

Caring Experiences of Foster Parents in the uMgungundlovu District, South Africa

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Abstract

Childcare involves addressing children's emotional, physical, psychological, and material needs, necessitating caregivers who are both capable and dedicated across these areas. This study investigated the caring experiences of foster parents who care for orphaned and vulnerable children (OVC) in the uMgungundlovu District of KwaZulu-Natal, South Africa, employing a qualitative research design. Data were collected through in-depth interviews with 40 foster parents and analysed through inductive thematic analysis. The concepts of care served as the framework for understanding the findings. The study indicates that the caregiving roles of foster parents encompass basic care, but also emotional and moral support, and social protection. Participants found meaning and fulfilment in their caregiving roles; however, they also encountered significant challenges. Their responsibilities encompassed addressing behavioural and emotional problems in children, managing children's chronic illnesses and dealing with interference from extended family and community members. The findings highlight the relational and moral aspects of care, along with the emotional and physical burdens that foster parents frequently bear. The study stresses that sustained care for OVC requires supporting foster parents' well-being alongside meeting children's needs.

Keywords: foster care; foster parents; foster children; challenges in caregiving; South Africa



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Introduction and Background

Providing care, especially to orphaned and vulnerable children (OVC), has been associated with limited access to vital resources, financial difficulties, and extreme poverty (UNICEF [United Nations Children's Fund] 2024; Mafumbate 2019; Meintjes and Hall 2010). Lack of psychosocial support for OVC caregivers often leads to mental health challenges, diminishing their caregiving capacity and hindering child development (UNICEF 2024; Mafumbate 2019; Meintjes and Hall 2010). The aim of this paper was to investigate the caregiving experiences of foster parents who provide care for OVC in South Africa. The objective of the study was to explore these experiences in light of the challenges faced by the foster care system in South Africa. The foster care programme remains South Africa's most viable option for supporting OVC, yet sustained strain on the programme since 2010 has weakened families' capacity to provide long-term care (Children's Institute 2019). Insufficient administrative capacity poses significant challenges for foster parents (Dhludhlu and Lombard 2017; Ngwabi 2014; Cosis Brown, Sebba, and Luke 2014; Böning and Ferreira 2013; Lombard and Kleijn 2006). Studies involving social workers and other relevant stakeholders in South Africa indicate that the increase in foster care applications since 2002 has led to higher caseloads and a shortage of social workers (Children's Institute 2019; Dhludhlu and Lombard 2017; Ngwabi 2014; Cosis Brown, Sebba, and Luke 2014; Böning and Ferreira 2013; Lombard and Kleijn 2006). This trend has contributed to the expiration of court orders for OVC, consequently restricting their access to social grants (Children's Institute 2019). Overwhelming caseloads and rising foster care applications have reduced social workers' ability to monitor foster care placements effectively (Ngubane 2023; Dhludhlu and Lombard 2017). Insufficient monitoring of foster placements threatens families' access to psychosocial support, increasing the risk of caregiver burnout.

The care of OVC in South Africa is significantly influenced by systemic, social, and economic challenges that impose a considerable burden on caregivers (Ngubane 2023; Dhludhlu and Lombard 2017; Kheswa 2017; Warwick 2013). The foster care programme serves as the country's primary strategy for supporting OVC; however, the caregiving experience is hindered by ongoing poverty, restricted access to resources, and insufficient psychosocial support, all of which critically undermine caregivers' ability to create stable and nurturing environments (Ngubane 2023; Dhludhlu and Lombard 2017; Kheswa 2017; Warwick 2013).

This study is motivated by the pressing need to investigate and document the caring experiences of foster parents within this strained system. The study aims to gain insight into the interplay between structural, institutional, and emotional factors that influence caregiving by analysing the experiences of foster parents in real-world settings. The findings produced may inform the development of more adaptive policy frameworks, enhance the foster care system, and promote better psychosocial and administrative support for individuals caring for South Africa's most vulnerable children.

Literature Review

Foster parents play a significant role in the care of children who are unable to live with their biological parents and they represent a key determinant in child outcomes (Blythe, Wilkes, and Halcomb 2014). There are various reasons why children are placed in foster care globally (Harlow 2022). In South Africa, the AIDS pandemic has resulted in numerous deaths, leading to a significant loss of parental care for many children (UNAIDS [Joint United Nations Programme on HIV/AIDS] 2019; Rochat et al. 2016). This humanitarian crisis has created a pressing need for alternative care solutions, with fostering becoming increasingly popular as a response to the growing number of orphans (UNAIDS 2019; Rochat et al. 2016). Beyond orphanhood, studies from South Africa, Sierra Leone, and the US show that foster care placements often result from child neglect, abandonment, and physical or emotional abuse (US Department of Health and Human Services 2019; Better Care Network 2017; Sloth-Nielsen and Ackermann 2015). Foster care placements are often driven by altruism, but motivations also include self-interest, religious values, a genuine desire to nurture, and commitment to meeting children's needs (Freitas 2019).

While foster parents often find fulfilment in caring for OVC, research shows they also face significant challenges. Studies in the Netherlands, Flanders, and South Africa indicate that foster care placements fail due to the behavioural issues of foster children and inadequate support from welfare agencies when these children exhibit such issues (Vanderfaellie et al. 2018; Ntshongwana and Tanga 2018). Research from Ghana and South Africa indicates that some foster parents have faced allegations of prioritising financial benefits over the welfare of children in their care (Frimpong-Manso, Tagoe, and Mawutor 2020 and Emovon 2019). In South Africa, disputes regarding the Foster Child Grant (FCG) are common. Caregivers are often portrayed by outsiders as unfit foster parents and accused of misusing foster grants for personal gain. Community and extended family members often allege that foster parents apply for grants without residing with or caring for the child (Frimpong-Manso, Tagoe, and Mawutor 2020; Emovon 2019; Mnisi and Botha 2016).

Concepts of Care

The concepts of care provided a conceptual framework for the study. The terms “care”, “caring about”, and “caregiving” often convey similar meanings but are defined differently by various scholars. In her book, Noddings (2003) articulates that “to care” signifies being in a mentally burdened state, characterised by anxiety and fear regarding someone or something. In addition, “to care” signifies the responsibility for the protection, welfare, or maintenance of an individual or entity (Noddings 2003). Boff (2007) defines care as encompassing devotion, commitment, diligence, zeal, attention, and good treatment. “Caring about” primarily involves the recognition of a need and the significance of addressing that need (Gilligan 2013). The manner in which one pays attention to or expresses concern varies based on individual identity and background

(Gilligan 2013). Caregiving encompasses directly meeting care requirements and requires physical labour, which nearly always requires the caregiver to come into contact with the object of care (Gilligan 2013). The physical labour includes providing food, clean water, a safe environment, shelter, clothing, and basic medical treatment (Engster 2005).

Caregiving influences the quality of life for millions and requires the focus of every community (Talley and Crews 2007). Caregivers are essential in providing care for the most vulnerable populations. In the global economy, the care of the young, elderly, and infirm is a crucial yet significantly underappreciated aspect of the overall caregiving process (O'Neill, Vargas, and Chopra 2017). Concerning childcare, children rely on the assistance they receive from others. Engle and Lhotska (1999) contend that caregivers play a vital role in shaping children's survival, growth, and development. They argue that children's healthy survival, growth, and development depend not just on care itself, but on how it is delivered, with affection and responsiveness essential to a child's well-being.

While caring appears to yield numerous benefits for the care recipient, scholars have observed that the act of providing care can be stressful for the caregiver, particularly in the absence of psychosocial support. Psychosocial support is crucial in helping reduce caregiver stress and workload, buffering the effects of caregiving-related adversity. Intensive long-term caregiving without adequate support impacts the health, finances, and social integration of caregivers (Yeandle et al. 2017).

Noddings (2003) posits that for the concept of caring to be effectively sustained, it is essential that the individual providing care is also maintained; the caregiver must exhibit strength, courage, and the ability to experience joy. Noddings (2003) contends that the carer requires no specific justification to prioritise her own well-being; without support and care for herself, the carer risks losing her identity as one who cares. The presented arguments indicate the significance of addressing caregivers' needs to facilitate a seamless caring process.

Cultural norms of different societies shape perceptions about the role of caregiving: who should offer care, and the methods of caregiving, particularly in the context of childcare (Amos 2013). Within the framework of its own culture, each traditional group has its own methods for raising young children (Oduolowu and Olowe 2012). Blood links in Africa are frequently more extensive than those seen in nuclear families in the West (Amos 2013). Crucially, the extended family is commonplace in African culture and plays a pivotal role in childrearing (Amos 2013). The distinctive aspect of this parenting approach in traditional African culture is that childcare is not just the responsibility of biological parents, but is shared by the entire extended family (Amos 2013).

In many cultures caregiving is viewed as a natural duty of women, who are associated with unpaid care work and are expected to provide care (Budlender 2010). Caregiving

by women is thus intricately linked to a cultural and gendered paradigm that identifies women and young girls as caregivers (Abebe 2010). Women in many countries are more likely than men to care for vulnerable individuals, such as children, the elderly, and those who are sick or disabled, due to the belief that women are “kind and loving” (Upton 2003). Additionally, women’s caregiving has traditionally been regarded as a private concern, tied to domestic responsibilities. As a result, society vastly undervalues women’s caregiving (Tronto, Holstein, and Mitzen 2001).

Research Methodology

A qualitative approach was used to investigate the caregiving experiences of foster care parents. This approach was appropriate for this research as it allowed for an in-depth exploration of the personal experiences of the caregivers as regards their emotions, viewpoints, and experiences of caregiving. Bricki and Green (2007) and Babbie (2021) characterise the qualitative method as one that seeks to understand the social dimensions of life, emphasising words over numbers.

The study was conducted in the uMgungundlovu District of KwaZulu-Natal (KZN), South Africa. Data were collected from peri-urban and rural communities, focusing on the Msunduzi and Mngeni municipalities, which are primarily peri-urban, and the Mkhambathini and Richmond municipalities, which are predominantly rural. KZN has a high prevalence of orphaned children. According to the 2023 South African General Household Survey, KZN has the second highest number of orphaned children in the country at 14.6% (Statistics South Africa 2023). Moreover, the South African Social Security Agency (SASSA) reports that KZN has the second highest number of FCG recipients as of April 2025: 38,332 FCG recipients (SASSA 2025). These statistics reveal that KZN has a notable proportion of children who need care and protection.

Population and Sampling

The participants were foster parents selected through the use of non-probability purposive sampling. The purposive sampling was considered appropriate because it allowed the researcher to select respondents that had the necessary knowledge and experience of being foster care parents. The study sample size consists of 40 foster parents. The eligibility requirements for participant selection were: (i) they provided care for OVC through lawful foster care arrangements, (ii) they were receiving an FCG, and (iii) they resided in the same household as their foster children. The demographic profile of the participants indicated that they were mainly elderly women, aged 60 and over. Many were household heads, with marital statuses, in the main, of never having married or widowed. Chronic illnesses were common, with older women more likely to take chronic medication than younger ones. Education levels ranged from no formal schooling to incomplete high school, with older women less likely to have formal schooling. Social grants, including the Older Person’s Grant and FCG, were the primary income sources. Family sizes varied between two and 14 members.

The participants were accessed during grant collection days (at pay points such as post offices, shops, and the SASSA offices), as the likelihood of finding a large number of foster parents in these locations on collection days was extremely high. This facilitated access to those willing to participate in the study.

Data Collection

To collect data, the study used semi-structured, in-depth interviews. A semi-structured interview schedule was used. Questions covered participants' roles, responsibilities, and daily experiences as foster parents. Following the identification of willing participants, the researcher explained the purpose and ethical principles under which the research would be conducted. Each participant was asked to suggest a suitable location for the interviews, free from noise and where the participant could speak freely. In-depth interviewing has limitations, one of which is that it requires the researcher (and the interviewee) to devote significant time to the interview process (Showkat and Parveen 2017). It is also prone to bias (Showkat and Parveen 2017). The researcher reminded participants of the purpose of the research at the beginning of the interviews. Probing responses and clarifying questions were used to avoid redundancy and bias. The interviews were recorded; the duration ranged from 45 minutes to an hour; and the interviews were transcribed verbatim. The interviews were held in isiZulu. The isiZulu language was chosen as it is widely spoken in KZN, and the majority of foster parents are isiZulu speakers. The transcripts were translated from isiZulu into English.

Data Analysis

The study employed inductive thematic analysis to derive and categorise transcribed data into main themes and subthemes. Inductive thematic analysis is a method used to identify, analyse, and report patterns (themes) within qualitative data. In this approach, the themes emerge directly from the data rather than being based on pre-existing theories or frameworks (Braun and Clarke 2006, 2008). This data-centric methodology enables the researcher to remain receptive to unforeseen insights and is particularly advantageous in exploratory research (Braun and Clarke 2006, 2008). The inductive thematic analysis was appropriate for this study due to its exploratory nature. Three major themes were identified: "reasons for foster care placements", "roles and responsibilities of foster parents", and "challenges faced by foster parents". Additionally, four subthemes emerged: "fostering motives" (reasons for foster care placements), "children presenting behavioural issues", "children on chronic medication", and "family and community interference" (challenges faced by foster parents). The participants' responses were interpreted using the literature and the conceptual framework underpinning the study.

Trustworthiness

To ensure the truthfulness and reliability of data obtained from the in-depth interviews, credibility strategies were employed in the study. The researcher maintained an extended interaction with individuals to establish trust and acquire profound insights. Furthermore, data was purposely gathered in both rural and peri-urban areas to encompass a variety of experiences. The participants were informed that data were collected for academic purposes, with participants assured that whilst findings might be published, their identities would remain confidential. Ethical approval had been obtained from all relevant authorities. At each interview, the researcher produced the gatekeeper letter and an ethical clearance letter to conduct the study. To ensure reliability, the same questions were asked and procedures followed for each participant. The interview schedule was drafted with consideration of existing similar research and the study's aims. Descriptive validity was ensured through recorded interviews (with consent) and transcription for analysis. Interpretative validity involved distilling participants' perspectives into thematic fragments based on shared meanings. Lastly, data were analysed with guidance from the literature review and conceptual frameworks.

Ethical Considerations

Protecting human subjects through the application of appropriate ethical principles is critical in research (Arifin 2018; Orb, Eisenhauer, and Wynaden 2001). Informed consent, participant anonymity and confidentiality, and conflict of interest are all ethical considerations in qualitative research (Fleming and Zegwaard, 2018). Ethical clearance with reference number HSS/2107/018D for the research was obtained from the University of KwaZulu-Natal's (UKZN) Humanities and Social Science Research Ethics Committee (HSSREC). Before submitting this ethical application, a gatekeeping permission request letter was submitted to the KZN Department of Social Development (DSD) Head Office, as it is a key department that works closely with foster parents. The permission was granted.

This study considered and applied the ethics of informed consent, anonymity and confidentiality, and ethical clearance. At the start of each interview, the researcher reiterated the purpose of the study, why participants were chosen to participate, that their participation was entirely voluntary and that they could leave at any time during the interview, and that their identities would be protected at all times. Their real names were replaced by coding, such as 'P1, Msunduzi' (meaning Participant 1 from Msunduzi). Participants were advised that the audio recordings from the interviews would be stored in a lockable steel cabinet at the UKZN School of Social Sciences to ensure that no one would have access to the information for at least five years.

Presentation and Discussion of the Findings

This section presents the findings in terms of the three main themes identified from the data—reasons for foster care placements; roles and responsibilities of foster parents; and challenges faced by foster parents and their subthemes.

Theme 1: Reasons for Foster Care Placements

Physical abuse, neglect, abandonment, and orphanhood were the four reasons for foster care placements. Five out of 40 participants reported that physical abuse, neglect and abandonment were causal reasons for children being placed in their care.

According to one participant:

I am fostering seven children from two different families; I am not related to them. After they were removed from their immediate homes due to abuse, a social worker contacted me and asked if I was interested in fostering children, and I accepted to foster them. (P1, Msunduzi)

Another participant stated that:

I am fostering one child who is not related to me. The child's mother and grandmother were neglectful; they frequently left the child alone and went to shebeens. Regrettably, the child's grandma died and the child's mother abandoned him. We reported the case to social workers as neighbours, and the social workers asked me to foster the child because there was no one to care for him. (P4, Msunduzi)

The placement of children in foster care due to abuse is not a recent phenomenon; it is, in fact, one of the vulnerabilities associated with foster care placements. Research conducted in South Africa, Sierra Leone, and the United States identified abandonment, along with physical and emotional abuse, as contributing factors to foster care placements (US Department of Health and Human Services 2019; Better Care Network 2017; Sloth-Nielsen and Ackermann 2015).

Thirty-five participants reported orphanhood as a reason for foster care placements. Non-kin foster parents reported both child abuse and orphanhood:

I am fostering two children who are not related to me. I am fostering them because they are orphans who were abused by their maternal grandmother and were removed from her care and placed with me by a social worker. (P6, Msunduzi)

One kin foster parent stated:

This is my granddaughter. Her mother died, and I have no idea who or where her father is. A neighbour advised that I apply for a Foster [Child] Grant for the child. (P5, Richmond)

The phenomenon of orphanhood in South Africa and other Southern African regions is associated with parental deaths due to the AIDS pandemic, resulting in the need for alternative care arrangements for children (UNAIDS 2019; Rochat et al. 2016).

Subtheme 1.1. Fostering Motives

All foster parents cited blood ties and/or altruism as key motives for their decision to foster.

One participant stated that:

The child is my maternal granddaughter and both parents have passed away. I was obligated to care for her since she is my granddaughter. I would not say that anything compelled me to foster her. I had to take care of my blood. (P7, Mngeni)

The finding supports existing research that childcare in many African communities extends beyond the sole responsibility of biological parents, as seen among the Zulus of Southern Africa. In some cultures, such as those in parts of East and West Africa, extended families assume a crucial role in childcare when biological parents are not present (Amos 2013). Similarly, certain regions across the continent emphasise communal childrearing, where kinship networks share responsibility for a child's upbringing (Amos 2013).

Another participant said that:

This is my brother's child who died [the brother]. I took the child while his mother was still alive because she asked me to take care of the child because she was sick and unable to care for him, and she died later as well. I was delighted to take on the role of his parent because I adore children and do not want to see them suffer. (P7, Mkhambathini)

In a similar vein, a third participant said:

Being an orphan myself, I was raised by an aunt who treated me with kindness and compassion. This experience inspired me to care for orphaned children as a way of giving back to society. (P2, Richmond)

Altruistic motivations for caring for children have deep and historical roots. Motivators are both extrinsic and intrinsic (Freitas 2019). Research highlights that childcare is often motivated by self-interest, religious beliefs, a genuine desire to nurture, and a commitment to meeting children's needs (Freitas 2019). In South Africa, caregivers of AIDS orphans cite love and commitment to the child as key reasons for choosing to foster (Nieuwoudt 2014). Their motivation is grounded in the belief that all children, irrespective of HIV/AIDS or parental status, have the right to feel loved (Nieuwoudt 2014).

Theme 2: Roles and Responsibilities of Foster Parents

Caring for someone encompasses multiple roles to maintain the welfare of that individual.

Being a foster parent means that I am now his mother. I am entirely responsible for his well-being. I am like a mother to him. He does not refer to me as grandmother, he refers to me as his mother because I took care of him at a young age. (P10, Richmond).

Foster parenting encompasses a variety of responsibilities, including catering to the child's biological and educational needs. Said one participant:

Being a foster parent entails taking full responsibility for the child's care—this includes cooking for them, cleaning and washing their clothes, purchasing school uniforms and ensuring that they attend school, as well as attending to their emotional needs. If she is sad, she always confides in me because she has no one else to confide in because I am her mother and father. (P2, Mngeni)

Foster parenting also includes rewarding moments of assisting children who lack the privilege of staying with their biological parents. According to one participant:

Ey ... For me, it is a joyful feeling to be a foster parent because I treat them as my own children and I am praying to God to keep me until they become independent. (P6, Mkhambathini)

These responses show that caregiving involves providing physical, emotional, psychological, and spiritual care. Foster parents' willingness to treat foster children as their own is rooted in cultural norms and "social responsibility" to care for the vulnerable. Their assertion that they treat foster children as their own reflects the spirit of Ubuntu and togetherness. While Western culture typically defines family as consisting of a couple and their children, this is not always the case in many African societies (Murray, Tarren-Sweeney, and France 2011). Studies in Turkey, Zimbabwe, and South Africa reveal that serving as a foster parent or foster family entails a social responsibility to care for and protect vulnerable children (Muchinako, Mpambela, and Muzingili 2018; Ntshongwana and Tanga 2018; Vural et al. 2014).

Theme 3: Challenges Faced by Foster Parents

Although grateful and willing to continue caring for their foster children, foster parents acknowledged that fostering presents its challenges. These include managing children who have behavioural issues, those with chronic illnesses, and dealing with family and community interference in their caregiving roles.

Subtheme 3.1: Children Presenting Behavioural Issues

One participant pointed out that:

It's not always easy being a parent. Recently, she [the foster child] was influenced by friends to do bad things like avoid school, which resulted in her failing the term and concealing her school report. I had to spank her to get her to show me her report but she's fine now. As a parent, you must accept and deal with challenges as they arise. (P3, Mngeni)

Substance abuse was raised by another participant:

Ey ... these children are misbehaving. At one point, she began misbehaving and I became stressed, and my blood pressure became unstable. She was drinking alcohol and probably [doing] drugs as well; she was not sleeping at home but grooving with friends and she was performing poorly in school. As a result, she repeated Grade 9. She also used to steal money to purchase alcohol. I informed the social worker and she attempted to communicate with her. She later improved her behaviour as a result of my continued communication with her. (P5, Mngeni)

Manipulation and emotional abuse were among the behavioural issues confronted:

It is not an easy responsibility. These children have internalised the fact that they do not have parents and use this to manipulate us. They misbehave and expect not to be corrected, and if you correct them, they claim you are abusing them because they are not your biological children. I had a painful experience with a previous foster child; she did something wrong and I corrected her. She then decided to overdose on pills, causing a fight in my family, and my sister decided to take her. (P10, Msunduzi)

Participants' responses indicate that foster parents face multiple challenges, often prompting them to adopt coping strategies. Caregiving is inherently difficult, and caring for children with emotional and behavioural issues is even more demanding and a major source of caregiver stress (Vaughan et al. 2013). As previously mentioned, comparable challenges identified in studies from the Netherlands, Flanders, and South Africa indicate that foster care placements fail because of children's behavioural issues and inadequate support from welfare agencies in addressing them (Vanderfaeillie et al. 2018; Ntshongwana and Tanga 2018).

Subtheme 3.2: Children on Chronic Medication

Notably, 13% of participants reported caring for HIV-positive children and indicated that these circumstances added to their caregiving burdens.

I need to ensure that she takes her medication on time. We occasionally argue over her refusal to take medication. I was unaware that the child was HIV positive and was advised by a neighbour to take her to the clinic, which is where we discovered she was positive, and she began taking medication late. I believe she contracted the virus from her mother, and I believe her refusal to take the medication is because she does not understand why she is taking it because I never explained it to her. (P3, Mngeni)

In a similar vein, a participant stated:

It is hard sometimes; she was very sick since she is HIV-positive. I had been in and out of hospitals until she gets the medication. My son was assisting me with hospital appointments because I was still working by then. I just retired from being a domestic worker. (P9, Mngeni)

Foster families have been shown to provide crucial care and support to children living with HIV (Gomo, Raniga, and Motloun 2017). Both individuals living with HIV/AIDS and their caregivers often experience stress due to AIDS-related comorbidities and demanding caregiving roles (Raniga and Motloun 2013).

Subtheme 3.3: Family and Community Interference

Foster parents reported challenges arising from family and community whose influence was perceived to negatively impact their foster children's behaviour, thereby disrupting the fostering process.

No one in the family is affected within my household, but my sister-in-law [not residing with us] attempted to apply for the FCG before me because she wanted to receive the grant on behalf of the child, but her application was denied because the child was living with me. Social workers advised her that the person who should apply for the grant must be someone who lives with the child. That was a misunderstanding we had with her, but we came to an agreement that I am the one who should apply for the grant. (P6, Msunduzi)

Fostering presents numerous challenges, and external interference in foster parents' responsibilities is a longstanding issue. As previously noted, research conducted in Ghana and South Africa reveals that some foster parents have faced accusations of exploiting foster care for personal financial gain rather than prioritising their children's well-being (Frimpong-Manso, Tagoe, and Mawutor 2020, and Emovon 2019).

A participant pointed to neighbours being the main source of conflict between them and their foster children:

Neighbours are the primary source of conflict in the journey of being a foster parent; they frequently intercede. I recall one time they lied about me abusing the child, reporting me to teachers and, as a result, social workers investigated me but found nothing. I'm not sure whether they wanted to live with him or it was just jealousy, but I sensed jealousy because they believed the child was going to die, and now they're jealous that I'm receiving the FCG each month. (P5, Mkhambathini)

Disputes over the FCG are not uncommon, with individuals outside the household sometimes portraying current caregivers as unfit foster parents and exploiting the grant for personal gain. In some cases, community or extended family members attempt to access the grant despite not residing with or caring for the child (Frimpong-Manso, Tagoe, and Mawutor 2020; Emovon 2019; Mnisi and Botha 2016).

Study Limitations

The study focused solely on the caregiving experiences of 40 foster parents within the South African foster care context. Foster care children, other relevant family members, and social workers, all of whom play a crucial role in the foster care programme, were excluded.

Conclusion

This qualitative study sought to understand the caregiving experiences of 40 foster parents of OVC in the uMgungundlovu District. Data collected via face-to-face interviews revealed the complex and profoundly interconnected factors that shape the experiences of caregivers in South Africa. Three main themes and subthemes of “reasons for foster care placements”, “roles and responsibilities of foster parents”, and “challenges faced by foster parents” emerged from the data. Applying the concepts of care, caring about, and caregiving, the findings indicate that foster care placements not only meet children’s basic needs but also encompass emotional responsiveness, cultural responsibility, and moral commitment. Furthermore, it highlights that foster parents assume responsibility for OVC for diverse reasons, often rooted in familial bonds, altruism, and a sense of social responsibility grounded in the African philosophy of Ubuntu, which values communal care and interconnectedness. The study highlights that there are significant emotional, physical, and psychosocial challenges that foster parents experience when providing care. Foster parents have to deal with children’s behavioural problems and their chronic illnesses, and external pressures from family or community.

The findings confirm that sustainable caregiving also relies on the well-being of the caregiver. Inadequate psychosocial support can lead to emotional fatigue among foster parents, ultimately diminishing their capacity to provide effective care. Therefore, effective psychosocial strategies for supporting foster parents should extend beyond monetary support to include the development of emotional and social support structures that enhance their well-being. This would improve the quality of the foster parent–foster child caregiving relationship, resulting in positive outcomes for both foster child and foster parent, and the broader social setting in which care occurs.

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