation operating as a cluster foster care scheme must be registered as a non-profit organisation in terms of the Non-profit organisation Act, Act 71 of 1997. The latter requirement implies that legislation and policies regarding the governance of a non-profit organisation are applicable.

The research question that guided this study was, "*What are the operational elements necessary for the operationalising of cluster foster care schemes?*" The goal of this present study was therefore to *explore and describe the present functioning of cluster foster care schemes in order to identify operational elements to be documented in a guideline for service providers and social workers.* The qualitative data collected in this study was analysed and described in Chapters 3 and 4 of this document. Additionally, in order to attain the research goal, the researcher

studied literature to obtain further functional elements that are applicable to the rights and care of children in general, the rights and care of children in need of care and protection, alternative care options for children in need of care and protection, as well as elements pertaining to the legal requirements and management of a non-profit organisation. Lastly, a unique characteristic of cluster foster care schemes is that it strives towards the integration of children in need of care and protection into alternative care options that simulate their communities of origin as closely as possible (Colby-Newton, 2006:6). Therefore, functional elements to guide and support the integration of foster children in cluster foster care schemes into a community network structure will also be included.  This chapter provides the reader with the literature related to the above. Figure 5.1 illustrates the focus areas in this chapter.

**Figure 5.1**:  Identified areas that are the focus of the functional elements needed for the operationalising of cluster foster care schemes
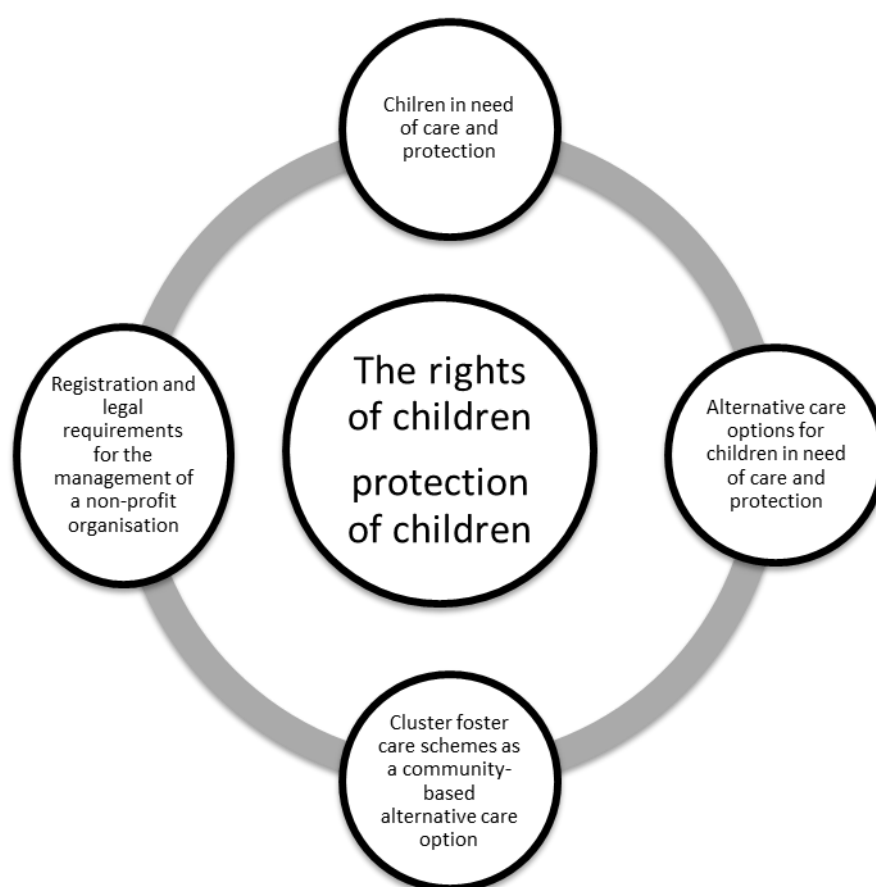
During the collection of appropriate literature the researcher, however, found that most of the functional elements pertaining to alternative care options, foster care and cluster foster care schemes were found in legislations and policies. These functional elements were supplemented with literature and previous research findings.

## 5.2 Functional elements regarding the care and protection of children

Section 28 (2) of the Constitution of South Africa emphasises that the best interests of the child are paramount in the development, implementation and maintaining of services to children (Republic of South Africa, 1996:14). Therefore, certain aspects within the domain of human needs and the specific developmental tasks linked to developmental phases of a child are vital when debating around the functional elements regarding the care and protection of children in general. Coupled with this, the acknowledgement of the rights of children should also be considered when identifying these functional elements. In this section of the chapter the researcher aimed to:

- Identify  the basic human needs of children and to establish how the specific developmental tasks during relevant developmental stages influence these needs;
- Identify the basic rights of children; and
- Identify appropriate legislation and policies that address the basic human needs and rights of children.

### 5.2.1 Functional elements related to theories on human needs and relevant developmental stages of the child

Needs are the necessary requirements to maintain life at a certain standard (Pierson and Thomas, 2010:353). Needs should not be viewed as a "want" for something that can add additional quality to a person's life, but rather as "essential" to fulfil certain developmental tasks (Johnson and Yanca, 2010:3).  Maslow  suggested that needs may be ordered in a hierarchical continuum starting with the very basic physiological needs for food, shelter and safety to a higher order of psychological needs for belonging, approval, love and eventually self-actualisation (McMahon, 2011:2). Max-

Neef (1991:32) rejects the hierarchy notion and focuses on a constellation of universal needs that are integrative and additive. These universal needs include subsistence, protection, affection, understanding, participation, idleness and creation.

Although all human beings have similar needs, the manner in which these needs are fulfilled depends largely on the developmental stage of the individual (Johnson and Yanka, 2010:7). While the researcher indicated the specific developmental tasks associated with the different life stages in Table 4.1 in Chapter 4 of this document, it is also important to know that the parental styles of care giving need to be adapted during the different life stages of the child. Papalia and Feldman (2011:393) are of the opinion that the emphasis on parental care in the early years of the child is focused on care and development, while the focus in adolescent years is more on support and to create an environment where the child can prepare him- or herself for independent living. The role of the parent and/or caregiver is primarily to care for the child on all levels of development and to ensure that his/her basic needs and rights are met. Table 5.1 below highlights the specific parental/caregiver tasks during the different developmental stages to ensure that the child's basic needs and human rights are met.

**Table 5.1**: Functional elements regarding parental/caregiver tasks to ensure that basic human needs and rights are met

| Developmental Stage | Specific tasks and roles of parents and caregivers. |
|---|---|
| Infancy (birth to two years). | • Physical and emotional care to ensure proper attachment with the primary care giver;<br>• Assist with physical care e.g. feeding, dressing and toilet training;<br>• Facilitate the relationship with biological parents in order to maintain a bond; and<br>• Adequate stimulation to achieve sensorimotor skills. |

| Toddlerhood (two to three years). | <ul><li>Physical and emotional care;</li><li>Contact with early childhood development facilities; and</li><li>Contact with biological families.</li></ul> |
| --- | --- |
| Early school age (four to six years). | <ul><li>Physical and emotional care (child begin to master independence in physical care such as dressing etc.);</li><li>Pre-school enrolment;</li><li>Relationship with peers; and</li><li>Relationship with biological family.</li></ul> |
| Middle childhood (six to twelve years). | <ul><li>Attendance at school;</li><li>Encourage team play and extra mural activities;</li><li>Physical and emotional care (provide security);</li><li>Facilitate peer group relationships; and</li><li>Relationship with biological family.</li></ul> |
| Early adolescence (twelve to eighteen years). | <ul><li>More independence, negotiate around aspects like freedom, independence, choice of friends etc.;</li><li>Choices regarding the role of biological parents and the level of contact between them;</li><li>Guidance regarding sexual relationships; and</li><li>Career choices.</li></ul> |
| Later adolescence (eighteen to twenty four years). | <ul><li>The future role of the foster family in the child's life;</li><li>Independence; and</li><li>Establish an adult to adult relationship.</li></ul> |

**5.2.2 Functional elements regarding the basic rights of children**

Berry and Guthrie (2003:11) explain that the children's rights movement was formed in the 1980s against a background of extreme violations of children's rights. According to these authors, the democratic South African Government made many significant commitments towards the rights of children since 1994. Some of these commitments include the ratification of the United Nations Convention on the rights of children (United Nations, 1989:1-14), the African Charter on the Rights and Welfare of the Child (Organisation of African Union Parties, 1999:1-19) and the South African Constitution (Republic of South Africa, 1996:13-14). The commonalities between the aforementioned agreements and legislations are that all of them focus on the rights and the protection of children. Human (2009:249) explains the importance of children's rights, and highlights that these rights represent a universal claim and can promote the interest of a group such as children. In recognition of the importance of the rights of children, these rights were included as part of the Constitution of South Africa (Republic of South Africa, 1996, Section 28 (1)).

Linked to the importance of the rights of children is the principle of the best interests of the child. The best interests of the child principle were established in the 1940s in South Africa, but did not extend beyond the ambit of family law and -proceedings (Skelton, 2009 b:280). Legislation and policies regarding the rights, well-being and protection of children were primarily developed around the rights of children as indicated above (Berry and Guthrie, 2005:11). It is also evident that the United Convention on the Rights of Children (United Nations, 1989:1-14), as well as the African Charter on the Rights and Welfare of the Child (Organisation of African Union Parties, 1999:1-19), place specific obligations on Government structures (of countries which became part of these conventions) to ensure that the legislation and policies be developed to ensure that the indicated rights of children are respected and acknowledged. Section 28 (2) of the Constitution of South Africa, Act 108 of 1996 followed the lead of the above international documents on the rights of children, and included the best interests of the child principle as part of this

legislation. The proclamation of the Children's Act, Act 38 of 2005 (Republic of South Africa, 2006:32) followed suit and included in Section 7 the best interests of the child standards.

For the purpose of this study the researcher used Section 28 (1) and (2) of the Constitution of South Africa (Republic of South Africa, 1996), as well as the best interests of the child standard as stipulated in the Children's Act, Act 38 of 2005 (Republic of South Africa, 2006:32) as a departure point to identify functional elements from legislation and policies that guide the rights, care and protection of children in South Africa. Only elements that reflected and supported the findings from the empirical data of this research study will be identified.

**Table 5.2**: The rights and best interests of the child standard as applicable to this study (adapted from the Constitution of South Africa, Act 108 of 1996 and the Children's Act, Act 38 of 2005)

| Rights of Children as stipulated in Section 28 (1) of The Constitution of South Africa, Act 108 of 1996 | The best interests of the child standard as stipulated in the Children's Act, Act 38 of 2005 |
|---|---|
| All children have the right - <br> a) To a name and a nationality from birth; <br> b) To family care or parental care, or to appropriate alternative care when removed from the family environment; <br> c) To basic nutrition, shelter, basic health care services and social services; <br> d) To be protected from maltreatment, neglect, abuse or degradation; and <br> e) To education. | • Aspects to consider when a child in need of care and protection is placed in a care option; <br> • The nature of the personal relationship between the child and the parents, or a specific parent and the child and any other caregiver or person relevant in those circumstances; <br> • The capacity of a parent or any specific parent or caregiver to provide for the needs of the child - including emotional and intellectual needs; <br> • Likely effect of change on a child from his/her parents, caregivers and/or brothers and sisters; <br> • The need of the child to remain in contact with his/her parents, family, extended family and to maintain connections with his/ her family, extended family, culture or tradition; <br> • The child's age, maturity, stage of development, gender, background and any characteristics of the child; |

| | • The child's physical and emotional security and his/her intellectual, emotional, social and cultural development;<br><br>• Any disability the child may have;<br><br>• Any chronic illness from which the child may suffer;<br><br>• The need of the child to be brought up in a family environment; and<br><br>• The need of the child to be protected from physical and psychological harm. |
|---|---|

The functional elements regarding children's basic rights will be discussed in the sub-sections below.

## 5.2.2.1    Children's right to a name and nationality from birth

As indicated in Table 5.2 above, Section 28 (1) (a) of the Constitution of South Africa, Act 108 of 1996 acknowledges the right of children to be registered immediately after birth, to a name, to acquire a nationality, and, as far as possible, the right to know and to be cared for by his/her parents (Republic of South Africa, 1996:13). The Government of South Africa gives effect to this right of the child by issuing a birth certificate when the child is a baby and the issuing of identification documents when the child reaches 16 years of age (Martin, 2010:6). Martin (2010:6) holds the opinion that the issuing of these documents forms the cornerstone of the realisation of the right of a child to a name and nationality. In addition, these documents also enable a child to benefit from socio-economic programmes such as social assistance, for instance, the application for a child support grant or a foster care grant as stipulated in the Social Assistance Act, Act 13 of 2004 (Republic of South Africa, 2004:10). In sub-theme 3.1 of Chapter 3, participants in this study confirmed that the absence of proper identification documents of children contributed to the fact that they could not apply for or that could cause a delay in the application for a foster care grant.

Chapter 2 of The Birth and Death Registration Act, Act 51 of 1992 as amended by Act 67 of 1997 and Act 1 of 2002 (Republic of South Africa, 1992:7-9) guides the

process of the registration of a child and the application for late registration of children, while the Identification Amendment Act, Act 47 of 1995 guides the application of identity documents (as cited in Martin, 2010:10).

**Table 5.3**: Functional elements related to identification documents (adopted from Martin, 2010:9-10)

| Birth certificate | Identification document |
|---|---|
| Registration of birth with the Department of Home Affairs within 30 days of the birth<br>Following documents are required:<br><br>• Proof of birth of the child (either a birth notification certificate from the hospital where the child was born or the Road to Health Card);<br>• Mother's identity document;<br>• The fathers identity document and the father himself at the registration service delivery point if the father and mother are not married and the baby is to be registered in the father's name; and<br>• Marriage certificate of parents.<br><br>Late registration of birth for a child older than one year but younger than 15 years:<br><br>• The same documents as listed above;<br>• Confirmation of child's name, sex, age and other details taken from the school register of the first school attended by the child;<br>• The baptismal certificate if he or she has one; and<br>• School reports. | Any citizen or permanent resident who is 15 years or older can apply for an identification document at the Department of Home Affairs.<br>Following documents are required:<br><br>• A birth certificate;<br>• A marriage certificate if married; and<br>• Four identify photographs. |

Children also have the right to family life provided by their parents where possible. This right of the child is discussed next.

**5.2.2.2    Children's right to family care or parental care, or to appropriate alternative care when removed from the family environment**

The right of a child to be part of a family and to be cared for by his/her parents is not only embedded in the United Nations Convention on the Right of Children (United Nations, 1989), the African Charter on the Rights and Welfare of the Child (Organisation of African Union Parties, 1999) and the Constitution of South Africa (Republic of South Africa, 1996), but also informs legislation and policies in South Africa that guide services and rights of children. The Green Paper on Families (Republic of South Africa, 2011:46) stipulates that the Government policies and legislation should be adapted to promote family life in order to enable families to play their roles and responsibilities in society. The Green Paper on Families (Republic of South Africa, 2011:46) describes the **role of the families** as:

- Nurturing;
- Socialising;
- Parenting; and
- The delineation of both sex and gender roles.

The White Paper for Social Welfare (Republic of South Africa, 1997:41) highlights that the aim of child and family welfare services should be to preserve and strengthen families, so that they can provide a suitable environment for physical, emotional and social development of all their members. The Strategic Plan of the Department of Social Development recognises the importance of families in the care of children and commits to service delivery strategies that develop, monitor and facilitate the implementation of policies, legislation and programmes to empower families to support children (Republic of South Africa, 2010-2015:43).

The most important form of legislation that guides the above is the Children's Act, Act 38 of 2012, as amended by Act 41 of 2007. Section 2 of the Children's Act, Act 38 of 2005 (Republic of South Africa, 2006:28) states that two of the objectives of this act are to promote the preservation and strengthening of families and to give effect to the constitutional right of the child to family or parental care, or appropriate alternative care when removed from the family environment. This act further

describes parental responsibilities and rights. According to Section 18 of the Children's Act, Act 38 of 2005 (Republic of South Africa, 2006:38) parents have certain rights regarding the guardianship, care, contact and maintenance of their children. They have, on the one hand, certain responsibilities regarding the safeguarding of their children's property, assistance with certain contractual, legal or administrative matters, as well as to give or withhold consent in certain matters (see Table 5.2). Section 19 to 21 of the same act (Republic of South Africa, 2006:38-40) determines further that the mother of a child is considered as the only natural parent, while a father only has parental rights if he was married to the mother at the time of birth or conception of the child. Unmarried fathers, on the other hand, need to provide evidence regarding certain criteria as stipulated in the act to obtain parental rights of the child (see Table 5.4).

**Table 5.4**: Functional elements regarding the rights of children to parental and family care (adapted from the Children's Act, Act 38 of 2005 and the Children's Amendment Act, Act 41 of 2007)

| Section in the Children's Act. | Specific reference to the child's right to parental and/or family care. |
|---|---|
| **Section 18** refers to parental rights and responsibilities. | The rights of parents:<br><br>a) Care for the child;<br>b) Maintain contact with the child;<br>c) Act as the guardian of the child; and<br>d) To contribute to the maintenance of the child.<br>The responsibilities of parents are:<br><br>a) Administrate and safeguard the child's property;<br>b) Assist the child with contractual, administrative and other legal matters; and<br>c) Give or refuse consent in the following instances:<br>    i. to marriage;<br>    ii. to adoption of the child;<br>    iii. to departure or removal from the Republic;<br>    iv. application for a passport; and<br>    v. Alienation or encumbrance of any immovable property of the child. |
| **Section 19-21**<br><br>Rights of married mothers and | a) Biological mother of the child, whether married or unmarried has full guardianship of a child;<br>b) If the mother is, however, unmarried and also still an unmarried child, |

| fathers as well as unmarried mother and fathers. | or the father of the child does not have guardianship, the guardian of the mother has the guardianship of the child;<br><br>c) The father of a child has full guardianship if he is married to the mother of the child, or was married to the mother of the child during conception, birth or the period between conception and birth;<br><br>d) Unmarried fathers have full guardianship over a child if:<br><br>    i. At the time of the child birth he was living with the mother in a permanent life-partner relationship;<br><br>    ii. Regardless of the nature of the relationship consent to be identified as the child's father or pays damages in terms of customary law; and<br><br>    iii. Contributes in good faith towards expenses in connection with the maintenance of the child over a reasonable period. |
| --- | --- |

Section 23 of the Children's Act, Act 38 of 2005 (Republic of South Africa, 2006:38) also stipulates that any other party that has an interest in the child can apply to the High Court, divorce court in divorce matters or the children's court to have contact with the child or to take care of the child. In such a matter the court will take the best interests of the child into account. According to Skelton (2009 a:83) an application of this nature does not affect the parental rights and responsibilities of any parties that might already have parental rights and responsibility over the child. In practice, more parties than the parents of a child could have legal parental rights including care and contact with the child. Skelton (2009 a:82) accentuates that guardianship of a child is not automatically assigned to the person that holds the care of the child. If the care of the child is, for instance, transferred to a foster parent, it implies that the foster parent has the right and responsibility to care for the child concerned, but the foster parent does not obtain the guardianship of the child (Republic of South Africa, 2010:67-69).

Managers and foster parents that provide foster care as part of cluster foster care schemes should therefore be aware of, and familiar with the people that have the guardianship of the child in their care. These parties remain responsible for the specific tasks as indicated in the above table. Children's basic rights to nutrition, shelter, basic health care services and social services will be discussed next.

**5.2.2.3      Children's right to basic nutrition, shelter, basic health care services and social services**

The above rights of children are divided into the following four basic elements:

**i.      Basic nutrition**

Healthy nutrition is important to support the growth and development of the child from the new born stage up to adulthood (Papalia and Feldman, 2011:405).  Section 27 and 28 of the South African Constitution acknowledges the importance of access to sufficient food and water for all citizens and children (Republic of South Africa, 1996:13). The reality in Africa and South African is, however, that many children live in extreme poverty stricken conditions (Leatt, 2006:19). Poverty is often associated with conditions that are disruptive for optimum development. These conditions may include a lack of food, lack of regular meals or inadequate and unbalanced meals (Newman and Newman, 2006:212).

The South African Government addresses the constitutional obligation regarding access to food and water through the legal mandate of the Department of Agriculture, Forestry and Fisheries (Martin, 2010:185). The focus of the Integrated Food Security Strategy for South Africans' vision is *"to attain universal physical, social and economic access to sufficient, safe and nutritious food by all South Africans at all times to meet their dietary and food preferences for an active and healthy life"* (Republic of South Africa, 2002:13). According to Martin (2010:186), the Department of Agriculture, Forestry and Fisheries embarked on programmes such as the Household Food Production Programme, the Comprehensive Agriculture Support Programme and Micro-Lending financial schemes to assist emerging farmers.

**ii.     Adequate Housing**

The Department of Human Settlement is held responsible for the realisation of the right of everybody to have access to adequate housing (as cited in Martin, 2010:196). One of the key policies that give effect to this right of children is the National Action Plan for Orphans and Other Children Made Vulnerable by HIV and

Aids in South Africa (Republic of South Africa, 2009:11). In this strategy the South African Government is committed to ensure that children have access to basic shelter. The Department of Human Settlement further embarked on a number of strategies to ensure adequate housing for everybody in South Africa. Martin (2010:197-201) lists housing subsidies according to a means test, housing subsidies for older persons and persons with disabilities, rural housing subsidy and emergency housing assistance as some of the programmes.

### iii.    Adequate Health Care

Berry and Guthrie (2006:20-22) are of the opinion that factors such as poverty, HIV and Aids, preventable diseases, injuries, trauma and violence and chronic illness and disabilities are amongst the many factors that influence children's health in South Africa. The Children's Institute (2007:12) concurs that the increasing need for adequate medical services to children poses a challenge to the South African Government to implement existing policies and to strengthen services that will address the morbidity and mortality in children. The Department of Health is primarily responsible for the realisation of rights. According to Martin, (2010:80) the responsible department should focus on medical care on a primary, secondary and tertiary level. Table 5.5 provides a description of the different health services with the specific target group that the Department of Health provides.

**Table 5.5**: Basic health care services for children in South Africa (Adapted from Martin, 2010:83-124)

| Programme | Target Group |
|---|---|
| Free health care service; including primary, secondary and tertiary health care. | All children under the age of six, excluding people and their dependants on medical aid and people visiting the country to obtain health care. |
| Free primary health care for all children and their families. | All children between six and eighteen and all adult South African citizens without a medical aid. |
| Free secondary and tertiary health care for children of caregivers that are unemployed and/or receive children's grants. | All children older than six years of unemployed caregivers and children over the age of six years who receive a foster care grant or a child support grant or care dependency grant. |
| Free health care for children with severe or moderate disabilities whose parents are | Children with severe and moderate disabilities whose parents or caregivers receive a child or older persons grant. |

| | |
|---|---|
| unemployed and receive a child/older person grant. | |
| Integration nutrition programmes. | Nutritionally vulnerable groups in communities. |
| Infant and young child feeding programme. | • Infants born to HIV mothers;<br><br>• Infants with HIV;<br><br>• Adolescent mothers;<br><br>• Infants with low weight;<br><br>• Malnourished children; and<br><br>• Orphans, children in foster care, children separated from their mothers for long times and children whose mothers cannot care for them due to ill health or mental disability. |
| HIV counselling and testing programme. | • All HIV exposed infants;<br><br>• Children with clinical features suggestive of HIV infection with acute illnesses;<br><br>• All children with suspected symptomatic HIV infection;<br><br>• All children diagnosed with TB;<br><br>• If the child's parents/sibling has HIV infection;<br><br>• When the mother's status is unknown and her whereabouts is unknown;<br><br>• A child has been breastfed by a women of unknown status;<br><br>• A child who has experienced  is at risk of sexual assault; and<br><br>• When it is in the best interest of the child to be considered for foster care placement or adoption.<br><br>Testing of adolescents:<br><br>• Availability of youth sensitive counsellors to assist adolescents if they wish to have an HIV test done. |
| Access to contraception | Children older than 12 years can receive contraception without the consent of a parent or caregiver.<br><br>(Proper medical advice must be given before contraception can be issued.) |
| Treatment of HIV infection in children and adults. | • All HIV-exposed infants younger than one year of age;<br><br>• All HIV positive infants younger than one year of age;<br><br>• HIV positive children older than one year, but younger than 15 at stages three and four of the disease or who have a CD4 count below 750 if the child is younger than five, or below 350 cell mm;<br><br>• HIV positive children between the ages of 15 and 18 with a CD4 count of less than 200 or at clinical stage four; and<br><br>• All HIV people older than 15. |
| PEP (post-exposure prophylaxis) treatment for children who have been sexually assaulted. | Children who have been sexually assaulted will qualify for PEP if : |

| | |
|---|---|
| | • They report the assault to the South African Police Services or to a state health facility within 72 hours of the assault; and<br>• They test negative for HIV at the time they present at the health facility. |
| Integrated management of childhood illnesses programme | Children under the age of six years. |
| Extended programme on immunisation | • All children between birth and 12 years of age; and<br>• All infants and children that are HIV. |

### iv. Social Services

The right of South African children to social services is not only embedded in the Constitution of South Africa (Republic of South Africa, 1996), but is further described in the White Paper for Social Welfare (Republic of South Africa, 1997:41-46). Certain guidelines and strategies to address and improve social services to children in general is stipulated in the latter document. These strategies and guidelines firstly focus on social services to strengthen communities and families of children, and secondly to address the needs of children in need of care and protection. The Integrated Service Delivery Model for Social Services (Republic of South Africa, 2006:22) stipulates that social services to children should include the following:

- Prevention services: Services that include early childhood development services;

- Protection services: Child protection services that prevent the abuse, neglect and abandonment of children;

- Rehabilitation services: Including services to children living and working on the streets; and

- Continuing care services: Including foster care services, adoption and residential care services.

One of the key areas of Social Services is, however, the provision of a comprehensive social security system. According to Martin (2010:20), the right to social security is protected by the United Nations Convention on the Rights of Children (United Nations, 1989), The African Charter on the Rights and Welfare of the Child (Organisation of African Union Parties, 1999) and the South African Constitution (Republic of South Africa, 1996). All three of these documents urge governments to accept the responsibility to make provision for social security.

Social security within the South African context falls in the legal mandate of the Social Assistance Act, Act 13 of 2004 (Republic of South Africa:2004). Sections six, seven and eight of this act make provision for the payment of the child support grant, care dependency grant and foster child grant to children respectively.

The child's right to be protected from maltreatment, neglect, abuse or degradation is discussed in the next sub-section

**5.2.2.4     The right of children to be protected from maltreatment, neglect, abuse or degradation**

Child abuse is clearly defined in the Children's Act, Act 38 of 2005 (Republic of South Africa, 2006:16) as:

*"Any form of harm or ill-treatment deliberately inflicted on a child, and includes-*

  a) *Assaulting a child or inflicting any other form of deliberate injury;*
  b) *Sexually abusing a child or allowing a child to be sexually abused;*
  c) *Bullying by another child;*
  d) *A labour practice that exploits a child; or*
  e) *Exposing or subjecting a child to behaviour that may harm the child psychologically or emotionally."*

Neglect and maltreatment, on the other hand, refer to a failure of caregivers and/or parents to provide the basic physical, emotional, social and intellectual needs of a child (Papalia and Feldman, 2011:161). Milner and O'Byrne (2009:20) classified abuse of children under the heading of physical-, emotional-, sexual abuse and neglect, while Childhelp (2011:4) adds childhood bullying by peers and/or siblings and cyber predators and cyber bullying.

Additional to the Constitution of South Africa, Act 108 of 1996, the Children's Act, 38 of 2005 as amended, the Sexual Offence Act 23 of 1997 as amended with Act 32 of 2007, the Domestic Violence Act, Act 116 of 1998 and the Schools Act, Act 56 of 1996 are some of the key South African legislations that protect children against abuse, neglect and maltreatment (Dawes and Mushwana, 2007:272; Martin,

2010:206). Sections 15 and 16 of the Sexual Offence and Related Matters Amendment Act, Act 32 of 2007 prohibit sexual consensual penetration and acts of sexual violation with children older than 12, but younger than sixteen years, (Republic of South Africa, 2007:24-28 ), while Sections 17 and 18 of the same act prohibit sexual exploitation of a child, grooming of a child and use or display of pornography to a child under the age of 18 years. Section 10 of The Schools Act, Act 56 of 1996 (Republic of South Africa, 1996:6) specifically prohibits the administration of corporal punishment to a learner in the school environment.

The Children's Act, Act 38 of 2005 includes a number of mechanisms in order to protect children against abuse and neglect. One of the important mechanisms is the provision for a National Child Protection Register that consists of a part A and B (Republic of South Africa, 2006:76). Part A of the register makes provision for record keeping of all abused and neglected children in South Africa, while the purpose of part B of the register is to have a record of all people that are found unsuitable to work with children. According to Section 120 (4) (a) and (b) of  the Children's Act, Act 38 of 2005, a person can be found unsuitable to work with children if the person was convicted  of murder, attempted of murder, rape, indecent assault or intent to indecent assault a child (Republic of South Africa, 2006:82).  Managers of cluster foster care schemes that employ staff  as foster parents, in a supportive role, or as a volunteer within the cluster foster care scheme are obliged, in terms of Section 123 (2), not to employ a person whose name appears in part B of the National Child Protection Register (Republic of South Africa, 2006:84).

Managers and foster parents that form part of a cluster foster care scheme are also, in terms of Section 110 of the Children's Amendment Act, Act 41 of 2007 (Republic of South Africa, 2008:44), along with other parties as stipulated in this section, obliged to report the abuse and neglect of children. These reports can be filed with the South African Police Services or a designated social worker employed by a child protection organisation (Martin, 2010:207).  In concluding the discussion regarding the rights of children in general, the right of children to education is discussed next.

**5.2.2.5 The rights of children to education**

The South African Government has adopted an approach of education for all (Berry and Guthrie, 2003:25). Regarding how the rights of children in cluster foster schemes should have access to education, the providers of alternative care have the obligation to adhere to the provisions of the South African Schools Act, Act 84 of 1996 (Republic of South Africa, 1996:) that all children are responsible to start with school attendance in the year in which he/she reaches the age of seven, and remain in the school until the last school day of the year in which the child reaches the age of 15 years. In the same respect provision is also made for children to enter the reception grade at the age of five (Berry and Guthrie, 2003:27). According to Martin (2010:138), the same admissions criteria are applicable to children with special needs. These children can either be admitted to mainstream schools with special support or to special schools where a high level of support is available.

Another question that managers and foster parents of cluster foster care schemes are confronted with is which school must a foster child in their care attend? In South Africa there are two main categories of schools, namely, public schools and independent schools (Bray, 2009:482). Public schools are schools regarded as organs of the state and include ordinary schools as well as public schools for learners with special needs. Independent schools, on the other hand, are schools that are privately initiated and funded, but remain accountable to legislation that governs education in South Africa (Bray, 2009:499). In terms of accessibility and availability, the National Policy for Equitable Provision of an Enabling School, Physical, Teaching and Learning Environment of 2008 and the accompanying National Norms and Standards for School Infrastructure (as cited in Martin, 2010:162-163) make provision for a catchment area with a radius of a maximum of three kilometres walking distance from the nearest school.

Although schools are allowed to institute the payment of school fees, no child can be refused to attend a school if the parents or caregivers cannot afford the fees

(Malherbe, 2009:407). According to Martin (2010:15), a child that is legally placed in the care of a foster parent qualifies for automatic exemption of school fees. According to this author foster parents can apply to the school governing body for exemption, and if the application is rejected they can directly appeal to the Head of Department of Education.

The above rights are directly applicable to all children in South Africa. As stated in section 5.2.1.2 of these chapter children who were removed from the care of their parents or family have the right to appropriate alternative care. In the following section of this chapter alternative care, foster care as a form of alternative care, and how cluster foster care schemes fall within the ambit of alternative care options for children in need of care and protection will be discussed.

## 5.3    Alternative care for children in need of care and protection

Alternative care, according to section 167 of the Children's Amendment Act, Act 41 of 2007 (Republic of South Africa, 2008:60), is foster care, care in a child and youth care centre or temporary safe care.  Alternative care further provides a care option for children who are not being cared for by at least one of their parents (Jini and Roby, 2011:9). Jini and Roby (2011:10) distinguish between informal and formal forms of alternative care. According to these authors informal forms of alternative care are care options without any form of legal intervention, while formal forms care options are mandated by legislation. According to the Children's Amendment Act, Act 41 of 2007, both foster care and cluster foster care schemes are legal forms of alternative care (Republic of South Africa, 2008:60) (see figure 5.2).

**Figure 5.2**: Different forms of informal and formal forms of alternative care (as adapted from Jini and Roby, 2011:10)

```
                        Deprived of Parental care

                      (in need of care and protection)



                                    |
                                    |


              ┌─────────────────────────────────────────────┐
              |                                             |

        Informal care                                 Formal care

      (no legal involvement)                        (legally mandated)

         -Kinship care;                      -kinship and non-kinship foster care;

       -Community-based care; and              -cluster foster care schemes; and

     -Other family-based care arrangements.      –Child and Youth care centres.
```
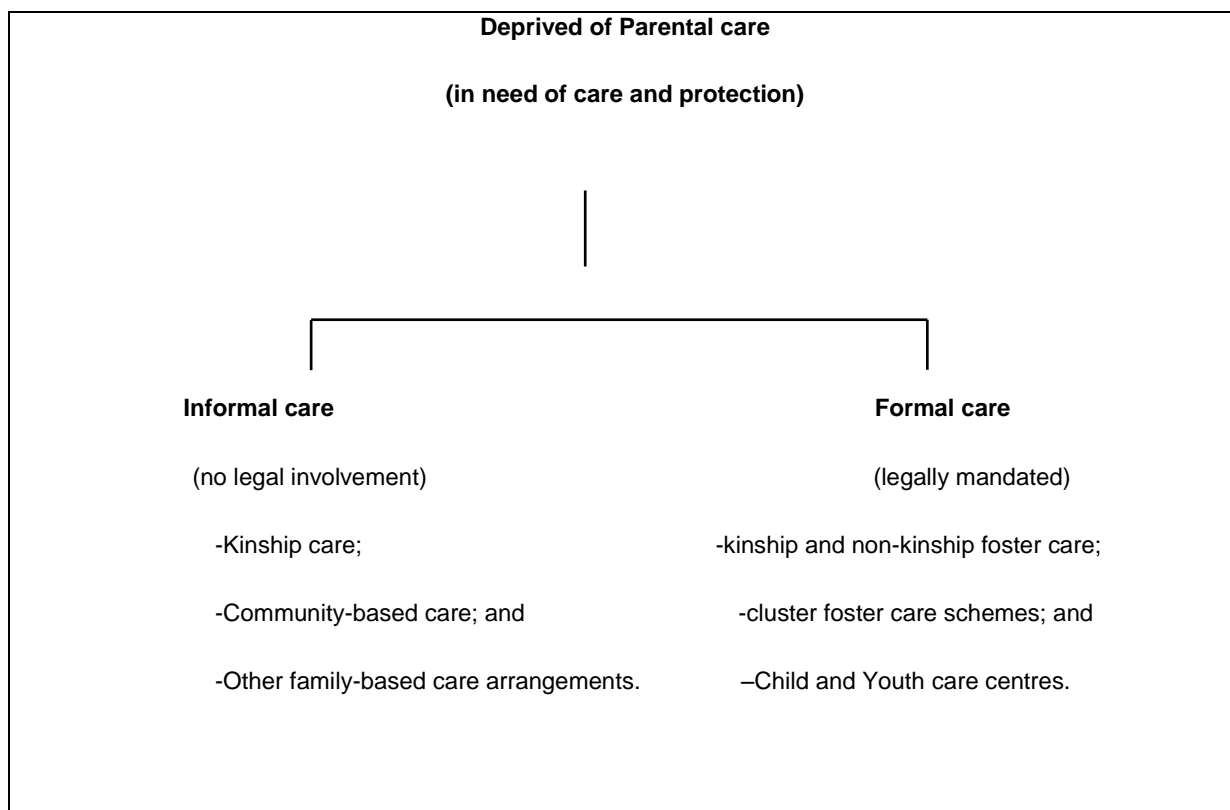
The functional elements that impact on the managers and foster parents of cluster foster care schemes will therefore focus on elements obtained from policies and legislation pertaining to alternative care options, foster care as a form of alternative care and specific elements that focus on cluster foster care.

## 5.3.1 Functional elements for alternative care that impact on the provision of cluster foster care

Alternative care options for children in need of care and protection provide a form of care where one parent or both parents cannot fulfil the parental role to a child. The aim is to provide care to children in need of care and protection that is similar to care that parents or family would provide to children. In this respect the United Nations (2009:7-9) provides the following guidelines and principles for alternative care:

- Placement of a child should take into account the principal of maintaining the child as close as possible to his/her habitual place of residence, in order to facilitate reunification with his/her parents and family and to minimise disruption of educational, cultural and social life;

- All placements in alternative care should strive to ensure a stable home and to meet the basic needs for safe and continuous attachment to caregivers;

- Children must be treated with dignity and be safe-guarded against any form of abuse;

- Providers of alternative care options must ensure that the basic rights of children are met at all time. These rights include medical care and education (see paragraph 5.2.1);

- The principle of respecting the bond between siblings should be adopted at all times, and, where in the best interests of the child, siblings should be kept together;

- No child should be without the support of a legal guardian or a competent public body that can fulfil the unique responsibilities of a guardian to a child; and

- Preference should be given to family-based forms of alternative care rather than institutional forms of care.

In addition to these principles and guidelines, the Children's Amendment Act, Act 41 of 2007 (Republic of South Africa, 2008:60-70) includes the following aspects that are applicable to all providers of alternative care:

**Table 5.6**: Functional elements regarding the care of children in alternative care (adapted from Section 168-178 of the Children's Amendment Act, Act 41 of 2007)

| Section | Action prescribed | Functional elements for managers and foster parents of cluster foster care schemes |
|---|---|---|
| Section 168 | Leave of absence from an alternative care option | A foster parent, with the permission of a supervising social worker, may grant leave of absence to a child in foster care. The supervising social worker may at any time cancel the leave of absence. |
| Section 169 | Children in alternative care leaving the Republic of South Africa | Only the Provincial Head of Social Development may grant permission for a child to leave the Republic of South Africa. |
| Section 170 | Child absconding from an alternative care option | A designated social worker and/or police official may apprehend a child that absconds from foster care. The child must be brought before a presiding officer, who will conduct an absconder's enquiry a soon as possible. |
| Section 171 | Transfer of a child from one alternative care option to another | The Provincial Head of Social Development may transfer a child from one alternative care option to another provided it is in the same province. If it is in another province, permission from the Provincial Head of Social Development is needed. |
| Section 175 | Discharge from alternative care | The Provincial Head of Social Development may at any time order that a child be discharged from the alternative care option.<br><br>This is applicable when a child can be reunited with his/her parents and/or family |
| Section 176 | Remaining in alternative care after the age of 18 years | Children beyond the age of 18 years can remain in the alternative care in order to complete school, with the permission of the Provincial Head of Social Development. |
| Section 178 | Serious injury, abuse or death of child in alternative care | If a child is seriously injured in alternative care the foster parents must immediately report it to the Provincial Head of Social Development, who will conduct an investigation regarding |

| | | the circumstances of the serious injury or abuse; and<br><br>If a child dies in alternative care the foster parents must inform the parents, the Provincial Head of Social Development and the social worker dealing with the matter. |
|---|---|---|

As stipulated before, presiding officers of Children's courts have the option to place a child in foster care, cluster foster care schemes, child and youth care centres and temporary places of safety. The onus is on designated social workers who are, according to Section 62 of the Children's Act, Act 38 of 2005 (Republic of South Africa, 2006:68), legally obliged to provide professional evidence to the children's court regarding the best suitable alternative care option for the child. Csáky (2009:13) provides the following guidelines to assist social work practitioners when deciding on the best form of alternative care option for an individual child:

- Children should not be placed in alternative care unnecessarily and should, as far as possible, remain within the care of their parents and family;
- Any alternative care placement must be decided and provided for based on the individual needs of a child and be guided by the best interests of the child principles;
- Family-based and community-based forms of alternative care must enjoy preferences above institutional care as a form of alternative care;
- All children in alternative care should have a care plan that is subjected to formal review; and
- Alternative care options should promote the maintaining and development of a relationship with the parents, siblings and extended family at all times.

The above guideline reflected clearly that community- and family-based alternative care is the more desirable option of alternative care for children in need of care and protection. This also aligns with the theoretical approach of this study, namely, the developmental approach where one of the key principles is to keep a child in his/her

community of origin as closely as possible (Matthias, 2010:172; Matthias and Zaal, 2009:178). Although Section 156 of the Children's Act, Act 38 of 2005 (Republic of South Africa, 2006:104) stipulates foster care and cluster foster care schemes as two separate forms of alternative care, the empirical data in this present study showed that the participating foster parents in cluster foster care schemes were firstly approved by the respective children's courts as a foster parent for an individual child. The description of a foster parent stipulated in Section 3 (h) of the Children's Amendment Act, Act 41 of 2007 (Republic of South Africa, 2008:12) confirms this finding and indicates that a foster parent include foster parents of a cluster foster care scheme. The researcher will therefore includes functional elements that are applicable to foster parents in general and functional elements that are applicable to foster parents of cluster foster care schemes in the discussion that follows.

## 5.4    Functional elements pertaining to foster care in cluster foster care schemes

Child care legislation makes provision for the placement of children in need of care and protection in foster care as an alternative care option. In addition, foster care as a legal placement can be divided into kinship foster care, where a child is placed with a relative (other than a guardian or parents) of the child, or non-kinship, where the child has been placed with unrelated foster parents (Pierson and Thomas, 2010:233). EveryChild (2011:19) further distinguishes between foster care as an interim care option in situations of displacement, conflict and emergencies, short and medium-term foster care, long-term foster care and treatment and specialised foster care. Despite the nature of the foster care, it is a legal alternative care option that is regulated in terms of the Children's Act, Act 38 of 2005 as amended (Republic of South Africa, 2006:104). Foster parents should therefore adhere to specific legal requirements that guide the purpose of foster care, criteria to become a foster parent and rights and responsibilities of a foster parent.

### 5.4.1 The purpose of foster care

According to Section 181 of the Children's Amendment Act, Act 41 of 2007 (Republic of South Africa, 2008:72), foster care is firstly instated to protect and nurture children by providing a safe, healthy and supportive environment. It is further expected of foster parents to promote the goals of permanency planning. These goals aim to support reunification with the child's family or by connecting the child with other safe and nurturing family relationships intended to last a lifetime (see figure 5.3). Lastly foster parents need to demonstrate a respect for cultural, ethnic and community diversity of the children in their foster care.

**Figure 5.3**: Permanency planning for children in need of care and protection
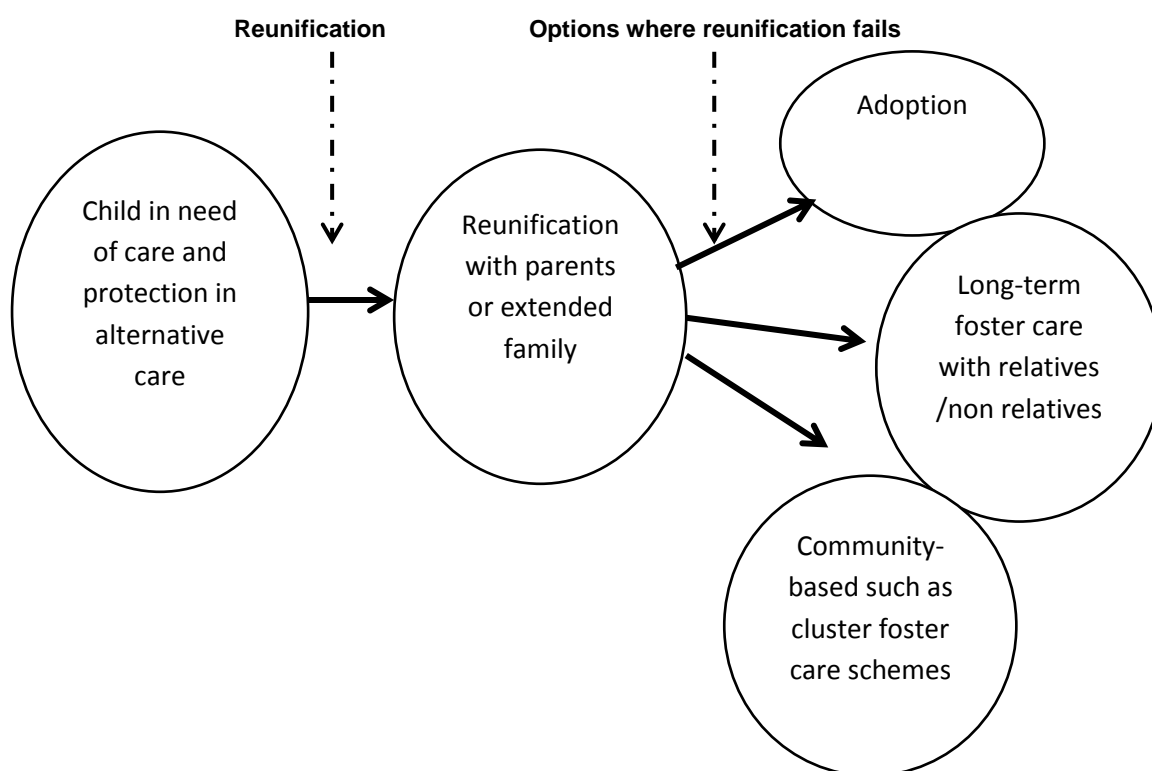
## 5.4.2 Criteria to become a foster parent

Before an individual or a couple can become a foster parents (also within a cluster foster care scheme) a designated social worker must, according to Section 182 of the Children's Amendment Act, Act 41 of 2007 (Republic of South Africa, 2008:74), determine if the prospective foster parents are:

- Fit and proper to be entrusted with the foster care of the child. Although there is no specific definition to define 'fit and proper' in the context of foster care, it suggests that it refers to a person that has the ability to provide in the daily care of the child in need of care and protection and able to serve as a temporary substitute parent for the child (Matthias and Zaal, 2009:178). The 'fit and proper' of foster parents is further applicable to the implementation of Section 120 of The Children's Act, Act 38 of 2005 (Republic of South Africa, 2006:82) that determines the conditions under which a person is found unsuitable to work with children;

- Willing to undertake, exercise and maintain the care of the foster child. According to Skelton (2009 a:66) the word 'care' implies that the caregiver of a child, in this instance the foster parent, is responsible for the financial support, promoting the well-being of a child, promoting his/her rights (see section 5.5.2) and guiding and directing the child. Section one of the Children's Act, Act 38 of 2005 (Republic of South Africa, 2006:18) states that, in addition to the above, care of children should also include:
  - The provision of a suitable place to live that is conducive to the child's health, well-being and development;
  - Necessary financial support;
  - Safeguard and promote child's well-being;
  - Protect the child from maltreatment, abuse and neglect;
  - Guiding a child's education, including cultural education and upbringing, in a manner that is appropriate to the child's age, maturity and stage of development;
  - Guiding, advising and assisting a child with decision making that is appropriate to the child's age, maturity and stage of development;
  - Guiding behaviour of a child in a humane manner;

- o Maintain a sound relationship with the child;
- o Accommodate special needs of the child; and
- o Ensure that the best interests of the child are paramount in all decisions affecting the child.

- Foster parents must have the capacity to provide an environment that is conducive to the child's growth and development. In order to determine the capacity of foster parents, the following three categories need to be considered: i) capacity to form relationships; ii) capacity for growth and change and iii) physical capacity (Johnson and Yanka, 2010:109). In the screening of potential foster parents the social worker should be aware of the prospective foster parents' potential to build and maintain relationships with children in general and also with the child that is in need of care and protection (Wheal and Mehmet, 2006:6). Foster parents must further also have skills and knowledge to guide foster children through the different developmental phases, as well as to address emotional needs and problems that might occur as a result of the removal from parental care to foster care (United Nations, 2009:12). Dickerson and Allen (2007:145) emphasise the importance of creating a nurturing environment where the foster child can feel safe and protected and can strive without the fear of rejection. The last consideration in this category is the prospective foster parents' physical capacity to meet the care and developmental needs of the foster child. In this respect, the designated social worker should determine firstly the prospective parents' ability to provide a safe and protective environment to the foster child. Secondly the prospective foster parents' physical ability (health, age etc.) to attend to the physical care, nutrition and protection of the foster child need to be taken into account (Milner and O'Byrne, 2009:192). Although no age criteria exist for the recruitment and screening of prospective foster parents, it is important that the prospective foster parents have the ability to fulfil the parental responsibilities and to ensure stability to the foster child (Schofield and Ward, 2008:129).

### 5.4.3  The responsibilities and rights of foster parents

When a child is legally placed in foster care, the foster parents accept the temporary parental responsibility of such a child. Sections 65 and 66 of the Consolidated Regulations to the Children's Act, Act 38 of 2005 (Republic of South Africa, 2006) and the Children's Amendment Act, Act 41 of 2007 (Republic of South Africa, 2010) respectively stipulate the responsibilities and rights of foster parents. Section 65 focuses on the responsibilities of foster parents. Foster parents have firstly certain responsibilities to the child's developmental needs, secondly to maintain and promote the relationship between the child and his/her biological parents and family and lastly to co-operate with the designated child protection organisation (Republic of South Africa, 2010:68). These responsibilities of foster parents are illustrated in the Table 5.7.

**Table 5.7**: The responsibilities of foster parents (as adapted from the Consolidated Regulations to the Children's Act, Act 38 of 2005 and the Children's Amendment Act, Act 41 of 2007)

| Responsibilities towards the child- | Responsibilities towards the relationship between the child and his or her biological parents and/or family. | Responsibilities towards the supervision of the designated Child Protection Agency. |
|---|---|---|
| Provide in the day-to-day needs of the child | Ensure that financial assistance or contribution of child's biological parents is used towards the upbringing of the child | Co-operate with the designated social worker towards the reunification of the child with his/her biological parents if indicated in the permanency planning of the child |
| Ensure regular attendance at school when a child is of school going age | Not to obstruct contact between the child and his/her biological parents and family | Co-operate with the designated social worker towards any review of possible extension of the foster care order |
| Respect the views of the child and generally promote his/her well-being, best interests and physical, emotional and social development | | Allow the designated social worker access to the foster home for the purpose of monitoring the child's well- being, the extension of the order or for family reunification purposes |
| Ensure that where the child is of a different cultural, linguistic | | Where a foster care plan has been formulated apply with the conditions of |

| or religious background, the child is assisted to maintain links with his/her culture, linguistic or religious background | | such a plan |
|---|---|---|
| Ensure that the foster child is treated in the same manner as other members of the household, except where the special needs of that child or any other child in the house require otherwise | | |

Section 66 of the Children's Act, Act 38 of 2005 (Republic of South Africa, 2006) and the Children's Amendment Act, Act 41 of 2007 (Republic of South Africa, 2010:69-70) declare the following rights of foster parents:

- The right to take all the day-to-day decisions necessary for the care, upbringing and development of the foster child;

- The right to privacy of home life and not to be subjected to threats, harassment and undue intrusion by biological parents and family members of the foster child;

- Has the right to be informed by the designated social worker of any fact or occurrences that may substantially affect the foster child;

- Has the right to apply for adoption of the foster child and has the right to be informed of any application for adoption of the foster child, - in this respect the foster parent also has the right to inform the court whether or not he/she wishes to adopt the foster child;

- Has the right to on-going training and support from a social worker in order to provide adequate care to the foster child;

- A foster parent has the right to be informed of any investigation or assessment of hi/her psycho-social background; and

- Foster parents have the right to be informed about the educational history, assessment and achievements of the child in order to ensure optimal educational needs.

Section 188 (1) (e) of the Children's Amendment Act, Act 41 of 2007 (Republic of South Africa, 2008:78) states that the responsibilities and rights of the foster parents must be stipulated in a foster care plan between the foster parent and the guardian or parents of the child. The above responsibilities and rights of foster parents are also applicable to foster parents that provide foster care as part of a cluster foster care scheme, according to Sections 180, 181 and 182 of the Children's Amendment Act, Act 41 of 2007 (Republic of South Africa, 2008:72-73).

## 5.5    Functional elements pertaining to the operationalisation of cluster foster care schemes

According to Section 183 of the Children's Amendment Act, Act 41 of 2007 (Republic of South Africa, 2008:74) a cluster foster care scheme must adhere to the following conditions:

- Register as a non-profit organisation in terms of the Non-profit Organisation Act, Act 71 of 1997;
- Be approved by the provincial head of the Department of Social Development;
- Be registered as a cluster foster care scheme by the provincial head of the Department of Social Development;
- Must comply with specific requirements as stipulated in the Consolidated Regulations to the Children's Act, Act 38 of 2005 as Amended Act 41 of 2007 (Republic of South Africa, 2008); and
- Must be monitored by the provincial head of the Department of Social Development.

### 5.5.1  Registration as a non-profit organisation of cluster foster care schemes

As indicated before, one of the first requirements to register as a cluster foster care scheme is to register as a non-profit organisation in terms of the Non-profit Organisation Act, Act 71 of 1997. A non-profit organisation is an organisation whose

main aim is not to make profit for its members, but rather to serve some common form of public interest (Scrimgeour and May, 2011:22). Registration as a non-profit organisation provides the service provider with a framework for service delivery and therefore provides clarity on:

- The responsibilities, obligations and the rights of individual members;
- Help the organisation to be accountable to the community it serves; and
- Enhance the credibility of the organisation to potential donors (South African Institute for Advancement, 2009:3).

Section 12 of the Non-profit Organisations Act, Act 71 of 1997 (Republic of South Africa, 1997:8) provides mandatory guidelines for the registration of a non-profit organisation. The three key requirements to these guidelines are: i) Specific information regarding who can apply for registration; ii) the constitution; and iii) the manner in which the non-profit organisation is going to conduct affairs.

### 5.5.1.1    Organisations that qualify to register as a non-profit organisation

According to Section 12 (1) of the Non-profit Organisations Act, Act 71 of 1997 (Republic of South Africa, 1997:8), any organisation that is not an organ of the state may apply to be registered as a non-profit organisation. The South African Institute for Advancement (2009:4) explains that in most instances application to register as a non-profit organisation is voluntary. In the case of cluster foster care schemes it is, however, a legal requirement to be registered as a non-profit organisation before the provincial head of the Department of Social Development can register a cluster foster care scheme (Republic of South Africa, 2010:70). Section 1 (x) of the Non-profit Organisation Act, Act 71 of 1997 (Republic of South Africa, 1997:2) determines that, in order to register as a non-profit organisation, an organisation must be established either as a trust, company or other associations of persons that is established for public benefit and whose income and property are not distributable to its members.  Additional to registration in terms of the Non-profit Organisations Act,

Act 71 of 1997 these organisations can also have dual registration in terms of legislation as stipulated in Table 5.8.

**Table 5.8**: Legal entity of organisations that can register as a nonprofit organisation (adopted from The South African Institute for Advancement, 2009:5)

| Legal Entity | Voluntary Association | Non-profit Trust | Non-profit Company |
|---|---|---|---|
| **Office of Registration** | No registration office | Master of High Court | Companies and Intellectual Properties Commission |
| **Regulating Laws** | Common Law | Common Law and Trust Property Control Act 57 of 1988 | Companies Act 71 of 2008 |
| **Governance Structure** | Steering/Management Committees and/or general members | Board of Trustees | Board of Directors and /or members |

## 5.5.1.2 The constitution of a non-profit organisation

A constitution is the foundation for building an organisation and needs to contain information on why the organisation exists, its purpose, objectives, the key stakeholders and how the organisation intends to work (Constitution for Non-Profit Organisations, 2012:1-2). The constitution of an organisation should be simple and clear so that all the members of the organisation will understand their rights and responsibilities. Section 12 (2) of the Non-profit Organisations Act, Act 71 of 1997 (Republic of South Africa, 1997:8) includes the following important aspects to be included in the constitution of a non-profit organisation:

- **The name of the organisation**: Specific and in accordance with the  name under which the organisation will operate its business;
- **The purpose of the organisation:** Why the organisation exists, who should benefit from the work of the organisation and how will they benefit?;
- **The objectives of the organisation**: What does the organisation intend to achieve?;
- **The type of organisation**: For instance a Section 21 company or a non-voluntary company (see table 5.8);

- **The membership of the organisation**: Who can become a member of the organisation; what are the duties, responsibilities and rights of members; and how can members join, resign or be expelled as members?;

- **The structures and main procedures of decision making in the organisation**:
  - Annual meetings and other meetings;
  - Elections and appointment for the different structures of the organisation;
  - The power structure and functions of these structures;
  - Where does the decision power lie;
  - How is the organisation governed and how are decisions made; and
  - How will the organisation manage its operational requirements?;

- **The role, rights and responsibilities**: Specific positions in the different structures, levels of responsibility of each structure and to whom are they accountable;

- **How the finances and assets of the organisations are controlled**: The efficient and effective management and control of financial and other resources in order to prevent abuse and misuse of funds;

- **Financial year and audit process**: When annual financial accounts will be finalised and audited and who the report will go to; and

- **Closing down of the organisation**: The process that must be followed and what will happen to the financial and other assets of the organisation (Constitution for Non-Profit Organisations, 2012:2).

Additional to the registration as a non-profit organisation in terms of the Non-profit Organisations Act, Act 71 of 1997, Section 67 of the Consolidated Regulation to the Children's Act, Act 38 of 2005 (Republic of South Africa, 2006) and the Children's Amendment Act, Act 41 of 2007 (Republic of South Africa, 2008) also stipulate that the provincial head of the Department of Social Development must approve an application of a cluster foster care scheme. The following functional elements have been identified in this regard:

**5.5.2 Application for approval to operate as a cluster foster care scheme**

A potential provider of a cluster foster care scheme firstly needs to complete a **Form 42**, as provided in Part 2 of the Consolidated Regulation to the Children's Act, Act 38 of 2005 and the Children's Amendment Act, Act 41 of 2007 (Republic of South Africa, 2010:93). The completed form must be provided to the provincial head of the Department of Social Development. The applicant must provide information regarding the applicant, services and programmes intended to be provided to children in need of care and protection, the profile of the children that they intend to provide care for, the members (foster parents) that will form part of the scheme and management practices.

**5.5.2.1    Identifying particulars of the applicant and the cluster foster care scheme**

This information includes the name and contact details of the applicant and cluster foster care scheme. The physical address where the cluster foster care scheme will be situated, as well as the names of the office bearers and their identifying particulars are also required. At this stage the applicants must also provide proof that they are registered as a non-profit organisation.

**5.5.2.2    Services and programmes that will be provided by the cluster foster care scheme**

The services and programmes of cluster foster care schemes must firstly be focused on the child in need of care and protection and secondly on the members (foster parents). Services and programmes to the children must include:

**Children**:  The following must be adhered to:
- Ensure that the child benefits from health and educational services, including early childhood services;

- Fulfil special needs of children in cluster foster care schemes, including chronic illness or disability, by providing psychological, rehabilitative and therapeutic programmes;
- Ensure that the rights of children are met (see section 5.2.2);
- Fulfil the social, cultural, and religious needs of children in cluster foster care schemes; and
- Assist young people that reach the age of 18 with their transition into adult life.

Before approval for the registration of a cluster care scheme, the provincial head of the Department of Social Development needs to be convinced that programmes will make provision for the following regarding the care of the foster children:

- Programmes and services to be delivered to the children in the cluster foster care scheme;
- Systems of assessment of children placed in cluster foster care and their placement with active foster parents who will assume responsibility for them;
- Procedures to resolve disputes regarding the  management and the day-to-day operations;
- The process of the transfer of a child from one active foster parent to another in the same scheme;
- Management of the behaviour of children (including the prohibition of physical punishment, humiliating or degrading forms of discipline); and
- Mechanisms by which children in cluster foster care schemes can report any complaint.

**Foster parents functioning in cluster foster care schemes**: Management of cluster foster schemes is obliged to provide support, mentoring, supervision and advice to the foster parents of their schemes. It must further be ensured that these foster parents obtain the basic life skills in order to improve themselves.  These skills may include income generation projects and skills development programmes (Republic of South Africa, 2010:75). It is also expected of the management to

develop parental capacity and skills, such as disciplinary skills of the foster parents.
.

**Clearance certificates**: This certificate confirms that the names of the applicants and any office bearers referred to in the application do not appear in the National Register for Sex Offenders established by Chapter 6 of the Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 of 2007 and in Part B of the National Child Protection Register established by Part 2 of Chapter 7 of this Act.

**Skills, qualifications and prior experiences**: Evidence of skills, qualifications and prior experiences of the applicant in the field of child care development.

**Target group**: Details of the number of children the scheme proposes to accommodate, the numbers of active foster parents who will provide foster care, and the proposed allocation of children to foster parents must be provided.

Management practices of prospective cluster foster schemes must aim to provide the above services. The roles and tasks of a management team, according to du Toit, et.al (2010:31), is primarily to ensure that the organisation has sufficient management systems and structures in place to ensure that the best possible services are delivered to the beneficiaries of such an organisation.

### 5.5.2.3    Functional elements pertaining to management practices in cluster foster care schemes

Management practices include management of resources, which includes financial- and human resources (Kajumulo Tibaijuka, 2002:5; du Toit, et.al 2010:32). The Consolidated Regulations to the Children's Act, Act 38 of 2005 and the Children's Amendment Act, Act 41 of 2007 require that applicants for registration of cluster foster care schemes must provide information on these two aspects, as well as practice regarding the admission, transfer and care of children in the cluster foster care scheme (Republic of South Africa, 2010:72-74). Regulation 69 (1) (b) determines that the above requirements (that will further be discussed below) must

form the basis of the written plan according to which a cluster foster care scheme will be operated.

## 5.5.2.3.1 Functional elements pertaining to the financial management of cluster foster care schemes

The participants in this study mostly obtained their financial resources from the payment of foster care grants (paid out to the foster parents functioning in their schemes), donations and fundraising efforts. Regulation 69 (1) (a) of the Consolidated Regulations to the Children's Act, Act 38 of 2005 and the Children's Amendment Act, Act 41 of 2007 (Republic of South Africa, 2010:72) requires that proper financial records of all social assistance and other monies received for the provision of social services for the support of children in the scheme must be kept. Financial records, according to Keulder and Benz (2011:5), need to include systems that can provide proper accountability to monitor income and expenditures. The authors further note that the purpose of proper financial record-keeping is:

- To ensure that finances are accurately portrayed to act as a baseline for the management board to make sound strategic decisions;
- Assets and records of the organisation are not stolen, misused or accidentally destroyed;
- The organisation's policies are followed; and
- Government regulations regarding the management of government funds are complied with.  Figure 5.4 below illustrates the different financial accounting systems that non-profit organisation can utilise in financial control.

**Figure 5.4**: Financial accounting systems (adapted from du Toit, et.al, 2010:473; Keulder and Benz, 2011:8)

| Income | Expenditure | Asset control |
|---|---|---|
| Funding form donors;<br><br>Government subsidy and grants;<br><br>Financial resources obtain from fixed assets; and<br><br>Investments | Programme costs of a (direct service to beneficiaries (children in cluster foster care schemes);<br><br>Human resource expenditures;<br><br>Petty cash; and<br><br>Marketing costs. | Fixed asset list; and<br><br>Procurement list |
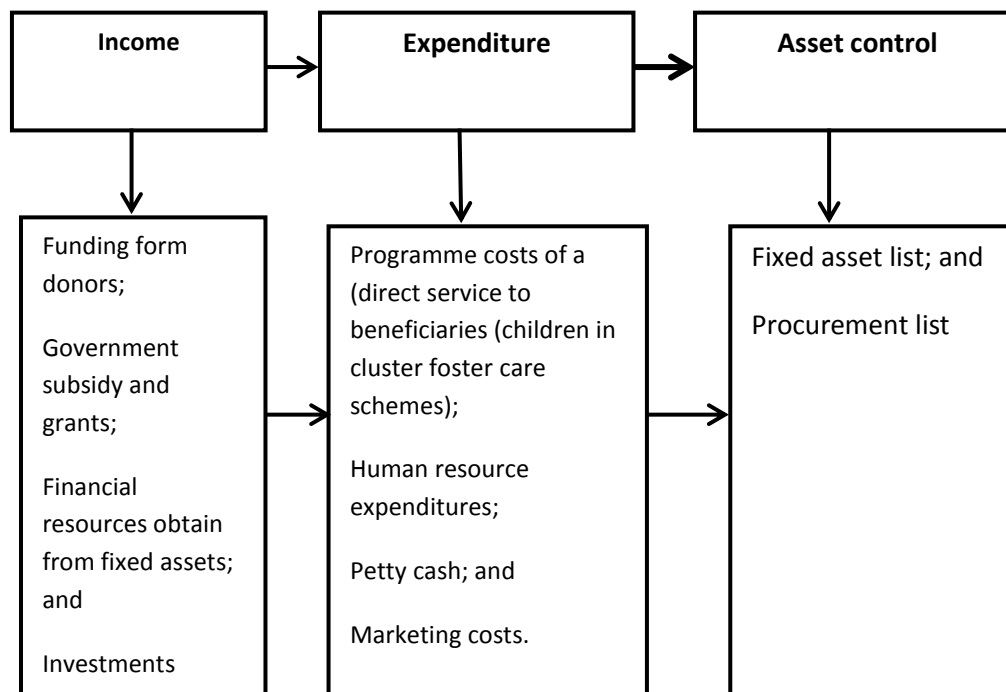
As a registered non-profit organisation, cluster foster care schemes are entitled to recruit funding from various donors (UNICEF, 2007:29), for example the National Lottery and the Nelson Mandela Children's Fund (UNICEF, 2007:55-58). Each of these funding organisations has its own funding policies and guidelines to which potential applants for funding must adhere to. The Department of Social Development of the Western Cape's Policy on the Funding of Non-Government Organisation that renders Social Welfare Services (2011:10) concurs for instance that potential applicants can apply for:

- Unite costs funding ,where funds will be utilised for the funding of residential and non-residential services;
- Post-funding will, where possible, be utilised to determine funding allocation specific for community-based programmes (e.g. statutory services);
- Funding for administrative costs of non-government organisations;
- Project-funding; and

- Matching or partial funding, when different funders contribute to the same project.

UNICEF (2007:29) further includes grants to individuals whose organisations might be assisting, such as child support grants and foster care grants, to the list of possibilities. In this respect, foster parents in cluster foster care schemes also need to adhere to the provisions regarding the utilisation of foster care grants as stipulated in Section 29 of the Regulations in Terms of the Social Assistance Act, Act 13 of 2004 (Republic of South Africa, 2004:25).

In this study, the foster parents that provided foster care in the participating cluster foster care schemes were legally employed by the management of the cluster foster care schemes. The following sub-section will therefore focus on functional elements regarding the management of human resources.

### 5.5.2.3.2    Functional elements relating to human resource management in cluster foster care schemes

Section 69 (1) of the Consolidated Regulations to the Children's Act, Act 38 of 2005 and the Children's Amendment Act, Act 41 of 2007 (Republic of South Africa, 2010:72) refers to the foster parents functioning in cluster foster care schemes as members of the specific scheme. Although this legislation does not provide clear guidelines on the number of members that need to be registered at a specific scheme, Section 185 of the Children's Amendment Act, Act 41 of 2007 (Republic of South Africa, 2008:76) determines that not more than six children can be in foster care with a single person or two people sharing a household.

Section 69 (4) (a) (b) of the Consolidated Regulations to the Children's Act, Act 38 of 2005 and the Children's Amendment Act, Act 41 of 2007 (Republic of South Africa,

2010:73) provide  specific guidelines for the appointment of a social worker at a cluster foster care scheme. Management of cluster foster care schemes must appoint a registered social worker for every 50 children in that specific cluster or, if there are less than 50 children, enter into a formal agreement with a designated child protection organisation to provide such a service.

As the legal employees of the cluster foster care scheme, foster parents have the right to legally acknowledged human resource practices. According to Kajumulo Tibaijuka (2002:7) these practices include recruitment, appointment, remuneration, supervision, disciplinary processes and development of staff. Table 5.9 provides an outlay of the specific human resource management tasks as well as the applicable legislation that guides the process:

**Table 5.9:** Human resource tasks and applicable legislation

| Human Resource Tasks | Legislation | Functional elements |
|---|---|---|
| Recruitment, selection and appointment of staff | Labour Relations Act, Act 66 of 1995 Employment Equity Act, Act 55 of 1998 | • Decision how to recruit, and which recruitment strategies to use;<br>• Selection process; including application forms, selection interviews and other tests that might be used as a selection method;<br>• Appointment offers; and<br>• Appointment contracts |
| Remuneration | Basic Condition of Employment Act, Act, 75 of 1997 | • Written particulars of employment;<br>• Informing employees of their rights as an employee;<br>• Keeping records of all employees;<br>• Conditions regarding payment;<br>• Providing information of remuneration on a monthly basis (salary advice);<br>• Deductions and other acts concerning remuneration; and<br>• Payment of contribution to benefit funds |
| Working conditions | Basic Condition of Employment Act, Act, 75 of 1997 | • Working hours;<br>• Overtime;<br>• Compressed working week;<br>• Meal intervals;<br>• Daily and weekly rest period; |

| | | • Leave (annual-, sick- and special leave); |
|---|---|---|
| | | • Night duty; and |
| | | • Work on public holidays |
| Supervision, development and appraisal of staff | Skills Development Act, Act 97 of 1998 | • Development of skills in order to fulfil duties; <br> • Guidance and supervision of full duties; and <br> • Provision of additional training |
| Discipline | Labour Relations Act, Act 66 of 1995 | • Grievance procedure; <br> • Unfair dismissal; and <br> • Disciplinary procedure |
| Termination | Basic Condition of Employment Act, Act, 75 of 1997 | • Notice of termination of employment; <br> • Payment instead of notice; <br> • Employees in accommodation provided by employers; <br> • Payment of termination; <br> • Severance pay; and <br> • Certificate of service |

In the last section of this chapter below, the researcher also took note of functional elements discovered in two previous explorative studies of limited scope on the topic of cluster foster care schemes by Colby- Newton (2006) and Taback and Associates (2010).

## 5.6 Functional elements obtained from previous studies conducted on cluster foster care schemes

The study by Colby-Newton (2006) found that one of the unique features of cluster foster care schemes is the fact that the importance of keeping a child in need of care and protection in the community is acknowledged. Cluster foster care schemes are situated in communities and the homes form part of the community (Colby-Newton, 2006:16). McCarthy (2010:10) further describes cluster foster care schemes as "**community alternative care**" and notes that it is a care where up to six children live in the house of a foster parent, creating a "pseudo-family" within their community. The children in this form of care are seen as any other child in the community and are in this way free of the stigmatisation linked to institutional care.

Colby-Newton (2006:29) highlights another element of cluster foster care schemes namely the concept of **networking**. Networking is the process of linking together individuals, groups and/or communities with common interests in order to improve services and to spread information (Pierson and Thomas, 2010:360). The networks that Colby-Newton (2006:29) identified in her study included:

- Other providers of similar form of care;
- Civil society;
- Government agencies; and
- Other service providers to children in need of care and protection.

The last functional element that was identified from previous studies reflects on the potential of cluster foster care schemes to create **employment opportunities** for unemployed people, in this instance mostly unemployed women. Russell and Schneider (2008:331) confirm that one of the first cluster foster care schemes that were started in South Africa also started as an employment creation project for unemployed women. Colby-Newton (2006:36) confirms that the foster mothers that participated in her research project were employed by the management structures of the specific cluster foster care schemes they were members of.

## 5.7 Conclusion

Cluster foster care schemes fall in the ambit of alternative care options for children in need of care and protection. In this chapter, the researcher identified certain functional elements that guide the process of care and protection of children in general, children in need of care and protection and children in alternative care. The researcher focused specifically on legislation and policies that mandate the care of children in need of care and protection in foster care and in cluster foster care schemes. These functional elements, together with the research findings obtained from the managers of cluster foster care schemes (Chapter 3) and foster parents of these schemes (Chapter 4), will form the basis of the description of operational guidelines for the management of cluster foster care schemes that will be described in the next chapter.

**CHAPTER 6**

**A MANUAL WITH OPERATIONAL GUIDELINES FOR THE MANAGEMENT OF CLUSTER FOSTER CARE SCHEMES FROM A SOCIAL DEVELOPMENT PERSPECTIVE**

## 6.1   Introduction

The research problem for this study was primarily founded on the addition of cluster foster care schemes as an alternative care option for children in need of care and protection. This addition was made through the proclamation of the Children's Act, Act 38 of 2005 as Amended with Act 41 of 2007 (Republic of South Africa, 2006:1). Although legislation and the accompanied Consolidated Regulations provide for cluster foster care as an alternative care option, the operationalising of this form of care is still a grey area (Taback and Associates, 2010:10) (see pages 7-10). As a result, the **goal of this study** was to address this need through the development of operational guidelines to assist potential practitioners and social workers that want to engage in the offering of this form of alternative care.

The guidelines in this chapter have been designed specifically from a social developmental perspective that support and foster principles such as:

- A process of planned social change;

- Emphasis on the utilisation of local skills;

- Indigenous practices aimed at the community as a whole;

- Ensuring sustainability of services and economic development; and

- Focus mainly on previously disadvantaged groups (Estes, 1993:3, Midgley, 1995:23).

This manual further emerged as a result of the following task objectives that were stipulated for the purpose of this present study (see page 12), namely:

1) To explore the present functioning of cluster foster care schemes through qualitative methods of data collection from managers and foster parents currently involved in cluster foster care schemes;

2) To describe and contextualise the present functioning of cluster foster care schemes (Chapter 3 and 4);

3) To verify the findings from the qualitative data with literature (Chapter 3 and 4); and

4) To identify existing technology from the literature (Chapter 5).

Before presenting the manual in this chapter, the researcher will, by way of introduction, unpack the concepts "operational" and "guidelines" and indicate the pointers found in literature which should be taken into consideration when developing guidelines for the operationalising of cluster foster care schemes.

According to Comin (2001:1) and Babbie and Mouton (2009:128) the term **operational (**or operationalising) refers to the development of specific procedures that will contribute to the implementation of certain empirical findings and observations into practice.

**Guidelines**, on the other hand, are seen as rules or instructions given by an official organisation, telling you how to manage certain services or how to respond in certain incidences.  Guidelines are also something to use to help you to make a decision or to form an opinion on (Hornby, 2005:663).

Sheafor and Horejsi (2010:82-86) combine the mentioned terms, and refer to **operational or practice guidelines**. The authors provide the following pointers to develop operational or practice guidelines:

- These guidelines are the foundation of how, when and under what conditions change could be facilitated;

- They focus on micro, mezzo and macro levels of intervention;

- They utilise perspectives, theories and models which can be used separately or in combination;

- They are based on empirical foundations;

- They should involve the client in determining the intervention plan; and

- They should lead to affordable and accessible services.

In this study the prescribed guidelines will pave the way for potential practitioners of cluster foster care services, as well as for social workers, to plan, develop and operationalize cluster foster care schemes. The guidelines are based on the empirical data obtained through this study (Chapters 3 and 4) and existing literature, legislation and policies (Chapter 5).

# A Manual with Operational Guidelines for the Management of Cluster Foster Care Schemes from a Social Development Perspective

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2013

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# A Manual with Operational Guidelines for the Management of Cluster Foster Care Schemes from a Social Development Perspective

**Preface**

Cluster foster care schemes are one of the forms of alternative care for children in need of care and protection in South Africa. This form of alternative care was included in South African child care legislation for the first time through the proclamations of the Children's Act, Act 38 of 2005 as amended with Act 41 of 2007. Despite the fact that cluster foster care schemes are a new addition to legalised alternative care options, this form of care is deeply rooted in the indigenous form of alternative care where community members responded spontaneously to the increasing need for alternative care options for children in need of care and protection (Schmidt, 2007:44). All the participants confirmed that they started with this form of alternative care long before it formed part of child care legislation to address the increasing need for community-based care options for children in need of care and protection.

Due to its community-based nature, cluster foster care schemes fall within the scope of the social development perspective. Midgley (1995:23-28), Gray with Mackintosh (1998:33) and Patel (2005:29-31) identify the utilisation of local skills, the acknowledgement of indigenous practices and skills situated in communities, as well as the family unit as some of the key requirements linked to the social development perspective. Cluster foster care schemes adhere to most of these requirements as they strive towards keeping the child in need of care and protection within his/her community of origin through placements in circumstances that simulate the family situation.

Guidelines to operationalise this form of alternative care are still vague. Participants in this study shared experiences regarding how they each in their unique way started with this form of alternative care and expressed the need for more specific guidelines that can assist potential providers of this kind of alternative care with the operationalising thereof. In response to the former, and by means of utilising the specific phases and steps in the Intervention Design and Development (IDD) Model of Rothman and Thomas (1994:3-51), operational guidelines from a social development perspective were developed to assist prospective providers of cluster foster care schemes and social workers with the operationalising of cluster foster care schemes.

The content of this manual was based on the findings of research focussing on the experiences of managers that currently manage cluster foster care schemes as well as foster parents who provide foster care as part of a cluster foster care scheme to children in need of care and protection. These research findings were further supplemented with relevant literature that includes functional elements obtained from legislation, policies and previous studies. .

Rossi and Freeman (as quoted by Rothman and Thomas, 1994:187) advise that guidelines  designed by means of the IDD model should relate to clear goals, which are in turn related to specific strategies to realise these goals. Prospective practioners of cluster foster care schemes should, however, be aware that this form of alternative care is legally mandated in terms of the Children's Act, Act 38 of 2005 as Amended with Act 41 of 2007 and therefore needs to adhere to the requirements as stipulated in the various sections of this act.

This manual is presented according to relevant elements needed to operationalise a cluster foster care scheme. These elements include:

- Factors to consider before embarking on the process of starting  a cluster foster care scheme as a form of alternative care;

- The legal requirements for the registration of a cluster foster care scheme;

- Basic management practices related to cluster foster care schemes;

- The recruitment, screening and appointment of members of the cluster foster care scheme who will fulfil the role as foster parents in the cluster foster care scheme; and

- The specific group of children in need of care and protection as well as the nature of services that will be provided to this group by the cluster foster care scheme.

Readers of this manual are alerted to the fact that this is only a guideline and that elements for specific cluster foster care schemes might differ based on the area in which they are situated, the availability of resources to the cluster foster care scheme, as well as the specific profile of children in need of care and protection that the specific cluster foster care scheme will focus on.

Willem du Toit
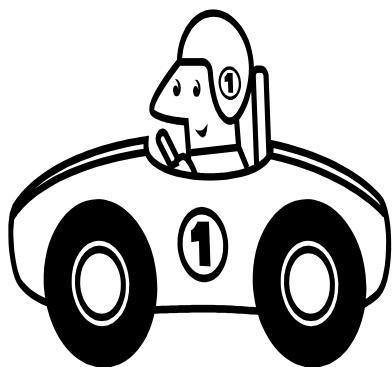
## The journey to start with a cluster foster care scheme

Practitioners of this form of alternative care were in agreement that the starting and development of cluster foster care schemes is a challenging but exciting journey to undertake. They shared experiences where they embarked from the unknown without a proper operational guideline and legislation to guide them. They, however, shared the common goal to provide community-based alternative care to children in need of care and protection. This guideline aims to provide prospective service providers and social workers with a guideline that is based on the experiences of existing practitioners, legislation, policies and previous studies on alternative care for children in need of care and protection. The journey to implement a cluster foster care scheme begins through the establishment of the need in your community, while adhering to legal requirements and making decisions regarding who will be the members of the scheme and the children who will benefit from this form of alternative care. Figure 1 provides a map of the steps to follow when starting a cluster foster care scheme.

**Figure 1**: Prescribed steps in implementing a cluster foster care scheme

| |
|---|
| Familiarise yourself with the concept of cluster foster care schemes by obtaining information from current practitioners and literature. |

⬇

| |
|---|
| Undertake a needs assessment in the area where you want to offer this form of alternative care. Consult with current practitioners in the area and obtain statistical data of the need for more alternative care options in that specific area. |

⬇

| |
|---|
| Decide on a specific model of cluster foster care that would be most suitable to the community in which you want to operate your cluster foster care scheme. In this operational guideline the researcher provides a choice between model A and B. The process from this point will depend on the model of your choice. |

**Preparation for registration**

**Model A**

| Decisions on: |
|---|
| • Management structure (strategic and operational); <br> • Infrastructure; <br> • Financial support; <br> • Members (foster parents); <br> • Target area; and <br> • Program. |

⬇

| |
|---|
| Registration as non-profit organization |

⬇

**Model B**

| Decisions on: |
|---|
| • Management structure (operational); <br> • Infrastructure (own or provided); <br> • Financial support; <br> • Members (foster parents); <br> • Target area; and <br> • Program. |

⬇

| |
|---|
| Registration as a cluster foster care scheme with the Provincial Department of Social Development |

The first section will focus on the management structure to be developed.

## SECTION A

## The Management Structure

In this section prospective service providers of cluster foster care schemes will be introduced to:

- The concept of cluster foster care schemes as a form of alternative care for children in need of care and protection;
- The process to determine if a need exists for a cluster foster care scheme in the community of choice;
- The legal requirements to start a cluster foster care scheme; and
- The registration procedure as a non-profit organisation.

**Factors to consider before embarking on cluster foster care as a form of alternative care to children in need of care and protection.**



In the research findings that formed the basis of these guidelines the participants were of the opinion that they started cluster foster care schemes as an effort to provide alternative care for children in need of care and protection, to answer an altruistic/religious calling to care for children in need of care and protection or to support other foster parents that were already providing foster care to children in need of care and protection. Whatever your individual motive, you are encouraged to consider the following:

- The most important decision is that there must be a **need** for this form of alternative care in the community;

- Cluster foster care schemes are in essence **community-based** and must therefore strive towards integrating the child in need of care into the community. The integration implies that the child has access to community resources, a care situation that simulates a family life as closely as possible and that the child has the same privileges and opportunities as other children in the community;

- It is **not advisable to start with the development of an infrastructure**, for instance, to build a number of houses and then try to find children in need of care and protection and members to act as foster parents;

- It is advisable to start on a **small scale**; and

- **Learn from other practitioners** of cluster foster care schemes. In this way you can prevent many unnecessary mistakes and obtain valuable skills and knowledge.

It is, however, important to strongly consider your **own motive** to become involved in the provision of cluster foster care – know why you want to commit yourself to this form of alternative care. You must also make sure that your involvement will be suitable to you and the children involved. Specific characteristics of individuals, groups and organisations that started this form of alternative care are illustrated in the figure below.

**Figure 2**: Individuals, groups and organisations that start cluster foster care schemes
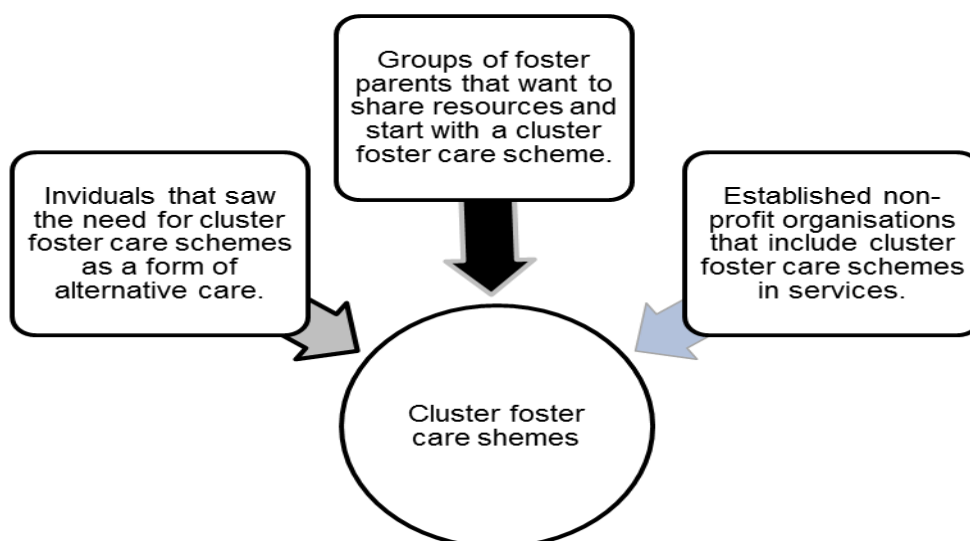


Keeping the above-mentioned suggestions in mind, a primary step before a cluster foster scheme is developed should be to determine if there is a **need** in the community where you want to offer the service.



Determine the need for cluster foster care schemes in a particular community

It is important to take note of all services to children in need of care and protection in the specific area. The availability and nature of existing services, practices and facilities should be investigated through a proper needs assessment. It is suggested the following guidelines be followed to obtain the needed information:

**Table 1: Guidelines to perform a needs assessment (adapted from Johnson and Yanka, 2010:366-377)**

| Steps in the process of needs assessment | Applicability to cluster foster care schemes | Resources in the community to consult |
|---|---|---|
| Obtain general opinions from the community that you wish to offer this service to. | The opinions of a number of community members, who know what are the needs as well as the resources in their specific community, are obtained through informal inquiry. Community members can indicate if cluster foster care schemes are viable in their community. | <ul><li>Community groups such as church groups, women's groups that can form an opinion on the needs of children in need of care and protection in the specific area;</li><li>Community leaders;</li><li>Formal service providers e.g. child protection organisations, health-, educational- and justice departments;</li><li>Foster parents;</li><li>Practitioners that are already providing alternative care e.g. managers of child and youth care facilities; and</li><li>Social workers employed by child protection agencies that are responsible to facilitate the process of placing a child in need of care and protection in alternative care.</li></ul> |
| Consult with the people that might need the service. | Several role-players within the spectrum of alternative care options to children in need of care and protection might be interested in cluster foster care schemes as an alternative care option:<ul><li>Social workers that need to advice the children's court on the</li></ul> | <ul><li>Social workers at registered child protection organisation;</li><li>Presiding officers at children's courts;</li><li>Foster parents that are already providing foster care;</li><li>Children in need of care and protection; and</li><li>Parents and/or caregivers of</li></ul> |

| | best possible form of alternative care for a child in need of care and protection; <br>• Social workers and managers of child and youth care centres might be interested as it will provide an alternative to integrate children in their care to a more community-based form of alternative care; <br>• Current providers of foster care might want to join resources within a cluster foster care scheme; and <br>• Children in need of care and protection and their parents and/or care givers might provide valuable insight into the kind of alternative care that they view as the most suitable to their unique needs. | children in need of care and protection. |
|---|---|---|
| Obtain statistical data. | It is suggested that the prospective practitioner obtain statistical data on: <br>• The number of children in a specific area in need of care and protection; <br>• The number of children in alternative care in a specific area; <br>• The number of foster | It is suggested that the needed statistical data be obtained from: <br>Provincial Departments of Social Development; <br>Provincial Departments of Justice; and <br>Registered Child Protection Organisations. |

| | | |
|---|---|---|
| | parents providing foster care to children in need of care and protection; and<br><br>• The number of child and youth care centres in a specific area. | |

Once the need for the establishment of a cluster foster care scheme is determined the prospective practitioners need to make a decision regarding the model of cluster foster care scheme that they want to offer.

## Different models of cluster foster care schemes

Models of cluster foster care schemes have some elements in common. In the first place all schemes are managed by a **management committee** that consists of community members that act as volunteers on that specific committee. A second element is the presence of an **operational management team** that sees to the day-to-day running of the cluster foster care scheme. In the last place, but most probably the most important one of all, is that each model consists of a number of **members** that act as foster parents to children in need of care and protection. None of these members have more than six children in their care. Prospective practitioners of cluster foster care schemes, however, need to decide on a model that is most suitable to their unique situation; as well as to the community and the children that they will focus on.  In this manual, two models will be provided as possibilities to consider. The first model (see figure 3) is managed by an existing non-profit organisation, while the second model consists of a group of foster parents who decided to join their resources through the registration of a cluster foster care scheme (see figure 4).

**Figure 3**: A model of a cluster foster care scheme managed by a non-profit organisation

```
┌─────────────────────────────────────────────────┐
│ Management board that consists of volunteers     │
│ from the community                               │
└─────────────────────────────────────────────────┘
                         ↓
        ┌──────────────────────────────────────┐
        │ Management Committee – consists of    │
        │ employed officials of the cluster     │
        │ foster care scheme                    │
        └──────────────────────────────────────┘
           ↙                              ↘
┌────────────────────────┐    ┌────────────────────────┐
│ Community foster home:  │    │ Community foster home:  │
│ foster parent and six   │    │ foster parent and six   │
│ children living in      │    │ children living in      │
│ accommodation provided  │    │ accommodation provided  │
│ by NPO (Non-Profit      │    │ by NPO (Non-Profit      │
│ Organisation).          │    │ Organisation).          │
└────────────────────────┘    └────────────────────────┘
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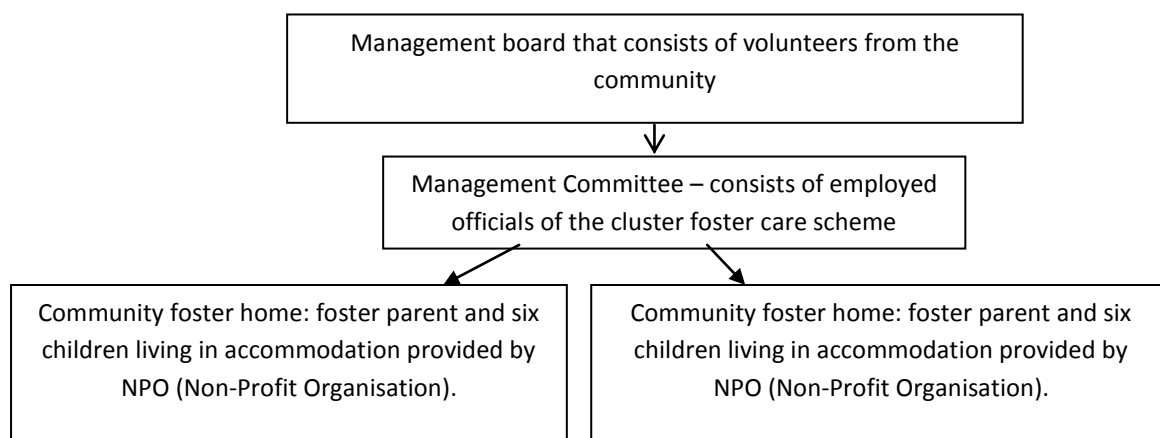
**Unique characteristics of the first model**

- This model of cluster foster care is strategically managed by a volunteer management structure. The role of this committee is to provide strategic direction and -management to the cluster foster care scheme;

- The management committee of the scheme is responsible to comply with prescribed registration requirements and to recruit and appoint members (foster parents) to the cluster foster care scheme;

- The management committee provides the infrastructure, namely, the houses in which the foster parents and the six children in their care live;

- The management committee is also responsible for the financial management of the scheme. Financial management may include fundraising, financial management as well as asset management; and

- The management committee appoints staff members to provide operational support to members that belong to the cluster. The nature of support includes the appointment of a social worker should the cluster foster care scheme care for more than 50 children or an agreement with a child protection organisation to fulfil this need where less than 50 children are being cared for.

**Figure 4**: A model of a cluster foster care scheme managed by a non-profit organisation



Foster parent and six children in the home of the foster parent.

Foster parent and six children in the home of the foster parent.

Implementing NPO

Provide support to foster parents

Foster parent and six children in the home of the foster parent.

Foster parent and six children in the home of the foster parent.
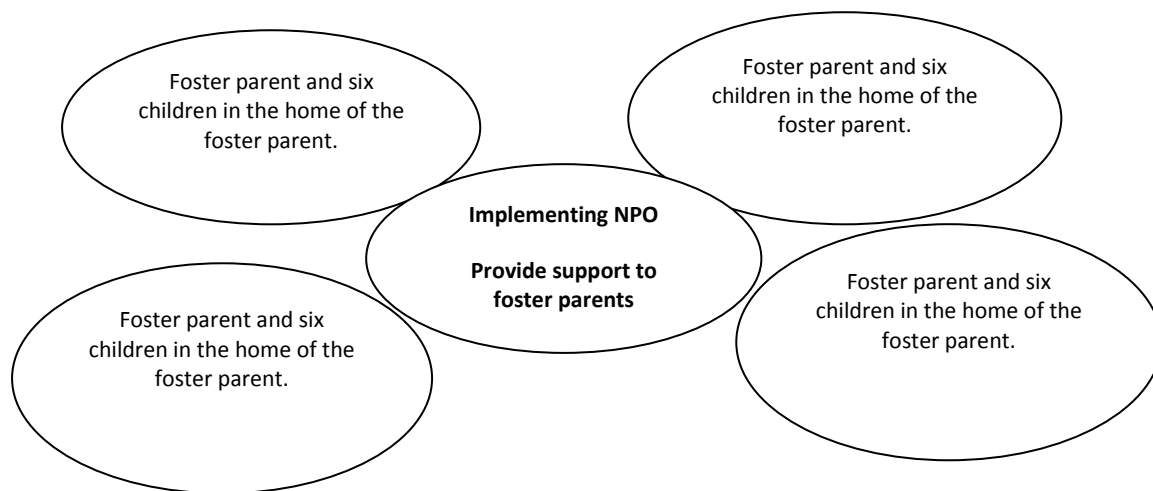
**Unique characteristics of this model**

- This model of cluster foster care schemes is normally implemented by a registered non-profit organisation that is responsible to provide child protection services to children in need of care and protection;

- This organisation already has access to foster parents who have one or more foster children in their care;

- They form the cluster foster care scheme, firstly to provide for the increasing need of alternative care for children in need of care and protection and secondly to combine resources with existing foster parents and to increase the level of support to them;

- The legal requirements and strategic management are normally done by the non-profit organisation;

- The non-profit organisation also provides operational support, for instance, the services of a social worker;

- Foster parents that become members of this form of cluster foster care either stay in their own house and provide the services from there or the non-profit organisation can provide houses to the members; and

- Members provide peer support to one another.

Another important aspect that needs to be considered when you want to embark on the registration of a cluster foster care scheme as an alternative care option is the legal requirements.



## The legal requirements for registration of a cluster foster care scheme

Section 183 of the Children's Amendment Act, Act 41 of 2007 (Republic of South Africa, 2008:74) determines that a cluster foster care scheme must adhere to the following conditions:

- Register as a non-profit organisation in terms of the Non-profit Organizations Act, Act 41 of 1997;

- Comply with specific requirements as stipulated in the Consolidated Regulations to the Children's Act, Act 38 of 2005 as Amended, Act 41 of 2007; and

- Be registered as a cluster foster care scheme by the Provincial Head of Department of Social Development.

Additional to the above, Section 1(x) of the Non-profit Organisation Act, act 41 of 1997 (Republic of South Africa, 1997:2) determines that before an organisation can register as a non-profit organisation that organization must be established as a non-profit trust, -company or any other association of persons that is established for

public benefits and which will not benefit from income and property generated through the establishment of the organisation. Figure 5 provides an illustration of the legal route to follow when applying for registration as a cluster foster care scheme.

**Figure 5**: Legal path to follow when considering application to register as a cluster foster care scheme
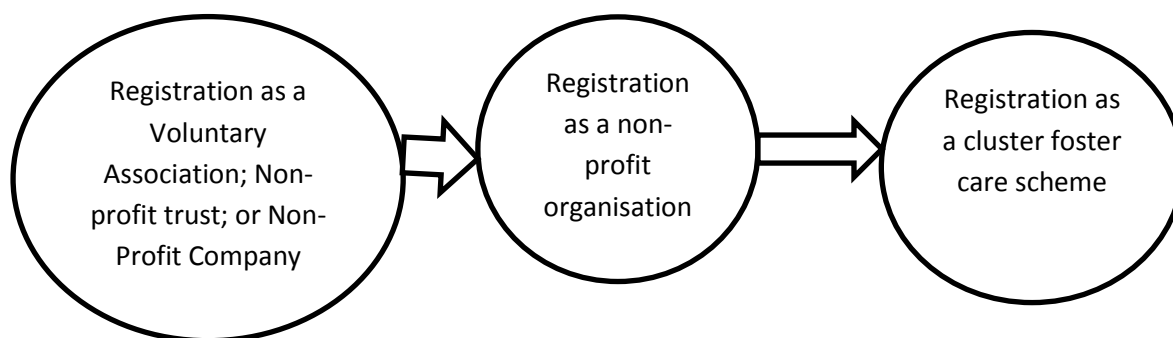


**Process of applying for registration**

As indicated in the figure above, the prospective cluster foster care scheme must already, before applying to register as a non-profit organisation, identify the legal entity that they want to adopt.  No registration is required when deciding on the registration of a voluntary organisation, while a non-profit trust and a non-profit company are registered by the Master of the High Court and the Companies and Intellectual Properties Commission respectively.  A prospective cluster foster care scheme, however, needs to adhere to specific requirements as stipulated in the Non-profit Organisations Act, Act 41 of 1997 and the Children's Act, Act 38 of 2005 as Amended, Act 41 of 2007.  Table 2 provides an outlay of the specific requirements.

**Table 2**: Outlay of the legal requirements before application as a non-profit organisation and cluster foster care scheme can be considered

| **Section 12 (2) of the Non-profit Organisation Act, Act 71 of 1997** | **Requirements for registration as a cluster foster care scheme in terms of the Children's Act, Act 38 of 2005 as Amended, Act 41 of 2007.** |
|---|---|
| Applicants should submit a constitution that must include the following information:<br>• The name of the organisation;<br><br>• The purpose of the organisation;<br><br>• The objectives of the organisation;<br><br>• Type of organisation;<br><br>• The membership of the organisation;<br><br>• The structures and main procedures of decision-making in the organisation;<br><br>• The roles, rights and responsibilities of the different structures;<br><br>• How the finances and assets of the organisation are controlled;<br><br>• Financial year and audit processes; and<br><br>• Closing down of the organisation. | Applicants complete form 42 as provided in Part 2 of the Consolidated Regulations to the Children' Act. The following information is required:<br><br>• Identifying particulars of the applicant including:<br><br>    o the physical address where the cluster foster care scheme will be operated from;<br><br>    o the name of office bearers and their identifying particulars; and<br><br>    o proof of registration as a non-profit organisation.<br><br>• Services and programs that will be provided by the cluster foster care scheme<br><br>    o Programs to children; and<br><br>    o Programs to members of the cluster foster care scheme.<br><br>• Clearance certificates in order to confirm that the names of the applicant, office bearers and members do not appear on the National Register for Sex Offenders.<br><br>• Skills, qualifications and prior experiences in the field of child care practices of the officials.<br><br>• Target Group (the specific group of children this cluster foster care scheme will provide services to). |

**Note to reader**
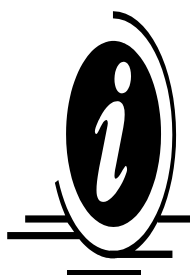


At this point the development and preparation to start and to register the cluster foster care scheme begins. Prospective practitioners are advised to select a working group/committee that can take the responsibility to drive this process.

## Developing the constitution of a cluster foster care scheme

One of the key requirements when applying for the registration of a non-profit organisation is the submission of a constitution that contains information regarding the operations and core business of the organisation. The applicant must adhere to the following mandatory requirements to qualify for registration as a non-profit organisation.

**The name of the cluster foster care scheme**

The name of an organisation normally reflects the identity and the core business of the organisation. Therefore the name often reflects the mission and vision of the organisation (i.e. the cluster foster care scheme). The vision and mission stipulate the nature of care that the cluster foster care schemes strive to provide to children in need of care and protection. In deciding on an appropriate name for the prospective cluster foster care scheme it is suggested that prospective practitioners of this form of alternative care keep the following indicators in mind:

- A name that draws the attention to the business and area of operation e.g. *"Langa's Safe Haven for Children"*;

- Choose a name that the community in which the cluster foster care scheme is situated and the primary beneficiaries can identify with. It is therefore advisable to use the language mostly used in the specific community; and

- Involve the community in the process of finding an appropriate name for the cluster foster care scheme. This process can be facilitated through a competition in the naming of the cluster foster care scheme. The involvement of the community ensures and contributes to ownership of the community who, in return, contribute to the sustainability of the cluster foster care scheme.

**The purpose of the cluster foster care scheme**

All interventions of the social work profession are purposefully indented to bring about change in the clients lives. Cluster foster care schemes are a form of alternative care and the purpose of such a care is therefore clearly to provide care and protection to children in need of alternative care. Coupled with the purpose of the cluster foster care scheme are the specific goals and objectives that practitioners aim to achieve. The **goal** of a service is the overall, long-term expected outcome of any intended service or endeavour (Johnson and Yanca, 2010:438), while **objectives** are the concrete and specific steps that need to take place in order to reach the goal of the service (Miley et al., 2009).

It is suggested that prospective practitioners of cluster foster care schemes take the following into consideration when they embark on the formulation of **goals** for the organisation:

- Goals reflect what kind of service we intent to deliver as well as what we hope to achieve with our service;

- Goals must be defined in clear measurable terms;

- Goals must be feasible;

- Goals should be in line with the general purpose of the service the organisation intends to deliver; and

- Goals should commensurate with the knowledge and skills of the service provider (Hepworth et al., 2010:310).

In terms of the formulation of **objectives**, the following should be taken into consideration:

- More than one objective can be set to reach a specific goal;

- Objectives should be explicit and operational, in other words, they should be described in such a manner that it is understandable to all parties involved in the implementation of such objectives;

- Objectives should be realistic and attainable;

- Objectives should be acceptable to the client;

- Objectives should be discrete and time-limited; and

- Objectives should be observable and measurable (Miley et al., 2009:306).

Although the above serve as broad guidelines to prospective practitioners of cluster foster care schemes, the challenge lies in putting the goals and objectives into practice. Table 3 provides an example of a purpose, goals and objectives of an organisation.

**Table 3**: The purpose, goals and objectives of a cluster foster care scheme

| **Purpose of cluster foster care scheme**<br>To provide community-based alternative care through cluster foster care schemes to children in need of a care and protection. | | |
|---|---|---|
| **Goal one:**<br>To develop and register a cluster foster care scheme that complies with the prescribed legal requirements as stipulated in the Children's Act, Act 38 of 2005, as Amended with Act 41 of 2007. | **Goal two:**<br>To recruit suitable members that can act as foster parents for the children in need of care and protection that are placed within this cluster foster care scheme. | **Goal three:**<br>To develop and implement care programs to address the individual developmental needs of the children placed in this cluster foster care scheme. |
| **Objectives:**<br>1. To comply with the legal requirements in terms of the applicable legislation;<br><br>2. Develop the management structure and –team;<br><br>3. Develop the infrastructure of the organisation;<br><br>4. Develop the financial | **Objectives:**<br>1. Develop the key requirements for the appointment of members that can act as foster parents at the cluster foster care scheme;<br><br>2. Develop a recruitment, screening and placement strategy for the appointment of members (foster | **Objectives:**<br>1. Develop criteria for children to be accepted at the cluster foster care scheme;<br><br>2. Develop assessment criteria to determine the needs of each child;<br><br>3. Screen and admit children according to the assessment criteria;<br><br>4. Assess children |

| | | |
|---|---|---|
| resources and financial management structure of the organisation; and<br><br>5. Apply for registration with the different legal authorities. | parents);<br><br>3. Implement the above strategy;<br><br>4. Develop employment contracts with screened members (foster parents);<br><br>5. Facilitate the placement of children in the care of the appointed foster parents; and<br><br>6. Support and monitor the appointed members (foster parents). | according to the assessment criteria;<br><br>5. Develop a foster care plan and individual care plan for each child; and<br><br>6. Implement and monitor the facilitation of each plan. |

**Note to reader**

> The next aspect that needs to be included in the constitution of a non-profit organisation is the legal structure, as described above under the heading for legal requirements.

**Membership**

The members of cluster foster care schemes are mostly recruited from the community in which the cluster foster care scheme is situated and from professionals with certain skills and knowledge that can contribute to the strategic and operational responsibilities of the cluster foster care scheme. It is advisable to select members that are willing and have the time and motivation to contribute to the management and development of the scheme. Aspects to consider when recruiting members of a cluster foster care scheme are:

- Members should live in, or be acquainted with,  the community in which the cluster foster care scheme is situated;

- Members should preferably represent the cultural background of the majority of the children in the care of the cluster foster care scheme;

- Attention should be given to equal gender representation;  and

- Professionals with legal, financial, management and human science backgrounds should be included to contribute to the strategic and operational requirements of the scheme.

Prospective practitioners that apply to register as a non-profit organisation in order to provide cluster foster care as a form of alternative care must include the following in the constitution: 1) the duties and rights of the members and 2) how members can resign or be expelled from the organisation (see table 4 below for an example).

**Table 4**: Duties, rights, resignation- and expelling procedures as part of the constitution of a cluster foster care scheme

| **Duties of members of cluster foster care schemes (**The duties of members depend on the legal structure of choice) | | |
|---|---|---|
| **Voluntary Association** | **Trust** | **Section 21 Company** |
| • Must be familiar with the contents of the constitution and ensure that they operate within this framework;<br><br>• Actions and activities of members are limited in terms of the constitution and cannot act beyond that;<br><br>• Members have the responsibility to act to the benefit of the business of the organisation;<br><br>• Where a conflict of interests exists members are obliged to declare that; and<br><br>• Members become personally liable if they act outside the ambit of the constitution. | • Be familiar with and responsible to lodge the Trust Deed with the Master of the High Court;<br><br>• Can only act as a trustee once the Master of the High Court provides authorisation in writing; and<br><br>• Comply with all legal requirements as stipulated in the Trust Deed of that company. | • Duties and obligations are related to the Memorandum and Articles of Association;<br><br>• Legal obligations relate to the registration of members; and<br><br>• Legal obligations relate to the Special Resolution. |
| **The rights of members of cluster foster care schemes** | | |
| • Members have a right to attend the organisation's annual general meetings;<br><br>• At general meetings members exercise their right to determine the policies and procedures of the | | |

organisation;

- Members have a right to participate in the procedures to elect and vote for members that will serve on the management board of the organisation; and

- Members also have the right to avail themselves to become members of the management board of the organisation.

**Procedures to resign as a member of a cluster foster care scheme**

Resignation procedures include the following:

- A **time frame** of notice to which members need to adhere to. Provision needs to be made for the management committee to have sufficient time to fill a vacant position according to the prescribed procedures;

- Procedures regarding the **protection of property** (both fixed and intellectual property) of the scheme; and

- Procedures to stipulate the process of resignation, including the person that the resignation must be address to.

**Procedures to expel a member from the organisation**

Members can be expelled (permanently or for a limited time-period) under the following conditions:

- If a member makes him- or herself guilty of an offence that places the organisation/cluster foster care scheme in danger and/or disrespect; or

- If a member neglects to fulfil his/her duties to the organisation/cluster foster care scheme.

The following procedures need to be followed in such incidences:

- Members must be informed in writing about the transgression;

- Members must be allowed to respond to the alleged transgression and to provide evidence in their defence;

- The board must conduct a proper hearing to investigate allegations against the member;

- Members must be allowed to be represented either by themselves or by the assistance of a person that has the necessary skills (legal- or labour skills) during the investigation;

- The management board must consider remedial action, for instance, written- and/or verbal warnings, fines etc. before expelling a member; and

- If the management board decides to expel the member he/she must be given a written notice and be allowed to appeal against the decision.

During the appeal procedures it is advisable that the management board appoint an independent committee to investigate the appeal request.

## The management of a cluster foster care scheme

The roles and responsibilities of the management team of a cluster foster care scheme is to ensure that the scheme has sufficient management structures and systems in place to be able to provide the best possible services to the beneficiaries of the scheme (du Toit et al., 2010:31). The first aspect addressed in this guideline is to establish the management structure of the prospective cluster foster care scheme that you want to start. Management structures can be divided into two sections. The first one is the operational management team that has the responsibility of providing strategic direction to the scheme (Kroon, 2004:19) and secondly the strategic management team that is responsible for the implementation of the strategic goals of the scheme.
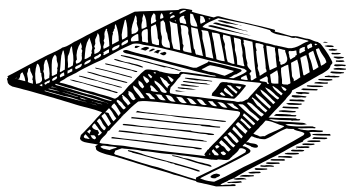
### The composition of the management board

It is advisable to embark on this process by determining the level of skills and knowledge that the cluster foster care scheme needs to ensure both the operational and strategic management of the cluster foster care scheme. Table 5 below provides an illustration of some skills, knowledge and experiences needed to manage a cluster foster care scheme successfully.

**Table 5**: Skills and knowledge needed from the operational management board of a cluster foster care scheme

| Skills | Knowledge | Experiences needed for cluster foster care schemes |
|---|---|---|
| **Conceptual skills:** This skill reflects the ability to visualise the future development of the scheme; and To have the ability to visualise all the different parts that can influence the development of the scheme into account. | **Conceptual knowledge:** <br>• Organisational development; <br>• Community development; and <br>• Management practices. | **Previous experiences in:** <br>• Organisational development; <br>• Management of a company or organisation; and <br>• Experience in the non-profit organisation sector. |
| **Interpersonal skills:** Skills to build and maintain relationships with beneficiaries of the scheme as well as with other important role-players in the field; and Skills to negotiate, mediate and to deal with conflict. | **Interpersonal knowledge:** <br>• Knowledge to develop and maintain sound professional relationships; <br>• Conflict resolution knowledge; and <br>• Mediation and negotiation knowledge. | Experience in a field where the focus was on the building and maintaining of sound professional relationships. |
| **Technical skills:** <br>• Skills on providing alternative care to children in need of care and protection; <br>• Skills in the management of a non-profit organisation; <br>• Skills in financial management; <br>• Skills in marketing; and <br>• Skills in human resource management. | **General knowledge off:** <br>• Management practices, including financial-, human resource- and asset management; <br>• Child care practices including child development and the specific needs of children in need of care and protections; and <br>• Relevant legislation. | **Experience in:** <br>• Management of non-profit organisations; <br>• Legal field; <br>• Child care field; <br>• Human resource field; <br>• Financial field; and <br>• Marketing field. |

**How many members need to be on the strategic management board of a cluster foster care scheme?**

Neither the Non-profit Organisation Act, Act 71 of 1997, nor the Children's Act, Act 38 of 2005, as Amended with Act 41 of 2007 provide clear guidelines on the number of members needed on the management board of a cluster foster care scheme. The suggested knowledge, skills and experience illustrated in the table above could

serve as a guideline. It is furthermore suggested that the following factors be taken in account when deciding on the number of board members:

- The size of the cluster foster care scheme - in other words how many foster parents belong to the specific cluster;

- The specific roles and responsibilities of the management board (attention should be given to the specific skills, knowledge and experience available); and

- The community in which the cluster foster care scheme is situated. It is advisable to recruit some of the board members from the community as it will ensure ownership of the community and ensure sustainability.

Potential practitioners of cluster foster care schemes are advised to **recruit** a management board that not only reflects numbers, but is functional in order to ensure proper management of the specific scheme. It is suggested that attention should be given to the following portfolios and their responsibilities on the management board.

**Table 6**: Portfolios and responsibilities of the management board of a cluster foster care scheme

| Portfolio | Chairperson | Vice-chairperson | Financial officer | Secretary | Additional members |
|---|---|---|---|---|---|
| **Key responsibilities** | Represent the legal identity of the scheme; Provide strategic direction; Chair board meetings; and Have official financial powers of the scheme. | Act on behalf of the chairperson if he/she is not available; Normally have some financial powers; and Can also have another portfolio on the board. | Responsible for the financial management, including preparation of financial statements and provision of financial systems to the scheme; and Responsible for the opening of a bank account in the name of | Provide administrative assistance to management board. This includes: Notices of meetings, preparation of agendas and keeping of minutes. | These members can hold portfolios that are directly related to the business of the scheme (e.g. care of children, programs, fundraising etc.) |

| | | | the cluster foster care scheme. | | |
|---|---|---|---|---|---|
| | | | | | |
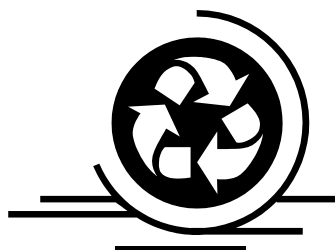
The management board of a cluster foster care scheme has the following **roles and powers** and uses the following **management structures** to exercise its responsibilities:

**Roles, rights and responsibilities of the management board**

- The management board fulfils the role of **office bearers** of the scheme. Office bearers could be a trustee, director or person holding an executive position in the scheme;

- Office bearers are elected at an annual meeting and serve for a **period of one/two years** (depending on the constitution of the scheme). They may, with their consent, be re-elected for another period;

- It is the responsibility of an office bearer to **attend the management board meetings**. If a board member fails to attend more than three meetings in a row without permission of the management board, her/she may be expelled and be replaced by another board member;

- The management board meets **once a month** at least. More than two thirds of the management board needs to be present at such a meeting to make valid decisions. This number constitutes the **quorum** of the management board;

- **Minutes** must be taken at each meeting by the secretary of the management board. Minutes must be provided to board members at least **two weeks** before the next meeting. Minutes must be confirmed and/or adjusted by the management committee at the board meeting. Decisions will only be valid after the chairperson has **signed** the minutes;

- The management board has the right to appoint a sub-committee to fulfil specific tasks. The **sub-committee** must be chaired by a member of the management board and must provide feedback to the management board. A sub-committee is only mandated for a specific task as determined by the management board; and

- All members of the cluster foster care scheme have to abide by the **decisions** of the management board.

## Powers of the management board

The management board takes on the power and authority to give effect to the purpose, goals and objectives of the cluster foster care scheme (see table 3). The members hold the following powers and authority in this respect:

- To raise funds or to invite and receive contributions in the form of donations;

- To buy, hire or exchange property that is needed for the purpose, objectives and goals of the scheme;

- To employ and remunerate officials needed to achieve the purpose, objectives and goals of the scheme;

- To develop and implement policies and procedures that assist with the achievement of the purpose, objectives and goals of the scheme; and

- To monitor and evaluate the progress in the achievement of the purpose, objectives and goals of the scheme.

## Meetings and procedures of the management board

The management board may use the following structures during meetings to assist with decision-making and communication:

Management board meeting

- Management board meetings will take place at least once a month;

- The chairperson of the management board shall chair the meeting. If the chairperson is not available the vice-chairperson will act on his/her behalf;

- Decisions can only be made at such a meeting if a quorum of the board members is present;

- Meetings must be conducted according to an agenda that must be distributed together with the minutes of the previous meeting at least two weeks before the next meeting. Board members must have the opportunity to add items to the agenda by forwarding their suggestions to the secretary of the board;

- Board members have the right to vote on issues on the agenda. If there are equal votes the chairperson has the deciding vote; and

- Minutes of meetings must be transparent and available to members of the cluster foster care scheme.

Annual general meetings

The annual general meeting must be held towards the end of the financial year of the scheme. The management board should deal with the following agenda items at the annual meeting:

- Agree on items that need to be discussed during this meeting;

- Complete an attendance list and document all apologies;

- Read and confirm minutes of the previous meeting and document all changes to the minutes;

- Address matters from the previous minutes;

- Present and discuss the chairperson's report (see table 7);

- Present and discuss the report of the treasurer (see table 7);

- Change the constitution if needed;

- Elect new office bearers;

- General (deal with aspects that were not included in the above, for instance, aspects of general interest or matters that reflect on the achievements and losses of the organisation); and

- Closing of the meeting (including determining the date and venue for the next annual meeting).

**Table 7**: Suggested layout for report by the chairperson and treasurer of the organisation

| Report by Chairperson | Report by Treasurer |
|---|---|
| The purpose of the report by the chairperson is to inform the members of the cluster foster care scheme on the achievements and challenges related to the purpose, goals and objectives of the scheme. This report should include:<br>• Brief outline of the purpose, the goals and objectives of the scheme;<br><br>• Indicate achievements;<br><br>• Indicate challenges and why certain goals and/or objectives were not achieved;<br><br>• Describe the human resources used or needed to meet the purpose of the scheme; and<br><br>• Describe the network structures and community involvement. | The purpose of the report by the treasurer is to reflect on the financial status of the cluster foster care scheme. This report should include:<br>• Statements of the income and expenses of the scheme;<br><br>• List of donors;<br><br>• List of fixed assets and property; and<br><br>• Financial achievements and challenges. |

| | Financial management of the cluster foster care scheme |
|---|---|
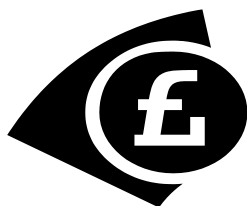
The financial management of a cluster foster care scheme should attend to the following:

- Funding of the scheme;

- How the finances and assets of the scheme are controlled to ensure that no funds or resources that belong to the scheme can be abused and/or misused;

- How the scheme will deal with the payment of income tax; and

- The determination of the financial year and audit process that will inform you when the annual financial account will be finalised and audited and who the report will go to.

**The funding of a cluster foster care scheme**

Once the cluster foster care scheme is registered as a non-profit organisation, the scheme will receive a **registration number** which gives the scheme the option to raise funds and to receive donations from the public. Fundraising, donations and the foster care grants that are paid in respect of the individual foster parent caring for the foster child, constitute as the main sources of income.

A **fundraising plan/strategy** is the plan that identifies the financial requirements of the cluster foster care scheme so that it can conduct its work and carry out its objectives (Price, 2008:1). Table 8 provides a guideline to the reader on how to construct a fundraising plan/strategy.

**Table 8**: Guidelines to construct a fundraising plan/strategy (as adopted from Price, 2008:1-5)

| Elements to be included in the plan/strategy | Applicability on a cluster foster care scheme |
|---|---|
| Mission statement | A summary of the cluster foster care scheme (where it is situated, which group of children it cares for, number of foster parents providing care for the children and the legal status of the cluster foster care scheme). |
| Current position | • Description of the cluster foster care scheme in terms of where it is currently in relation to its overall purpose; and<br><br>• Including a SWOT matrix analysis to demonstrate the strengths, weaknesses, opportunities and threats. |
| Organisational planning | • **Strategic planning** (this reflects on the long term planning of your scheme. In other words it will focus on the purpose and goal of the scheme.<br><br>• **Business planning** (Medium-term planning). This includes individual strategies that need to be carried out in order to reach the goal of the scheme. In this respect, objectives (i.e. steps) to attain the goal, the budget, marketing strategies and human resources needed should be included.<br><br>• **Operational planning** (short term planning). Attention should be given in planning each individual task; reflecting timeframes, costs, human resources and other resources needed to achieve the task. |
| Current income | An outline of past, current and future sources of income. This should be broken down to show each funding source and the amount received. |
| Raising money | This part reflects your fundraising strategies, in other words, where money will be obtained from. It is suggested that schemes consider both big and small events to raise funds. Big events can include golf days, morning teas etc. Smaller efforts include raffles, cake sales etc.<br>This part also includes requests for funds from bigger sponsors such as the South African Lotto, The Nelson Mandela Children Fund and the Department of Social Development. |
| Cost-cutting exercises | This part includes strategies that you will adopt in your cluster foster care scheme to cut cost. The following is suggested:<br>• Obtain certain goods and services via donations in kind (people offer their service instead of funds); and<br><br>• Cost cutting exercises in each individual |

| | home (electricity, water, etc.) |
|---|---|
| Review and monitor | Your fundraising strategy should be subjected to regular review. This review process should make provision to measure success, as well as to align the strategy with future goals and objectives of the scheme. |
| Exit strategies | **Exist strategies may include:**<br>• Proposal of the plans to seek further funding upon the success and identified need of the scheme;<br><br>• Details of the future management of the scheme; and<br><br>• Plans to create sustainability for the scheme through generating income. |
| Long-term sustainability | Potential donors need assurance that the scheme is viable and sustainable before they invest money. Sustainability needs to be address by:<br>• Explaining how you intend to extend or maintain the current status of your cluster foster care scheme; and<br><br>• Additional services that you plan, for instance, to develop an income generating project that can assist with funds or to offer services such as after care or day care to children in the community. |

Besides the recruitment of funds, cluster foster care schemes can further extend their financial resources with **donations** from various donors in the community. Donations are the funds, services or goods that a cluster foster care scheme receives from a person or a company in order to assist them to reach their goals (Hornby, 2005:434). The following aspects regarding donations are important in the financial management of cluster foster care schemes:

- **Donations and the Receiver of Revenue** - a donor may request income tax deduction from a donation made to a non-profit organisation and/or a public benefit organisation. A taxpayer will only be allowed to claim deduction for a donation if his/her application is accompanied by a receipt from the beneficiary of the donations. The South African Receiver of Revenue (2007:27) suggests that this receipt should contain the following information:

- o The reference number of the organisation issued by the Commissioner for the purpose or registration (Commissioner of non-profit organisations);

- o The date of the receipt of the donation;

- o The name and address of the organisation issuing the receipt to which enquires may be directed;

- o The name and address of the donor;

- o The amount and the nature of the donation if not cash; and

- o Certification that the receipt is issued for the purpose of donation and that the donation will only be used in the interest of the activities of the organisation and its beneficiaries.

- **The whish list** - potential donors are often not aware of the needs of a scheme that they wish to make donations to. In such instances it is advised that the scheme compiles a general wish-list that contains items, consumables and services that the scheme might need. This list can then be forwarded to potential donors

- **Keeping record of all donations received** - Cluster foster care schemes are accountable to use donations to the benefit of the beneficiaries of the schemes. Therefore a register of all donors with their identifying particulars together with specific donations must be kept (see table 9 for an example).

**Table 9**: An example of a monthly donation register (adapted from Keulder and Benz, 2011:26)

| Name of the organization: Sunshine Cluster Foster Care Scheme –Langa<br>Non-Profit Registration number: NPO 234543<br>Reporting Month: June 2012 | | | | | |
|---|---|---|---|---|---|
| Date receive | Description of goods, services or financial | Name of donor/organisation. | Cash amount | Values of goods/services | Total |
| *12 June 2012* | *1 Deep freezer* | *Silver Furniture-Pretoria*<br>*Address: _____*<br>*Tel: _____* | | *R1500* | |
| *15 June 2012* | *Cash* | *Mr J von Eck*<br>*Address: _____*<br>*Tel: _____* | *R50* | | |
| | | | | | |
| | | | | | |
| **TOTAL PER MONTH** | | | | | **R2000** |

**Foster care grants** also serve as a source of income for cluster foster care schemes. Couples or individuals who are legally appointed in terms of the Children's Act, Act 38 of 2005 as amended with Act 41 of 2007 as foster parents of a child in need of care and protection are entitled to a foster care grant for up to *six children* in their care (Martin, 2010:27). Foster parents, however, have the responsibility to firstly apply for the foster care grant in respect of the individual child in his/her care and secondly to use the foster care grant to the benefit of the individual child. Table 10 provides information on the application procedures, documents required during the application procedures and the responsibilities of foster parents in the utilisation of the foster care grant.

**Note to reader**

Cluster foster care schemes as a legal identity are not entitled to apply for a foster care grant. The schemes have, however, in terms of Section 69 (1) (a) of the Consolidated Regulations to the Children's Act, Act 38 of 2005 the responsibility to keep proper financial records of all social assistance (foster care grants) (Republic of South Africa, 2010:78).

**Table 10**: Practical procedures in the application for and responsibility in utilisation of the foster care grant

| Where to apply for a foster care grant | Documents required during the application of foster care grant | Conditions for the provision of a foster care grant |
|---|---|---|
| Foster parents can apply for a foster care grant at a district or local office of the South African Social Security Agency (SASSA). | There is no means test requirement for the application of a foster care grant. Foster parents must have the following documentation available when applying for a foster care grant:<br>• Identification document of foster parent (of both parents if the child is placed in the care of a couple);<br><br>• Birth certificate of the child concerned; and<br><br>• A valid court order issued by the Children's Court where the child was found in need of care and protection.<br><br>In some instances where a child in need of care and protection is not in possession of a legal birth certificate, SASSA will provide prescribed forms where sworn statements regarding the birth of the child can be made. | • The foster child must remain in the care of the foster parent;<br><br>• The child must attend school when of school going age;<br><br>• The child must be provided with adequate accommodation; and<br><br>• The child must be properly fed, clothed and receive medical treatment.<br><br>**Please note** that the above must be monitored by the supervising social worker representing a child protection agency. |

Additional to the above, the management board of the cluster foster care scheme registered as a non-profit organisation also has certain other **financial requirements and responsibilities** to adhere to:

• To appoint an accounting officer at the annual general meeting;

• His/her duty is to audit and check the finances of the cluster foster care scheme and monitor the performance of the treasurer, who should be an employed official of the cluster foster care scheme and responsible for the day-to-day financial management of the scheme (See table 6);

• Whenever funds are withdrawn from the bank account of the cluster foster care scheme, the chairperson and at least two other members appointed for this duty must sign the approval thereof;

- The management board will determine the financial year of the cluster foster care scheme. It is suggested that the scheme maintain the financial year as determined by the South African Government, namely over a 12 month period commencing on 1 April and ending on 31 March of each year;

- Proper financial records must be kept of all income and expenditures of the scheme and submitted to the Director of non-profit organisations within six months after the financial year ends (See table 11);

- The scheme must be in possession of bank account with a registered bank;

- The management board must seek proper financial advice before the investment, purchasing and selling of any financial benefits and property that belong to the cluster foster care scheme; and

- To monitor and control all assets of the cluster foster care scheme (See table 12).

**Table 11**: Financial statement of a cluster foster care scheme registered as a non-profit organisation *(please take note that the amounts are fictional and do not reflect the true expenditure of a cluster foster care scheme)*

| Financial statement of income and expenditure of the Langa's Safe Haven For Children cluster foster care scheme for the period 1 April 2011 to 31 March 2012 | | | |
|---|---|---|---|
| **Income** | | **Expenditure** | |
| | **Amount** | | **Amount** |
| **Fundraising events:** Golf day; Sales from job creation project Ladies Tea; and Cake sale. | R150 000,00 R12 000,00 R 5 000,00 R 2 000,00 | **Rent and services property (per year)** House one in Langa; House two in Langa; and Water and Electricity. | R 24 000,00 R 24 000,00 R 10 000,00 |
| **Funders:** Department of Social Development; S.A. Lottery; and Nelson Mandela Children's fund. | R 100 000,00 R 50 000, 00 R 100 000,00 | **Salaries:** Social worker (sessional); Treasure (full time); and Two Foster mothers (full time). | R12 000, 00 R60 000, 00 R96 000,00 |
| **Donations:** Du Preez trust; Blue Mountain High School; and Cape Times Christmas Funds. | R 50 000,00 R 20 000,00 R15 000,00 | **Services to children:** Food and Clothes R1500 per month x 12 children; Sport R200 per month x 12 children; Extra professional Service R500 per month x 6 children; | R216 000,00 R 28 800,00 R 36 000.00 |
| **Investments:** Absa Bank investment | R 15 000,00 | Activities of children R200 per month x 12 children | R 28 800,00 |

| | | | |
|---|---|---|---|
| **Foster care grants** (respect of 12 children per year) | R 120 000,00 | TV licence R200 x 2; and<br>Pocket money R 100 per month x 12 children | R 400,00<br>R 14400.00 |
| **Total** | **R 639 000,00** | | **R 550 400,00** |
| **Surplus** | **R 886 00,00** | | |

**Table 12**: Register of fixed assets of the cluster foster care scheme (adapted from Keulder and Benz, 2011:28)

| | **Date of Purchase** | **Description of item** | **Asset no:** | **Purchase cost** | **Distribute to:** | **Disposal of item (identify with date of disposal** | **Value at end of period.** |
|---|---|---|---|---|---|---|---|
| | **Name of the Organisation:** _____<br>**Financial year**: 1 April 20__ to 31 March 20__. | | | | | | |
| 1 | 14 May 2011 | 1 single bed | LCFC. 45 | R 600,00 | Home 2 | NA | R 550,00 |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |

The last aspect that needs to be included into the constitution of cluster foster care schemes that want to register as a non-profit organisation are procedures in changing the constitution and closing down of the facility.
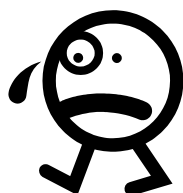


Closing down and/or changing of constitution procedures of the cluster foster care scheme

It is suggested that the following procedures be applied when the scheme wants to **change the constitution:**

- The constitution can be changed by way of a resolution (formal statement or opinion as agreed to by the board by way of a majority vote, (Hornby, 2005:1244));

- The resolution has to be passed by two thirds of the members at an annual meeting or a special meeting scheduled for this purpose; and

- A written notice must be given 14 days before the meeting to all members and they must be notified of the intention to change the constitution. This notice must also indicate the proposed changes to the constitution.

The following aspects are applicable should the cluster foster care scheme that is registered as a non-profit organisation **decide to close down** the scheme:

- The management board of the scheme must give notice of an extra-ordinary meeting;

- At least two thirds of the members of the scheme need to vote in favour of the closing down at a meeting convened for this purpose;

- When the scheme closes down it has to:

  o Pay all the debts of the scheme;

  o Decide on the management of the assets of the scheme (either by selling or re-distribution it to other schemes);

  o Inform all legal structures with which they are registered (Head of Provincial Department of Social Development and Directorate of Non-profit Organisations); and

  o The legal position and alternative placement for all children in the cluster foster care scheme must be finalised.

Besides the development and implementation of the constitution, the management board of the cluster foster care scheme also has the responsibility to appoint adequate human resources to meet the operational requirements of the cluster foster care scheme. This part is dealt with in section B of this guideline.

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# SECTION B

# HUMAN RESOURCE MANAGEMENT

</div>

The management board is responsible for the recruitment, screening, selection, appointment and employment of human resources that can implement the strategic objectives of the cluster foster care scheme. In this part of the operational guidelines the reader is informed of:

- The composition of the operational team required at a cluster foster care scheme;

- The process of recruitment, selection and appointment;

- The necessary legal requirements to take into account;

- The content of the employment contract; and

- The induction, training and supervision of the operational team of a cluster foster care scheme.
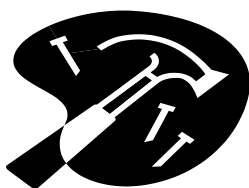


## The composition of the operational team

The composition of the operational team of a cluster foster care scheme may vary according to the unique operational demands and the size of the cluster foster care scheme. The Consolidated Regulations to the Children's Act, Act 38 of 2005 and Children Amendment Act, Act 41 of 2007 (Republic of South Africa, 2010:72-73) is specific regarding two positions in the cluster foster care scheme, namely, 1) the active members referring to foster parents that care for the children in need of care

and protection placed in the cluster foster care scheme and 2) a social worker for every 50 children that the cluster foster care scheme accommodates. If the cluster foster care scheme should have less than 50 children, arrangements should be made with a child protection organisation to provide social work services to the cluster foster care scheme. In addition, the operational team may include operational managers responsible for the support and supervision of the foster parents, administrative- and financial staff and assistants to the foster parents. Figure 6 provides an example of the organogram of a cluster foster care scheme.

**Figure 6**: Suggested organogram for the management of a cluster foster care scheme
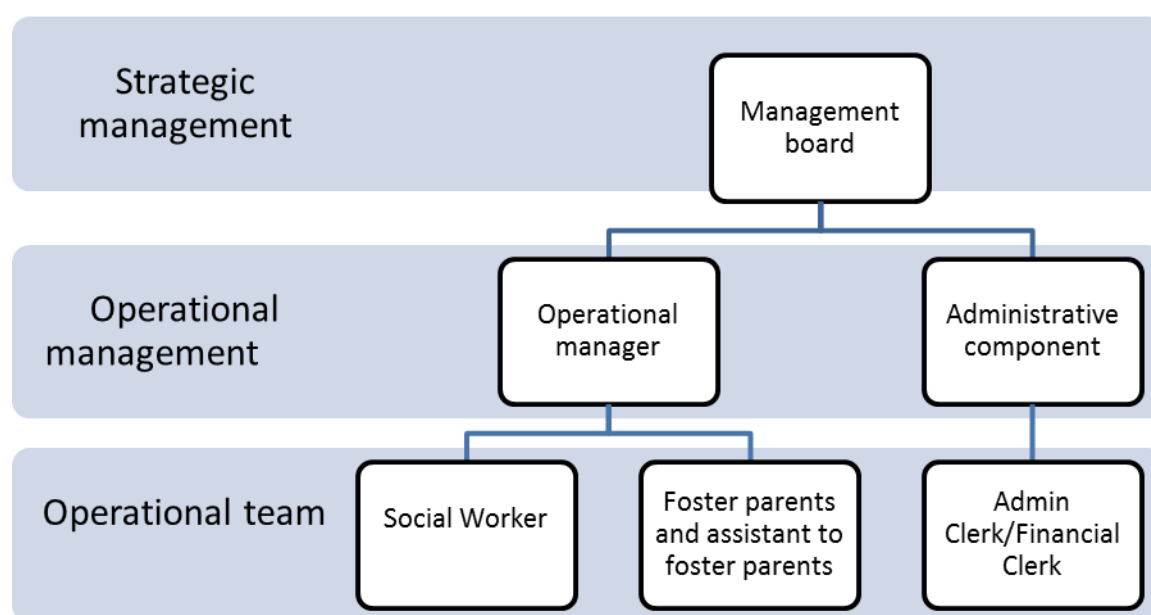


The figure above illustrates a distinction between the operational management and the operational team. The latter is responsible for the day-to-day care of the children in the scheme, while the former is responsible for the support, monitoring and supervising of the operational team.   The role and responsibilities of the social worker are situated in the direct service delivery to the foster parents and the assistants to the foster parents. In instances where the operational manager is a

qualified social worker he/she is responsible for the supervision of the social worker. In the next part the reader will firstly be provided with the key responsibilities of each professional group, secondly with suggested recruitment strategies and lastly with an example of a service contract that can be used as an instrument of appointment of these professionals.



| The operational team |
| --- |

The operational team of a cluster foster care scheme should consist of an operational manager, a social worker, foster parents and assistants to the foster parents. A second part of this team consists of the administrative staff. The specific knowledge, skills, education/training, as well as the purpose and key responsibilities, will be reflected in Tables 13 to 18 below.

**Table 13**: Job specification of the operational manager of a cluster foster care scheme

| |
| --- |
| **Name of Position:** Operational Manager |
| **Job Purpose:** To provide operational support and supervision to foster parents that provide foster care as part of a cluster foster care scheme. |
| **Key performance areas:**<br>• To facilitate the provision and maintenance of the infrastructure needed for foster parents to provide foster care to children in need of care and protection;<br><br>• To assist foster parents with the provision of the basic needs of the children in their care;<br><br>• Manage and control all assets in the different foster homes;<br><br>• Participate in the recruitment, screening and appointment of foster parents and assistants to the foster parents;<br><br>• Training, capacitating and supervision of the foster parents and the assistants to the foster parents; and<br><br>• Development and maintenance of a community network structure that can assist with the integration of the foster children into their communities of origin. |
| **Key requirements unique to the position:** |

| Knowledge | Skills | Previous experiences |
|---|---|---|
| Basic operational management knowledge | Management skills | Previous experiences in management and human resource management |
| Human resource management knowledge | Project management skills | Previous experiences in providing services to children in alternative care |
| Knowledge on child care practice | Skills in communicating with children and adults | Experience of the community of where the cluster foster care scheme is situated |
| Knowledge of community network structures | Mediation and conflict resolutions skills | |
| Basic knowledge of the culture and language predominantly used in the community where the cluster foster care scheme is situated | Basic computer literacy | |
| | Skills to communicate in at least two of the official languages that are used in the community where the cluster foster care scheme is situated | |
| | Valid driver's licence and skills to drive a light vehicle | |

**Table 14**: Job requirements of a social worker employed by a cluster foster care scheme

| | |
|---|---|
| **Name of Position:** Social worker (registered with the South African Council for Social Services Professions) | |
| **Job Purpose:** To provide social work services to children in need of care and protection that are placed in cluster foster care schemes as a form of alternative care and to the foster parents providing foster care to these children. | |

**Key performance area:**
- To assist with the admission of all foster children into the cluster foster care scheme;

- Assess all children and develop, in conjunction with other role-players, the foster care plan for each child;

- To apply social work intervention strategies to assist foster children with emotional- and social needs;

- To guide and facilitate the statutory requirements regarding children in foster care in conjunction with the social worker at the Child Protection Organisation;

- Assist foster parents with parenting skills;

- Facilitate contact between the foster children and their biological families;

- Facilitate, in conjunction with the social worker at the child protection organisation, the reunification of the foster child with his/her biological family;

- Facilitate the reintegration of foster children back into the community after they reach the age of 18 years;

| | |
|---|---|
| • | Develop and maintain a network structure in the community to assist in addressing the developmental needs of the foster children; and |
| • | To contribute in general to management of the cluster foster care scheme. |

**Key requirements unique to the position:**

| Knowledge | Skills | Previous experiences |
|---|---|---|
| <u>**Knowledge of social work practices including:**</u><br>Child care legislation, policies and practices in general;<br>Social work approaches, namely, case work, group work, community work, research and administration;<br>Social work interviewing techniques;<br>Intervention strategies;<br>Basic approaches in social work (e.g. Social Development Approach);<br>Community and network structures; and<br><u>**Specific knowledge of:**</u><br>Developmental stages and tasks of children;<br>Alternative care;<br>Community-based alternative care; and<br>Children with special needs. | <u>Skills in the following social work practices are a key requirement to this position:</u><br>Statutory social work practices related to Child Care Legislation;<br>Interviewing and listening skills with individuals as well as groups, specifically with children as primary consumer;<br>Assessment skills;<br>Intervention services to children;<br>Evaluation and planning within the social work framework;<br>To develop network structures in the community;<br>Report writing skills. | Previous experience as a social worker employed by a child protection organisation; or Experience working at a child and youth care centre will be an advantage. |
| Basic knowledge of the culture and language predominately used in the community where the cluster foster care scheme is situated. | Basic computer literacy. | |
| | Valid driver's licence and skills to drive a light vehicle. | |
| | Skills to communicate in at least two of the official languages that are used in the community where the cluster foster care scheme is situated. | |

**Table 15**: Job requirements of foster parents that provide foster care as part of a cluster foster care scheme

| |
|---|
| **Name of Position:** Foster parent |
| **Job Purpose:** To provide foster care to children in need of care and protection who have been placed in a cluster foster care scheme as a form of alternative care. |
| **Key performance area:**<br>• Provide physical and emotional care to children in foster care;<br><br>• To facilitate the medical and educational needs of children in foster care; |

| | | |
|---|---|---|
| • To provide the day-to-day care to children in foster care;<br><br>• To act as a substitute parent for children in foster care;<br><br>• To facilitate the contact between foster children and their biological families; and<br><br>• To manage the foster home in order to create a safe environment for children in foster care. | | |

**Key requirements unique to the position:**

| Knowledge | Skills | Previous experiences |
|---|---|---|
| Knowledge of parenting of children during different developmental stages. | Parenting skills (emotional, physical and educational skills) | Previous experiences of either as a parent to biological children or parenting of children in a professional manner (foster care). |
| Knowledge in basic household chores e.g. cooking-, laundry- and basic household tasks. | Household skills (cooking, laundry and cleaning) | Previous experience in a professional capacity in caring for children. |
| Knowledge of dealing with children with special needs (behavioural, intellectual- and emotional needs) | Specific skills in dealing with children with special needs. | Previous experience of working or living in the community where the cluster foster care scheme is situated will be an advantage. |
| Basic knowledge of the culture and language predominately used in the community where the cluster foster care scheme is situated. | Skills to communicate in at least two of the official languages that are used in the community where the cluster foster care scheme is situated. | |

**Table 16**: Job requirements of the assistant to the foster parents of a cluster foster care scheme

**Name of Position:** Assistant to foster parents

**Job Purpose:** To provide assistance to foster parents who provide foster care to children in need of care and protection in cluster foster care schemes as a form of alternative care.

**Key performance area:**
- To provide assistance with the day to day care of the foster child in the cluster foster care scheme;

- To assist with minor household chores;

- To escort the foster child during clinic and hospital visits;

- To assist the foster child with homework;

- To act as an older sibling to the foster child in the teaching of valuable life skills and independent living skills; and

- To act as relief for the foster parent when he/ she needs time off.

**Key requirements unique to the position:**
Minimum of grade 10 or equal school qualifications and prior knowledge in caring for children.

| Knowledge | Skills | Previous experiences |
|---|---|---|
| Children | Good communication skills with children. | Previous working or living experiences in caring for children. |

| Communities where the cluster foster care is situated. | Some conflict- and mediation skills. | |
|---|---|---|
| Basic computer literacy | Basic cooking skills. | |
| Basic medical and nutritional knowledge. | Basic computer skills will be an advantage. | |
| Basic knowledge of the culture and language predominately used in the community where the cluster foster care scheme is situated. | Skills to communicate in at least two of the official languages that are used in the community where the cluster foster care scheme is situated. | |

**Table 17**: Job requirements of the administrative manager of the cluster foster care scheme

| **Name of Position:** Administrative manager |
|---|
| **Job Purpose:** To provide administrative support to the cluster foster care scheme. |
| **Key performance area:** <br> • To manage the following financial responsibilities of the cluster foster care scheme: <br><br>      o Documentation of all income and expenses of the cluster foster care scheme; <br><br>      o To prepare monthly financial statements for the management board of the cluster foster care scheme; <br><br>      o To provide financial statements to the Director of Non-profit Organisations at least six months after the annual meeting; <br><br>      o To maintain the donation register; and <br><br>      o To facilitate the procurement (registration) process of the cluster foster care scheme. <br><br> • To manage the assets of the organisation by maintaining the asset register. <br><br> • To assist with or manage the fundraising strategy of the cluster foster care scheme. <br><br> • To develop appropriate administrative systems for the documentation, filing and keeping of records of the cluster foster care scheme. <br><br> • To supervise the administrative clerk. |

| **Key requirements unique to the position:** | | |
|---|---|---|
| **Knowledge** | **Skills** | **Previous experiences** |
| Financial systems and management | Financial management skills. | Previous experiences in: <br> Financial management; <br> Fundraising; <br> Management and <br> Human resources. |
| Asset control | Asset management skills. | |
| Administrative systems | Skills in administrative systems. | |
| Human resource practices | Skills in human resource management. | |
| Fundraising strategies | Interpersonal skills and project management skills to facilitate the fundraising process. | |

**Note to reader**



> Some of the cluster foster care schemes have a specific position for a fundraiser. In this operational guideline the key responsible areas of that post are included in the job description of the administrative manager

**Table 18**: Job requirements of the administrative/financial clerk of the cluster foster care scheme

| | | |
|---|---|---|
| **Name of Position:** Administrative/Financial Clerk | | |
| **Job Purpose:** To provide financial and administrative support to the cluster foster care scheme. | | |
| **Key performance area:** <br> • General administrative tasks in respect of financial-, administrative-, procurement and fundraising management; <br><br> • General office assistance (reception, telephonist, typing, filing and facsimile); and <br><br> • To provide general administrative assistance to for the procurement of goods and services in respect of the different houses. | | |
| **Key requirements unique to the position:** | | |
| **Knowledge** | **Skills** | **Previous experiences** |
| Computer literacy | Basic administrative skills | Previous experiences in an office administrative environment will be an advantage. |
| Administrative systems | Interpersonal skills | |
| | Communication skills | |
| | Writing skills | |

A further responsibility of the management board of the cluster foster care scheme is to facilitate the recruitment of competent staff members for the cluster foster care scheme.



Human resource recruitment strategies

The management board of cluster foster care schemes has a responsibility to apply standard human resource practices regarding the recruitment and appointment of staff.  Although the foster parents are employees of the cluster foster care scheme, the process of recruitment and appointment of foster parent needs a different approach. Foster parents are employees of the cluster foster care scheme *as well as* foster parents who need to adhere to certain legal requirements as stipulated in the Children's Act, Act 38 of 2005 (see figure 7)

.

**Figure 7**: The process of recruitment, screening and employment of foster parents that provide foster care as part of a cluster foster care scheme
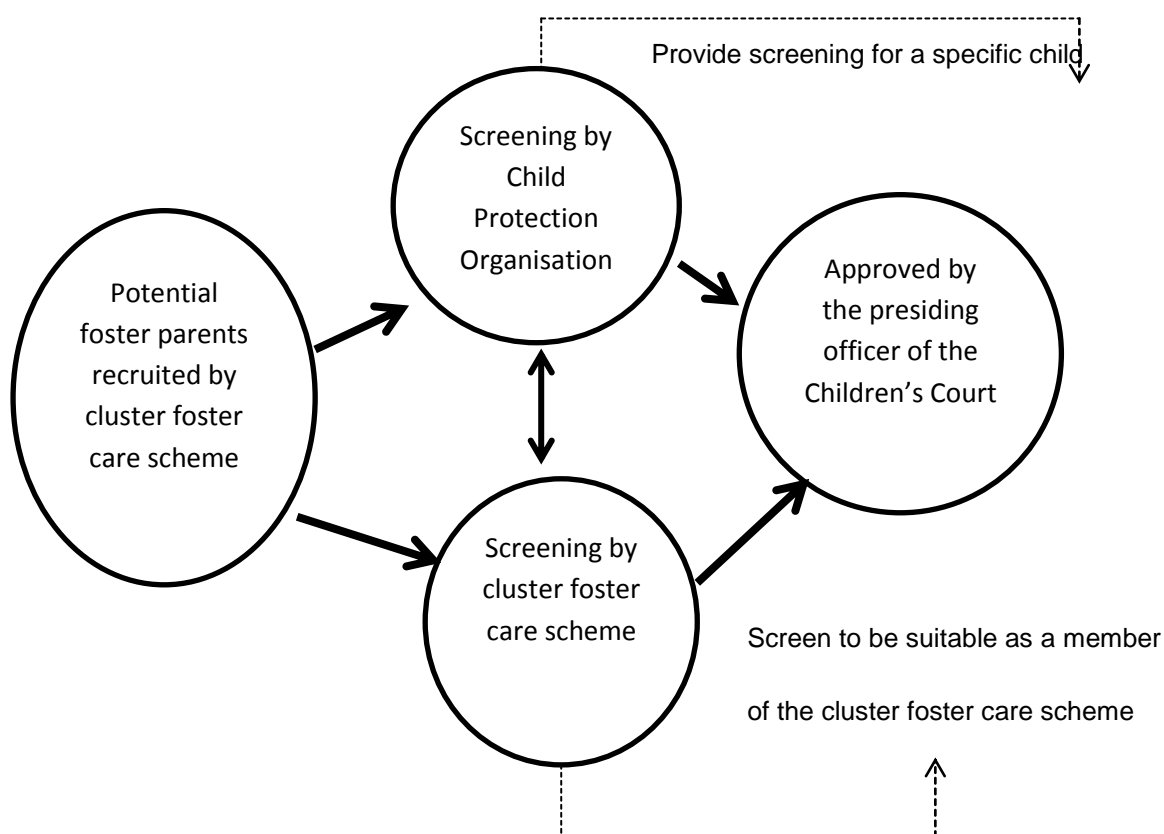


In this guideline the reader will firstly be provided with general guidelines related to the recruitment of staff members that are not foster parents and secondly to the recruitment, screening and the appointment of foster parents.

**General guidelines for recruitment, screening and appointment of staff members needed at cluster foster care schemes**

New staff can either be recruited from inside or from outside the cluster foster care scheme. Recruitment in the scheme will normally take place when a position becomes available that will serve as a promotion to current staff members. Outside recruitment strategies involve the advertisement process, the screening process and negotiations to appoint a suitable candidate for the post. Figure 8 provides an outlay of this process:

**Figure 8:** Recruitment, screening and appointment process (adapted from Du Toit et al., 2010: 316-319)

| **Recruitment Techniques:** | **Screening:** | **Negotiating of service contract and appointment:** |
|---|---|---|
| Advertisements in provincial and local newspapers; | Provisional screening focussing on key performance areas crucial to the post; | Identify suitable candidate; |
| Using consultants and personnel agencies; | Compiling of a shortlist of candidates most suitable for the post; | Offer service contract (see table 19); |
| Introductions through current staff members; | Compiling an interviewing panel that represents the scheme, skilled members and community members; and | Negotiate service contract and date of accepting the position; and |
| By approaching suitable candidates; and | Conducting the interview | Appoint staff member with the agreement of service contract. |
| By using electronic media, radio and television | | |

**Note to reader**



> The content of the advertisement to recruit staff members for the cluster foster care scheme must be based on the purpose of the position as well as the key performance areas linked to the specific position.

**Guidelines for recruitment, screening and appointment of foster parents that will provide foster care as part of a cluster foster care scheme**

The following should be taken into consideration when recruiting foster parents:

- The age group of the potential foster parent;

- The health condition of the foster parent;

- Previous experience of being a parent, either for their own biological children or in a formal setting like an early childhood facility or a child and youth care centre;

- Cultural and religious background of the prospective foster parent; and

- The position of the prospective foster parent in his/her community.

Table 19 provides a questionnaire that may be used during recruitment of prospective foster parents (Dickerson and Allen, 2007:12; Faircloth and McNair, 2012:27-29):

**Table 19: Application form for potential foster parents of cluster foster care schemes** (This questionnaire must be completed by all potential foster parents that want to provide foster care as part of a cluster foster care scheme. The information obtained will be used as a departing point for the screening of potential foster parents by a social worker and a team allocated for this task by the cluster foster care scheme).

| 1 | **Full name and Surname of Applicant** | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2 | **Date of Birth of Applicant** | | | | | | | | | | | | |
| 3 | **Identification number of the applicant.** | | | | | | | | | | | | |
| 4 | **Language ability (indicate your ability by good, average or poor)** | | | | | | | | | | | | |
| | | Speak | | Read | | | Write | | | | | | |
| | **English** | | | | | | | | | | | | |
| | **Afrikaans** | | | | | | | | | | | | |
| | **Xhosa** | | | | | | | | | | | | |
| | **Other** | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 5 | **Gender** | Male | | | | | Female | | | | | | |
| 6 | **Marital status** | Single | | Married | | | Divorce | | Widow | | | | |
| 7 | **If married complete the following.** | | | | | | | | | | | | |
| | **Name of spouse** | | | | | | | | | | | | |
| | **Date of Birth of Spouse** | | | | | | | | | | | | |
| 8 | **Names, date of birth and present address of the biological- and step children of the applicant** | | | | | | | | | | | | |
| | **Names** | **Date of Birth** | | | | | **Current address where these children reside** | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 9 | **Residential Address of the applicant** | | | | | | | | | | | | |
| | Please indicate your home owner status by using one of the next three options. | The owner of the house/flat/separated entrance. | | | | | Do you rent the house/flat/separated entrance? | | | Are you boarding with another family? | | | |
| 10 | **Education and Training** | | | | | | | | | | | | |
| | **Please indicate your level of school education.** | | | | | | | | | | | | |
| | Primary school education (grade 1 -7) | Secondary school (Grade 8-9) | | High School Education (Grade 10-12) | | | ABET (Education for adults | | | No formal school education | | | |
| | **Please indicate the names of the different schools that you attended.** | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | **Do you have any tertiary education? Please indicate the name of certificate, diploma or degree, the name of the training institute and the year that you achieve the specific qualification.** | | | | | | | | | | | | |
| | **Name of certificate, diploma or degree.** | **Name of training institute that issued the qualification.** | | | | | **Year that you qualified.** | | | | | | |

| | | | |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

| 11 | **Employment History: (please indicate the name of the company, your position at the company, period employed and reason for resigning from the position).** | | | |
|---|---|---|---|---|
| | **Name of the company** | **Position at the company** | **Period employed at the company** | **Reason for resigning from the company** |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 12 | **Are you currently employed?** | | Yes | No |
| | **Indicate the name of your employer and your position at the company.** | | | |
| 13 | **Where you ever convicted for a criminal offence?** | | Yes | No |
| | **If the answer was yes to the above indicate the nature of offence as well as the sentence to the offence.** | | | |
| | | | | |
| | | | | |
| | | | | |
| 14 | **Please indicate your current income status by choosing one of the options below.** | | | |
| | **Salary form current employer** | **Private pension from a previous employer or employer from spouse** | **Social grant** | **Donations and support from friends and family** |
| | | | | |
| 15 | **Medical condition** | | | |
| | **Are you diagnosed with any chronic disease?** | | **Yes** | **No** |
| | **If the answer to the previous question is yes, provide details on the condition as well as the treatment.** | | | |
| | **Were you ever treated for a psychological condition?** | | **Yes** | **No** |
| | **If the answer to the previous question is yes, provide details on the condition as well as the treatment.** | | | |
| 16 | **Please indicate your involvement in the community where you live.** (The applicant can offer information on involvement with a church group, community groups, his/her role and responsibility in the specific group) | | | |
| | | | | |

| | |
|---|---|
| | |
| 17 | **Please indicate in your own words why you want to become a foster parent?** |
| | |
| 18 | **Please provide the names and contact details of three people who can act as a reference for this application.** |

| | Name of individual | Relations to the applicant | Contact details |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

| | |
|---|---|
| | I_____ hereby confirm that the above information is a true reflection on the questions asked.   Signed at _____ on _____ 2013 |

Please note that it is advisable that the social worker that undertakes the screening of the prospective foster parent assists with the completion of the above questionnaire. This questionnaire must also be accompanied with the following supporting documents:

- Certified copy of identification document, birth certificate and marriage certificate;

- Certified copy of all secondary and tertiary education certificates, diplomas and degrees;

- Proof of income;

- Statement of income and expenditure; and

- Medical certificate completed by a registered medical practitioner.

The following step in the recruitment, screening and appointment of the human resource component for the cluster foster care scheme is the negotiation of an employment contract with the successful candidate for the specific post. The management board of the cluster foster care scheme, who will become the employers of this prospective employee, is responsible to ensure that the contract is compiled in such a manner that it adheres to all legislation applicable to the employment of staff.  The following legislation is applicable:

- The Basic Conditions of Employment Act, Act 75 of 1997;

- Skills Development Act, Act 97 of 1998;

- Skills Development Levies Act, Act 9 of 1999;

- National Qualifications Framework Act, Act 67 of 2008;

- Employment Equity Act, Act 55 of 1998;

- Occupational Health and Safety Act, Act 85 of 1993;

- Occupational Injuries and Illness Act, Act 130 of 1993;   and

- Unemployment Insurance Act, Act 63 of 2001(du Toit et al., 2010:304).

The management board of a cluster foster care scheme is advised to seek legal advice from a legal official who specialises in the field of human resource management when embarking on the process of developing an employment contract. Table 20 provides an example of such a contract, but needs to be adapted according to the unique needs of each cluster foster care scheme.

**Table 20**: An example of an employment contract

| |
|---|
| **Identifying particulars of contract of employment:**<br>• The nature of the employment status (permanent or a contract for a fixed period);<br><br>• The name of the cluster foster care scheme;<br><br>• The name of the office bearer acting on behalf of the scheme; and<br><br>• The name and identification number of the employee. |
| **Job Title:**<br>Foster parent, Assistant to Foster Parent etc. |
| **Period of Employment:**<br>If this position is a contract position for a specific period of time, the time must be specified. If it is a permanent position the probation period subjecte to permanent employment must be stipulated. |
| **Working Hours:**<br>• The specific working hours that the official needs to be on duty;<br><br>• The specific periods of times off during the required working hours;<br><br>• The time when work will commence and end; and<br><br>• Leave specifications, namely annual leave, sick leave, family responsibility leave and other leave that the employee might qualify for. |
| **Remuneration:**<br>The specific remuneration package that includes:<br>• Annual salary; and |

| |
|---|
| • Service benefits (bonus, medical aid, pension funds and the provision of housing). |
| **Conditions of Service:**<br>The employment is subject to the operation of the cluster foster care scheme as a form of alternative care. Should the scheme need to close down, the employee should be dealt with in terms of section 189 of the Labour Relations Act, Act 66 of 1995, which makes provision for dismissal based on operational requirements. |
| **Termination of Service:**<br>Specify the period in which both parties may terminate the contact prior to the set date; |
| **Code of conduct and Disciplinary procedures:**<br>The behaviour or the employee is subject to behaviour as prescribed by the specific registration of the specific career group, labour relations legislation and legislation and policies regarding the care of children in alternative care. |
| **Facilities and Equipment:**<br>• The employer will provide the employee with the necessary equipment and resources needed for proper performance of his/her duties;<br><br>• The employee is responsible to use equipment and resources with the necessary care and protection; and<br><br>• On termination of the contract the employee must hand back all equipment and resources. |



## Induction, staff orientation and staff development program

The first step after you appoint new staff at you cluster foster care scheme is to orientate and introduce them into the operations of your scheme. The following needs to be achieved during the initial few weeks after new staff start to work at the scheme:

- Introduce new staff to their colleagues, foster parents and even the children that form part of the cluster foster care scheme. Introductions also need to be made to key role-players in your community, such as members from health – and education services, community leaders etc;

- Familiarise them with the policies, procedures and rules of the cluster foster care scheme;

- Orientation regarding the history of the cluster foster care scheme, the nature of service delivery, the focus of the scheme and on specific guidelines and procedures regarding the care of the children; and

- Inform them of practical procedures regarding the services to the children, human resource-related issues and financial-related issues (du Toit, et.al. 2011:319-320).

**Note to reader**
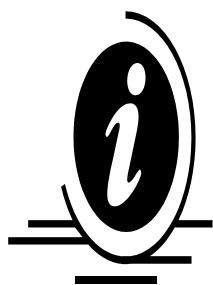


Each induction program for newly appointed staff will have a general component as indicated above and a job specific component based on the key performance areas of the specific position.

After the orientation and induction program for new employees are completed by the supervisor of that specific employee, an individual development plan for the employee is also negotiated in a supervision session. Section 71 (e) of the Consolidated Regulations to the Children's Act, Act 38 of 2005 as Amended with Act 41 of 2007 stipulates that the management of cluster foster care schemes has a responsibility to develop appropriate parenting skills and the capacity of active members (foster parents) (Republic of South Africa, 2010:75). Table 21 provides an example of an individual development plan that focuses specifically on the needs of the foster parents in a cluster foster care scheme.

**Table 21**: Individual development plan for foster parents that provide foster care as part of a cluster foster care scheme

| Individual Development Plan for Mary Seabee, a foster parent at the Sunshine Cluster Foster Care Scheme | |
|---|---|
| **Name of Employee** | |
| **Job Title** | |
| **Appointment Date** | |
| **Name of Supervisor** | |
| **Review dates** | |

| First Quarter | Second Quarter | Third Quarter | Fourth Quarter |
|---|---|---|---|
| **Date:** 1 April 12 -30 June 12 | **Date:** 1 July 12-30 Sept 12 | **Date:** 1 Oct. 12- 31 Dec 12 | **Date**: 1 Jan 13 -31 March 13 |
| Signature of Employee | Signature of Employee | Signature of Employee | Signature of Employee |
| Signature of Supervisor | Signature of Supervisor | Signature of Supervisor | Signature of Supervisor |

**Purpose of Individual Development Plan:**
To develop the knowledge and skills of the employee in order to meet the key performance areas linked to her position as a foster parent at Sunshine Cluster Foster Care Scheme.

| Key Performance Areas | Specific training/program to address the need | Time frame to achieve program. | Progress made. |
|---|---|---|---|
| Provide physical and emotional care to children in foster care. | Introduction into the basic needs of children with focus on the developmental needs. | First Quarter | |
| Facilitate the medical and educational needs of children in foster care. | Introduction to medical and educational resources; Introduction to information on how to deal with home remedies and emergencies; Training on how to assist foster children with their home work; and Planning of attendance of school meetings. | First Quarter | |
| Provide the day-to-day care of children in foster care. | Assist foster parents to develop a daily program in the cluster foster care scheme that makes provision for the care of children as well as the running of the house; and Assist foster parents to understand each child and to understand the foster care plan for each child. | First Quarter | |
| Act as a substitute parent for children in foster care. | Parenting skills on: Assist the child with his/her emotional development; Dealing with conflict with the child; Building a parent-child relationship; and Dealing with discipline of the child. | First Quarter | |
| Facilitate the contact between foster children and their biological families. | Training in understanding biological parents and their role in the foster child's life; and Skills in facilitating contact between the child and the biological parents. | First Quarter | |
| Manage the foster home in order to create a safe environment for children in foster care. | Procedures on: Emergency procedures in the case of a fire; How to deal with infections and deceases (e.g. HIV/Aids); Create a safe environment regarding | First Quarter | |

| | protection in the community (know community leaders, South African Police etc. | | |
|---|---|---|---|
| **General Comments by Employee:** | | | |
| **General Comments by Supervisor:** | | | |
| **Planning for the next quarter:** | | | |
| **Key Performance Areas** | **Specific training/program to address the need** | **Time frame to achieve program** | **Progress made** |
| | | | |
| | | | |
| | | | |

# Section C

# The children in need of care and protection that are placed in the cluster foster care scheme as a form of alternative care

The primary responsibility of both the strategic management board as well as the operational team of a cluster foster care scheme is to provide community-based alternative care to children in need of care and protection. One of their primary tasks is to decide on:

- The specific group of children in need of care and protection that the scheme will provide foster care for; and

- How will they provide care and protection to this group of children?

Within these two identified tasks the management teams of the cluster foster care scheme need to develop policies and guidelines that direct the admission criteria as well as admission procedures, to provide for the developmental needs of the children, as well as to ensure that the children are integrated in the community where the cluster foster care scheme is situated. It is also the responsibility of the management board and members of the cluster foster care scheme to ensure that all possible steps are taken to reunite and/or to foster sound relationships with the biological families of the children in their care. In this section the reader will be introduce to:

- The admission criteria and procedures of children into cluster foster care schemes;

- The care and protection program for children in the cluster foster care scheme; and

- The family reunification program of children with their biological families.



**The admission criteria and – procedures for children into the cluster foster care scheme**

Cluster foster care schemes are a form of alternative care that make provision for children that were found to be in need of care and protection in terms of Section 150 of the Children's Act, Act 38 of 2005 (Republic of South Africa, 2006:96). The implication for the management board of a cluster foster care scheme is therefore that all the children that they admit into their schemes must be found in need of care and protection by a presiding officer of a children's court.

Specific schemes provide for a specific profile of children in need of care and protection. Admission criteria will therefore rely on the specific profile. Factors to consider during admission are as follows:

- **Age group** - children between the age of 0 and 18 years. Age distribution of children in foster care homes provide children with the opportunity to be raised in an environment that simulates a real family situation;

- **Gender of children** - Gender distribution of children in foster care homes provide children with the opportunity to be raised in an environment that simulates a real family situation;

- **Number of children in the house** - not more than six children are allowed to be placed with an individual or two people that share the same household;

- **Placement with siblings** - it is considered to be in the best interest of the child to be raised with his/her siblings;

- **Relationships and circumstances of the biological families/parents of the child** - the possibility of reintegration back into the care of the child's family will always be an important factor when deciding where a child in need of care and  protection must be placed in alternative care;

- **Cultural background of children**- the placement should allow the child to be exposed to his/her culture;

- **Community where the cluster foster care scheme is situated** –some schemes might prefer to only foster children from the community where they are situated to encourage contact with families;

- **Children with problematic behaviour** - behavioural problems should not pose a risk to the other children in the scheme; and

- **Children with special needs** - children with special needs include children with physical- or intellectual disabilities, children affected by FAS or children infected by HIV/Aids. Care of these children might imply more human resources with a special interest and training to care for the specific needs of the group. Access to community resources to address the needs of these children should also be considered.

The management board of each cluster foster care scheme must, however, develop its own criteria for admission and it is suggested that the following be considered:

- **The infrastructure of the cluster foster care scheme** - how many houses and foster parents are available to accommodate children in need of care protection;

- The **community where the cluster foster care is situated** - factors such as accessibility and availability of education- and health resources need to be take in account;

- The **number and needs of children** that are already in the cluster foster care scheme should be considered as admission of new children should not be detrimental to the well–being of other children in the scheme;

- **Financial and other resources** available to the cluster foster care scheme; and

- The **involvement of community members** to ensure assistance and support.

It is suggested that once the admission criteria have been established, the management board of a cluster foster care scheme develops an application form that can assist them as well as social workers to obtain the necessary information. This information must enable them to successfully screen children to ensure that the cluster foster care scheme could meet the child's needs. Table 22 provides an example of such a form.

**Table 22**: Application for admission of a child in need of care and protection to a cluster foster care scheme

| Identifying particulars of the child concerned: | | | | | |
|---|---|---|---|---|---|
| Surname of child | | | | | |
| Full names of child | | | | | |
| Gender of child | Male | | | Female | |
| Language preference of child | English | | Afrikaans | Xhosa | Other _____ |
| Date of Birth of the child | | | | | |
| Identification number | | | | | |
| Place of Birth of Child | | | | | |
| If not in South Africa, state the name of the country, as well as the immigration status, of the child | | | | | |
| Birth certificate number | | | | | |
| Current care position (in care of parents or in another form of alternative care) | | | | | |
| Address where this care position is situated | | | | | |
| Reason why child was found in need of care and protection | | | | | |
| Name of court where child was found in need of care and protection | | | | | |
| Court reference number | | | | | |
| Name of child protection organisation responsible for the removal of the child | | | | | |
| If the child was previously in another form of alternative care, please indicate nature of care (foster care, child and youth care centre etc.) and the reason why this care broke down and/or alternative placement is necessary. | | | | | |

| Family composition of the biological family of child (parents and siblings) | | | |
|---|---|---|---|
| **Position in the family** | **Full name and Surname** | **Date of Birth.** | **Current residential address** |
| Biological father | | | |
| Biological mother | | | |
| Stepmother | | | |
| Eldest brother | | | |
| | | | |
| | | | |
| **Birth and Pre-natal (pre-birth) history of the child concerned** | | | |

| Was the pregnancy full term (37-41 weeks) | Yes | | No | |
|---|---|---|---|---|
| If the answer is no, what was the duration of the pregnancy? | | | \_\_\_\_ weeks | |
| Did the mother use any substances during pregnancy? | Yes | | No | |
| Have the mother and/or father been diagnosed with any transmittable diseases during conception and/or pregnancy? | Yes | | No | |
| Was the child born by ways of: | Cesarean delivery | | Vaginal delivery | |

**Early development**

| Who cared for the child after birth? | Mother and father | Extended family (e.g. grandmother. | Other (specify) |
|---|---|---|---|
| Was the child breast fed or bottle fee after birth? | Breast feed | | Bottle feed |
| Was any illness or abnormalities reported after birth? | Yes | | No |

If yes specify.


**Milestone development (adopted from Papalia and Feldman, 2011:152)**

| Skill | Age achieved |
|---|---|
| Rolling over | |
| Sitting with support | |
| Sitting without support | |
| Standing with support | |
| Standing without support | |
| Crawling | |
| Standing with support | |
| Standing without support | |
| Walking with support | |
| Walking without support | |
| Eating independently | |
| First words | |
| First sentence | |
| Speak fluently | |

**Early care position of the child**

| Has the child ever been cared for by any person other than the parents or mother and father separately? | Yes | No |
|---|---|---|

**If yes specify when, why and by whom**

| When | Why | Whom |
|---|---|---|
| | | |

| | | | |
|---|---|---|---|
| | | | |
| **Was the child ever a victim of sexual crimes against children** | | **Yes** | **No** |
| If the answer was yes to the previous question. Please provide the following details on the incident. | | | |
| Was the alleged perpetrator related to the child (father, brother, uncle or other family member)? | | | |
| Was the perpetrator found guilty of the offence? | | Yes | No |
| If yes provide details of the sentence and the contact between the child and the perpetrator. | | | |
| If no, is there still contact between the child and the alleged perpetrator? | | Yes | No |
| Did the child receive any therapeutic intervention after the incident happened? | | Yes | No |
| Please provide details on where the child received treatment, from who the child received treatment and the results of the treatment. | | | |

| | | |
|---|---|---|
| **Medical history (this information must be confirmed with a certificate by a registered medical practitioner, clinic card and/or valid medical records)** | | |
| Is the child diagnosed with any chronic illnesses? | Yes | No |
| If the answer is yes to the above question, please provide details on: | | |
| Kind of illness. | | |
| Hospital where it is treated. | | |
| Hospital folder number. | | |
| Follow up dates for next appointment. | | |
| Did the child receive all the required immunisation applicable for his/her age? (please provide proof) | Yes | No |
| **Educational History (please provide school records etc.)** | | |
| Did the child attend a crèche and preschool? | Yes | No |
| If yes provide the name of the school. | | |
| At what age did the child start with school? | | |
| In what grade is the child currently? | | |
| How many times did the child change schools?   Please list the number of schools attended below. | | |

| Name of school | Grade attended/completed | Year attended | Reasons for leaving the school. |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

| | | | | | |
|---|---|---|---|---|---|
| How is the child's performance at school? | Excellent | Above average | | Average | Below average |
| Did the child ever repeat a grade? | | | Yes | | No |

| If yes indicate which grade/s | | | |
|---|---|---|---|
| Was the child ever in conflict with his peers or authority figures at school? | Yes | | No |
| If yes, please provide details as well as how the child responds to action to redress the incident. | | | |
| Does the child participate in any sport or extra mural activities at school? | Yes | | No |
| If yes provide details on the nature of activity, achievements of child and his position in team (leadership etc.). | | | |
| Does the child have any specific talent that needs to be developed? | Yes | | No |
| If yes please specify and indicate what measures need to be taken. | | | |

| Relationship with family (including parents and extended family) | | | |
|---|---|---|---|
| Where does the child currently live? | Both parents | One of his parent (indicate father or mother) | Extended family (indicate relation to child) | No related families. |

| If the child does not live with his/her parents or one of his parents does he/she have contact with them (either both or one of them) | Yes | No |
|---|---|---|
| If yes, describe the nature of the contact. | | |
| If no provide reasons why the child does not have contact with the parents. | | |

| Does the child have contact with his/her extended family? | Yes | No |
|---|---|---|
| If yes, describe the nature of the contact. | | |
| If no, provide reasons why the child does not have contact with his/her extended family. | | |

| Is there a possibility that the child can be reunited with his parents/one parent or extended family? (Indicate below) | | |
|---|---|---|
| Parents _____ | Individual parent (indicate which one) _____ | Extended family (indicate relationship with the child) _____ |

| Was the child ever in conflict with the law? | Yes | No |
|---|---|---|
| If the answer was yes to the previous question please provide details on: | | |

| Nature of offence | |
|---|---|
| Sentence related to the offence | |
| Magistrate court where the sentence was imposed | |

| Is some part of the sentence still valid? | | | |
|---|---|---|---|
| **Did the child ever live or function on the street (as a street child)?** | | **Yes** | **No** |
| If the answer was yes to the previous question please provide details on: | | | |
| Where did the child live and function on the street? | | | |
| How long did the child live and function on the street? | | | |
| Was the child known to a drop-in centre/child and youth care centre that provides services to children living or functioning on the street? | | | |
| **Additional information on the child that might impact on his/her care in the cluster foster care scheme.** | | | |
| **Supporting document required:** | | | |
| **Document required.** | **Available** | | **Not available** |
| Proof of identification and/or birth certificate | | | |
| Proof of social grant payment in respect of the child | | | |
| Proof of school attendance, last school report | | | |
| Proof of medical certificates and clinic cards | | | |
| Previous reports by psychologist, social worker, speech therapist, occupational therapist, etc | | | |
| **Report completed by:** | | | |
| **Name of Social Worker:**_____ **Registration number with Council for Social Work Practitioners:**_____ **Name of Child Protection Organization:**_____ **Date when report was completed:**_____ | | | |
| **Name of Social Worker Supervisor:**_____ **Registration number with Council for Social Work Practitioners:**_____ **Name of Child Protection Organization:**_____ **Date when report was signed off:**_____ | | | |

After considering the above information, the management board, together with the operational team, makes a decision on whether the child will benefit from the program offered by the cluster foster care scheme. The program of a cluster foster

care scheme can be divided into two sections, namely the general program that is applicable to all children in the cluster foster care scheme and a specific program developed and implemented to meet the individual needs of the child concerned.



## The care and protection program of a cluster foster care scheme

The care and protection program offered by a cluster foster care scheme must firstly aim to provide alternative care to children that were found in need of care and protection by the children's court. Secondly the program must be based on meeting the basic needs of these children and lastly the program must be designed in such a manner that it enhances and fosters the rights of children in general. Although the care program of each child is based on his/her individual developmental needs, the cluster foster care scheme must still provide a program structure in which these needs will be met.

**Basic program of a cluster foster care scheme**

The basic program of a cluster foster care scheme falls within in the ambit of foster care. Cluster foster care schemes provide **community-based** foster care to children in need of care and protection. In this care position the child is placed with a screened foster parent who is an **active member** of the cluster foster care scheme. The child will further be in foster care in a situation that simulates real family life as close as possible. In practice this will imply that the child will live with not more than six other foster children who will become his/her "*foster care siblings*", with the foster parent/parents in a house in a community. The child will further, like all other children in the community, enjoy access to **community resources** such as schools, clinics, hospitals and sport and entertainment facilities. This will also allow the child to **socialise with peers** of his/her choice in the community without the **stigmatisation**, often linked to alternative care. The child will additionally enjoy the

benefit of the support of other active members that form part of the cluster foster care scheme. The following need to be included in a program of a cluster foster care scheme to give effect to above:

- The cluster foster care scheme must be situated in a community similar to the child's community of origin. The program must also respect the cultural, ethnic and community diversity of the children in care;

- The program must be constructed in such a manner that it provides care and protection. Factors that might influence the safety and protection of the children in the scheme must at all times be limited or avoided;

- Cluster foster care schemes must have appropriate policies in place to deal with behaviour and discipline of the children in the scheme;

- It is advisable that the program is designed and structured to meet the developmental needs of all the children in the scheme;

- The program must make provision to maintain and strengthen relationships with parents and extended family;

- The program must address the basic rights of the children, including:

  o A name and nationality from birth;

  o Right to family or parental care or to appropriate alternative care;

  o Basic rights to nutrition, shelter, basic health care and social services;

  o Protection from maltreatment, neglect, abuse and humiliation; and

  o Right to education.

- The program must be fully community-based and maintain sound network structures with service providers, community members and other structures that might influence the well- being of the children in the scheme (see figure 9).

**Figure 9**: Elements to be included in a general care program for children in a cluster foster care scheme
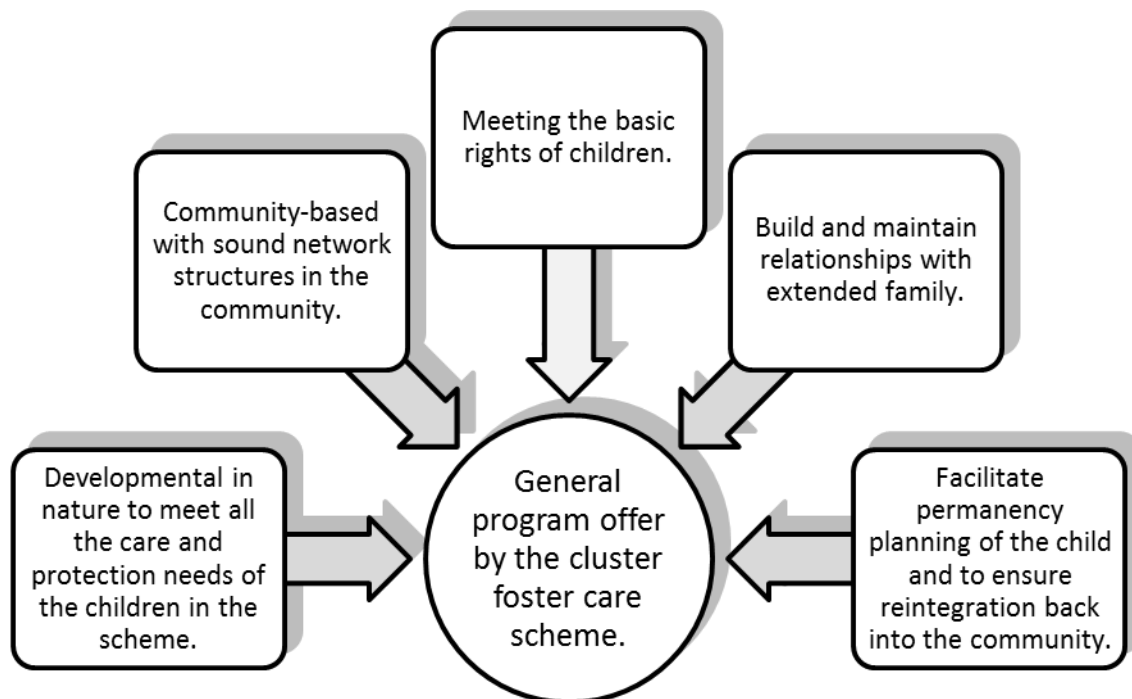


The above elements form part of the general care program of all the children in cluster foster care schemes and must be used as departure points when compiling the individual care program of cluster foster care schemes.

**The individual care program of children in cluster foster care schemes**

When children are placed in alternative care it is expected of the placement to provide for the individual needs of the children in care. Section 188 (1) (e) of the Children's Amendment Act, Act 41 of 2007 (Republic of South Africa, 2008:78) determines that a foster care plan between the parent or guardian and the foster parent must be compiled. Section 188 (2) further determines that a foster parent can make no decisions regarding contact with the child's biological family/parents and decisions regarding changes in circumstances such as education, medical or the general well-being of the child without consulting the social worker, parents or taking

the child's views into consideration (considering the child's age and developmental stage). The foster care plan must provide a plan to guide the foster care placement and direct the permanency plan for the child. The foster care plan should therefore include information such as the following:

- The purpose of the plan;

- Specific objectives to achieve the purpose;

- Specific tasks to be achieved for each specific objective;

- The parties involved with the achievement of the purpose, objectives and tasks;

- The specific time-frame in which the above need should be achieved;

- Strategies to evaluate and monitor the achievements of the foster care plan; and

- Evaluation and revision of the foster care plan every three months. In the first three months attention is, for example, given to the child's adaption to the cluster foster care scheme and the community that he/she is placed in. The next stage may include specific needs that should be addressed (e.g. behavioural issues).

Table 23 provides an example of a foster care plan.

**Table 23**: Foster care plan of a child placed in a cluster foster care scheme *(Please note that the following foster care plan is an example and only focuses on a few needs of the child in the first few weeks after admission. This example needs to be adapted according to the individual developmental needs of each child in the cluster foster care scheme.)*

| Section A: Action Plan | |
|---|---|
| **Identifying particulars of the child concerned** | |
| **Surname of the child:** | **Full names of the child:** |
| **Date of Birth of child:** | **Language of preference of the child:** |
| **Identification number of child (if available):** | **Children's court responsible for court order and review of order:** |
| **Children's court reference number:** | **Name of cluster foster care scheme:** |
| **Date that court order was made:** | **Date that court order expires:** |
| **Name of foster parent:** | **Residential Address where the child concerned lives:** |
| **Parties involved with the foster care plan:** | |
| **Level of responsibility:** | **Name of Individual/group, address and contact details:** |
| The child (depending on age and level of maturity). | |
| The foster parents (active members of the scheme). | |
| Management of the cluster foster care scheme. | |
| The parents or guardian/s of the foster child. | |
| The social worker at the Child Protection Organisation responsible for the family reunification services to the family of the child. | |
| The foster care supervising social worker of the Child Protection Organisation responsible to supervise the foster care placement. | |

| | |
|---|---|
| **Purpose of the foster care plan:** | |
| The purpose should be focused on the permanency planning for the child concerned. The first responsibility is to make all efforts in order to grant the child the opportunity to grow up with his/her family. Where it is not possible or is not in the best interests of the child a permanency plan will work towards life-long relationships in the foster family and/or community setting. | |
| **Objectives of the foster care plan:** | |
| The objectives should reflect the specific steps in order to reach the permanency planning (purpose of the foster care plan) for the child. | |

1. Provision of safe and secure environment to the child while in the cluster foster care scheme;

2. Provision to meet the physical and material needs of the child while in the cluster foster care scheme;

3. To meet the educational and medical needs of the child; and

4. To maintain and develop a relationship with his/her parents/guardian and biological family.

| | |
|---|---|
| **Specific task to achieve objectives:** | |
| Each objective has a few tasks that are either the responsibility of one or more members that form part of this agreement. The tasks need to be specific, achievable and measurable within a specific time-frame. | |
| **Objective one:** Provision of safe and secure environment to the child while in the cluster foster care scheme | |

| Specific Task | Persons responsible | Time frame to achieve | Perceived outcome |
|---|---|---|---|
| To place and to integrate the child concerned with a suitable foster parent (active member of the cluster foster care scheme) | The management of the cluster foster care scheme (social worker employed by the specific scheme) The foster parent | First day during admission. | A foster care placement in the cluster foster care scheme that will meet the individual needs of the child will be identified. |
| To introduce the child concerned and his/her parents/guardian to the prospective foster parent. | Social workers from a child protection agency cluster foster care scheme The child, The child's parents/guardian Prospective foster parents | First day during admission. | The child and foster parents meet one another and start with the development of a parent-child relationship. |

| Objective two: | | | |
|---|---|---|---|
| Provision to meet the physical and material needs of the child while in the cluster foster care scheme | | | |
| **Specific Task** | **Persons responsible** | **Time frame to achieve** | **Perceived outcome** |
| To ensure that the child concerned has all the material and physical resources to ensure his/her safety and adaption to the cluster foster care scheme. | The operational management team of the cluster foster care scheme The foster parents. | Within the first day after admission. | The child concerned has access to material resources to meet his/her basic needs. |

| Objective three: | | | |
|---|---|---|---|
| To meet the educational and medical needs of the child | | | |
| **Specific Task** | **Persons responsible** | **Time frame to achieve** | **Perceived outcome** |
| To obtain all medical and school records and certificates that might influence the child's future medical and education care. | Social worker from child protection organisation that was responsible for the placement of the child in the cluster foster care scheme | On the date of admission. | The foster parent and the management of the cluster foster care scheme will have all documentation and background information to ensure that the child's medical and educational needs are met. |
| To apply at (name of school) for the enrolment of the child. | Social worker at cluster foster care scheme Foster parents | Within two weeks after admission. | The child continues/starts with school education program. |
| To arrange an appointment with the local medical clinic to ensure that child's medical needs are met. | Social worker at cluster foster care scheme Foster parents | Within two weeks after admission. | The child's medical needs are attended to. |

| Objective four: | | | |
|---|---|---|---|
| To maintain and develop a relationship with his/her parents/guardian and biological family | | | |
| **Specific Task** | **Persons responsible** | **Time frame to** | **Perceived outcome** |

| | | achieve | |
|---|---|---|---|
| Establish the contact details of the parents/guardian and any other family member/s that play an important role in the child's life. | Social worker at the cluster foster care scheme; Social workers at child protection organisations responsible for family reunification and foster care supervision services. | Within two weeks after admission. | The child is familiar with the whereabouts of his/her family and contact between the two parties can commence. |
| Negotiate with the child and parents/family members as to the nature of contact between them. | Social worker at the cluster foster care scheme Foster parents Biological family The child | Within three to four weeks after admission. | An access/contact plan between the child and family has been negotiated and agreed on. |
| Facilitate the implementation of the contact plan. | Social worker at the cluster foster care scheme Foster parents Biological family The child | Within a month after admission. | Contact between the child and biological family/parents takes place. |

| **The undersigned parties agree to the purpose, objective, tasks and timelines** | | |
|---|---|---|
| **Parties to this agreement** | **Signature** | **Date** |
| Child | | |
| Foster parents | | |
| Biological parents | | |
| Cluster foster care scheme social worker | | |
| Foster care supervising social worker | | |
| Family reunification social worker | | |

**Section B: First review after three months**

(The review of the foster care is conducted during a review meeting, where the child, his/her foster parent/s, biological parents, social workers of the cluster foster care scheme, and the child protection organisation responsible for foster care supervision and family reunification services are present. The different objectives and related tasks will be evaluated by each participant. The aim is also to plan for the next three months.)

| Purpose: To evaluate progress made with the implementation of the foster care plan. | | | |
|---|---|---|---|
| **Objective** | **Services provided** | **Progress made** | **Planning for the next three months** |
| **Objective one** | The foster parents of the child welcome him/her in the home and introduce him/her to the rest of the household members, the routine and allocate specific living space to him/her. The social worker of the cluster foster care scheme has a daily meeting with the child to assist him/her with the adaption in the foster home. | Child adapted well, started with bonding with the foster parents and made friends with the other children in the home. He/she, however, indicated that he/she would like to spend individual time with the foster mother. The child made attempts to decorate his/her part of the bedroom with the assistance of the foster parents. He/she shared feelings of contentment with the social worker, but wants to have more contact with his friends at school. | Foster parent to arrange weekly "special" activities between her and the foster child. Foster mother and social worker to arrange with the parents of some of the child's school friends for visits to the foster home. |
| **Objective two** | Child is issued with clothes and weekly pocket money He/she follows a normal diet but appears to be allergic to pork meat. | The basic clothing, food and other material needs have been met. | Foster mother needs to give attention to allergic reaction and adapt diet accordingly. |
| **Objective three** | The child has been enrolled in the school. He/she attends tennis practice one a week and joined a computer class He/she has been sent for a medical examination | School adaption is positive and he/she enjoys sport and extra mural activities No medical needs but need to consult with a dentist. | Monitor school attendance and progress; (social worker) Attend parent meetings (foster parent) Arrange meeting with dentist. |
| **Objective four** | Meeting with parents regarding nature of contact. | Has weekly telephone contact Child expresses the need to | Social worker of cluster foster care scheme needs to |

| | | visit parents at home. | inquire from the family reunification social worker if parents' circumstances allows for a visit. |
|---|---|---|---|
| **The undersigned parties agree to the purpose, objective, tasks and timelines to the above agreement.** | | | |
| **Parties to this agreement.** | **Signature.** | | **Date.** |
| Child | | | |
| Foster parents | | | |
| Biological parents | | | |
| Cluster foster care scheme social worker | | | |
| Foster care supervising social worker | | | |
| Family reunification social worker | | | |

The next section will focus on the responsibility of the management of the cluster foster care scheme to develop and maintain various network structures that will assist with sufficient support and services to children in the cluster foster care scheme.

# Section D

# Development and Maintenance of Network Structures

Networks are webs of social relationships through which people are connected. Networks exist on an individual level between peers and friends, in a family with the extended family and in a neighbourhood between different families, service providers and authorities (Pierson and Thomas, 2010:360). Regarding cluster foster care schemes, the management board, for instance, engages in network structures with government intuitions that facilitate the implementation of legislative requirements, potential funders and members of the community that act as volunteers on the

management board.  The day-to-day care of the child involves network structures such as education-, health, and recreational facilities as well as sound relationships with the parents and extended families of the children in the care of the cluster foster care scheme (see figure 10).

**Figure 10**: Network structures involved with a cluster foster care scheme
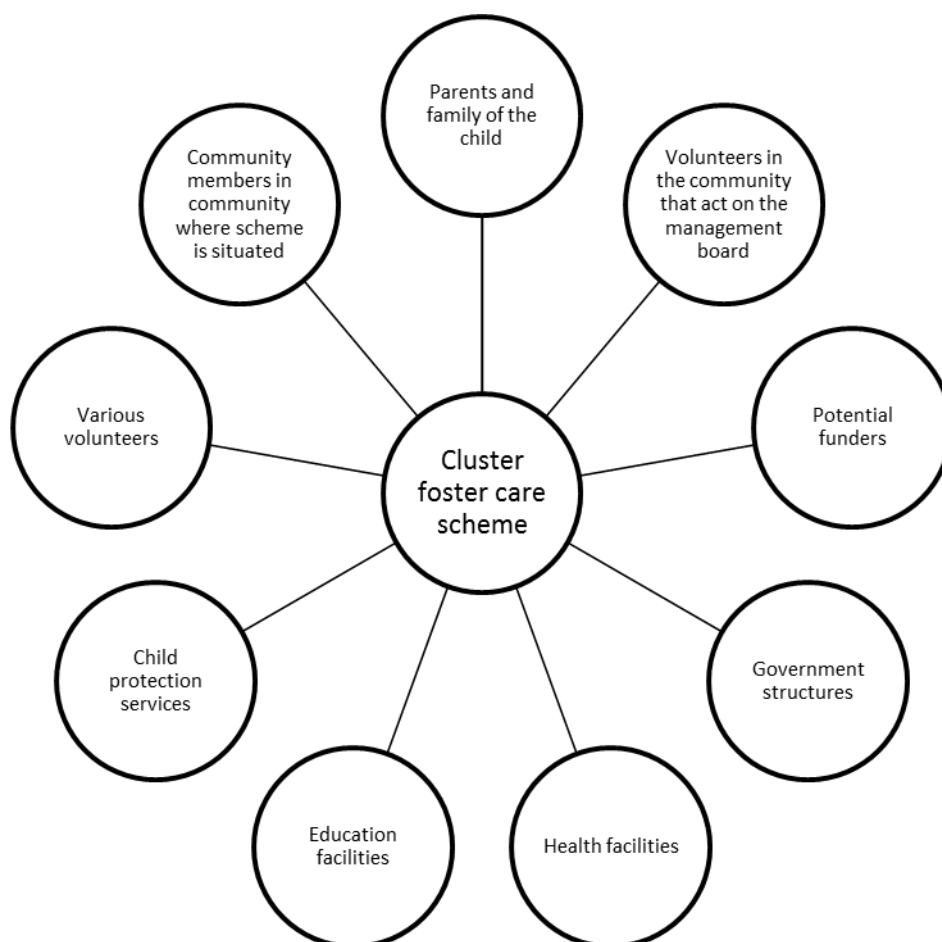


Although the development and maintenance of network structures in the management of a cluster foster care scheme is necessary, prospective practitioners are alerted to the following:

- The identified network structures must add value to the quality of care of the children in the cluster foster care scheme;

- All potential network structures must be assessed to determine their suitability and to limit any potential harm that their involvement might cause the children in the scheme;

- Create network structures in the community where the cluster foster care scheme is situated;

- Cluster foster care schemes must be open to the mutual benefit the partnership can hold for both the scheme and the other network structure;

- The fostering and maintenance of the relationship with the different network structures is an on-going task and it is advisable that is becomes one of the key performance areas of a paid official of the scheme;

- Networking must be respected on all levels, even children in the cluster foster care schemes develop some meaningful relationships in the community that have the potential to develop as sound network structures; and

- Network structures must be formally managed (see table 24 for an example of a network profile of a cluster foster care scheme).

Before embarking on the negotiation of the network profile it is suggested that the management board of the cluster foster care scheme identifies all potential network structures and enters into a discussion where the parties concerned identify:

- The potential benefit that the network structure has for the cluster foster care scheme;

- The potential benefit that the cluster foster care scheme has for the network structure; and

- The risk involved if there is not mutual co-operation.

**Table 24**: Network profile of a cluster foster care scheme

(The following table only provides an example of network structures that a cluster foster scheme can utilise. It must, however, be adapted according to the unique network structures of each cluster foster care scheme.)

| Network structure | What expectations does the cluster foster care scheme have from the network structure? | What benefits does the network structure bring to the cluster foster care scheme? (What programs or services do they offer?) | What benefits does the cluster foster care scheme have for the network structure? | What are the risks of non-participation? |
|---|---|---|---|---|
| Schools in the community | To admit all children that qualify for the specific school in the school program; <br><br> To provide education to the children of the cluster foster care scheme; and <br><br> To liaise closely with the foster parents of the specific child regarding his/her progress. | Primary education program; <br><br> Within walking distance from the cluster foster care scheme; and <br><br> Child has access to sport and extra mural activities. | Provide more learners to the specific school; <br><br> Positive co-operation with school; and <br><br> Aftercare home work program open to other learners in the school. | Children of the cluster foster care scheme will not have access to proper education; and <br><br> Other children that attend school will not have the opportunity to an aftercare program offered by the cluster foster care scheme. |

The above completed the elements needed to operationalise cluster foster care scheme. There is, however, one last step that the management board of a cluster foster care scheme needs to adhere to: the registration as a cluster foster care scheme with the Provincial Department of Social Development.

# Section E

# The registration of a cluster foster care scheme with the Provincial Department of Social Development

Prospective providers of cluster foster care schemes as a form of alternative care for children in need of care and protection must apply at the Provincial Department of Social Development to register as a cluster foster care scheme. The process of application starts with the development of structures as discussed in sections A to D of this manual. The next step will be to complete a form 42 as provided in the Consolidated Forms in terms of the Regulations under the Children's Act, 2005 (Republic of South Africa, 2010:246). Table 25 provides a check list of all the information needed to complete this form and where to find the supporting information in this guideline.

**Note to reader**



> Applicants must insure that all supporting documents that are copied to accompany the application must be **certified** as a true copy of the original document. The South African Police Services offer this service.

**Table 25**: Checklist for information needed to apply for registration as a cluster foster care scheme with the Provincial Department of Social Development

| Requirement in terms of Form 42 | Where guidelines and information for this specific section can be found in this operational guidelines |
|---|---|
| **Particulars of the Applicant:**<br>Name of the applicant;<br>NPO (non-profit organisation) registration number;<br>Physical address;<br>Postal address;<br>Telephone number;<br>Cell phone number; | After completion of section A of this guideline the reader will have the information necessary to complete this section of the application form. |

| | |
|---|---|
| Fax number;<br>E-mail; and<br>Names of Office Bearers (all persons on the management board of the organisation). | |
| **Particulars of the cluster foster care scheme:**<br>Name of the cluster foster care scheme;<br>Physical address;<br>Postal address;<br>Geographical area in which cluster foster care scheme will operate; and<br>Names and identity numbers of office bearers of the cluster foster care scheme (if applicable). | After completion of section A of this guideline the reader will have the information necessary to complete this section of the application form. |
| **Supporting documents:**<br>Description of the manner in which the cluster foster care scheme will provide services, programs and support to the children and to the active members of the organisation;<br>Details of the number of children the scheme proposes to admit, the number of active members that is proposed to provide foster care, and the proposed allocation of children to active members;<br>Any additional details concerning the children the cluster foster care scheme will receive (e.g. special needs, language or culture);<br>Details of the proposed management of the scheme, including financial management and the manner in which foster parents will be recruited;<br>Details concerning the employment of social worker(s) or particulars of the formal agreement with a designated child protection organisation to provide child protection services;<br>Clearance certificate that the name of the applicant and any office bearers referred to in this application do not appear in the National Register for Sex Offenders established in Chapter 6 of the Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 of 2007 and in Part B of the National Child Protection Register established by Part 2 of Chapter 7 of the Act; and<br>Evidence of skills, qualification and prior experiences of the applicant in the field of child care and development. | Information of this part can be found in Section A and D of this document. |
| **General Remarks:**<br>Any additional remarks by the applicant in support of the application. | In this part the applicant can stipulate any comments unique to the specific application. |
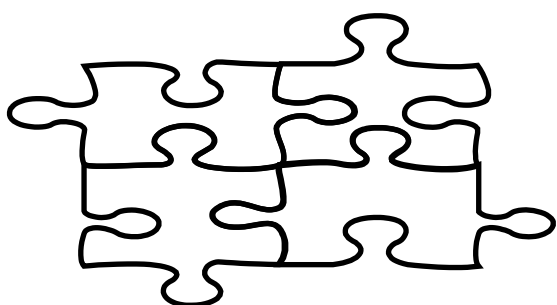


## Conclusion

The information provided in this manual aims to provide prospective practitioners of cluster foster schemes with a clear idea on how to embark on the process of providing cluster foster care to children in need of care and protection. Potential providers of cluster foster care schemes should, however, be aware that this is just a guideline and that the manner in which you approach the operationalising of your

scheme will depend on the community where you are situated, the children that you want to provide care for, the active members of your scheme and the resources available to start with the scheme.

## 6.3      Conclusion

The background and rationale of this study, together with the research problem, the research question and research goals were presented in Chapter 1 of this document. In Chapter 2, the reader was provided with an outlay of the research methodology implemented in this study.

This chapter was informed by Chapter 3 and 4 (the empirical findings of the study) and Chapter 5 (the functional elements needed to operationalise cluster foster care schemes from legislations, policies and suggestions in literature). The empirical data, together with the literature, enabled the researcher to answer the research question, namely: *"What are the operational elements necessary for the operationalising of cluster foster care schemes?"*

The answer to the research question resulted in the guidelines presented in this chapter. The operational guidelines in this chapter focused on 1) the management of cluster foster care schemes, 2) the human resource management, 3) the children in need of care and protection that the cluster foster care scheme make provision for, 4) the development and maintenance of network structures needed to manage the cluster foster care scheme and 5) procedures to register the cluster foster care scheme with the Provincial Department of Social Development.

Chapter 7 will conclude this study and focus on the summary, conclusions and recommendations emanating from the completion of this research endeavour

## CHAPTER 7
## SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

### 7.1 Introduction

The Children's Act, Act 38 of 2005 as amended with Act 41 of 2007 included cluster foster care schemes as a form of alternative care for children in need of care and protection. However, despite the fact that this form of alternative care has been legally recognised, practitioners of this form of alternative care and previous studies in this regard indicated that no formal operational guidelines exist to assist practitioners and social workers with the implementation of cluster foster care schemes. In a response to this, the lack of operational guidelines for the operationalising of cluster foster care schemes as a form of alternative care for children in need of care and protection became the central **focus of this study**.

The focus of this study paved the way and guided this research endeavour. The following **research question** was formulated in this regard: *"What are the operational elements necessary for the operationalising of cluster foster care schemes?"* The **goal** of this study was further based on the identified research problem and research question and was formulated as follows: *"To explore and describe the present functioning of cluster foster care schemes in order to identify operational elements to be documented in a guideline for services providers and social workers."* The goal of this study provided the departure point for the study, which was further broken down into specific **objectives** that provided the necessary steps to be taken to attain the said goal:

- To explore the present functioning of cluster foster care schemes through qualitative methods of data collection from managers and foster parents currently involved in cluster foster care schemes;
- To describe and contextualise the present functioning of cluster foster care schemes;
- To verify the findings from the qualitative data with literature;
- To identify existing technology from the literature;

- To identify and analyse elements and procedures which can be utilised for the operationalising of cluster foster care schemes; and

- To develop practice guidelines from a social development perspective which can be utilised for the implementation of cluster foster care schemes.

The purpose of this last chapter is to provide a summary of the research process and – methodology that was employed, as well as to draw certain conclusions from this and to make recommendations regarding the research process and methodology, the research findings, as well as possibilities for further research on the topic.

## 7.2 Summary and conclusions regarding the research process and methodology

In Chapter 1 of this document the researcher introduced the background rationale that informed this study. The identified research problem, research question, and the research goal and objectives that guided the research process and the research methodology followed. Chapter 1 was concluded with the ethical aspects that were taken into consideration and a description of the key concept related to the research topic. A description of how the chosen research methodology was implemented, together with the theoretical grounding thereof, was given in Chapter 2 of this document. In this section the researcher will provide a summary of this chosen research process- and methodology.

### 7.2.1 Summary: The research process and - methodology implemented in this study

The **qualitative research approach** was viewed as applicable due to the explorative and descriptive nature of this study. The researcher wanted to explore and describe the present functioning of cluster foster care schemes through the experiences of current practitioners. Based on the decision to use the qualitative research approach, the researcher further opted to make use of the **phenomenology research design**. This design aims to describe the conscious experiences of the everyday lives and

social actions of the participants (in this case managers and foster parents that provide foster care as part of a cluster foster care scheme). In support of the above mentioned design, the researcher also included the **exploratory, descriptive and contextual research designs.** The explorative research design was chosen to explore the experiences and perceptions of managers and foster parents currently involved in the cluster foster care schemes. The descriptive research design was used to develop a description of the operational elements for cluster foster care schemes, as based on the findings obtained from the explorative component of this study.  Lastly, the researcher also included the contextual research design to avoid the fragmentation and isolation of the participants in this study, namely, managers and foster parents of cluster foster care schemes, from the context in which they function, namely, the field of providing alternative care to children in need of care and protection.

In addition to the research designs described above, the researcher took cognisance of the research goal of this study to provide guidelines for the operationalising of cluster foster care schemes to service providers and social workers. In order to achieve the above, the researcher also decided to make use of an intervention research model by Rothman and Thomas (1994:3-51), namely the *"Intervention Develop and Design"* framework, also known as the IDD model. In this study the researcher only used phases one to four and certain steps of the IDD framework to develop the operational guidelines for the operationalising of cluster foster care schemes. These phases and steps will be summarised below.

**Phase 1** of the IDD-model of Rothman and Thomas (1994) concerns itself with **problem analysis and project planning** and is divided into the following steps that were also used in this study:

**Step 1: Identifying and involving clients**
The identification and involvement of clients refers to the population of the study. In this study the researcher included two population groups, namely, 1) all managers of cluster foster care schemes, who function through a management committee and managed two or more cluster foster care homes (population one) and 2) all foster

parents of children in need of care and protection, who provide foster care as part of a cluster foster care scheme. To choose a sample that was information-rich and could provide insight into the research problem, the **non-probability sampling method** was employed. This sampling method allowed the researcher to handpick the sample according to specific knowledge and experiences that would provide answers to the research question. The researcher further opted to make use of the **purposive- and snowball sampling techniques** in order to identify participants in this study. The purposive sampling technique supported the researcher to identify managers that were already managing cluster foster care schemes through the Provincial Department of Social Development. These participating managers then brought the researcher into contact firstly with the foster parents that provided foster care as part of their cluster foster care scheme (population two) and other managers that managed similar cluster foster care schemes (population one). The **sample size** of this study was determined by **data saturation**, which was detected after the researcher completed six interviews with managers of cluster foster care schemes (population one) and nine interviews with foster parents that provide foster care as part of a cluster foster care scheme (population two). The researcher, however, continued with data collection with another three managers of cluster foster care schemes (population one) and four foster parents that rendered foster care as part of a cluster foster care scheme (population two) in order to ensure that no new themes occurred.

**Step 2: Gaining entry and cooperation from settings**

Rothman and Thomas (1994:29) assert that a researcher can gain entry into and cooperation from the research setting through informants who know the knowledgeable people in a specific setting related to the research topic. The informant can introduce the researcher to the "gatekeeper", meaning the person in the population who controls access to the needed resources. In this study, the researcher used a social worker at the Western Cape Provincial Department of Social Development as an informant to gain entry and access to possible participants currently caring for children in need of care and protection in cluster foster care schemes, and who applied for registration. The process of registration of

cluster foster care schemes was not yet active at the time of this study. The researcher approached these managers firstly by means of a telephone call, which was followed up by an electronic letter of invitation to participate in the study (see Annexure A).

During the first contact with the managers of the respective existing cluster foster care schemes, the nature of the study and the roles, responsibilities and consequences to participate in the study were discussed. The informed consent form (Annexure B) was presented to the managers who, after they familiarised themselves with the content of the form, signed the forms. The respective managers then acted as gatekeepers and identified the foster parents currently providing foster care in their specific cluster foster care schemes. The managers firstly approached the foster parents and explained the purpose and the goals of the study. Appointments with these foster parents were arranged through the managers. The same invitation letters and consent forms (see Annexure A and B) were used to ensure that they were able to give informed consent to participate in the study.

**Step 3: Identifying the concerns of the populations**

The researcher used interviews and focus groups as methods of data collection to identify the concerns of the two populations. Interviews were mainly used to identify the concerns from managers of cluster foster care schemes (population one) and focus groups were used to identified the concerns of the foster parents that provided foster care as part of a cluster foster care scheme (population two). The researcher made use of a semi-structured interview during both the interviews and focus groups, which was guided by the following questions:

- What is your understanding of a cluster foster care schemes?
- What is your reason for involvement in the cluster foster care scheme?
- What kind of management practices do you use in your cluster foster care scheme?
- Who is the primary target group of your cluster foster care scheme?
- What resources to you have available?

- What kind of restrictions do you experience in rendering this kind of alternative care? and

-  Which elements would you like to include in an operational guideline for implementing a cluster foster care scheme?

The researcher further applied questioning, probing, minimal verbal response, paraphrasing, clarification, reflection, encouragement and reflective summary as interviewing techniques in order to limit influence and to allow maximum participation of the participants. In both incidences the obtained data was recorded by means of tape-recordings and field notes, which were transcribed directly after the interviews/focus groups.

## Step 4: Analysing identified problems

Tesch's eight steps for **qualitative data analysis** (in Creswell, 2009:186) were implemented by both the researcher and an independent coder to ensure a systematic and comprehensive manner of data analysis once data became repetitive and data saturation was reached. Guba's model (as cited in Krefting, 1991:214-222) was used in this study to ensure **data verification**. As suggested by Guba, the researcher used truth value, applicability, consistency and neutrality as criteria for data verification.

## Step 5: Setting goals and objectives

The goal of this study was based on the research question and provided direction both to the research process and the development of operational guidelines for cluster foster care schemes. Six task objectives were identified to assist with the implementation of the goal of this study.

**Phase 2:** of the IDD- model of Rothman and Thomas (1994) focuses on information **gathering and synthesis** and comprises of three steps:

### Step 1: Using existing information sources

This step relates to accessing and utilising existing information sources to become knowledgeable about different topics and knowledge available on the topic of research. In this study, the researcher implemented this step by studying various literature sources that represented the different themes that were identified during the empirical study. The researcher did not only focus on literature and practice examples that related to the field of cluster foster care schemes, but also included literature on management practices, theory form developmental psychology and legislation and policies related to cluster foster care schemes and to the best interests of children. The researcher also made use of international, as well as national, literature sources, including books, professional journal articles, acts, policies and internet publications. The researcher attempted to use, as far as possible, primary literature sources.

### Step 2: Studying natural examples

In addition to using existing information sources, the researcher also gained a better understanding of the research problem by studying natural examples. According to Rothman and Thomas (1994:32-33), researchers need to involve the people who actually experience the problem, as well as service providers who provide intervention in the field of study, to obtain a better understanding of the research problem. This part of the IDD model supported and overlapped with Step 3 in Phase 1, as described above.

### Step 3: Identifying the functional elements of successful models.

This step of the IDD-model, as implemented in this study, refers to the exploration of different legislation, policies and literature that impact on the research topic.  In this

study, the researcher started this step by studying the historical development of alternative child care on an international and national level. The researcher aimed to develop a clear distinction between indigenous forms of alternative care and the legalised form of alternative care. He also focused on the development of international and national legislation and policies that guide the basic rights of children, as well as the provision of alternative care options to children in need of care and protection. Additionally, he considered existing guidelines and strategies related to alternative care of children in need of care and protection.

**Phase 3** of the IDD-model focused on the **design of human technology**. In this phase the researcher used step two, namely, specifying the procedural elements of intervention (i.e. the development of operational guidelines for the operationalising of cluster foster care schemes) concurrently with **step one of phase four** (early development and pilot testing). The latter step focuses on developing prototype interventions (i.e. the operational manual with guidelines on how to operationalise a cluster foster care scheme as a form of alternative care). These two steps assisted the researcher to attain the research goal of this study.

The limitations experienced during the implementation of this research were:

- The researcher only had access to known service providers (as identified in the study by Taback and Associates (2010:1-24). In addition to the purposive sampling technique, the researcher also made use of the snowball sampling technique to ensure that access to more participants was possible. Data saturation occurred before all the available subjects of the population were included; and
- The participants were from the White and Coloured racial groups, and none of the participants represented African or Asian racial groups.

### 7.2.2  Conclusions regarding the research process and methodology

- The qualitative research approach proved to be the most suitable approach to determine the experiences and perceptions of managers and foster parents of

cluster foster care schemes. This approach supported the researcher in his efforts to obtain empirical data and together with a literature control and studying of existing technology, to develop guidelines to assist practitioners and social workers to operationalise cluster foster care schemes;

- The use of a combination of qualitative research designs proved to be of value to enable the researcher to attain the research goal of this study. The phenomenology research design proved to be appropriate to determine the real life experiences of managers and foster parents of cluster foster care schemes and allowed the researcher to draw accurate data from them without any pre-given framework. The inclusion of the exploratory- descriptive and contextual research designs provided further guidance to explore, describe and to contextualise the elements needed to operationalise cluster foster care schemes;

- The *"Intervention Develop and Design"* model (IDD model) by Rothman and Thomas (1994:3-51) provided the researcher with a step by step guide to achieve the goal and objectives of this study;

- The non-probability sampling method, and specifically the purposive and snowball sampling techniques, provided the researcher with a valuable framework through which participants who were able to answer the research question could be obtained. The use of two populations furthermore ensured triangulation of sources of data;

- The use of interviews and focus groups ensured the triangulation of methods of data collection. It furthermore provided a platform for participants to freely share their experiences and perceptions. Focus groups added value as the participants stimulated one another to participate and share, while interviews provided a "safer" and more neutral opportunity to share private opinions, experiences and perceptions;

- Tesch's framework for qualitative data analysing (Creswell, 2009:186) ensured that data was analysed in a structured manner and assisted the researcher to identify themes, sub-themes and categories;

- Guba's model for qualitative data verification (in Krefting, 1991:214-222), albeit an older guide, provided the researcher with a clear guideline to ensure that the qualitative data was verified in a scientifically sound manner; and

- In conclusion, the research process and –methodology implemented in this study enabled the researcher to develop insight into the research problem, to answer the research question and to attain the research goal.

## 7.3 Summary and conclusions regarding the research findings

The qualitative data of this study was collected from semi-structured interviews that were analysed according to Tesch's eight steps for qualitative data analysis (in Creswell, 2009:186). The findings of this present study were provided in Chapters 3 and 4, together with a description of the demographic details of the participants and a literature control. Chapter 5 of this document provided a description of the key concepts as found in the literature, legislation and policy documents. The research goal included that guidelines would be developed regarding the operationalising of cluster foster care schemes. These guidelines were presented in Chapter 6. The next discussion will provide a summary and conclusions related to the research findings.

## 7.3.1 Research findings: Operational elements to operationalise cluster foster care schemes as identified by managers of cluster foster care schemes

The following themes and sub-themes became available after the date was analysed. Themes and sub-themes obtained from the two populations of this study are described separately in the next sections:

**Demographic data of the managers of cluster foster care schemes that participated in this study**

Seven of the participants of this study were female, while 2 were male. The age groups of the participants varied from the age group of 20 to 30 years, to the age group of 50 to 60 years. The majority of the participants belonged to the White racial group, while two of the participants belonged to the Coloured racial group. The majority of the participants were English speaking, followed by Afrikaans speaking.

Six of the participants managed cluster foster care schemes that were situated in urban areas, while three managed cluster foster care schemes that were situated in rural areas. Two of the managers that participated in this study managed three different cluster foster homes in their scheme, while one managed four different cluster foster care homes in the scheme. The current positions of participants in their respective cluster foster care schemes varied from strategic-, operational managers to social workers that also fulfil a management role. Seven of the nine participants hold, besides their management role, a dual role as either foster parents in the cluster foster care or as a social worker.

The following themes, sub-themes and categories were identified:

**Theme 1:** The managers' motivation for starting a cluster foster care scheme as a form of alternative care for children in need of care and protection

**Theme 2:** Different models of cluster foster care schemes

**Theme 3:** Current management practices of a cluster foster care scheme, as describe by the participants

   **Sub-theme 3.1**: Current strategic management practices

   **Category 3.1.1:**    The legal requirements for the provision of foster care as part of a cluster foster care scheme;

   **Category 3.1.2:**    The composition, role and responsibility of the management board; and

   **Category 3.1.3:**    The financial management of cluster foster care schemes

   **Sub-theme 3.2:** Cluster foster care schemes manager's perception of the operational management team involved in the day-to-day tasks related to the cluster foster care scheme

   **Category 3.2.1**:    The role and responsibility of the operational management team; and

   **Category 3.2.2:**    The co-ordination of the operational management tasks

   **Sub-theme 3.3:** The role of the social worker providing social work services in cluster foster care scheme

**Sub-theme 3.4:** The role of the foster parents providing foster care in a cluster foster care scheme

> **Category 3.4.1:** The recruitment of foster parents of a cluster foster care scheme;

> **Category 3.4.2:** The training of foster parents as a requirement for employment as foster parents at a cluster foster care scheme;

> **Category 3.4.3:** The service contracts with foster parents providing foster care as part of a cluster foster care scheme; and

> **Category 3.4.4:** The roles and responsibilities of foster parents providing foster care as part of a cluster foster care scheme

**Sub-theme 3.5:** The role of the assistant providing support to individual foster parents in a cluster foster care scheme

**Sub-theme 3.6:** The role of volunteers in the day to day activities of a cluster foster care scheme

**Theme 4:** The participating managers' descriptions of the children that are being cared for in the various cluster foster care schemes

> **Sub-theme 4.1:** The admission criteria of children at the cluster foster care scheme

> **Sub-theme 4.2:** The placement of children in need of care and protection in a cluster foster care scheme

> **Sub-theme 4.3:** The focus of cluster foster care schemes to integrate children into the community that represents their cultural inheritance

**Theme 5:** The participating managers' experiences of the relationship between cluster foster care schemes and different network structures in the community

> **Sub-theme 5.1:** The role of social workers at child protection organisations regarding children placed in cluster foster care schemes as part of alternative care

> > **Category 5.1.1:** The statutory role of social workers at child protection organisations regarding children placed in cluster foster care schemes as part of alternative care; and

**Category 5.1.2:**    The supportive role of social workers at child protection organisations regarding children placed in cluster foster care schemes as part of alternative care

**Sub-theme 5.2:** Educational and medical network structures supporting the services of cluster foster care schemes

**Category 5.2.1:**    Educational network structures used by cluster foster care schemes in respect of the children in the care of foster parents under their supervision; and

**Category 5.2.2:**    Medical network structures used by cluster foster care schemes in respect of the children in the care of the foster parents under their supervision

**Theme 6:** Support to and from the community in which the cluster foster care scheme is situated, as perceived by the managers of cluster foster care schemes

**Sub-theme 6.1:** The function of a community committee in the operation of a cluster foster care scheme

**Sub-theme 6.2:** Services provided to the community by the cluster foster care scheme

**Theme 7:** The participating managers' description of guidelines for starting a cluster foster care scheme.

## 7.3.2  Conclusions from the research findings related to elements needed for the operationalising of cluster foster care schemes as experienced by managers of cluster foster care schemes

From the themes and sub-themes provided by the above population's group and literature control, the researcher arrived at the following conclusions:

- All the participating managers of cluster foster care schemes started to provide this form of alternative care to children in need of care and protection before it was included as a legal form of alternative care in the Children's Act, Act 38 of 2005, as amended Act 41 of 2007 (Republic of South Africa, 2008:74).

Participants' reasons for starting with this form of alternative care varied from: 1) the child's right to be part of a community and a family (Schmidt, 2007:44; Bempah, 2010:17); 2) religious/spiritual and altruistic motivations that stemmed from the individual beliefs of the participants to provide care for those less fortunate then themselves (Osei-Hwedie, 2007:107); 3) to provide community-based care for children with HIV/Aids (Rochat, Mitchell and Richter, (2008:30); 4) to give children the opportunity to be cared for within their culture of origin (Matthias, 2010:175); 5) to provide support to other foster parents that were already providing foster care to children in the community (Nieman, 2006:163); and 6) to use previous experiences they have in the field of providing alternative care to children in need of care and protection;

- All the schemes are managed by a management board that is registered as a non-profit organisation. All the cluster foster care schemes have between three and four foster homes each with a foster parent or –parents with six foster children in their care;

- One of the unique characteristics of the participating cluster foster care schemes is that they were all provided with the necessary infrastructure by the management of the cluster foster care schemes. It was evident that members of the cluster foster care schemes shared resources and supported one another (see Taback and Associates, 2010:6-18);

- Another unique characteristic of cluster foster care schemes is that it falls in the ambit of community-based foster care (Colby-Newton, 2006:36);

- The participating cluster foster care schemes are managed by a strategic management board and by an operational management team. The strategic management structure is responsible for providing strategic direction (du Toit, et.al, 2010:555), while the operational management team is responsible for the implementation of the strategic decisions and objectives of the cluster foster care scheme (Kroon, 2004:19);

- The strategic management boards of the participating cluster foster care schemes consisted of volunteers from the community, chosen for their specific skills and the contribution they can make (Kroon, 2002:21; Smith and Cronjé, 2002:17). Skills needed on the board include planning- marketing-, financial-, project- and human resource management skills (du Toit, et.al. 2010:57);

- The foster parents, who are active members of the cluster foster care schemes, are not allowed to serve on the management board due to the fact that they are employees of the cluster foster care schemes (Davis, et.al, 2011:109);

- One of the key responsibilities of the strategic management board is the financial management, which includes management of the income and expenditure of the cluster foster care scheme. Income of the cluster foster care schemes is obtained from fundraising efforts (Jablonski, 2011:1), donations (cash or made in kind, including goods and services) and foster care grants that are paid to the foster parents in terms of Section 8 of Social Assistance Act, Act 13 of 2004 (Republic of South Africa, 2004:10);

- Although the foster care grant is paid to the foster parent, the management of the cluster foster care scheme has a legal obligation to ensure that all social grants are spent to meet the individual needs of the child in foster care (Matthias and Zaal, 2009:181);

- The strategic management boards of cluster foster care schemes are also responsible for the procurement of food, clothing and other basic essentials, as well as to provide the infrastructure, such as housing and basic services to the foster parents that are active members of the cluster foster care scheme (Keulder and Benz, 2011:11);

- The operational management team of the cluster foster care schemes are responsible for the day-to-day management of the different foster homes that form part of the specific cluster foster care scheme. These responsibilities are described in Section 71 of the Consolidated Regulations to the Children's Act, Act 38 of 2005 as amended with Act 41 of 2007 (Republic of South Africa, 2010:80). It includes the provision of support, mentoring, supervision and advice to active members of the cluster foster care scheme;

- The operational managers are responsible for the support to the foster parents, administrative personnel and social workers that provide social work intervention to the children in the cluster foster care schemes, as well as to assist the foster parents with the acquiring of parental skills to meet the social and emotional needs of the children;

- The operational management team provides co-ordinates the different tasks that need to be fulfilled in cluster foster care schemes by way of effective communication and regular individual group contact with the foster parents;

- Only one of the participating schemes had a full-time social worker, while the others still contemplated appointing a social worker. Section 4 (a) and (b) of the Consolidated Regulations to the Children's Act, Act 38 of 2005 as amended with Act 41 of 2007 (Republic of South Africa, 2010:79) stipulates that a cluster foster care scheme must employ at least one social worker registered with the Council for Social Service Professionals for every 50 children served by the specific cluster foster care scheme or alternatively enters into a formal agreement with a designated child protection organisation to provide this kind of service;

- The foster parents are responsible for the day-to-day care of the children in their care (Skelton, 2009 a:82). They are viewed as the employees of the cluster foster care scheme. The recruitment, selection and appointment process of these employees/foster parents are done by the management of the cluster foster care scheme and by a social worker of a child protection organisation responsible to advise the children's court on suitable alternative care for a specific child in need of care and protection. Criteria used for recruitment and selection by the cluster foster care scheme include the age profile, the cultural background, household composition and specific personality characteristics of the prospective employee/foster parent (Dickerson and Allen, 2007:12; Faircloth and McNair, 2012:27-29);

- In order to confirm their status as employees of the cluster foster care schemes, the participating managers of cluster foster care schemes enter into an employment contract with the foster parent. This contract includes conditions of employment, namely, the period of employment, remunerations, leave, length of working week and hours, probation period as well as training needs (Keulder and Benz, 2011:19);

- The training program provided to the foster parents by the participating cluster foster care schemes includes the role of foster parents, impact of fostering on the family, attitudes and awareness with regards to issues such as race, gender and disability and awareness with regard to sexual abuse (De Jager, 2011:63);

- The foster parents that are active members of the cluster foster care scheme are responsible to take over the care of the child in terms of providing a home for the child to live in, financial support, promoting the well-being of the child, promoting his/her rights and guiding and directing the child (Skelton, 2009 a:66);

- Most of the foster parents at the participating cluster foster care schemes are supported by an assistant. The assistant is employed by the cluster foster care scheme and has the responsibility to act as substitute parent when the foster parent is not available and also to assist with general care issues such as assisting the foster children with homework (Colby-Newton, 2006:36). In some instances the assistant also acts as an older sibling to the foster children and assists with important issues such as gender identification and the acquiring of important cultural skills (Maynard, 2002:970; Howe and Recchia, 2006:2);

- The participating cluster foster care schemes also make use of volunteers to assist them either with the day-to-day care of the children or to provide specialised interventions such as occupational therapy and psychological interventions (Colby-Newton, 2006:31);

- Children are admitted to cluster foster care schemes when they are found to be in need of care and protection by the children's court (Matthias, 2010:175). In addition, cluster foster care schemes also have certain admission criteria that are unique to the specific cluster foster care scheme, including the age group of the child, behavioural management needs of the child and special needs, for instance, health-, cultural- and education needs (Austin, 2004:7; Owusu-Bempah, 2010:47; EveryChild, 2011:25);

- The participants view the reintegration of the children in their care into the community as well as the reunification with their biological family and/or extended family as an important goal of cluster foster care schemes (Awde, 2009:3). Therefore they view contact between the foster child and his/her biological parents and extended family as essential (Barber and Delfabbro, 2004:136; Bogolub, 2008:94);

- The development and maintenance of different network structures is viewed as an important component of the management of cluster foster care schemes. These networks provide the necessary services and support to the children in their care to function as part of a community (Miley, et.al. 2009:285). Important

networks include: social workers responsible for foster care supervision and family reunification services, educational- and medical structures where the child attends school and receives medical treatment and different members in the community that support the cluster foster care scheme with the integration of the foster children into the community (Gallinetti and Sloth-Nielsen, 2010:419);

- Cluster foster care schemes support the community in a number of ways, for instance, sharing computers with other community members, providing early childhood services and assistance with homework of children in the community;

- Prospective practitioners should have previous experience in providing foster care to children in need of care and protection; and

- Cluster foster care schemes should only be developed once a needs analyses was made.

### 7.3.3  Research findings: Operational elements to operationalise cluster foster care schemes as identified by foster parents that provide foster care as part of a cluster foster care scheme

**Demographic data of the foster parents of cluster foster care schemes that participated in this study**

The majority of the participating foster parents were female while only three of the eighteen participating foster parents were male. The participants' age groups varied between the ages of 20-30 years to 50-60 years.  The majority of the participants, however, fell in the age group of 40-70 years.  Nine of the eighteen participants represented the African cultural, while six and three represented the Coloured and White cultures respectively. The majority of the participants' home language was Xhosa, while the language that was used by the second highest group was Afrikaans and the smallest percentage indicated that they spoke English. Twelve of the foster parents that participated in this study provided foster care in cluster foster care schemes that are situated in urban areas, while six of them provided foster care in rural areas. Nine participants had some professional training and previous experience in child care that included training as a social worker, educators and

early childhood practitioners. The rest of the participants had no formal training or experiences in this field.

The following themes, sub-themes and categories represent the findings obtained from the foster parents in cluster foster care schemes.

**Theme 1:** Foster parents' motivation for involvement as foster parents in cluster foster care schemes

    **Sub-theme 1.1:** Professional background of foster parents as a motivating factor to become involved as a foster parent in cluster foster care schemes

    **Sub-theme 1.2:** Religion as a motivating factor to become involved as a foster parent in cluster foster care schemes

    **Sub-theme 1.3:** Unemployment as a motivating factor to become involved as a foster parent in cluster foster care schemes

**Theme 2:** The foster parents' description of a cluster foster care scheme

    **Sub-theme 2.1:** Demographic details that define a cluster foster care scheme

    **Sub-theme 2.2:** Children in need of care and protection who are being placed in a cluster foster care scheme

    **Sub-theme 2.3:** Support between the foster parents of the same cluster foster care scheme

**Theme 3**: A description of the children in the care of the participating foster parents

    **Sub-theme 3.1**: Age and gender distribution of the foster children

    **Sub-theme 3.2**: Legal status of children in foster care of the participating foster parents

    **Sub-theme 3.3**: Individual developmental needs of children in the foster care of the participating foster parents

    **Sub-theme 3.4**: Relationship between the foster children and their biological families

**Theme 4:** Family circumstance of the participating foster parents

**Theme 5:** Foster parents' descriptions of the role and responsibility of the assistant to the foster parents in cluster foster care schemes

**Theme 6:** Parental role and responsibilities of foster parents that provide foster care as part of a cluster foster care scheme

    **Sub-theme 6.1**: Emotional support for the children in their care

    **Sub-theme 6.2:** The participants' roles in the day- to-day care of the children in their care

    **Sub-theme 6.3:** Discipline of children in the foster care of participants

        **Category 6.3.1:** Traditional ideas regarding discipline of children in foster care; and

        **Category 6.3.2:** Alternative ways of approaching discipline

    **Sub-theme 6.4:** The efforts by the participants to involve children in the communities where the cluster foster care schemes were situated

    **Sub-theme 6.5:** Management of financial resources

    **Sub-theme 6.6:** Community resources utilised by foster parents of a cluster foster care scheme

        **Category 6.6.1:** Education resources utilised by foster parents to provide for the educational needs of the foster children in their care;

        **Category 6.6.2:** Medical resources utilised by foster parents to provide for the medical needs of the foster children in their care; and

        **Category 6.6.3:** Social work resources utilised by foster parents to provide for the social needs of the foster child in their care

**Theme 7:** Suggestions from the participating foster parents to potential foster parents that want to become part of cluster foster care schemes.

### 7.3.4 Conclusions from the research findings related to elements needed for the operationalising of cluster foster care schemes as experienced by foster parents of cluster foster care schemes

- The participating foster parents' motivations to become involved in this form of alternative care are previous professional knowledge and skills obtained through professional careers, previous experiences in their families of origin, caring for

younger siblings (Howe and Recchia, 2006:4), altruistic and religious motivations and as a way of obtaining employment (Giese, 2008:20; Russell and Schneider, 2008:331);

- The participating foster parents described cluster foster care schemes in terms of the demographic details of the children in their care (e.g. age and special needs), the number of children in each house, a caring option to provide alternative care for children in need of care and protection within their community of origin and integration of children in need of care and protection into a family in the community (freeing children of the stigmatisation attached to institutional care) (Webb, 2003:224);

- Cluster foster care schemes provide foster parents with mutual support between the foster parents, the management and the foster parents as well as support to and from the community where they are situated (Hepworth, et.al, 2010:210-220);

- The fact that children in cluster foster care schemes are in different developmental stages in their lives requires special skills and knowledge to deal with the different developmental tasks that children are faced with during the different developmental stages (Newman and Newman, 2006:45);

- All the children in the care of the participants were found in need of care and protection in terms of Section 150 of the Children's Act, Act 38 of 2005 (Republic of South Africa, 2006:68);

- The participants indicated that they make provision for the admission of children with special needs, such as children with Fetal Alcohol Syndrome (FAS), intellectually challenged children and children with HIV/Aids. Both Webb (2003:291) and EveryChild (2011:33) highlight the special level of skills and knowledge that are needed to care for these groups of children;

- The issue on contact between the children in the care of the cluster foster care scheme and their biological parents were positively encouraged by one group, while another group appeared to be negative about the contact. The first group made an effort to include the biological parents and extended family in the care of the children, while the second group were of the opinion that biological parents are not willing to co-operate;

- The objective of cluster foster care schemes to provide the child in need of care and protection with the experience of a real family life is further expanded by the

involvement of the foster parents' extended family (e.g. grandparents) with the foster child. They provide important respite care when the foster parents are not available (National Community Service, 2006:2);

- Another support system of the foster parents is the assistant to the foster parent. Not only do the assistants resume the role of the foster parent when he/she is not available, but they also act as an older sibling for the foster children. The participants especially commented on the role that the assistant plays in sexual education and acting as older siblings (Maynard, 2002:979);

- The parental role and responsibilities of foster parents that provide foster care as part of a cluster foster care scheme involves the day-to-day care of the children in their care, emotional support to these children, discipline and the management of financial and community resources available to them;

- The emotional care of the children is dictated by their developmental phase and needs that transpire from that (Butler and Roberts, 2004:29). The participating foster parents also realise that the emotional needs of the children could be attended to through creating a parent-child relationship where the child experiences the freedom to trust and to confide in the foster parents. They, however, realise that some of the children's emotional needs are more complex in nature and need specialised intervention. In these instances they refer the matter to the social worker at the cluster foster care scheme, who links the child with appropriate professional resources in the community;

- Some of the participants maintained traditional ways of discipline such as shouting, pinching and threating the child with unfavourable consequences (Rapcan, 2006:2). Other participants, however, approached discipline through the loss of privilege, positive practice and time out (Carroll et al., 2009:2);

- In order to promote community-based care and a real-life family structure, the participants strive to foster positive relationship with neighbours and other community members and also encourage the children in their care to socialise with the children in the neighbourhood;

- Another aspect included, with the aim to provide a community-based service, is the fact that the participating foster parents strived to utilise the same community resources in the community as other residence in the community. Foster children

are, for instance, enrolled in the public schools in the community and use educational resources such as libraries and health facilities in the community;

- Each child that is in foster care within the participating cluster foster care scheme is, for the duration of the court order, placed under the supervision of a social worker employed by a child protection organisation. The participants concurred with the suggestions of Schofield and Ward (2008:82) that the supervising social worker should take an active role in the planning, support and management of the individual development plan of the foster child; and

- The participating foster parents were in agreement that the success of cluster foster care schemes is firstly dependent on their own motivation to care for the children and secondly on the manner in which the community supports them.

The conclusions regarding the research process, the –methodology and the research findings, as discussed above, permit the researcher to formulate the following recommendations regarding the research process, the research methodology applied in this study, the research findings and further research needed on the research topic.

## 7.4 Recommendations

The recommendations presented below are structured around the following:

- Recommendations relating to the research process and –methodology applied in this study;

- Recommendations relating to the research findings; and

- Recommendations relating to the further research needed on the research topic.

### 7.4.1 Recommendations regarding the research process and methodology

It is recommended that:

- The researcher needs to take cognisance of the research goal and objective before deciding on a research approach. Where the objectives of the study are to explore, describe and contextualise a specific phenomena it is recommended that the qualitative research approach be considered;

- The qualitative research approach be considered as the most appropriate approach for the social work profession where the experiences of individuals, groups and communities regarding a specific phenomenon as experience by them need to be better understood;

- The IDD model of Rothman and Thomas (1994) is recommended when researchers aim to develop guidelines/programs/strategies based on a combination of the research findings and existing technology; and

- In this respect the research recommended that further professional articles be published in professional social work  and other related professional journals on the implementation of the IDD model of Rothman and Thomas. In the same respect it will also be appropriate to include this in workshops and lecturing material for students and prospective researchers.

### 7.4.2  Recommendations regarding the research findings

It is recommended that:

Before prospective cluster foster care schemes consider registration as a non-profit organisation and a cluster foster care scheme that they consider the following:

- Embark on a well-structured needs assessment in order to determine if there is a need for this form of alternative care in the community in which they plan to operate;

- Engage in discussions with community members, legal structures and other relevant role-players in the community in which the prospective cluster foster care scheme wants to operate;

- Decide between Voluntary Association, Non-profit Trust and Non-profit Company as a legal structure. This choice will also determine the management and financial structure of the cluster foster care scheme;

- Select the management board that will manage and provide strategic direction to the cluster foster care scheme;

- Decide on model of a cluster foster care scheme that will dictate the infrastructure as well as the selection criteria for active members (foster parents);

- Develop selection-, recruitment- and appointment criteria to appoint active members (foster parents);

- Decide on other human resources such as administrative personnel, social worker/s and assistants to the foster parents that the cluster foster care scheme might need to provide the services to children in need of care and protection;

- Consider the type of children in need of care and protection that the cluster foster care scheme intends to deliver alternative care to;

- Decide on the nature of the care program that the cluster foster care scheme intends to provide to the children in need of care and protection; and

- Establish a network structure in the community in which they operate in order to ensure that the children in their care have access to all the community resources that they are entitled to.


In relation to the research findings and operational guidelines to operationalise cluster foster care schemes it is recommended that:

- The research findings be disseminated in publications in professional journals and be brought to the attention of prospective practitioners of this form of alternative care, as well as social workers at child protection organisations that advise children's courts regarding alternative care options that will be in the best interests of the child concerned;

- The research findings be brought to the attention of legal structures and government institutions that are responsible for the development of practice guidelines and monitoring- and service delivery standards;

- The research findings be brought to the attention of current practitioners, prospective practitioners and social workers practicing at child protection organisations by presenting community based workshops;

- The training of social work practitioners that are responsible to advise children's courts regarding the best form of alternative care for children in need of care and protection; and

- The development and packaging of the operational guidelines as presented in Chapter 6 of this document in a manual format to be disseminated to practitioners, prospective practitioners and social workers.

### 7.4.3  Recommendations for further research

It is recommended that the researcher, as part of post-doctoral studies, undertake a research project to evaluate the usability of the developed operational guideline in practice. In view of this, the following is proposed:

- The desired outcomes of cluster foster care schemes should be conceptualised and indicators should be identified in order to monitor the impact of the content of the operational guidelines to operationalise cluster foster care schemes.
- The implementation of the operational guidelines (packaged in manual format and as a functional aid), as well as the outcomes thereof, be monitored.
- That the operational guidelines be refined based on the monitoring process described above.
- That the refined product be disseminated to all relevant role-players in the field of child protection, including legal structures and child protection agencies that make decisions regarding alternative care for children in need of care and protection and practitioners that offer or intend to offer cluster foster care schemes as a form of alternative care to children in need of care and protection.

Research into the following focus areas related to the topic under investigation for future research is recommended:

- The specific adaption and benefits that cluster foster care schemes as a form of alternative care hold for the children that receive this form of alternative care;
- The level of integration of cluster foster care schemes into the community where they are situated as experienced by other community members;
- The differences between cluster foster care schemes and community-based child and youth care centres as a form of alternative care; and
- The extend to which cluster foster care schemes address the increasing need for alternative care options for children in need of care and protection.

### 7.5 Conclusion

The concluding chapter of this document provided the reader with a summary and conclusion of the 1) research methodology implemented in this study, 2) the empirical findings of the study, and 3) recommendations regarding the research methodology, the research findings and further studies on the topic of research.

The research findings provided insight into the elements needed to operationalise cluster foster care schemes as a form of alternative care for children in need of care and protection. It is envisaged that prospective practitioners and foster parents will benefit from the operational guidelines, as the information and recommended actions and steps included in the guideline are based on empirical findings (obtained from the experiences of current practitioners) and information obtained from relevant theories and literature. It is therefore considered as an appropriate tool for people who wish to develop and manage cluster foster care schemes. The researcher envisages that, through the implementation of these operational guidelines, the level of alternative care through cluster foster care schemes will be focused on the best interest of children in need of care and protection and that it would contribute to on-going efforts to ensure the well-being of South African children.

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**Annexure A:  Letter of invitation to management and foster parents rendering foster care services according to a cluster foster scheme model as described in Section 3 (e) of the Children Act, Act 38 of 2005 as amended, Act 41 of 2007.**

**For Attention: _____**


I, Willem Johannes du Toit, the undersigned, am a lecturer in Social Work in service of the Huguenot College in Wellington, and also a part-time doctorate student in the Department of Social Work, Huguenot College, affiliated to the Department of Social Work at the University of South Africa.  In fulfilment of requirements for the doctoral degree, I have to undertake a research projects and have consequently decided to focus on the following research topic.  **Operationalisation of Cluster Foster Care Schemes: A Social Developmental Perspective.**

In view of the fact that you are **currently practising this model of foster care**, I hereby approach you with the request to participate in the study. The purpose of the study is not to evaluate your service, but to develop an understanding in how models of cluster foster schemes currently operate in the Western Cape. For you to decide whether or not to participate in the research project, I will provide you with:

- Information regarding the need for the study;
- The goal of the study;
- What you will be requested to do during the study;
- The risks and benefits involved by participating in this research projects, and
- Your rights as a participant.

The research project originated with the implementation of Section 3 (e) of the Children Act, Act 38 of 2005 as amended, Act 41 of 2007. In this section, the act makes provision for cluster foster care schemes as an alternative care option for children in need of care and protection. Although the Children's act makes provision for this form of alternative care, the act does not specifically discuss the operational

guidelines for this form of alternative care.  The **aim** of this study is to develop guidelines for the operationalising of cluster foster care schemes.

Should you agree to participate, you would be requested to participate in one focus group/ focus interview.  It is estimated that the interview will last approximately 60 minutes.  During the interview the following questions will be directed to you.

- What is your understanding of a cluster foster care schemes?
-  What is your reason for involvement in the cluster foster care scheme?
-  What kind of management practices do you use in your cluster foster care scheme?
-  Who is the primary target group of your cluster foster care scheme?
- What resources to you have available?
- What kind of restrictions do you experience in rendering this kind of alternative care?
-  Which elements would you like to include in an operational guideline for implementing a cluster foster scheme?

With your permission, the interview will be audio taped. The recorded interviews will be transcribed word-for-word. Your responses to the interview (both the taped and transcribed version) will be kept strictly confidential. The audiotape will be coded to disguise any identifying information. The tapes will be stored in a safe place and only I will have access to them. The transcripts (without identifying information) will be made available to my research promoter, a translator (if needed) and an independent coder with sole purpose of assisting and guiding me with this research undertaking. They will each sign an undertaking to treat the information shared by you in a confidential manner. The audiotapes and the transcripts of the interviews will be destroyed upon completion of this study. Please note that participation in the research is completely voluntary.  Agreement to sign the attached consent form does not compromise your rights of participation in any way.  If you agree you have still the right to withdraw your consent at any time during the study.  However, if you do withdraw from the study, you would be requested to grant me an opportunity to engage in informal discussion with you so that the research partnership that was

established can be terminated in an orderly manner.  As the researcher, I also have the right to dismiss you from the study, if you fail to follow the instructions or that is appears that you want to use the study as a platform to promote an individual needs which will not be part of the study.

You are included in this research as a possible participant because you comply with the following **criteria for inclusion**:  All managers;

If you are a manager of a cluster foster care scheme:

* All managers;
* Of cluster foster care schemes;
* Who function through a management committee or management board;
* Who manages two or more foster homes; and
* Who applied or plan to apply for registration as a cluster foster care scheme.

If you are a foster parent in a cluster foster care scheme:

* All foster parents;
* Of children in need of care and protection;
* who function as part of cluster foster schemes in the Western Cape;
* Who function through a management committee or management board;
* Who manages two or more foster homes; and
* Who applied or plan to apply for registration as a cluster foster scheme.

If you have any questions/concerns about the study, contact met at the following numbers: 021-8731181/083 357 4644.  Please note that this study has been approved by Research Committee of the Huguenot College. Should you have any questions/queries not sufficiently addressed by me, you are more than welcome to contact my study promoter, Dr. M.A. van der Westhuizen, telephone number, 021-8731181, or e-mail mvdwest@hc.sun.ac.za, or the chairperson to the Research Committee, Professor N Swart, at P.O. Box 16, Wellington.

Based upon the above provided information and rights of the participants, you are requested to give written consent, should you want to participate in this research study.  Attached please find the consent form.

Thank you for your participation.

Willem du Toit

**Annexure B: Informed Consent Form**

**Foster parents providing foster care in a cluster foster care scheme:**

<u>TITLE OF RESEARCH PROJECT:</u>   Operationalisation of cluster foster care schemes: A Social Developmental Perspective.

REFERENCE NUMBER OF PARTICIPANT: _____

PRINCIPAL RESEARCHER:   Willem Johannes du Toit

Address:     PO Box 16

Wellington

7654

Contact numbers: 021-8731181

083 3574644

| DECLARATION BY OR ON BEHALF OF THE PARTICIPANT: | Initial |
|---|---|
| I, THE UNDERSIGNED_____(name), (ID No:_____) the participant or in my capacity as_____of the participant (ID No_____) of _____ _____ _____ _____ (address) <br><br> A. HEREBY CONFIRM AS FOLLOWS: <br> 1.  I/the participant was invited to participate in the above research project which is being undertaken by Willem du Toit under the guidance of the Department of Social Work, Huguenot College, affiliated to the School of Science and Humanities at the University of South Africa, Pretoria South Africa. | |
| 2.  The following aspects have been explained to me/the participant: Aim: The researcher is undertaking a research project with the aim of developing operational guidelines that will assist foster parents to form/or became part of a cluster foster scheme. | Initial |

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| | |
|---|---|
| 2.1 I understand that<br><br>• I will have access to the results of the project;<br>• My/the participant's anonymity is ensured and that I/he/she will enter this project on a voluntary basis;<br>• I/myself, on behalf of the participant, can withdraw from the project at any time;<br>• Only the researcher, translator (if needed), editor, independent coder and the researcher's promoters will have access to the data. | <u>Initial</u> |
| 2.2 I identify the following concerns and possible risks in the study:<br>The information that I share might unsettle me emotionally. Should that in any way happen, I may voluntarily withdraw from the study without penalty. Should the researcher come to the conclusion that this exercise is harming me in any way, he might exercise the right to withdraw me from the study and/or refer me for counselling services/or other appropriate resources of service delivery, which I have the right to decide whether or not to use.<br><br>Other concerns:<br><br>_____<br>_____<br>_____<br>_____<br>_____<br>_____ | <u>Initial</u> |
| 2.3 <u>Possible benefits:</u>  As a result of my participation in this study I understand that it could lead to operational guidelines that can assist foster parents and other parties involved to register and to operate a cluster foster scheme.<br>Other benefits:<br><br>_____ | <u>Initial</u> |

| | |
|---|---|
| _____ <br> _____ <br> _____ <br> _____ <br> _____ | |
| 3.  The above information was explained to me by _____(in his/her capacity as researcher/ translator) in Afrikaans/English/Xhosa/other_____.  I confirm that I am in command of Afrikaans_____, English_____, Xhosa_____, and Other_____. I was given the opportunity to ask question and all these questions were answered satisfactorily. | <u>Initial</u> |
| 4.   No pressure was exerted on me to consent to participate and I understand that I may withdraw at any stage form the study without penalty. | <u>Initial</u> |
| 5. Participants in the study will not result in any additional cost. | <u>Initial</u> |
| **B.  I HEREBY CONSENT VOLUNTARILY TO PARTICIPATE IN THE ABOVE PROJECT.** <br><br> Signed/confirmed <br> at_____on_____20____ <br><br><br><br> _____ <br><br> _____ <br><br> Signature or right thumbprint of participant     Signature of Witness | <u>Initial</u> |

**Management member of cluster foster home schemes:**

TITLE OF RESEARCH PROJECT: Operationalisation of cluster foster schemes: A Social Development Perspective.

REFERENCE NUMBER OF PARTICIPANT: _____

PRINCIPAL RESEARCHER: Willem Johannes du Toit

Address: PO Box 16

Wellington

7654

Contact numbers: 021-8731181

083 3574644

| DECLARATION BY OR ON BEHALF OF THE PARTICIPANT: | Initial |
|---|---|
| I, THE UNDERSIGNED_____(name), (ID No:_____) the participant or in my capacity as_____of the participant (ID No_____) of <br><br>_____<br>_____<br>_____<br>_____<br><br>(address) <br><br><br>**A. HEREBY CONFIRM AS FOLLOWS:**<br>1. I/the participant was invited to participate in the above research project which is being undertaken by Willem du Toit under the guidance of the Department of Social Work, Huguenot College, affiliated to the School of Science and Humanities at the University | |

| | |
|---|---|
| of South Africa, Pretoria South Africa. | |
| 2. The following aspects have been explained to me/the participant:<br><br>Aim: The researcher is undertaking a research project with the aim of developing operational guidelines that will assist foster parents to form/or became part of a cluster foster scheme. | <u>Initial</u> |
| 3. I understand that<br>• I will have access to the results of the project;<br>• My/the participant's anonymity is ensured and that I/he/she will enter this project on a voluntary basis;<br>• I/myself, on behalf of the participant, can withdraw from the project at any time;<br>• Only the researcher, translator (if needed), editor, independent coder and the researcher's promoters will have access to the data. | <u>Initial</u> |
| 4. I identify the following concerns and possible risks in the study:<br>    • The information that I share might unsettle me emotionally. Should that in any way happen, I may voluntarily withdraw from the study without penalty. Should the researcher come to the conclusion that this exercise is harming me in any way, he might exercise the right to withdraw me from the study and/or refer me for counselling services/or other appropriate resources of service delivery, which I have the right to decide whether or not to use.<br>    • If a participant should need more information regarding current registration procedures and/or other legal implications of operating a cluster foster scheme, the researcher will refer the participant to an appropriate resource/service provider who will address this need.<br>Other concerns:<br><br>_____ | |

| | |
|---|---|
| _____<br>_____<br>_____<br>_____<br>_____ | |
| 5. <u>Possible benefits:</u>  As a result of my participation in this study I understand that it could lead to operational guidelines that can assist foster mothers and other parties involved to register and to operate a cluster foster scheme.<br><br>Other benefits:<br><br>_____<br>_____<br>_____<br>_____<br>_____<br>_____ | <u>Initial</u> |
| 6.   The above information was explained to me by _____(in his/her capacity as researcher/ translator) in Afrikaans/English/Xhosa/other_____.  I confirm that I am in command of Afrikaans_____, English_____, Xhosa_____, and Other_____. I was given the opportunity to ask question and all these questions were answered satisfactorily. | <u>Initial</u> |
| 7.   No pressure was exerted on me to consent to participate and I understand that I may withdraw at any stage form the study without penalty. | <u>Initial</u> |
| 8.  Participants in the study will not result in any additional cost. | <u>Initial</u> |
| **9.   I HEREBY CONSENT VOLUNTARILY TO PARTICIPATE IN THE ABOVE PROJECT.** | <u>Initial</u> |

| | |
|---|---|
| Signed/confirmed<br><br>at_____on_____20___<br><br><br><br><br>_____<br><br>_____<br><br>Signature or right thumbprint of participant     Signature of Witness | |

**Annexure C:**

**Guidelines for individual interviews and focus groups:**

- What is your understanding of a cluster foster care schemes?
- What is your reason for involvement in the cluster foster care scheme?
- What kind of management practices do you use in your cluster foster care scheme?
- Who is the primary target group of your cluster foster care scheme?
- What resources to you have available?
- What kind of restrictions do you experience in rendering this kind of alternative care?
- Which elements would you like to include in an operational guideline for implementing a cluster foster scheme?