

**DEVELOPING AN EVIDENCE-BASED FOSTER MOTHER
SCREENING TOOL FOR CLUSTER FOSTER CARE IN THE
WESTERN CAPE, SOUTH AFRICA**

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COMPULSORY DECLARATION

This work has not been previously submitted in whole, or in part, for the award of any degree. It is my own work. Each significant contribution to, and quotation in this dissertation from the work, or works, of other people has been attributed, and has been cited and referenced.

Signature:

Signed by candidate

 Date: 9th September 2016

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DEDICATION

This research is dedicated to my parents, my life partner Modiredi Kgothwane and my baby girl
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ABSTRACT

Within the formal child welfare system in South Africa, foster care is considered the preferred form of alternative care for children removed from their biological families and who are unavailable for adoption. This reflects the belief that the family is ideal environment best suited for optimal child survival and development. Although many South African children have benefitted from court-ordered foster care in the last two decades, however ineffective screening, training and preparation of foster carers have posed challenges to meeting the needs of children in need of alternative care. Utilizing general systems and attachment theories, the purpose of this study was to explore perceptions about developing an evidence-based tool for the screening of eligible foster mothers of children in cluster-foster care in South Africa.

The study employed a qualitative research approach to data collection and analysis. A semi-structured interview schedule was used to explore the perspectives of 12 social workers and four foster mothers about context-specific criteria for screening foster mothers within the cluster-foster care system in South Africa.

Results indicate that a reliable and valid tool for screening eligible mothers in cluster foster care settings in South Africa should include a standardized assessment of parenting skills and psychological wellbeing of potential foster mothers in addition to the normative socio-demographic background assessments. Emotional and financial support were also shown to be crucial in ensuring the retention of foster mothers within the context of high attrition rates of foster parents in South Africa.

The findings of this study underscore the importance of using an evidence-based screening tool to recruit potential foster mothers in South Africa and the need to assess the psychosocial wellbeing of potential foster mothers in addition to background checks.

CHAPTER ONE: INTRODUCTION

This chapter aims to provide an overview of the research proposal. It will highlight the background information, give reasons for conducting the study, outlines the aim and objectives of the study, clarification of the terms used, and the implication for social work practice, policy and research.

1.1 Background and Context

The HIV and AIDS epidemic has created 12 million orphans in sub-Saharan Africa. They have largely been absorbed by extended families and many households are struggling to meet the needs of orphans under their care (Deininger et al., 2003; Mutangadura, 2003). The loss of parents has far-reaching and lasting consequences and orphaned children are more likely to face malnutrition and have poor physical (Kamali et al., 1996) and mental health (Kamali et al., 1996, and Makame et al., 2002 cited in Kidman et al., 2007). They also experience educational disadvantages, are exploited as child labour, and suffer the effects of stigma and social exclusion (United Nations International Children's Education Fund, 2004 cited in Kidman et al., 2007). The needs of orphaned children are often unmet because of a care- giving gap that currently exists in many communities. Many orphans live on their own or are cared for in child-headed households or by their grandparents who, because of their own health limitations, are unable to provide adequate care and support.

Increasing numbers of incidents of family problems and child abuse occasion the need for alternative care of children on both a short and long-term basis. HIV has exacerbated the problem because as popularly mentioned there is already a high number of orphans (Department of Social Development, 2007). In a context of weakened family support structures and changing

value systems, authorities face a daunting challenge in terms of providing holistically for these children. Despite great strides in reducing HIV infection rates among children, there are still large numbers of HIV+ children in the country. This puts an additional strain on already overstretched support systems (Children's Act, 2005) support foster care as an alternative care option.

In a study conducted in 1985 on the foster care crisis in the United States of America, the findings stated that foster children were particularly likely to have emotional, behavioral, developmental, and physical health problems. These problems result from the circumstances leading to the prescription of foster care in the first place, and they may be aggravated by the arrangement itself (Fine, 1985). Moreover, such problems almost certainly lead to personal and professional problems later in life (McDonald et al, 1997). For instance, a child who has lacked emotional and social support from the family unit may fail to maintain successful relationships with peers, co-workers, and others as life progresses. It is therefore important that good and proper foster mothers are recruited so that they can be able to cope with the different challenges that a foster child may have.

In light of the above statement, there are some compelling reasons which call for the establishment of what should be considered when selecting potential foster mothers in cluster foster care setting and identifying ways to retain those already providing care. Moreover other reasons which support the fact the good carers should be recruited is because they will be faced with tasks such as ;providing care to children with multiple difficulties, dealing with children who coming from households that have encountered domestic violence, others children have been victims of neglect and some come from dysfunctional families. (Heino, 2007 as cited in Forsberg et al, 2010). Cluster foster care in South Africa has been implemented, but there is a

need for an evidence based assessment tool which can be used in the screening of foster mothers. Hence the importance of exploring the views of stakeholders on what makes an effective screening tool in the context of South Africa.

Furthermore this is one of the first studies conducted in South Africa that focuses on exploring the views of various stakeholders on factors to be considered and incorporated when developing an evidence based screening tool in a cluster foster care setting. Research into statutory foster care has been carried out but relatively little has been done regarding the screening of foster parents. The researcher is of the view that for statutory foster care to be effective and beneficial measures should be developed to select the right foster parents. If foster children are raised in conducive and supportive environments they will mature into fulfilled and responsible citizens in the future. The researcher believes this study will assist by indicating what should be incorporated when designing an evidence based screening tool in cluster foster care, and thus improve the implementation of the cluster foster care model in South Africa. Thus, the aim of this study is to explore the development of an evidence-based screening tool for foster mothers within Cluster foster care in the Western Cape, South Africa.

1.2 Statement of the Problem

Within the formal child care system in South Africa, foster care is normally considered to be the preferred form of substitute care for children who cannot remain with their biological families and who are not available for adoption (South Africa's children made vulnerable or orphaned by AIDS Report, 2000) This reflects the belief that the family is normally the environment most suited to the healthy growth and development of the child. Many thousands of South African children have benefitted from court-ordered foster care.

However adequate training and preparation of foster carers are important elements in meeting children's needs. It is therefore important to consider whether all foster parents should be selected based on a particular set of criteria and whether they should be required to undergo specific training. Currently, organizations delivering foster care services implement training programmes according to their own policies, practices and resources – if indeed they provide structured training at all. Selection is also not governed by any standardized approach (Rees Centre for research in Fostering and Education, 2013).

Providers of foster care (public, private and third sector organizations) have an obligation to ensure that the carers they engage are skilled, confident and resilient to offer the children in their care a safe, stable and nurturing home environment. A combination of legal care being the responsibility of the state, and the frequently complex needs of children entering care, means that more is often expected of foster families than of birth families (Buehler et al., 2006). But how can fostering service providers ensure that they end up with 'good' carers?

Much has been written about the relationship between foster carer characteristics and 'successful' placements. For example, Sinclair et al.'s (2005) large-scale survey of carers, social workers and family placement workers showed that placement success (as rated by all three parties) was that they are employing good carers. The question then is, how do we select good foster carers? Selecting the most suitable people is crucial for placement quality and stability but is a complex process. Consequently, fostering service providers and researchers have designed instruments that can be used during the selection process but these can only ever constitute a part of the overall procedure.

This study in particular was done in collaboration with the Home from Home Organization, Home from Home Trust was registered in May 2005, as a Non-Profit Organization (NPO) as

well Public Benefit Organization (PBO). The founding trustees, Jane Payne and Pippa Shaper, worked in children's homes for many years and realized that this type of environment was not best equipped to deal with the issues often very vulnerable children face. As a result, they developed a new model of care, and out of this the Home from Home Trust was born. Currently the challenge they face is that some foster mothers usually leave fostering, though initially they had committed to offer care and support to the children. The challenge could therefore be addressed by exploring the views of stakeholders involved in cluster foster care on what should be taken into consideration in order to select and retain good carers.

1.3 Research objectives

The specific objectives of this study are to:

1. Examine perceptions about what makes an effective foster mother screening tool.
2. Identify context-specific criteria for the effective screening of eligible foster mothers within a cluster foster care system
3. Examine the experiences and challenges of foster mothers and social workers in a cluster Foster Care setting
4. Identify common psychosocial problems facing foster mothers in cluster foster care setting

1.3.1 Research questions

This study aims to answer the below question:

1. What are the perceptions regarding an effective foster mother screening tool?
2. How culturally sensitive should a tool for the screening of eligible foster mothers of children placed in cluster foster care setting be?

3. What are the experiences and challenges of foster mothers and social workers in a cluster Foster Care setting?
4. What are the common psychosocial problems facing foster mothers in cluster foster care setting?

1.3.2 *Main Assumptions*

The assumptions which the researcher had in this study are that:

- There is no an evidence based screening tool for foster mothers in South Africa.
- This research might provide the first opportunity that many foster carers have to talk about their experiences of providing care in a cluster foster care setting and the challenges which this entails.
- Not all of the foster mothers will be providing care only the so termed ‘normal children’ but some will be providing care to children with special needs such as intellectual disability, hearing impairments, and the physically challenged.
- The support given to foster mothers could influence their ability to adequately care for foster children and also assist in retaining them.

1.4 Concept Clarification

Foster care

Foster care is described by the Children’s Act as an alternative care placement of a child in foster care by order of a Children’s Court. (Amended Children’s act No 40 of 2007).

Screening tools for Foster Care

Screening tools for foster care are used to assess the personal characteristics, circumstances and the potential of those applying to become effective foster carers. Usually, strengths and

competencies are cross-checked through a range of procedures including using such an instrument, interviews, references and documentary checks (Howe & Alper, 2015). The ultimate aim is to assist in the prediction of longer-term effective placements though more realistically these measures might be expected to identify each carer's future needs for training and support. Before adopting any of these instruments, providers need to know that they have been properly validated against placement outcomes to determine a reliable measure of success.

Cluster Foster Care

McKerrow (1996 as cited in Liamputting, 2010) describes cluster foster care as follows: 'Volunteer women and couples are recruited and trained in the basics of child care. Up to six children are placed with each volunteer who receives foster care grants and material support. Community workers link these volunteers to other resources such as day care centres which relieve foster parents of child care duties in order to undertake income-generating activities'.

Psychosocial wellbeing

The term psychosocial reflects the dynamic relationship between psychological and social processes. Psychological processes are internal; they include thoughts, feelings, emotions, understanding and perception. Social processes are external; they are comprised of social networks, community, family and environment. It is important to remember that what happens in one of these areas will affect aspects of the others, how we are feeling internally affects how we relate to the environment around us. Similarly, our traditions, customs, and community affect how we feel (Fava & Ruin, 2014).

The concept of wellbeing is equated with the experience of positive emotions versus negative emotions and with satisfaction in various domains of one's life (Fava & Ruin, 2014)

Cultural-sensitivity

According to Temple-Plotz et al(2002)cultural sensitivity is the understanding and approaches that enable one to gain access to individuals in a given culture and to learn about their actual lifestyle (beliefs, habits, needs, fears and risks).

Foster mother

George (2002) describes a foster mother as a woman who acts as a parent and guardian for a child in place of the child's natural parents but without legally adopting the child. The environments these children come from are unsafe and as such cannot remain in them.

1.5 Implications of the Study

The study has implications for professional practice, research, and policy and resource mobilization. These implications will be explained in depth below.

Social Work Practice

This study will assist social workers to understand the views of foster mothers regarding an effective screening tool which can be utilized in recruiting potential foster mothers. Furthermore social workers will be aware of challenges faced by foster mothers in a cluster foster care setting and the support needed to retain carers. When social workers are aware of what should be the abovementioned factors they may take necessary measures to ensure the effectiveness of the cluster foster care model in South Africa. The findings and recommendations of this study may be vital in the advocacy efforts of social workers and for designing programmes and other interventions that will improve the welfare of children and prevent the negative effects that children often face in foster care.

Research

The findings from this study will contribute to the existing body of knowledge in the social work field because there are limited studies done on views regarding an evidenced based screening tool for cluster foster care. The study may also point to the need for further research that is wider in scope and covers a wider geographical area, more ethnic groups, and other variables. The study may also raise awareness and expose gaps that will require further investigation involving multi-disciplinary approaches and methodologies. This study may also lead to action research with the purpose of undertaking activities or developing programmes that will respond to particular issues identified in the research on screening tools for foster care. Following the information generated from the study, new areas of significance may emerge. Researchers may have the opportunity to attract funding for more expanded research. These projects may also attract more input from stakeholders, thus further widening the scope of the subject matter.

Policy

The study may justify the importance of policy in the area of developing evidence based screening tools for foster mothers. The policy may focus on educating social workers about how to use the tool, and actually pretesting and validating it. The study may also identify gaps, problems, and inadequacies in existing policies that need to be rectified. The more practitioners, affected people, and other stakeholders become aware of the issues encountered when there is no a screening tool the greater the possibility for increased advocacy in addressing the situation. In addition, policy makers themselves will become more proactive through the availability of information and take corrective measures to improve existing policies. This, in itself may be a call for action to improve or abandon the existing policy or develop a new one altogether. It may also expand the policy-making processes by incorporating more stakeholders, thus making the process more transparent and inclusive

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

This literature review will seek to explore some of the literature relevant to the proposed study. It will begin by providing a brief historical background to foster care in South Africa specifically. It will then go on to look at the foster care screening tools used in other countries, situations that occasion for children to be placed in foster care and the foster care legislation. Finally the theoretical framework will also be presented.

History of foster care in South Africa

Historically many African cultures, including those in South Africa, have been characterized by strong extended family networks (Kuo&Operario, 2010 as cited inKiggundu&Oldewage-Theron, 2009).The Apartheid laws that limited the ability of black families to work and live in the same place meant that children were often left in the care of grandmothers in rural areas while their parents sought employment in the cities (Thomas & Mabusela, 1991; Madhaven, 2004). This informal fostering was wide spread and a generally accepted practice as the parents would send money back to cover the expenses for their children (Thomas & Mabusela, 1991).

As families systems became complex, there was an increase in incidents of family problems and child abuse which occasion the need for alternative care of children on both a short and long-term basis. The HIV and AIDS exacerbated the problem because there was now already a high number of orphans (Kiggundu&Oldewage-Theron, 2009 as cited in Townsend & Dawes, 2004). In a context of weakened family support structures and changing value systems, authorities faced a daunting challenge in terms of providing holistically for these children hence the state had to come up with forms of alternative care such as foster care (Kiggundu&Oldewage-Theron, 2009 as cited in Townsend & Dawes, 2004).

As already mentioned within the formal child care system in South Africa, foster care is normally considered to be the preferred form of substitute care for children who cannot remain with their biological families and who are not available for adoption (Department of Social Development Guidelines for Foster Care, 2012). This reflects the belief that the family is normally the environment most suited to the healthy growth and development of the child. Many thousands of South African children have benefitted from court-ordered foster care. It is, however, doubtful whether this form of care as provided for in the Child Care Act of 1983 can adequately deal with the country's changing needs (Amended Children's Act No 40 of 2007). At present, there are approximately 50 000 children in court-ordered foster care in South Africa, and social workers are having difficulty in finding sufficient foster families. It is estimated that four out of five families will need to take in a child unrelated to them in order to cope with the sheer numbers of AIDS orphans.

2.2 South African Legislative and Policy Framework for Foster Care

South Africa appears to have put sound and comprehensive legislation into place that complies with the requirements of the UNCRC as well as the U.N Guidelines on the Alternative Care of Children. The Children's Act (2005) seems to fit well with regard to the international legislation.

The Amended Children's Act, of 2005

The Amended Children's Act (2005) gives expression to the rights of the child as enshrined in the constitution of the republic of South Africa. Chapter two of the Children's Act highlights the following fundamental principles when working with children:

Best Interest of the Child: This principle is of paramount importance in all dealings with children, the child's best interest must be considered. For example a child is matched to prospective foster parents that will best meet the child's needs, and not the other way round

Child Participation: A child must be given opportunity to participate in decisions and actions regarding them, if they are of sufficient age and maturity. Their views must be considered. For example, a child must be permitted to say no to being placed with the foster parents if they have reasonable objections to such a placement.

Children with Special Needs: Children with special needs must be given due consideration. For example, the prospective parents must have the necessary skills and resources to provide for the specific needs of such a child

Foster care in South Africa is guided by legislation. As such all social workers undertaking the assessment of prospective foster parents should be fully conversant with the Amended Children's Act (2005) as well as the regulations in their entirety.

Chapter 12 of the act focuses on foster care in particular section 181 of the Children's Act (No 38 of 2005 as Amended) outlines the purpose of foster care:

To protect and nurture children by providing a safe, healthy environment with positive support

To promote permanency planning, family reunification and connect a child to other nurturing relationships that will last for a life time.

To respect individual and family through cultural, ethnic and community diversity.

The Act makes the following provisions for foster care:

Social workers assessing prospective foster parents are provided with a basic criteria that foster parents should meet (Section 182). For example Section 120 details when a person can be found to be unsuitable to work with children. Section 182(3) stipulates that a person who had been found unsuitable to work with children may not foster a child. The Act also states that people who are to be entrusted with the care and protection of children must be screened to assess if they are capable and willing to perform this surrogate function and have the values and moral fibre to ensure that the principles enshrined in Section 28 (2) of the constitution is upheld.

In order to be entrusted with the care of a foster child the prospective foster parent is required by the act to: be a fit and proper person; have the willingness, capacity and a capability to undertake this responsibility; provide an enabling environment conducive to the positive growth and development of the child; and be willing to be assessed by s designated social worker for compliance to the above.

Children's Act Regulations

Part 1 of chapter 13 in the Amended Children's Act Regulations (2005) gives detailed guidelines regarding the responsibilities and rights of foster parents. Section 6 in part III of Annexure B of the regulations contains national norms and standards for the provision of foster care services in South Africa.

The Department of Social Development: Guidelines for Foster Care

The guidelines for the effective management of Foster Care in South Africa were developed by the Department of Social Development and circulated in 2012. Social Workers in South Africa are obliged to comply with these guidelines.

The guidelines when read together with the Amended Children's Act (2005) provide a solid foundation from which to practice foster care within the legal framework of legislation in South Africa. The guidelines include in-depth discussion, provide guidelines on foster care in South Africa with specific reference to the Children's Act (No 38 of 2005) and outlines the statutory process of foster care in South Africa.

The Department of Social development (n.d. - a,pg 13) states that“children needing foster care are extremely vulnerable, requiring responsive services that are holistic and comprehensive to their individual needs to ensure that they are afforded with an opportunity to develop into well-adjusted adults and should not be subjected to sub-standard protection services” (Children's Act No 38 of 2005 page. Foster care services must therefore, be of high quality and once a child has been placed in foster care all efforts must be made to ensure that the placement is successful.

Purpose of Foster Care

The purpose of foster care is, “the care and protection of children outside their parental home. Its main goal is, on the one hand to provide opportunities for nurturing the development of a child, whilst on the hand, focusing on rendering reunification services to the child's biological family. The intention of foster care is to create opportunities for the child to live in a protective and safe environment with positive support and to ensure that the child is surrounded by nurturing relationships that must last a life time” (Department of Social Development, n.d.-a p13)

The guidelines provide a brief set of criteria against which prospective foster parents are measured for suitability.

Types of foster care

Madhaven (2004) divides foster care into two categories, namely voluntary and crisis-led fostering. Voluntary fostering refers to arrangements made between biological and foster parents

for the children to be placed in the care of the foster parents, who generally share the same cultural norms around child rearing as the biological parents do (Madhaven, 2004). For the purpose of this study the kind of foster care which Home from Home uses is Cluster foster whereby six children are placed together and grow up in a family setting with a foster mother.

2.3 Types of Children who come into Home from Home Cluster Foster Care

In order for one to understand the importance of having an evidence based tool for foster, it is crucial to be aware of the kind of children who are placed in foster care with Home from Home. Some of these children include those coming from dysfunctional or social environments, poverty, children whose parents are in prison, unstable family settings and non-adherence to antiretroviral drugs (Home from Home Annual Report, 2014). Considering the already stated factors, it very important to ensure that good carers are recruited who can be able to help children coming into foster care to deal with developmental challenges that come as a result of their biological family background. Below is an explanation of the kind of environments which children who enter foster care come from.

Children at risk

The person-in-environment perspective emphasizes looking beyond the presenting problems of people to assess the complexities and interrelationships of problems, this means that the way in which a child is brought up can affect their development and relationship with the external world (Zastrow, 2009). For instance when children are raised in family environments where there is violence and alcohol abuse, they may end up being violent and abusing alcohol themselves or suffer personality and social dysfunctionality. Therefore, foster care may be the best alternative to rescue children from such hostile environments because in this type of care there is an

assessment and screening of foster parents which ensures that children are placed with proper parents.

Poverty

Foster care may benefit children in a variety of ways especially those from poor environments. These include: medical care, and meeting their basic needs (Heino, 2007: 62, as cited in Forsberg et al, 2010). According to Maslow, there are general types of needs (physiological, safety, love, and esteem) that must be satisfied before a person can act unselfishly. He called these needs "deficiency needs." Maslow, attested to the fact that as long as we are motivated to satisfy these cravings, we are moving towards growth, and self-actualization (Miliken & Honeycutt, 2004; Forsberg et al 2010). Maslow asserts that satisfying needs is healthy, blocking gratification makes us sick, in other words, we are all "needs junkies" with cravings that must be satisfied and should be satisfied or else we become sick (Woolfolk, 2001). Lack of basic needs may affect negatively on children's performance at school, thus in foster care the children's physiological needs such as parental love and safety are met, which can increase their motivation, and make them to be able to fulfill higher needs.

Non-Adherence to Antiretroviral Therapy

Parental or caregiver supervision and administration of medication plays a vital role in children's and adolescents' adherence to antiretroviral therapy (Richardson & Sanchez, 1998). Children who are on antiretroviral therapy need supportive parents who can encourage them so that they adhere to the medication. In statutory foster care, foster parents who have undergone training will be caring for children, and they will be in a better position to support those on antiretroviral therapy.

Unstable family settings

Children who enter foster care have been exposed to family instability and to adverse experiences that increase their risk for maladaptive outcomes, therefore screening foster mothers will mean that children will be living in stable environments which can encourage their personal growth and development (Cicchetti & Valentino, 2006). The stability in safe, nurturing family settings afford children opportunities to develop positive and supportive relationships, especially with caregivers and other significant adults that, in turn, facilitates normative development (White, 2005). The stability in family settings also provides continuity in school settings, peer networks, health care, and access to community resources and activities.

2.4 Foster Parent Assessment Tools

It's been known for many years that standardized measures with demonstrated reliability and validity are needed to assess foster family applicants. The tools below were developed by the multidisciplinary team from the University of Tennessee worked in collaboration with Casey Family Programs to develop and test two such tools, the Casey Foster Applicant Inventory (CFAI) and the Casey Home Assessment Protocol (CHAP). These tools were designed to complement each other and together they were designed to assess a broad range of characteristics of foster parents thought related to the quality of family foster care. More specifically, the CFAI and the CHAP were developed to identify foster families' strengths and service needs, in order to promote the quality of care for foster children, and enhance foster family outcomes.

Casey Foster Applicant Inventory (CFAI) - Foster Mothers

The Casey Foster Applicant Inventory (CFAI) is a standardized assessment tool that is used with foster family applicants during the licensing process. Its primary purpose is to help foster care workers and applicants identify their strengths and areas for needed development and support, with the ultimate goal of promoting the quality of care for foster children (Orme, 2006).

There are two versions of the CFAI – one for applicants (CFAI-A) and one for workers (CFAI-W). The items in the CFAI-A ask applicants to comment on their personal beliefs, feelings, or behaviors and family characteristics for example, I can help my foster child continue a relationship with birth parent(s). The items in the CFAI-W ask the worker to comment on the applicant [for example, she or he will help a foster child continue a relationship with birth parent(Orme, 2006). The CFAI-A has 74 items and the CFAI-W has 82 items. Most items apply to all applicants. There are a few items that apply only to married or otherwise partnered applicants, a few items that apply only to applicants who already have children, and a few that apply only to applicants who plan to provide kinship or relative care. The CFAI is completed in about 30 minutes (Buehler et.al, 2006).

Casey Home Assessment Protocol (CHAP) - Foster Mothers

The Casey Home Assessment Protocol (CHAP) is a set of standardized assessment tools that is used with foster family applicants during the selection process. Its primary purpose is to help the social worker and applicants identify their strengths and target area for further development, with the ultimate goal of partnering foster parents with agencies in long-term commitments to provide quality care for children and youth (Rodes, 2005). The CHAP has two parts: (1) a set of self-report questionnaires to be completed by the applicant and (2) the Fostering Challenge interview, presented and rated by the foster care worker (Rodes, 2005).

2.5 Considering Cultural Sensitivity when Screening Foster Mothers

There are significant ethnic group differences in parenting styles. Some cultural groups viewed asengaging in harsher punishment and less overt positive affection still have positive child outcomes(Azar & Cote, 2002). Such findings suggest that the predictive validity of the constructs posited (or themanner in which we define and measure them) may vary with culture.

For example, Azar and Cote(2002) suggest that, in cultures where many of the functions of parents are carried out by extendedfamily members, single parenthood may not have a negative influence on children and that studies maynot be constructed to examine the strengths of such alternative family forms.

Korbin (1994, as cited in Azar & Cote, 2002) has argued for an examination of three kinds of parentingpractices that may belabelled as a 'risk' to children: cultural practices that are viewed as abusive orneglectful by other cultures but not by the culture in question, idiosyncratic departures from one'scultural continuum of acceptable behaviors, and societally-induced harm to children beyond thecontrol of individual parents and caretakers.

2.6 The Psychosocial Wellbeing of potential foster Carers

The capacity of parents to be adaptable (perceptive, responsive and flexible) can be affected by a widerange of factors, for example, substance abuse, marital conflict, stress, mental health problems, andlearning difficulties. Whilst none of these factors per se predicts parenting capacity, they can make parentsmore vulnerable to reduced parenting capacity. The impact of these factors on parents' cognitions,attributions and capacity to empathize has been associated with increased risk for child maltreatment. For example, parenting involves considerable cognitive activity (Azar et al., 1998). Parents must balancelong- and short-term socialization goals and make continuous judgements regarding the meaning ofchild behavior and its causes, whether intervention is required, and what type of interventions wouldbe effective.

Cognitive processing problemsimplicated in child maltreatment include problem-solving difficulties, disturbed schema andattributional biases (Azar et al., 1998). An assessment of foster mother therefore, should include an assessment of what theparent thinks is normal child

behavior, the ‘typical’ meaning parents make of children’s responses, and how parents would use that information in relation to their own children (Azar et al., 1998). Lack of caring for others or lack of resources for caring in the family (where caring is defined as care for and attention to others, positive feelings for others and taking others as they are) has been found to be associated with child-maltreating families (Donald & Jureidini, 2004). Thus a key requirement of the parenting role is a parent’s capacity to empathize with their child and set aside their own needs in order to meet those of their children (Donald & Jureidini, 2004).

2.7 Theoretical Framework: Family Systems Theory and Object Relations Theory

In exploring the views of respondents regarding an evidence based screening tool for foster mothers this study utilized two theories namely the family systems theory, and object relations theory.

2.7.1 Family Systems Theory

Family Systems Theory provides a broad and comprehensive mechanism for understanding the core aspects of the Performance Competence Lifespan Framework quality of life, membership, and a personal sense of competence (Broderick, 1998). It also focuses on the most important component of environmental influences of home and family, from birth a child’s quality of life is directly influenced by the kind of care, support, stimulation and education he or she receives from family members in the home (Gladding, 1998). As infants begin to develop secure attachments with significant others, particularly family members, they begin to establish themselves as members of the first and most basic unit of society the family, which forms the foundation for secure membership in other groups throughout life (Broderick, 1998). The infant begins to develop a Personal Sense of Competence when his mother responds consistently to his

distress, when he takes his first step or says his first word, or when his father praises him for using the toilet. These early beginnings, then, are at the core of what each Family Systems Theory

Contemporary systems theories about families are derived from General Systems Theory, which is both a transdisciplinary field of study and a theoretical framework in which various micro level approaches are known as “systems theories.” These theorists attempt to explain the behavior of complex, organized systems of all sorts, from thermostats to families. Systems thinking is a way of looking at the world in which objects are interrelated with one another (Titelman, 1998).

Origins and Major Contributors to Systems Theory

The term system emerged from Émile Durkheim’s early study of social systems as well as from the work of Talcott Parsons. However, within social work, systems thinking has been more heavily influenced by the work of the biologist Ludwig von Bertalanffy’s and later adaptations by the social psychologist Uri Bronfenbrenner, who examined human biological systems within an ecological environment (Robbins, Chatterjee, & Canda, 2006).

Assumptions of Family Systems Theory

A key assumption fundamental to modern systems theories is that of holism, that is, a system must be understood as a whole and cannot be comprehended by examining its individual parts in isolation from one another--the whole is greater than the sum of its parts. In a family, then, a system is something more than parent(s) and children. There are properties and behaviors of the system that do not derive from the component parts themselves when considered in isolation.

Together, they emerge from their specific arrangement in a particular system and from the transactions among parts made possible only by that arrangement. These are called emergents because they emerge only at the systemic level (Gladding, 1998).

Family systems also are self-reflexive; that is, they have the ability to make themselves and their own behavior the object of examination and the target of explanation, thereby establishing goals for themselves. Family processes such as family functioning, family communication and transactional patterns, family conflict, separateness and connectedness among members, cohesion, integration, and adaptation to change can be understood as the product of the entire system, shifting the primary focus away from individual family members to relationships among the members (Broderick, 1998).

Moreover family systems have subsystems. These are smaller units of the system as a whole and consist of one or more individuals, it is through these subsystems that families negotiate which members will carry out what functions (Lester, 1997). Relationships between subsystems are governed by spoken and unspoken rules. The broad categories of subsystems that are typical in a family are the parental subsystem, the spousal subsystem, the parent-child subsystem and the sibling subsystem. In addition to these common subsystems, it should be noted that each family may also create its own particular subsystems (Goldenberg, 1998). An example of this could be a family that organized the sibling subsystems according to gender instead of age.

Modifications in the family system can occur through learning by the system, events such change in one member of the family system, or through completed positive feedback loops, these changes are processed by the entire family system rather than by a single family member (Gladding, 1998). First order changes in the family system are minor structural changes among the system's components that might occur as a result of one member changing his or her

behavior without completion of positive feedback loops. In these cases, the system itself does not change and is vulnerable to “relapses.” Second-order change is a major, high level change that results in alteration of the entire system. This type of change is much more dramatic and enduring, as when the entire system is reorganized into new transactional patterns (Gladding, 1998).

Components of Family Systems Theory

The concept of boundary is a crucial one in systems thinking, boundaries are emotional barriers that protect and enhance the integrity of systems. The boundary of a system defines the system and represents the point of contact between the system and other systems and between the system and its subsystems and suprasystems (Gladding, 1998). Completely impermeable boundaries are closed to interchange from outside the system and transparent or amorphous boundaries offer no impediment to interchange between the system and its environment. Boundaries of all family systems fall somewhere between complete impermeability and complete transparency; that is, all family systems will fall along a continuum of openness and closedness (Minuchin et al, 1998).

Feedback; A feedback loop is a path along which information can be traced from one point in a system, through one or more other parts of the system or its environment, and back to the point of origin. This system is capable of regulating its own behavior because information entering the loop is transformed and ultimately fed back into the loop. Once established, the system maintains a pattern of behavior determined by one of two particular forms of feedback: positive or negative (Kerr, 1988). Negative feedback loops operate to restore or maintain equilibrium. All negative feedback loops function to return a family to “the way things were.” Therefore, the resistance of the family to change through intervention with a single individual is accounted for

by negative feedback. When deviation from equilibrium or homeostasis is amplified rather than reduced and more variation in the system occurs, a positive feedback loop has been completed (Kerr, 1988).

Tension is ever present in one form or another in the family system, some level of tension is characteristic of and vital to systems(Papero, 1990). When tension occurs, families use one of three types of strategies; strategies of maintenance to preserve the relationship of parts as is; strategies of stress that accentuate and accelerate the tension and occasionally push the family's relationship of parts into confusion and turmoil; or strategies of repair that offer the family a chance to modify itself in order to remain a livable, workable system(Papero, 1990).

One additional concept is key. Triangulation is the tendency of a two-person emotional subsystem under stress to recruit a third person who acts as a go-between and disrupts partners' chronic patterns of relating to each other (Titelman, 2003).

Application of the theory to the Study

The family systems theory views the family as a whole, and according to this concept individuals in a family do not exist in isolation, there is a greater emphasis on interdependence. In this study cluster foster care can be viewed as a system since about six children stay in a home with a foster mother. So a cluster foster family can be seen as a system that is in constant interaction with other systems such as social workers, the school system, and the physical environment within which children live. This theory is applicable to this study because by exploring the views regarding an evidence based screening tool there is a high probability that right carers will be selected, nonetheless this will not be the only solution as other external factors are involved, which can influence the quality of care provided by foster parents. it is should be noted that the

views of respondents in this study may be considered by other organizations when designing an evidence based tool hence ensuring that right carers will be selected.

2.8 Object relations Theory

Origins and major contributors

Object Relations places relationships at the centre of what it is to be human. Its premise is that the human being is essentially social and that our need for others is primary. Object Relations originated as the British-based development of classic Freudian theory. Its early proponents were Melanie Klein, Ronald Fairbairn, Donald Winnicott, Michael Balint, Harry Guntrip and John Bowlby. Melanie Klein is the mother of object relations theory according to her, of all the relationships that make up the life of a child it was the mother-child relationship that interested Klein the most, because it forms the prototype for all subsequent relationships (St Claire, 2004). This study utilized Winnicott concepts of understanding the mother child relationship.

Components of Winnicott's Understanding of Mother-Child relationship

The concept of holding

Out of Winnicott's pediatric work with children and their mothers developed his influential concept of the "holding environment" Winnicott considered that "the foundations of health are laid down by the ordinary mother in her ordinary loving care of her own baby" central to which was the mother's attentive holding of her child (Magnavita, 2002)

Winnicott considered that the "mother's technique of holding, of bathing, of feeding, everything she did for the baby, added up to the child's first idea of the mother", as well as fostering the ability to experience the body as the place wherein one securely lives (Magnavita, 2002).

Extrapolating the concept of holding from mother to family and the outside world, Winnicott saw as key to healthy development, the continuation of reliable holding in terms of the ever-widening circle of family and school and social life (Magnavita, 2002)

Anti-social tendency

Connected to the concept of holding is what Winnicott called the anti-social tendency, something which he argued "may be found in a normal individual, or in one that is neurotic or psychotic". The delinquent child (Winnicott thought) was looking for a sense of secure holding lacking in their family of origins from society at large. He considered antisocial behavior as a cry for help, fueled by a sense of loss of integrity, when the familial holding environment was inadequate or ruptured (Winnicott, 2005).

True Self and False Self

For Winnicott, the self is a very important part of mental and emotional well-being which plays a vital role in creativity. He thought that people were born without a clearly developed self and had to "search" for an authentic sense of self as they grew. For Winnicott, the sense of feeling real, feeling in touch with others and with one's own body and its processes was essential for living a life (St Claire & Wigren, 2004).

True self

Only the true self can be creative and only the true self can feel real. For Winnicott, the *True Self* is a sense of being alive and real in one's mind and body, having feelings that are spontaneous and unforced (St Claire & Wigren, 2004). This experience of aliveness is what allows people to be genuinely close to others, and to be creative.

Winnicott thought that the true self begins to develop in infancy, in the relationship between the baby and her primary caretaker (Winnicott typically refers to this person as "the mother"). One of the ways the mother helps the baby develop an authentic self is by responding in a welcoming and reassuring way to the baby's spontaneous feelings, expressions, and initiatives (Winnicott, 2005). In this way the baby develops a confidence that nothing bad happens when she expresses what she feels, so her feelings don't seem dangerous to her, and she doesn't have to put undue attention into controlling or avoiding them. She also gains a sense that she is real, that she exists and her feelings and actions have meaning (Winnicott, 2005).

Winnicott thought that one of the developmental hurdles for an infant to get past is the risk of being traumatized by having to be too aware too soon of how small and helpless she really is. A baby who is too aware of real-world dangers will be too anxious to learn optimally. A good-enough parent is well enough attuned and responsive to protect the baby with an illusion of omnipotence, or being all-powerful (Magnavita, 2002). For example, a well-cared-for baby usually doesn't feel hungry for very long before being fed. Winnicott thought the parents' quick response of feeding the baby gives the baby a sense that whenever she's hungry, food appears as if by magic, as if the baby herself makes food appear just by being hungry. To feel this powerful, Winnicott thought, allowed a baby to feel confident, calm and curious, and able to learn without having to invest a lot of energy into defenses.

False self

In Winnicott's writing, the "False Self" is a defense, a kind of mask of behavior that complies with others' expectations. Winnicott thought that in health, a false self was what allowed one to present a "polite and mannered attitude" in public. But he saw more serious emotional problems

in patients who seemed unable to feel spontaneous, alive or real to themselves anywhere, in any part of their lives, yet managed to put on a successful "show of being real." Such patients suffered inwardly from a sense of being empty, and dead(St Claire&Wigren, 2004).

Winnicott thought that this more extreme kind of False Self began to develop in infancy, as a defence against an environment that felt unsafe or overwhelming because of a lack of reasonably attuned caregiving. He thought that parents did not need to be perfectly attuned, but just "ordinarily devoted" or "good enough" to protect the baby from often experiencing overwhelming extremes of discomfort and distress, emotional or physical. But babies who lack this kind of external protection, Winnicott thought, had to do their best with their own crude defenses (Winnicott, 2005)

One of the main defenses Winnicott thought a baby could resort to was what he called "compliance," or behavior motivated by a desire to please others rather than spontaneously express one's own feelings and ideas(Winnicott, 2005). For example, if a baby's caregiver was severely depressed, the baby would anxiously sense a lack of responsiveness, would not be able to enjoy an illusion of omnipotence, and might instead focus his energies and attentions on finding ways to get a positive response from the distracted and unhappy caregiver by being a "good baby." The "False Self" is a defence of constantly seeking to anticipate others' demands and complying with them, as a way of protecting the "True Self" from a world that is felt to be unsafe.

Application of the theory to the Study

The Object relations theory places more emphasis on the caregiving relationship of the mother, and its importance to assisting the child to form relationships with others and navigate through

the world (St Claire & Wigren, 2004). This theory is applicable to this study because if right foster parents are selected they will be able to provide the caregiving relationship which is essential in a child's life, helping them to form secure attachments and relationships. It is assumed that if the children who come into foster care have had some challenges in their lives which meant that the quality of the caregiving relationship was compromised, then the foster mothers will play an important reparative role and help the children to form good relationships.

Summative Comments

While conducting the literature review some of the gaps which the researcher encountered is that there are no evidence based tools developed in Africa which specifically addresses the recruitment of good carers. In addition around the world the researcher was able to find only the Casey assessment tools which are also not evidence based and which do not specify what should be considered when developing a context-specific evidence based tool for screening foster mothers. However information on assessment of foster parents was utilized to identify factors which should be considered when developing an evidence based screening tool for foster mothers. Some of those factors include; assessing the psychosocial well-being of potential foster mothers, considering cultural sensitivity, paying attention to the process of recruitment from initial stages such as identifying the carers, and establishing the appropriate family structure in cluster foster care.

CHAPTER THREE: METHODOLOGY

This chapter will discuss the methodology that was used in carrying out this research. It will explore the research design, the population and sampling, and data collection processes. It will then go on to discuss the data analysis, data verification, ethical considerations and limitations of this research.

3.1 Research design

The proposed study employed qualitative research approach to data collection and analysis but it will be more qualitative dominant. Fortune and Reid (1999 in de Vos, et al, 2005) describes the qualitative approach as a method in which “the researcher attempts to gain a first-hand, holistic understanding of phenomena of interest by means of a flexible strategy of problem formulation and data collection, shaped as the investigation proceeds.” This approach has been selected as it allows the participants of the study to add their views concerning what they would like to see included in the screening tool for foster mothers. Quantitative techniques involve collecting data in the form of numbers (Kreuger & Neuman, 2006)

In qualitative design the research will take the form of an exploratory study, as more information is needed in the area of foster care screening. Exploratory research is new research or research that has little literature about it and little writing on it. Exploratory research may be the first in a sequence of studies. A researcher may need to conduct exploratory research to know enough, in order to design and execute a second or more systematic and extensive study (Kreuger & Neuman, 2006). In this study the researcher is breaking new ground, there has not been a study conducted to develop a screening tool for foster mothers in South Africa.

3.1.1 Population

Foster mothers in cluster foster care are the population this study sought to investigate. In order to obtain a socio-demographic mix of respondents the study was conducted in different locations within the Western Cape being; Khayelisha, Masiphomelele, Fishoek, Cape Town, and Ocean View. Due to a broad foster mother base of Home from Home, a fairly diverse population was found in terms of geographical location, population group and duration of experience in foster care. The researcher interviewed 17 participants all of whom were female, 4 were qualified and practicing as social workers and 13 were foster mothers. 3 of the respondents were white, 10 were black and 3 were coloured. Their years of experience ranged from 1 year to 11 years and a majority of the participants had work experience of more than 2 years.

3.1.2 Sampling

There are two types of sampling designs namely; probability sampling and non-probability, this study will be conducted using a nonprobability sampling method. This method was chosen due to the fact that the issues to be investigated are specific to foster mothers in cluster foster care. A purposive, criterion based sample will be used along with key informant sampling. Purposive sampling is an acceptable kind of sampling for special situations. It uses judgments of an expert in selecting cases or it selects cases with a specific purpose in mind (Babbie, 2010). According to Kreuger & Neuman (2006) purposive sampling is appropriate to select unique cases that are especially informative, and thus the use of this sampling technique to select foster mothers is justified since they have an overview or understanding of issues related to children in foster care. Key informant sampling is used when people within the specific field are identified as experts

(Barbie, 2010). The use of key informant sampling in selecting social workers is justifiable because they are experts in the area of foster care.

3.1.3 Inclusion and exclusion criteria

For the purposes of this study, the respondents will needed to be foster mothers in cluster foster carechildren. They should have been providing care for the same child for a period of at least two years in order to attempt to give relevant information which will be incorporated when developing the foster mother screening tool.

3.2 Data Collection

Study site

There was one study site were respondents for the study were recruited and data was collected namely; Home from Home Organization.

Home from home provides supported and supervised community based foster care for orphaned, abused, neglected and vulnerable children through a network of small family unit with a dedicated foster mother or parents and no more than six children. It is the best place for children who cannot be cared for by their own biological families. The children at home from home grow up in their home communities and culture, where their home language is spoken. They have a foster family to support and care for them, the hope is that one day they will either be reunited with their biological families or failing that, home from home will have provided them with the necessary grounding to lead happy, successful lives. This organization was chosen because it is the only organization using the cluster foster care model and due to the fact they did not have an evidence based screening tool for assessment of foster mothers as such they faced challenges with retaining carers. While based in Plumstead, Home from Home also operate a number of

foster homes throughout the Western Cape so the organization was chosen with the hope that they would be able to provide foster mothers that are diverse in terms of geography and experience.

Recruitment Procedure

Once ethical clearance was been obtained, the researcher met with relevant staff members at Home from Home to discuss potential respondents. A list of foster mothers who are already providing care was drawn up, and 12 carers were selected basing on duration in foster care and geographic area. The researcher then attended a monthly meeting were all foster mothers usually meet, the selected participants were informed about purpose of the study and to also enquire about their willingness to participate. Thereafter appointments were made of when the interviews will take place. Home from Home assisted with transport from the organization to foster homes.

Data collection method

The study utilized in-depth interviews that were conducted with foster carers in order to elicit their views concerning the factors which should considered when recruiting foster mothers. According to de Vos et al. (2005), interviews are the most commonly used method of data collection when undertaking a qualitative research study. The interviews were conducted in English as this was the preferred languages of the participants. The interviews, with the permission of the respondents, were recorded making use of an electronic recording device. Recording the interviews allowed for a much richer account of the interview than relying on field notes and it allows the researcher to concentrate on the flow of the interview rather than on recording the content thereof(de Vos et al., 2005). In total 17 interviews were conducted with 13

being foster mothers and 4 social workers. Four of these interviews took place at Home from Home, and 13 of the interviews took place in the respondent's foster homes (at their request).

3.2.4 Data Collection Tool

These in-depth interviews were conducted using a semi-structured interview schedule as a tool to guide the conversation. A semi-structured interview provides guidance for the flow of the interview but is open ended, allowing the respondent the space to give meaningful feedback (de Vos et al, 2005).

The interview schedule explored information about key items to be incorporated in a screening tool such qualities of a good foster mother, and assessing the psychosocial well-being of potential carers, challenges faced by foster mothers, support which foster mother receive and the support they wish they could receive, and perceptions about the appropriate family structure for cluster foster care in South Africa. (See Appendix for a copy of the Interview Schedule)

The interview schedule was piloted with a population similar to that of the proposed study. The purpose of this pilot was to assess the schedule for consistency, regularity, timing and continuity. As a result of the pilot test, minor changes were made to the interview schedule that included addition of demographic information and the reordering of a number of questions in the schedule in order to facilitate better flow during the interview.

3.3 Data analysis

Since this was a qualitative study the researcher used the Creswell's approach to analyze data.

Qualitative data analysis

This study made use of an adaptation of Creswell's approach to data analysis (1998 in de Vos et al., 2004). He outlines a five stage cyclical process through which data is analyzed. The first step involves collecting and recording data, the second step is managing the data, the third step is reading and mem, the fourth step is describing, classifying and interpreting and the fifth step is representing and visualizing (de Vos et al., 2004).

Triangulation was used to add depth to the findings, by comparing the findings of the key informant interviews with those of the foster mothers.

The first step of collecting and recording the data has been covered in the discussion around data collection. During the second step of managing the data, the transcripts and recordings were organized, using colour coding to make them easily accessible and identifiable for analysis. The recordings were kept with the transcriptions, in order to listen for meaning when necessary.

During the third step of reading and writing memos, the researcher read through the transcripts a number of times to get a sense of the interviews in their entirety before breaking them down into categories. At this time the researcher made notes in the margins of the transcripts about questions and themes which emerged.

This brings in the fourth stage of Creswell's approach to data analysis, which is describing, classifying and interpreting. During this stage, the researcher will look for similarities, categories, themes and comparisons. The challenge at this stage will be to holistically evaluate the

transcripts, so as not to make hasty assumptions about the content that emerges. The final stage of the analysis will be to represent and visualize the data. This could include tables and figures to represent the findings.

3.4 Ethical considerations

Human participants' protection

The University of Cape Town has a strict process whereby ethical approval must be obtained before the proposed study may be carried out. This research proposal was reviewed by the supervisor and research coordinator of the Department of Social Development and ethical clearance was obtained. Ethical approval was obtained from the study site.

Strydom (in De Vos et al., 2005), suggests 8 ethical considerations that should be addressed when undertaking a research study.

These ethical considerations include avoidance of harm, informed consent, deception of respondents, violation of anonymity/confidentiality, actions and competence of researchers, cooperation with contributors, release or publication of the findings and debriefing of the respondents (Strydom in de Vos et al., 2005).

Avoidance of harm, informed consent and deception of respondents

For the purposes of the proposed study, the researcher did all she can to avoid harm to the respondents. Part of this avoidance of harm included asking all respondents to sign an informed consent form. As a qualified social worker, the researcher sought to conduct the interviews in a way that was respectful, and did not ask unnecessarily intrusive questions in an attempt to protect the respondents from emotional harm.

Informed Consent

The rationale for the study, the issue of confidentiality and the way in which findings will be published were verbally explained to the respondents before they agreed to take part in the study so that they could consider all the factors mentioned above before they agreeing to participate. These details were outlined in a written informed consent form which each was asked to sign and the respondents were given time to ask questions about the research before they were asked to give consent. (See Appendix for a copy of the informed consent form)

Deception of Respondents

There was not any intentional deception of the respondents in this study and the researcher made every effort to avoid unintentional deception of subjects throughout the course of the study.

Privacy and voluntary participation

The interviews were conducted in foster homes and the respondent were allowed to use their preferred language. The researcher requested permission from the respondents (in writing) to use an electronic voice recorder in order to record the interviews. It was explained to the respondents that the recordings will be used to help ensure that the findings are as accurate as possible.

Anonymity

The researcher explained that the respondents will be numbered so as not to include their names or identifying details in the findings, and that the recordings will only be listened to by the student.

Confidentiality

The recording device and all transcriptions were saved in a device with a password on it which is only known by the researcher and were erased once they have been transcribed. Transcriptions will be destroyed within 3-5 years of publishing.

Actions and competence of the researcher

The researcher strived to carry out the interviews in professional manner, respectful and free from judgement of the respondents. The respondents had the right to not answer any questions which they felt were uncomfortable responding to. The researcher is a registered social worker and adhered to the ethical code of the South African Council of Social Service Professions.

Co-operation with contributors and release or publication of findings

Any collaboration with colleagues or other professionals have been noted in this study, so as to abide with the ethical consideration of co-operation with contributors. The researcher compiled the final research report in a way that is accurate, objective, clear, unambiguous, free from bias and containing all the relevant information (Strydom in de Vos et al., 2005).

Debriefing of respondents

The respondents were debriefed directly after the session. This involved discussing their feelings about the interview and they were given an opportunity to ask any questions which they had. This also provided an opportunity to correct any misconceptions which may have arisen during the course of the interview.

3.5 Limitations of the study

A number of limitations emerged in the course of the study;

The findings should be interpreted with caution due to the fact that the study was qualitative dominant in nature and the findings can therefore not be generalized. This is supported by the fact that the recruitment was only from one site which could have impacted the nature of responses.

By conducting the interviews at the organization's foster homes the respondents could have felt the need to give what they deemed socially desirable answers, which could negatively impact the reliability of their responses.

The study does not take into account the perspectives of foster children and it can be assumed that they will have their own views about what they consider a good carer.

3.6 Reflexivity

I am passionate about effectiveness of foster care. I was aware that some of the people that I encounter in my study might not feel the same way that I do about caring for children who enter foster care. Being aware of my feelings about foster care, I made sure that I approached the interview subjects from an objective standpoint, regardless of their motivation for providing care, making every effort to keep my personal feelings to myself. I was aware of many of the challenges from my own experience and felt that this will help me to be empathetic in my interactions with the foster carers.

CHAPTER FOUR: RESULTS

This chapter presents the findings of the research study. It will provide a written description of the study participants and will go on to discuss the findings under the main headings provided by the research objectives and then breaking these down further to discuss the findings under the headings of the categories and sub categories that emerged through the analysis of the data. Quotes from the interviews will be used to substantiate the findings.

4.1 Description of study Respondents

The researcher interviewed 17 participants all of whom were female 4 were qualified and practicing as social workers and 13 were foster mothers. The participants were mainly from an organization called Home from Home. Their years of experience ranged from 1 year to 11 years and a majority of the participants had work experience of more than 2 years. This may mean that the participants may have been familiar with the process of screening foster mother in a cluster foster care setting.

4.2 Qualities of a good foster mother

From the interviews it is clear that according to most participants what makes someone to be a good foster mother involves having many characteristics as a person and have good relationships with other people. The dominant themes which emerged were: who one is as a person (trust, passion, warmth, integrity and honesty, accountability) , ability to show children their needs, love patience and understanding, ability to help children comfort children when they are facing problems, keeping good relationships with biological, and has previous experience on foster care.

Personality of a potential foster mother

Social workers and foster parents emphasized that being a foster mother has a lot to do with who one is as a person. They believe that what makes somebody to be a good foster mother is actually having these traits; trust, passion, warmth and nurturing.

Trust, one foster mother commented on having that attribute of trust;

A good foster mother is somebody whom children can trust, for children to be able to trust somebody they must first feel loved, then they can feel safe enough to trust the caregiver. Most children who are placed with foster mothers do not trust other people. There was an incident of a child who was brought in by a social worker, and when they arrived in my home I tried to welcome the foster child and he pushed me away. In this instance I explained to the child that I am her mother and will be the one taking care of him that is when he understood and felt safe to go inside the house. - *64 year old foster mother*

Passion

Another foster mother emphasized the importance of having passion to take care of children., that being a foster mother actually starts with having a burning desire to take up a child who is not your own. She added;

Wanting to be a foster mother is having the passion for other children, not only your own children, and trying to do for the

child what it needs. When one does this to the child they can feel that they are here and being loved. – *42 year old foster mother*

Warmth and Nurturing

Of central importance was that being a foster mother involves creating a warmth environment because from the time one is given the child they should make sure that the child understand that he or she will not be going back to the harsh environment they are coming from. So creating a warmth environment ties with the ability of a foster mother to bond quickly and easily with the children. As one foster mother put it;

A good foster mother is someone who is able to bond quickly with the children. Bonding is important as children will also feel safe with mother and thus creating a nurturing environment. – *61 year old foster mother*

Previous experience in foster care

The social workers stated that when one has previous experience of working with children then they can be good mothers, because they will be having knowledge and understanding of how to treat children. So a person with such experience will be able to deal with children who portrays different behaviour. This experience does not only has to be in foster care, it might mean that one has their own biological children whom she has taken care of whilst they were young.

What makes a good foster mother is somebody with a caring nature, somebody who is patient and understands how children grow and develop. – *40 year old social worker*

One foster mother added that;

For somebody to be termed a good foster mother it must be a person who is able to love children, having patience and understanding of the children. For example if the children want to go this way I must sit down and talk to the children, not just forcing them to do what I want. If I do not want them to do something I must explain it to them why I do not want them to do that. – *47 year old foster mother*

Availability to children

Being able to be there for the children was cited by most participants as one of the important traits which makes someone to be a good foster mother. Availability in the sense that one is able to listen and attend to children when there is a need to do so. As one foster mother affirmed this statement saying;

A good foster mother is the one who is always available to the children. A foster mother should be there for children for example when the child has problems at school or in the community, a good foster mother should be able to attend to the children's problems. Children in the community and other

community members may ask foster children such questions as why they have been placed in foster homes, so a good foster mother must be able to come in and protect the children when this happens. - *43 year old foster mother*

Another foster mother added that being available means that a mother is able to concentrate on the foster children and take them as your own children. She said;

If a mother is able to concentrate on children it means she has an experience of working with children and will therefore be able to work with those placed in her care. – *50 year old foster mother*

Maintaining healthy relationships with biological parent(s)

The importance of being able to have a good relationship with biological families of the foster children was cited as an important trait which makes a good foster mother. Maintaining a good relationship with the biological family may help a foster mother as they can sit down with children and offer some comfort when they facing problems coming from their biological families. This was supported by the quote below;

One could go an extra mile to go with the foster child to the biological child and offer some support when there are problems. It is important that both the biological and foster parents should have a good relationship for example if a foster child wants to go visit his or her biological parents they

should be allowed to go by the foster mother. The foster children must not forget that they have biological families where they are coming from. We as foster mothers must also teach the foster children to forgive their parents regardless of whatever that happened in their biological families, these children must love both families, not just the foster family only. - *52 year old foster mother*

Capacity to meet children's needs

Most of the participants mentioned that for one to be termed a good foster mother they should be able to meet the children's needs and manage to look after them well. This include making sure that one cooks for the children, giving medication on time, taking them to church, allowing them to have time for play.

A good foster mother is someone who is able to show children their needs for example showing them the love and care that they need and not acting like a stranger to them. By doing so the children will feel welcomed and know that they are going to be with the foster mother. – *47 year old foster mother*

Another foster mother alluded that;

You must know that a foster child is the same as your own child and therefore a foster needs to treat and look after him

or her the same way she would look after her own biological children. You should know that even a foster child can be naughty and make mistakes like other children. – *47 year old foster mother*

4.3 Perspectives about an effective screening tool

Most participants stated that an effective screening tool should consider the below information; foster mother screening should be a process, checking the psychological state of potential foster mothers, obtaining background information from family members, neighbours and making home visits, in-depth assessment to check for competency skills, and incorporating training and support.

Foster mother screening should be a process

This theme was cited by most participant as an important aspect that be included when developing a screening tool foster mothers. Both foster mothers and social workers alluded to the fact that it is a crucial to take some time when selecting fosters mothers as this can help in ensuring that the right carers are selected. As one social worker mentioned;

The process should take about a month or 2 months, it should be lengthier so that we can take our time with this important process. If we are just going to screen foster mothers when they are need then there is a high chance that we might not get good carers as we would not have the time to really check for all the important factors in this person's life. – *25 year old social worker*

A foster mother added;

Foster care screening should be done early so that when there are assistants required then we can always have somebody to come in and take care of the children. I remember an instance where one of the assistants were brought here and she did not treat children well so then Home from Home had to find somebody to look after the children. We should understand that the children are important and so should not just bring in a person quickly to assist without have checked thoroughly if this person is right. – *50 year old foster mother*

The need to assess psychological wellbeing of potential foster mothers

Most participants emphasized that it is vital to check the psychological state of a potential foster mother, for example checking how foster mothers cope under stress, whether there is any history of alcohol or substance and domestic violence. As one social worker commented;

I think definitely the psychological state, I think we need to have an assessment of how does this person manage stress. I know psychologists have a tool that in social work we do not use often, but it's a tool that will look at this person on a scale and score them we can actually have it as well. It will be handy to have a tool that will assist in identifying what is the person's area of concern for them, because some people cannot cope under stress. Because look being a foster mother

is crises management, things can happen with one child and another at the same time so you have to be able to think quickly and not panic. I think we can only be able to tap into that if we have something which shows that from a psychological point of view this person rates low or high. I think I would like to see that in the tool. – *40 year old social worker*

One foster mother added that the psychological state of a foster mother has an impact on how she raises the children placed under her care. She said:

You have to love and care for this children whom you are taking care of, you do not have to drink alcohol, you are supposed to be someone who does not like the things of outside. The mother has to concentrate on the children and to take them like her own. I like a mother who is like that because she knows the experience of this children. – *48 year old foster mother*

Asking in-depth questions to assess competency skills

They should ask about family background, where do you come from because it can be difficult to raise children in Cape Town when you grew up in Eastern Cape which is a rural area, so it is different upbringing from how you as a foster mother was brought up. Foster mothers should be

asked are you going to cope staying here most of the time. –
52 year old foster mother

A social worker added;

The other thing is that foster mothers need to go through preparatory training and as they are doing that, we are assessing them at the same time. For example have 4 sessions where you talk about different things, maybe child development, attachment theory, their perception about discrimination, disability while doing that you are assessing them. Some people can have strong views for example against gays and lesbians, so if one is taking care of a child who thinks they are gay how is the foster mother going to cope? It is about equipping and assessing them where they are now, because where they are now is that good enough to be a foster mother. – *23 year old social worker*

Background information should be obtained

We ask for references to fill in a form and contact details, but I do think we need to be more sort of vigilant in contacting this people maybe face to face, because if people are filling in a form they can put anything it does not mean that it is the truth. But when you interview face to face and breaking down the questions it is almost like assessing if they are being

truthful because we do count much on. We are relying on them to give us a true account, and I just think the form and actual questions that we ask are not sufficient, because it is like 4 to 5 questions, I do not think they cover what needs to be covered. – *25 year social worker*

Another Social worker added that;

I think the biological children of the foster mother should be interviewed as well, like what was their parenting like, how they coped with you when you were a teenager rebelling. I think for me that is very revealing when you talk to biological children because they usually have a lot to say. – *40 year old social worker*

Training and support for potential foster mothers

Training and support was mentioned by participants as the most important part which should be considered when developing a screening tool for foster mothers because it is through it that one can see if the foster mother is coping or not. Most participants stated that a lot of foster mothers come in with good intentions, but when they realize that it is not what they expected then they leave. Hence the importance of making sure that potential foster mothers get the training and are involved that is when they can judge if this work is for them or not. One social worker commented that doing trials can assist in training potential foster mother as she said;

It is vital to do a child week or training week where the potential foster mothers will be placed in one of the homes and they will be working with one of the foster mothers. It will not be a job but just to see the practicality of how it is to be a foster mother taking of 6 children in a home setting. This is because it is easy for a person to say who they are and what they like and it is another thing to show that you can actually see how they react to situations. So I think using a home where a foster mother has been there then the potential foster mother can be honest with who they are. This will also serve a double purpose, not only will we give the potential foster mother of what she does practically, but will also get an idea of what the work is like and that is when she can get an idea of what the work is like and then decide if she really wants to do this or not. – *25 year old social worker*

A foster mother commented;

Make sure there is someone to speak to us as foster mothers for support, for example when there is a problem the social workers must make sure that both parties are happy, (me and the child). It should be only about talking to the child, they must also call me and talk to both of us. – *56 year old Foster mother*

4.4 Key items of a foster mother screening tool in South Africa

Most participants cited that it is important to ask questions about the gender and age-group of children which foster mothers are comfortable taking care of, finding out the person's capability to take care of 6 children, and the ability for foster mother to commit to the job, asking about the ability of a foster mother to cope with children from traumatised environments, checking the psychosocial wellbeing and previous experience on raising children. As one foster mother put it;

You must be able to ask a person the following questions: Do you love the children? Do you love the children and will you be able to give love to foster children? are you show you will take care of children if we give you this job? Did you work with children before? If the child doesn't listen or makes a mistake what will you do? Do you have a criminal record? Would you help children get out of trauma? Ask about Christianity- do not do things like unbelievers, they should be asked about alcohol usage, Ask if they are married or not married (respect-not there), Why do you want to be a foster mother? -52 year old foster mother

Another foster mother added;

Ask about availability for children, do you think you will manage to stay with 6 children alone? Will you manage to help children with homework, taking them to hospitals and doctors? Will you manage the rules of Home from Home? Do

you think you will manage to stay 24/7 and you leave biological children? Will you manage to take care of children alone without a partner? we will place you with a foster mother who has 4 years' experience taking care of the children, so as to gauge whether you will be able to be a foster mother are you fine with that, Are you going to allow other people to come to your home when you are a foster mother? Will you be able to play with children? -48 year old foster mother

One foster mother commented;

Foster mothers should be asked; do you know how to make a budget for the children? Why do you want to be a foster mother? Which age group of children do you want and what gender do you want? Can you manage to stay with about 6 children? Ask about if somebody like education, Ask about if she knows how to discipline children in the right way, Should be asked if she can be a good example (does not drink or leave children alone), and is she prepared to work hard? - 43 year old foster mother

4.5 Factors to Consider for the Retention of Foster mothers in Cluster foster care

Most participants identified the following as the important things which can be done to ensure that foster mother stay and continue doing their work; Making support available for foster

mothers, Allowing them to take breaks, equipping them more with training on foster parenting and behaviour management.

Making Support Available to Foster Mothers

It was emphasized by most participants that it is important that those foster mothers taking care of children should be given support. The kind of support which was identified as necessary was emotional and financial support due to the nature of the work that foster mothers are doing. As one foster mother put it;

Emotional support

One foster mother commented on the importance of being given emotional support, she said;

The social workers at home from home must just be there for the foster mothers because you know sometimes we have got naughty children, so when I want help from them they must be there to listen when I am having a problem and when children are giving me trouble. Social workers must listen to us and give advice, we do have a forum where I always hear other foster mothers complaining about the children giving them problems. I think that is why many end up leaving so we should understand as a foster mother that because leaving the children you are not doing yourself a favour when the new foster is brought in to take care of them, since all this time they have been attached to you. So if I phone home from home should attend to me as some of these children are

coming from traumatic situations so we can say maybe it that which is causing their naughtiness. – *43 year old foster mother*

Another Social worker added that;

I think foster mothers need external counsellors, so we do offer counsellors but they do not usually take it up I think it is because of the time needed to travel, so it is upon the foster mothers to go for counselling when they want to we cannot force them to do it if they do not want. What we can do from our side is making sure that our social workers listen to them, we have changed a lot of things we are now providing more group work for example we have support groups where foster mother meet and we give more support that we can, We can also make sure that social workers check children so that they know when things are wrong, they can be identified. – *69 year old social worker*

Financial support

A social worker added that;

I can speak from my perspective from my foster mothers. Some of the problems they struggle with is transport because they really struggle to take the children to the hospital appointments and therapy. I think that ideally it will be great to provide some form of assistance in terms of finances,

because it depends I have got a foster mother whose children does not need help to the hospital at all, then I have got a foster mother who takes her children to the hospital every week. So whether the financial assistance can be compensation or providing a bus card I think that would be very helpful. – *25 year old social worker*

Allowing foster mothers to take breaks

The importance of taking breaks was mentioned by most foster mothers and social workers as a crucial aspect in ensuring that foster mothers stay and continue to do the amazing work which they are doing. Taking breaks could include giving them more time to take breaks, and also taking out the foster children for adventurous activities. One social worker alluded that;

I think foster mothers should be given more leave, because the work they do is tiresome, it's more like a lifestyle for them, though they get leave but I feel they should receive more days so that they can get to rest. It is not saying that they do not get this already. – *27 year old social worker*

One foster mother added;

Home from Home should give us off for about 4 days or more, there should be assistants who are always ready to take care of children so that we can also have time to go and see our biological children. Get some days off will also give me

time to get off the stress of having to cope with these children. – *47 year old foster mother*

Equipping foster mothers with training and valuing them for their work

One of the things cited by most participants was the fact that Home from Home should provide more training for the foster mother before children are placed with them. The main reason being that foster mothers are taking care of these children coming from traumatic situations so they have to be equipped with some behaviour management skills so that they are able to deal with the foster children. A social worker commented;

Ongoing training, I do not think our foster mothers get enough of that where they can build their skills. This is because obviously different people have various interests, and most times we take it as training but to foster mothers it is an issue of what can I get out of it. I think we do offer them a qualification, but it has to be linked to the childcare element and the work which they are doing at the moment. - *40 year old social worker*

One foster mother emphasized the importance of being valued for their work;

We want Home from Home to care for us as foster mothers, sometimes at work you feel that they do not care about me, that thing to just have a call from your boss it's good it shows they care just by finding out how you are doing. – *56 year old foster mother*

Recognizing foster mothers by paying adequate salaries

Most participants attested that Home from Home should always acknowledge and approve that foster mothers are doing a good job. That could be done by recognizing experience and paying more based on how long they have been working as foster mother, and awarding certificates for job well done. One social worker stated;

Obviously the times we are living in, you know financial reimbursement, you know paying people adequate salaries is always something that will encourage people to stay. We also expect this people to live, it's not just charity they are doing the work 24/7, government needs to be serious about how to support these people financially. This is because if you compare a foster mother with somebody who works as a teller they are getting almost the same amount, but what foster mothers are doing is more valuable because they are helping children who are traumatised. – *40 year old social worker*

Another Social worker added;

We need to also consider the length of service, some foster mothers who have reached 5-10 years working with us, I think we need to look at celebrating that because it is positive. So I think we need to give them bonus recognition so that the foster mothers can have motivation for them to

continue, because it can be the worst for people if they feel that they are not valued. - *25 year old social worker*

One foster mother alluded that;

Having an assistant foster mother, you if you have an assistant even if as a foster mother it can happen that you have a little problem you can share with the assistant then you become okay. Even the assistant can help when I take a leave or off days from work. – *40 year old foster mother*

4.6 Experiences of Foster Mothers and Social Workers in a Cluster Foster Care Setting

When asked to share their experiences about the cluster foster care model most social workers and foster mothers said it was rewarding and fulfilling to see themselves making a difference in children's lives as most of them come from very traumatic environments. Some foster mothers cited that they are happy to be raising the children, their responses are evidenced by the below quote;

I am happy doing this job, children can organise surprises for me during my birthday for example by making breakfast for me. Sometimes you find that the older children have helped with household chores without you tell them. I like it when the small ones jump on me. In the mornings they say hello mummy, God love you. Just seeing them on Sunday

attending Sunday school makes me happier. – *40 year old foster mother*

Another foster mother added;

I am happy to be here as a foster mother, I have a small baby who is always smiling, these children I stay with complement me when I do something for them, you know they say thank you. The children even say that I am better than the foster mother which they had before. – *43 year old foster mother*

Other participants stated that they are happy when they can actually realise the difference made in a child's life because of being placed with them. One foster mother said;

The good part is that am only glad when I look back to see how far these children have come because I have one in grade 4,3,2 and the little one in grade R. I can only look back and be happy that these children are managing to get through the education. I try to help them with the education, I always tell them that I want to see them become somebody, I once asked the other boy, what he wants to be when he grows up and he said a librarian, he loves reading. – *64 year old foster mother*

A social worker also commented on how she felt about seeing the difference made in a child's life, she alluded that;

The highs for me is when you can see the difference which foster mothers are making in the children's lives for example you brought the child 2 years ago and now you can see the child smiling and happy, for me that Shu! That is something you can jump up and down about and say wow! – *25 year old social worker*

Most participants also said the best part of their experience is when they evidenced that the child has developed a relationship with their caregiver (seeing that bond developing). As one foster mother put it;

I do not have my own biological children, they call me Mum and call my husband dad that makes me so happy. I also get time to play with them, I give them my phone to play with it, I laugh with them, and study the bible together with them. – *40 year old foster mother*

One social worker said the best part is when you see that the mums adores the child. This is evidenced by the below quote;

It has been an amazing experience seeing foster mothers build relationships with these children. It is incredible to see them building that bond, just seeing the kids come and fell at home and being loved by the foster mothers is very encouraging. – *25 year old social worker*

Some participants shared that working in cluster foster care gave them an opportunity to grow both personally and professionally. One foster mother cited that;

I like it when Home from Home send people to teach us a lot of things, like the lady who came with a dog the other Friday. They teach us how we should deal with these children coming from traumatic backgrounds. Home from Home also takes us out to massage places, restaurants, and to places where there are people who do clay work. – *48 year old foster mother*

A social worker also commented on how this experience contributed in her growth;

As a baseline for me it's been valuable getting to know the foster mothers, appreciating the job they do because I am a parent and I have got 2 children sometimes I think for 6 children it's a lot we are asking of them but they manage and get on well with the children. – *40 year old social worker*

Another social worker added;

I find working with foster mothers very inspiring for me seeing these women who are selfless and giving themselves for these children. Just working with them finding solutions with them and seeing them learn and develop has been really

good for me, and the fact that am also taking part in this process as well. – *25 year old social worker*

4.7 Challenges faced in Cluster Foster Care

The following were mentioned by most social workers and foster mothers as the main challenges faced while working in a cluster foster care setting; behavioural problems of children, Feelings of isolation and being alone, financial problems, no proper matching done, challenges posed by birth families of foster children, and that being the experience of being a foster mother is tiring and exhausting.

Behaviour problems

Foster mothers said that most foster children can be rude, cheeky and present with emotional difficulties. They gave instances of children running away from foster homes, some of them are just difficult to handle because of the nature of backgrounds they come from which are traumatic. Some are children who present with personality disorders such as; Attention deficit Hyperactive disorder, epilepsy and hearing problems. A foster mother said that taking care of 6 children with different personalities can pose a challenge;

Every child is not the same, they have different ways and you have to go through all of that, the one wants to be a happy child and the one wants to be grumpy and it's challenging because you have to go through all of these children and know them. It is so challenging because you have to be careful so that you do not make these children hurt in anyway

so you have to be careful that you do not hurt these children's feelings in your dealing with them. Because you can just say something which can make the child to feel sad, so you have to get into knowing the child so you do not say the things that the child does not like. – *43 year old foster mother*

Another foster mother commented giving an instance of a teenagers who do not listen stating that;

The challenge is when the children want to go outside and coming late, but they know that they are not supposed to be coming home very late. When they come late at night they will not even apologise, they just become cheeky and answer back. – *40 year old foster mother*

One foster mother also added;

If you speak to them sometimes they cry, they don't want to listen even at school there are some things that they are doing, and sometimes at school they are calling me for them for example I have a 16 year old who kicks other children and plates, touch the bumps of the teacher. When I was called he was cheeky in front of the teacher and seemed like he doesn't care, so the teacher said she was going to give him a final warning. So when I got home I tried to speak to him, but

when they are with us they act like they are doing things right
while they do bad things. – *40 year old foster mother*

Feelings of being isolated from the community

Another challenge which was stated was feeling isolated in the community. Most participants said that taking care of children in a different environment without knowing anyone there can be quite difficult. As one social worker commented;

It is challenging if a foster mother is in a place where they don't come from, when you have got 6 children to take care of and you also have to adjust to the new environment. It can be quite a hard experience, for example my foster mother was not from the area where she was placed to take care of children and she thought people were gossiping about her and had issues around that. It is also challenging for foster mothers who have a house on their own not close to others, they can feel isolated because they might not have anyone to go to. – *25 year old social worker*

A foster mother gave an incident of a child who fell very ill while she was alone at home and had no one to assist at the time this happened. She said;

There was an incident here one Saturday, one kid just collapsed and I was here alone with the children only my husband was not around. I was freaking out because I am

having these children and the sick child now and I did not know what to do. – *43 year old foster mother*

Financial challenges

This was cited by most participant as the main challenge faced while taking care of foster children. The foster mothers said that the grant money was not enough to cover all the foster child's needs, and as such they end up having to use their own salary to cover up for the children's needs. This is evidenced by the below quote;

It was sad when I started working here there were times when I had to ask my family to buy me food because I did not get any grant as yet, my church was giving maintenance grant before but they stopped 2 months before I received the foster care grant. There were times when I had to ask my niece to bring me food and for me that was the time I actually got sick of Home from Home because I was thinking they are coming here but they can't even bring bread. – *64 year old foster mother*

A social worker alluded that the foster care grant is not enough at all which means that the quality of food which foster children eat end up being compromised. She stated;

The financial challenges are that the money the state pays (grant) is small because it's R600 per child, if maybe you can compare this to other countries like England you will realise

that the money is small so I think for me that's a big thing.
The money is little, so you cannot buy good quality staff, you
have to buy basic staff because that is what you can afford. –
40 year old social worker

No proper matching done

Social workers and foster mothers said that there was no proper matching done, children were just placed with them by external social workers because they had nowhere to go. Foster mothers said that even when they feel they cannot be able to take in the child they are not listened to instead they are expected to just take in the child.

There is no proper matching done in terms of placing children, like what type of children should be placed together, we are just filling a need. For example having 5 teenagers in the same house that's crazy because they are all going through the same thing. External social workers expect us to take in children and often there is no matching that is done, so that's one challenge for our foster mothers as well. – 27
year old social worker

Challenges posed by birth families

The birth families of foster children can be difficult to deal with, they are not accountable at all and they do not care about their children. Social workers said this can make a foster mother feel like they are doing all the job of raising children alone without any input from their families which can be quite hard, one affirmed this statement by saying;

Birth families for these children can be a challenge because on one hand foster mothers are doing all the hard work for looking after the children and the biological children are just having an easy life, just coming to check children dresses and looking good and just go back home. Even when the foster mother says I am really having a tough time with these children. – *40 year old social worker*

A foster mother added that the biological parents can even come at the foster homes to harass them, she commented;

It's very challenging with biological families because they see some us as stealing their children away from them and eating the grant money. I had an incident where one biological mother came to accuse harassing and abusing me and I ended up having to go and appear before the court. She was saying I eat money and shouting at me saying you are a worker here these children can do whatever they want to you. Now the 13 year old girl after hearing that cannot even wash her panties she says I am a worker and I must do that for her. – *47 year old foster mother*

Exhaustion associated with a cluster foster care setting

Both social workers and foster mothers said that taking care of foster children is all hard work, it is not an easy job as such it can be taxing and exhaustive. Foster mothers said that some of these children steal their money, they fight and can even misbehave at school. Another commented;

Sometimes you feel like you want to quit this job, but you would say to yourself why would I want to quit, what if it was your children especially teenagers they are a problem because they like to experiment and they listen more from the outside. Teenagers do not care they can just do what they want. I remember one Saturday the one who is 15years she had took my glass to school and she didn't tell me, sometimes I feel hurt and end up crying, but I do not cry in front of them. – *40 year old foster mother*

Another foster mother said that sometimes these children can be tiring because you may not know what they really want;

It is not an easy job sometimes I feel like am tired, the kid will wake up at 2a.m making noise, walking up and down the 3year old would say Mum I want pap at night. Sometimes when the child is crying they can get on my nerves because I give the child food and they do not want the food and the child doesn't talk and I do not know what else I can do. – *47 year old foster mother*

4.8 Recommendations on how to overcome challenges

Most participants suggested that the challenges can be addressed by; training and supporting foster mothers, allowing foster mothers to take more off and leave, encouraging the foster mothers to take part in the community, making sure that there are clear plans for foster children, financial and technical support.

Training and emotional support to dealing with children

It was cited by most participants that training and support is essential in ensuring that some challenges are addressed. Training include equipping foster mother with some parental skills of dealing with foster children who present with different behaviours. Support was mentioned as vital in terms of dealing with the emotional taxing that comes with being a foster mother, it can be through debriefing or either taking a child for therapy.

If I know that the child has anger problems then I tell you as the social worker that look the child has anger problem, so I think most of these children need counselling and need to be seen to because they have been traumatized and need counselling before they are placed with us. The children don't go for counselling until you notice something and tell the social worker about it. – *43 year old foster mother*

Another foster mother added;

We do talk to the children, for example the boy who was touching the teacher's bumps, we told him that if he

continues behaving like that he can end being in prison so we tell him he must doing this at school. After talking to him I didn't hear about that behaviour anymore. – *40 year old foster mother*

A social worker commented that biological parents need to come to terms with their children being raised by a foster mother;

There needs to be more intervention in terms of parenting skills, firstly biological parents need help in terms of how to deal with their children being raised by someone else, they need to know where the boundaries are, This is because for them they are just set on having a relationship with the child not seeing that you are trying to do what is best for the child. Here at Home from Home we do what we can, we have a good system because we sit down with the biological parents and talk to them. Secondly we have times with foster mothers talking about the kids, helping them with strategies to use for example what to do when the child acts out. Often we refer a child to counsellors if they really need intervention for example a child who has been a victim of sexual abuse. – *25 year old social worker*

Foster mothers should be allowed to take more leave

The importance of taking leave was emphasized by social workers and foster mothers as an important way to get off the stresses that come with being a foster mother. It is good for that at times they take time out to see their biological families or go for adventurous activities just to re-energise, since most of the times they are concentrating on children. One social worker stated;

We offer debriefing for foster mothers because most of the times they focus on the kids only and forget about themselves, so as social workers we advise foster mothers that they need to call the hospital when they are sick and that they need to take care of themselves as well. Their heart is to give and give so they end up having no energy left, we encourage them to take a break when they need to. – *61 year old social worker*

A Foster mother commented;

I think as foster mothers we should be given more time for leave, because just staying here for long hours without a holiday no weekends always being here is too tiring. One other thing is that even on holidays and weekends we are expected to be here without being paid extra money for that. – *50 year old foster mother*

Foster mothers must be involved in the community

As a way of addressing the challenge of isolation most social workers proposed that the foster mothers should utilize community resources such as meetings to get to meet other people so that they do not feel alone. One social worker said;

We advise foster mothers to look into community activities to get to know people in the community for example meeting neighbours relationships, being engaged by participating in the community's morning activities. – *27 year old social worker*

A foster mother added that there should be more times for support groups meetings;

There are support groups were we usually meet as foster mothers to talk to each other and be there for each other offering some kind of support, I think if there can be more meetings for these support groups it can be better. – *56 year old foster mother*

There should be clear plans

Social workers and foster mothers recommended that there should be clear plans from the time the child is placed with them. Most participants emphasized that if there are clear plans as to who does what then it is easier to hold people accountable. This was confirmed by the quote below;

When the child is placed it is important that you do a meeting and have time scales and what needs to happen and who does what, because usually those people who place the child are not held accountable. it's like after placing the child 6 months

will just pass and when we social workers ask the external ones what happens with the child they will be like I have the child in my caseload I do not know what the plan is. I think we need to be clearer as an organization we can ask them to tell us what the plan is for the child because we can't just carry on with the child. – *40 year old social worker*

Assistance with financial and technical support

Most participants said that foster mother should helped to deal with financial challenges because if they are not it can be too much dealing with the financial strains while at the same time having a taxing job. This was supported by the below quote;

Home from Home must help us with grocery and electricity when it is about month end, because it is usually at that time of the month when children have nothing to eat, there is no electricity and the grant money has not come as yet. - *56year old foster mother*

Another foster mother added;

You know what I was actually thinking this morning when I was hanging laundry, I was thinking days like this when it's raining cant them as Home from Home have transport for the kids, just to pick them up and drop them at school rather than having to let them walk on rain. – *43 year old foster mother*

One of the social workers said that foster mothers have to be also paid well to ensure job satisfaction;

The organization must make people to feel happy, if people are happy they will do their jobs well, the salary given currently is not enough, but this is a hard job for foster mothers as they have to meet the needs of our biological children. My other suggestion is that foster mothers should be provided with transport alternatives whether it's a home token or my city bus card, I do not know what exactly we will do but we can do something. – *40 year old social worker*

4.9 Insights into the Common Psychosocial problems of Foster Mothers

Behaviours such as hitting children, alcohol and drug abuse, depression and anxiety issues, were stated by most participants as the main psychosocial problems that foster mothers present with.

One foster mother alluded:

The common psychosocial problems that foster mother present with is that some get drunk with alcohol and smoke in front of the children, some hitting the foster children, exchanging boyfriends and bringing friends who are bad at foster homes. – *61 year old foster mother*

Another foster mother added;

Most of the problems appear when they start hitting the kids. Some of the foster mothers keep staff from the company maybe people staying or sleeping over at foster homes. To give an example, I was shocked to hear that one foster mother was sent away because she hit the kids, but I used to visit and she has never done that in front of me. I was only one incident when I heard her saying that she made a 6 year old child to hang blankets because he pee in bed. – *43 year old foster mother*

A foster mother reported on the importance of ensuring that children are treated right by their caregivers, she said:

Some of the foster mothers do not treat children right, for example not giving children enough food and not doing laundry for them. Making children to do what they are not supposed to do, like cleaning the house, they must clean the house but there is some work that the child is not supposed to do. For instance in my house I have a 12 year old and 17 year old so the two of them wash the dishes so that is what they do basically and during weekend they clean their rooms and that's it. I do not let them hang clothes am a foster mother that is my work which I have to do. – *47 year old foster mother*

A social worker also commented on the importance looking at a foster mother as a whole. She said;

When we screen people we have to look at them holistically, so you are looking at where they come from, and where they are at the moment, are they coping or managing financially, because you cannot expect them to go and take care of children if they cannot manage their own lives. – *40 year old social worker*

4.10 Perceptions about an Appropriate Family structure for Cluster Foster Care

Most participants stated that whether one is single or married they can be foster mothers, it just depends on the passion and if the person really wants to be a foster mother. The emphasis was that looking at the South Africa context most women are single but can be good mothers. One social worker said;

I think both single and married couple can be good taking care of foster children, in general it is better to have both mum and dad, but it is not realistic in our society because somebody's husband may have passed away, divorced or unmarried but want to have kids. You can get amazing mothers but you wouldn't just deny them to be foster mothers because they do not have a husband. I think it depends on the person, if they have a heart for children they should be allowed to be foster mothers. – *40 year old social worker*

A foster mother added that;

They should have a father because a father is a very good thing for the child. I remember with me and my husband these boys were so good so since he passed on they are crap, I have to be checking them always to see if they are doing right things. When my husband was here he used to keep them on their toes, but now they do not do anything they sit at the television which I do not like. I think even if it is single parents taking care of children its fine, but it will be good to have a partner. – *64 year old foster mother*

Summative Comments

The findings suggest that when designing an evidence –based screening tool the following should be considered; that recruitment of foster parents should be a process, it should incorporate screening for depression, anxiety, substance & alcohol abuse, and consider the various family structures existing in South Africa. In addition there was more emphasis placed on provide financial and emotional support with the hope that this can help retain foster mothers.

CHAPTER FIVE: DISCUSSION AND CONCLUSION

This section focuses on discussing what has been revealed by the findings and connecting it to the literature review. It is also compared and contrasted with the theoretical framework and corresponds to the objectives of the study. Furthermore it was ordered according to the key themes that repeatedly emerged during data collection and finally presents major conclusions of the study.

5.1 Qualities of a good foster mother

The finds revealed a screening tool must check for the characteristics of what makes somebody to be termed a good carer, the following qualities were identified the personality of a potential carer, ability to understand and respond to children's needs, having love patience, good interpersonal relationship skills, and previous experience on foster care. This finding is consistent with Winnicott's concept of a good-enough parent, he states that such kind of parent is well enough attuned and responsive to protect the baby with an illusion of omnipotence, or being all-powerful (Winnicott, 2005). For example, a well-cared-for baby usually doesn't feel hungry for very long before being fed, Winnicott thought the parents' quick response of feeding the baby gives the baby a sense that whenever she's hungry, food appears as if by magic, as if the baby herself makes food appear just by being hungry. To feel this powerful, Winnicott thought, allowed a baby to feel confident, calm and curious, and able to learn without having to invest a lot of energy into defences (Winnicott, 2005).

5.2 Incorporating items to assess training and support needed by foster mothers

The findings revealed that training and support was cited by participants as one of the factors which should be considered when developing a screening tool for foster mothers as most of them

find it difficult to cope when providing care to children. This finding is supported by Rodes, (2005) who asserted that foster care tools should be able to identify potential foster mother's strength and target areas where they can be provided with further development.

Moreover the results revealed that foster mothers reported that support from the social workers is crucial to assisting them to provide care to foster children, they alluded that taking care of foster children can be taxing as most of them come from very traumatic environments. This in agreement with the family systems theory's component of environmental influences of home and family, from birth, a child's quality of life is directly influenced by the kind of care, support, stimulation and education he or she receives from family members in the home (Gladding, 1998). As infants begin to develop secure attachments with significant others, particularly family members, they begin to establish themselves as members of the first and most basic unit of society the family, which forms the foundation for secure membership in other groups throughout life (Gladding, 1998). So in cases where the quality of life has been compromised children may present with behavioral challenges, therefore making it difficult for foster mothers to care for them hence the importance of receiving support to dealing with such children.

5.3 Assessing psychosocial wellbeing of potential foster mothers

The results revealed that when screening foster mothers it is important to look at them holistically, this include; obtaining background information, assessing coping strategies and the capability to take care of children. This finding is consistent with Gladding(1998)who argued that most tools used in screening foster parents check for the psychosocial wellbeing such as their ability to take care of children, history of a foster mother and the way they cope when confronted by situations.

The findings show that some of the psychosocial problems which foster mothers present with are drugs and alcohol abuse, physically abusing children, lack of emotional warmth, and all these factors can be features of mood and anxiety disorders which the tool should assess. This finding is in agreement with Azar et al (1998) who asserted that the capacity of parents to be adaptable (perceptive, responsive and flexible) can be affected by a wide range of factors, for example, substance abuse, marital conflict, stress, mental health problems, and learning difficulties. The author further stated that whilst none of the above mentioned factors per se predicts parenting capacity, they can make parents more vulnerable to reduced parenting capacity.

5.4 The Appropriate family structure for cluster foster care

The findings of the study showed that when considering an appropriate family structure for cluster foster care in the South African context both married couples and single mothers are appropriate for taking care of children. This finding is in agreement with literature from Luke & Sebba (2013) stating that countries developing their fostering services should consider the utility of adapting selection instruments that suit local cultural values. So when designing the tool it is important to take into consideration the fact that raising children as a single parent in South Africa is viewed as appropriate because many parents are single and yet able to raise their children well.

5.5 Key items of a potential foster mother screening tool in South Africa

The results revealed that foster mothers views on what the tool should incorporate include the following; asking questions on gender and age-group of children, finding out the person's capability to take care of 6 children, and the ability for foster mother to commit to the job, asking about the ability of a foster mother to cope with children from traumatised environments, previous experience on raising children. This finding is consistent with what other tools such as

Casey Foster Applicant Inventory (CFAI) and the Casey Home Assessment Protocol (CHAP) assess for in a potential foster mother, these tools were designed to specifically assess a broad range of characteristics that can be used to check if somebody qualifies to be foster parent (Orme, 2006).

5.6 Conclusion

The results indicated that a reliable and valid tool for screening eligible mothers in cluster foster care settings in South Africa should include a standardized assessment of parenting skills, assess psychological wellbeing of potential foster mothers in addition to the normative socio-demographic background assessments. Many respondents cited that an effective tool should; screen for some common psychosocial problems such as depression, anxiety and substance and alcohol abuse, it should also consider the various types of family structures which exist within the context of South Africa such as single mothers and married couples.

Moreover this study showed that some of the challenges faced by foster mothers in cluster foster care include; having to deal with behavioural problems of children, feelings of isolation and being alone, financial problems, lack of proper matching of foster children with carers, exhaustion and challenges posed by birth families of foster children. Most respondents emphasized that it is fulfilling and rewarding to work in a cluster foster care setting because it provides foster children with an opportunity to be cared for in a supportive environment which enables them to recover from their past traumas and live meaningful lives. Many of the respondents indicated that emotional and financial support were crucial in ensuring the retention of foster mothers within the context of high attrition rates of foster parents in South Africa.

In conclusion this study has added to the literature on factors to be considered when designing an evidence based screening tool for foster mothers in Cluster foster care settings within the context of South Africa. It is the researcher's hope that findings from this study will benefit the Department of Social development and various organizations which use the cluster foster care model in South Africa. The researcher is of the view that further research is still needed to explore more on what can be done to ensure the retention of foster mothers.

REFERENCES

- Azar, S.T. & Cote, L.R. (2002). Sociocultural issues in the evaluation of the needs of children in custody decisionmaking: What do our current frameworks for evaluating parenting practices have to offer? *International Journal of Law and Psychiatry*. 25: 193-217.
- Azar, S.T., Lauretti, A.F. & Loding, B.V. (1998). The evaluation of parental fitness in termination of parental rights cases: a functional-contextual perspective. *Clinical Child and Family Psychology Review* 1 (2): 77-100.
- Babbie, E. (2010). *The practice of Social Research (10 Ed)*. Toronto: Wadsworth/Thomson Learning.
- Broderick, C.B (1993). *Understanding Family Process: Basics of Family Systems Theory*. London: Sage Publications.
- Buehler, C., Orme, J. G., Cuddeback, G. S., Le Prohn, N. Cox, M. E. (2006). *Casey Foster Applicant Inventory (CFAI): User's manual*, (2nd Ed.). Knoxville, TN: University of Tennessee, Children's Mental Health Services Research Center.
- Chereni, A & Mahati, S.T. (2000). *South Africa's Children made Vulnerable by AIDS Report*.
- Cicchetti, D., & Valentino, K (2006). An ecological-transactional perspective on child maltreatment: Failure of the average expectable environment and its influence on child development. *Journal of AIDS Care*, 19,3, 326-329.
- Dicken, S & Gordon, E. (2004). *Ensuring the Healthy Development of Infants in Foster Care: A Guide for Judges, Advocates and Child Welfare Professionals*. New: Permanent Judicial Commission of Justice for Children.

- Deininger, K., Garcia, M., & Subbarao, K. (2003). *AIDS induced orphan hood as a systemic shock: Magnitude, impact, and program interventions in Africa*. *World Development*, 31(7): 1201-1220.
- Donald, T. & Jureidini, J. (2004). Parenting Capacity. *Child Abuse Review*. 13: 5-17.
- Department of Social Development (2007). *The Children's Amendment Act, no 38 of 2005*. Pretoria: Government Printers.
- Department of Social Development (2006). *Guidelines for the Effective Management of foster care in South Africa*. Pretoria: Government Printers.
- De Vos, A.S., Strydom, H., Fouche, C.B., Delpont, C.SL. (2004). *Research at grassroots: for the social science and human services professionals* (2nded). Pretoria: Van Schaik Publishers.
- De Vos, A.S., Strydom, H., Fouche, C.B., Delpont, C.SL. (2005). *Research at grassroots: for the social science and human services professionals* (3rded). Pretoria: Van Schaik Publishers.
- Fava, G.A and Ruin C (2014). *Increasing Psychological Wellbeing in Clinical and Educational Settings*. New York: Springer Science and Business Media.
- Fine, P. (1985). Clinical Aspects of Foster Care. In *Foster Care: Current Issues, Policies, and Practice*. Norwood, NJ: Ablex Publishing Corp. 206-34.
- Forsberg, H., & Kroger, T. (2010). *Social Welfare and Child Care Politics: Through Nordic lenses*.
- George, V (2002). *Foster Care: Theory and Practice*. Oxon: Routledge.
- Gladding, S.T. (1998). *Family therapy: History, theory and Practice*. New York: Prentice-Hall Inc.
- Goldenberg, I. and Goldenberg, H. (1998). *Counselling today's Families*. Pacific Grove: Brooks/Cole.

Home From Home Annual Report. (2014)

Howe, d & Alper, J. (2015). *Assessing Adoptive and Foster Parent: Improving Analysis and Understanding*. London: Jessica Kingsley Publishers.

Kerr, M.E & Bowen, M (1988) *Family Evaluation: An Approach based on Bowen's theory*. New York: W.W Norton and Company.

Kamali, A., Seeley J.A., & Nunn A.J (1996). *The orphan problem: Experience of a sub-Saharan Africa rural population in the AIDS epidemic*. *AIDS Care*, 8:509-515.

Kidman, M.S., Petrow, S.E., & Heymann, S.J (2007). *Africa's orphan crisis: twocommunity-based models of care*, *AIDS Care*, 19, 3, 326-32.

Kiggundu, E., & Oldewage-Theron, W. (2009). *Coping: A challenge for guardians of children orphaned by HIV/AIDS in South African Township*. *Development Southern Africa*. 26 (3) 383-397.

Kreuger, L.W & Neuman, W.L. (2006). *Social Work Research Methods: Qualitative and quantitative application*. Boston: Pearson Education, Inc.

Temple-Plotz, L., Stricklett, T.P., Baker, C.B & Sterba, M.N. (2002). *Practical tools for foster parents*. Boys Town: Boys Town Press.

Lester. D. (1997). Toward a system theory of the mind. *Journal of the Royal Anthropological Institute*. 3, 1392-1 394.

Liamputtong, P. (2010). *Perfoming Qualitative Cross Cultural Research*. New York: Cambridge University Press.

- Lovibond, S.H.; Lovibond, P.F. (1995). *Manual for the Depression Anxiety Stress Scales* (2nd ed.). Sydney: Psychology Foundation. (Available from The Psychology Foundation, Room 1005 Mathews Building, University of New South Wales, NSW 2052, Australia)
- Luke, N & Sebba, J. (2013). *How are foster Carers Selected? An international literature review of instruments used within foster care*. University of Oxford: Rees Centre for Research in Fostering and Education
- Madhavan, S. (2004). *Fosterage patterns in the age of AIDS: continuity and change: Social Science & Medicine*, 1443-1454.
- Magnavita, J.J. (2002). *Comprehensive Handbook of Psychotherapy*. New York; John Wiley and Sons
- McDonald, T.R., Allen, A., Westerfelt, L & Piliavin, A. (1997). *Assessing the Long Term Effects of Foster Care: A Research Synthesis*. Washington. DC: Child Welfare League of America
- Ministry of Local Government. *National Situation Analysis of Orphans and Vulnerable children in Botswana* (2008). Gaborone: Department of Social Services.
- Minuchin, P., Colapinto, J., & Minuchin, S. (1998). *Working with families of the Door*. New York: Guilford Press.
- Mutangadura, G. (2003). *How Communities Help Families Cope with HIV/AIDS in Zimbabwe*. In A. Singhal, & W.S. Howard, *The Children of Africa confront AIDS*. Athens: Ohio University Press.
- Orme, J. G., Cuddeback, G. S., Buehler, C., Cox, M. E., & Le Prohn, N. (2006). *Casey Foster Applicant Inventory (CFAI) Technical manual*, (2nd Ed.). Knoxville, TN: University of Tennessee, Children's Mental Health Services Research Center.

- Richardson, J.L. & Sanchez, K (1998). *Compliance with Cancer Treatment*. New York: Oxford University Press.
- Rhodes, K. W., Cox, M. E., Orme, J. G., Coakley, T., Buehler, C., Cuddeback, G. S. (2005). *Casey Home Assessment Protocol (CHAP): User's manual, (2nd Ed.)*. Knoxville, TN: University of Tennessee, Children's Mental Health Services Research Center.
- Robbins, S. P., Chatterjee, P., & Canda, E. R. (2006). *Contemporary human behavior theory: A critical perspective for social work*(2nd ed.). Boston: Allyn& Bacon.
- St Clair, M and Wigren, J. (2004). *Object Relations and Self Psychology: An Introduction* (4th Ed). Belmont: Brooks/Cole.
- Titelman, P (2003). *Triangle: Bowen Family Systems Theory Perspectives*. Binghamton. New York: The Haworth Press Inclusive.
- Titelman, P (1998). *Clinical Applications of Bowen Family Systems Theory*. New York: The Haworth Press.
- Thomas, A., & Mabusela, S. (1991). *Foster Care in Soweto in South Africa: Under Assault from a Politically Hostile Environment*.
- Townsend, L., & Dawes, A. (2004). Willingness to care for children orphaned by HIV/AIDS: A study on foster care and adoptive parents. *African Journal of AIDS research*, 3 (1) 69-80
- Papero, D (1990). *Bowen Family Systems Theory*. Boston: Allyn and Bacon.
- White, A. (2005). *Assessment of Parenting Capacity Report*. Centre for Parenting and Research.

Williamson, J & Robinson, M. (2006). Psychosocial interventions, or integrated programming for well-being', *Intervention: The International Journal of Mental Health, Psychosocial Work and Counselling in Areas of Armed Conflict*. Vol: 4 (1), pp4 - 25

Winnicott, D.W. (2005). *Playing and Reality*. New York: Routledge

Woolfolk, A. (2001). *Educational Psychology*. London: Allyn & Bacon.

Zastrow, C & Kirst-Ashman, K. (2009). *Understanding Human Behavior and the Social Environment*. (8th ed). United States of America. Cengage Learning

Appendix 1: Interview Schedule for Foster Mothers

BACKGROUND INFORMATION

Region/ Location _____

Site _____ Address _____

Appointment/Time _____

Do you have Children? Yes No If Yes How many Children do you have _____

Are you currently living with a partner? _____

How many kids do you foster? _____ what are their ages? _____

How old are you? _____ What is your highest level of education _____

INTRODUCTION (Please repeat this introduction even if you are repeating what was said during recruitment)

a) Thank You for agreeing to have this interview

b) I am Kelebogile Simula from the University of Cape Town. I am conducting research to solicit the views and inputs of social workers, foster mothers and other key stakeholders pertaining to the development of an evidence based screening tool for foster care in South Africa.

c) Please feel free to talk openly. If you feel uncomfortable talking about something, or would rather not answer a question, please tell me. You do not have to answer if you do not want to

d) Time: The interview will take up to an hour or a half ... If you are tired, or need to stop and do something else, please tell me and we can take a break.

e) Confidentiality: Everything said in this interview will be treated as confidential as possible by me. When I report on the findings, I will make sure that everybody remains anonymous.

f) Recording: Do you mind if I record this interview? It's only for the research purposes. That way I do not have to write down lots of notes while we talk. Nobody except the researchers will listen to the recording. [Wait for the participant's response.] Please speak clearly so that I can hear what was said on the tape.

g) **Test Recording:** Before we start. I would like to make sure that the tape recorder is working properly. (Interviewer: start recording: say your name and the date, and say something light hearted –like an observation about the weather today. Stop the recording and play back to make sure that the tape recorder is working and that we can hear both your voices)

[Start recording: Remember to press record again before you start the interview. Once again state the date and place, your name and the respondent's occupation]

[Make sure that you position the tape recorder so that your voices are still audible, even if you are looking down on the paper. Write down as much of the answers as possible in the spaces provided]

INTERVIEW GUIDE

1. How long have you been a foster parent?
2. Is this your first experience of being a foster mother?
3. Why did you want to be a foster mother?
4. In your opinion what do you think makes a good foster mother?
5. In your opinion what questions do you think Home from Home should ask potential foster mothers before they go into care?
6. What do you think should be incorporated in a tool for assessing foster mothers?

7. How do you think foster mothers can be retained?
8. In your opinion what type of support do you think should be given to foster mothers in order for them to provide effective care?
9. Do you think the organization provides enough psychological, physical and emotional support to dealing with foster children? (Probe each one)
 - a) Psychological Support
 - b) Physical Support
 - c) Emotional Support
10. Please comment on your experience as a foster Mother, (Probe) what has this experience been like?
11. What are some of the challenges that you face in fostering children in Cluster Foster Care?
12. How do you think the challenges should be addressed?
13. What do you think should be done to prevent child abuse in Cluster Foster Care?
14. What do you think are some of the barriers which prevent people from being foster mothers?
15. From a cultural point of view what do you think will be an appropriate family structure for cluster foster care?
16. In your opinion, how do you think the current screening used by Home from Home can be improved (Like the whole process from identifying recruiting and placing foster mothers with foster children)
17. What is your opinion, do you think foster children if possible should be placed with relatives (Kinship Care)

CONCLUSION

We have come to the end of the particular things I wanted to ask you about. Thank you so much for the interview

(a) Is it okay to contact you again for further information and/or clarifications on the things to be incorporated when developing a screening tool for foster mothers?

YES _____ NO _____

Name of Interviewer: Signature:

Date:

Appendix 2: Interview Schedule for Social Workers

BACKGROUND INFORMATION

Region/ Location _____

Site _____ Address _____

Appointment/Time _____

What is your Qualification? _____

How long have you been a social worker? _____ How long have you worked in the foster care sector? _____

INTRODUCTION (Please repeat this introduction even if you are repeating what was said during recruitment)

a) Thank You for agreeing to have this interview

b) I am Kelebogile Simula from the University of Cape Town. I am conducting research to solicit the views and inputs of social workers, foster mothers and other key stakeholders pertaining to the development of an evidence based screening tool for foster care in South Africa.

c) Please feel free to talk openly. If you feel uncomfortable talking about something, or would rather not answer a question, please tell me. You do not have to answer if you do not want to

d) Time: The interview will take up to an hour or a half ... If you are tired, or need to stop and do something else, please tell me and we can take a break.

e) Confidentiality: Everything said in this interview will be treated as confidential as possible by me. When I report on the findings, I will make sure that everybody remains anonymous.

f) Recording: Do you mind if I record this interview? It's only for the research purposes. That way I do not have to write down lots of notes while we talk. Nobody except the researchers will listen to the recording. [Wait for the participant's response.] Please speak clearly so that I can hear what was said on the tape.

g) **Test Recording:** Before we start. I would like to make sure that the tape recorder is working properly. (Interviewer: start recording: say your name and the date, and say something light hearted –like an observation about the weather today. Stop the recording and play back to make sure that the tape recorder is working and that we can hear both your voices)

[Start recording: Remember to press record again before you start the interview. Once again state the date and place, your name and the respondent's occupation]

INTERVIEW GUIDE

1. From your experience what do you think makes a good foster mother?
2. What do you think should be incorporated in a tool for assessing foster mothers?
3. What do you think should be done to retain foster mothers?
4. What type of support should be provided to foster mothers in order for them to be effective?
5. Do you think the organization provides enough psychological, physical and emotional support to dealing with foster children? (Probe each one)
 - d) Psychological Support
 - e) Physical Support
 - f) Emotional Support
6. From your experience as a Social Worker what has this experience been like working with foster mother in different homes, (Probe)

7. What are some of the challenges faced by foster mothers while providing care to children in Cluster Foster Care?
8. How do you think the above mentioned challenges should be addressed?
9. What are some of the barriers which prevent people from being foster mothers?
10. From a cultural point of view what do you think will be an appropriate family structure for Cluster foster care?
11. From your experience, how do you think the current Home from Home foster mother screening can be improved? (Like the whole process from identifying recruiting and placing foster children with foster mothers)
12. From your experience do you think foster children if possible should be placed with relatives (Kinship Care)

CONCLUSION

We have come to the end of the particular things I wanted to ask you about. Thank you for the interview

Is it okay to contact you again for further information and/or clarifications on the things to be incorporated when developing a screening tool for foster mothers?

YES _____ NO _____

Name of Interviewer: Signature:

Date:

Appendix 3: Informed Consent Form

Student Researcher: Kelebogile Tlhako Simula.

Title of Research: Developing a Screening Tool for Foster Mothers in South Africa.

I am asking for your voluntary participation in a study that I am conducting in partial fulfilment of the requirements of the degree in Masters of Social Science in Clinical Social Work.

Purpose of the project: I am conducting this study to solicit the views of foster mothers, social workers and policy makers on what should be incorporated when developing a screening tool for foster mothers in South Africa. The overall objectives of the study will be to 1) Examine perceptions about what makes an effective foster mother screening tool 2) Identify culturally sensitive criteria for screening of eligible foster mothers of children placed in Cluster Foster care 3) Design and Assess the validity of the newly developed foster mother screening tool.

When you participate, you will be asked to: give your views regarding things to be considered when developing an effective screening tool for foster mothers in Cluster Foster Care.

Time required for participation: 1 hour and 30 minutes maximum.

Potential Risks of Study: There will be no risks for this study.

Benefits: The study will benefit potential foster mothers, social workers, policy makers and Home from Home organization in ensuring effective screening of foster mothers, hence enhancing the delivery of Cluster Foster Care Services.

If you have any questions about this study, feel free to contact:

Supervisor: Dr Johannes John-Langba

Phone/email: (+27) 21 650 5256 or Johannes.johh-langba@uct.ac.za

Voluntary Participation: Participation in this study is completely voluntary. If you decide not to participate there will not be any negative consequences. Please be aware that if you decide to participate, you may stop participating at any time and you may decide not to answer any specific question.

Confidentiality: The information obtained as part of in-depth interview will be kept confidential but if there is need for disclosure, it shall be by prior consent of the respondent. There is shared confidentiality between the researcher, her supervisor and the respondents.

By signing this form you are confirming that you have read and understood the information above and freely give your consent/assent to participate in the study.

Printed Name of Research Participant : _____

Signature : _____

Date : _____