

# Support for Non-Relative Female Foster Parents in South Africa: Quality of Care and Placement Outcomes

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## Abstract

Caring for and protecting vulnerable children in foster care continues to be an important realisation of the rights of children in South Africa. The weakening of the extended family and the increasing number of orphaned and vulnerable children give rise to the relevance of non-relative fostering. This article discusses the different sources of support used by female non-relative foster parents when caring for the children. The findings come from a broader doctoral study that explored the experiences of non-relative foster parents. The data were collected using semi-structured interviews and a focus group discussion. The findings indicate that the participants received the same support as relative foster parents, including financial support from the government in foster care grants, support from faith-based organisations, and support from nuclear family members. Most participants were self-supported through personal incomes and savings, which differed from relative foster parents who relied solely on the foster care grant. The participants received limited or no support from social workers or agencies. This article concludes that the type of support available to non-relative foster parents is the same as that for relative foster parents, and it influences the quality of care and placement outcome. With adequate support, the burden of caring is lessened therefore improving the quality of care. Therefore, it is necessary to provide holistic support to non-relative foster parents to secure their willingness to continue caring, thus improving the quality, recruitment, and retention of foster parenting.

**Keywords:** children, female, foster care, foster parents, non-relative, support



## Introduction

Foster care is a major component of the child protection system designed for the care and protection of children who are victims of maltreatment and other forms of vulnerabilities (Mantsho 2015, 8). It is a form of alternative care for children for whom parental care is no longer possible. Foster care is the most preferred and favoured form of out-of-home care compared to institutional and cluster foster care owing to its contextual advantage of caregiving occurring in a domestic setting or a family environment (Pretorius and Ross 2010, 469). The definition and practice of foster care differ across countries globally, yet there are common elements in terms of its purpose. The purpose of foster care is to provide a safe and secure environment that can support and promote healthy growth, development and nurturing of vulnerable children (Fallensen 2013, 1003). This is to create stability in the children's lives, foster attachment, and fulfil their belonging needs by maintaining contact and relationship with birth families where possible. This is argued to be in the best interest of children and instrumental in resolving their presenting problems and vulnerabilities (Gerrand and Ross 2009, 7).

Much of fostering, both informally and formally, has occurred in the extended family in South Africa. Child protection experts, statutory social workers, and children's courts view and consider placements in the care of family members as more likely to be in the best interest of the child compared to non-relative placements (Boning and Ferreira 2013, 519; Pretorius and Ross 2010, 470). However, earlier research by Emovon, Ibiezugbe, and Agbontaen-Eghafona (2007, 159) suggested that the traditional nuclear and extended family system and the philosophy of communalism which hitherto catered for the vulnerable such as children, older people, and women in African societies were becoming inadequate. More recent studies in South Africa by Hall and Sambu (2016) and Richter and Naicker (2013) buttress this reality. These studies indicate that several socio-economic, political, demographical challenges and influences, poverty, and HIV and AIDS trigger the decline in the social safety net of the extended family. These factors have been found to cause strain and stress on the extended family making it an unreliable social capital, infrastructure, resource, and safety net for the care and protection of orphaned and vulnerable children.

Snyder (2012, 26) succinctly argued that an inevitable consequence of the continued depletion and weakening of the extended family resource as an effective safety net for the care and protection of children in need is the emergence of non-relative fostering in the child protection system in South Africa. Section 180(3)(a)(b)(c) of the Children's Act 38 of 2005 recognises and provides for the legal placement of children in the care of a person who is not a family member of the child or a person who is a family member or a person who is in a registered cluster foster care scheme. Anecdotal evidence suggests this care arrangement is shrouded in general apathy and suspicion. This is with regard to the current South African welfare context in which cultural beliefs and

prejudices largely discourage and affect interracial, cross-cultural, and cross-family or lineage care (Blackie 2014, 6; Gerrand and Nathane-Taulela 2013, 4).

Evidence from a few available studies, such as that of Kang'ethe and Kausi (2014, 554), indicate that the apathy and suspicion emanate from the view that non-relative fostering may not be in the best interest of the children as their well-being, and racial and cultural identity may be compromised. In this article, we argue that such views may be misleading in that they essentially negate and question the concept of ubuntu, in which non-relative fostering is presumably happening. While acknowledging the decline in the spirit of ubuntu, perhaps there is a need to look beyond the non-relativeness in the care arrangement to other issues which might be contributing to the placement outcomes. This includes issues such as the sources and nature of support, motivation for caregiving, carers' characteristics, and societal attitudes towards the care arrangement in determining children's well-being, quality of care, and placement outcomes. This is imperative in the light of the recognition of the fact that the ecology of children's adversities, profile, and challenges in both relative and non-relative childcare arrangements in the country are the same (Boning and Ferreira 2013, 521; Gerrand and Nathane-Taulela 2013, 6).

Foster parents are saddled with the responsibility of providing for the daily physical, health and welfare needs, such as food, shelter, and clothes, of the children placed in their care. Warwick and John-Langba (2016, 1) concur with this burden of responsibility when they state that, "caring for HIV-positive, orphaned and other vulnerable children is burdensome." This may be worsened by the lack of support culminating in the deteriorating health and well-being of the caregivers and children (Casale, Wild, and Kuo 2013, 1203). Kuo and Operario (2010, 346) found that foster parents require financial, practical, emotional, psychological, social, professional development, problem-solving, respite, and community support to effectively meet the diverse needs of the children.

The South African literature reviewed has shown that kinship foster parents heavily relied (and still do) on the foster care grant, received support from family members through spouses or partners and own children, and were dependent on personal incomes and savings; they also received support from the Department of Social Development, schools and some non-governmental organisations (NGOs), non-profit organisations (NPOs), community-based organisations (CBOs) and faith-based organisations (FBOs) operating in their communities (Bejane 2012, 60; Du Plessis 2015, 47; Gono 2015, 194; Kuo and Operario 2010; Nyasani, Sterberg, and Smith 2009, 188; Roux, Bungane, and Strydom 2010, 53). These studies also reported that foster parents relied on God or a supernatural power based on their faith and spirituality as a source of support and mechanisms for coping with challenges such as health, rejection, isolation, and discipline problems associated with caring for their foster children. They further reported that foster parents better cared for and adequately met the needs of the children when they were properly supported. However, there is little research and published

literature on non-relative child fostering. Therefore, the aim of this article is to explore the sources of support available to non-relative foster parents that might have an impact on the quality of care and placement outcomes.

## Family Systems Theory

The discussion of this article is centred on the family systems theory which is a variant of the general system theory developed by Ludwig von Bertalanffy (1968). It emphasises the adoption of an organismic conception of human relationships and development similar to that obtainable in biology in which the organism is viewed as a whole or a system. The relevance of this theory that accounts for its adoption as a theoretical framework in this article is the central assumption of the conception of families and individuals (for example, foster parents and foster children) as units and systems that are in mutually influencing relationships and interaction with other systems (for example, schools, social workers or organisations, social support networks, policies and laws). Applied in the context of this study, the family systems theory could be useful and relevant in helping us understand the way in which the interrelations between the systems (for example, foster parent and foster child) and their surrounding environments (for example, foster family, biological family, social support network) could influence the developmental outcomes for the children (quality of care and placement outcome) and for the foster parents (consideration to continue or cease to foster and caregiving capacity and competence) in non-relative foster care.

## Research Methodology

The objective of the study was to determine the care support available to the female foster parents that help them to provide care for their non-relative foster children. The study used a qualitative approach. The choice of the approach was informed by it being useful and most appropriate in understanding the lived experiences of the non-relative foster parents. The research site, population and sampling, data collection, data analysis and ethical considerations are explained in the sections below.

## Research Site

This study was conducted in De Deur in the Gauteng province of South Africa. The motivation for undertaking the study in this area was born out of the observations made by the first researcher while working as a social worker. The first researcher observed a steady increase in non-relative foster care placements in the caseloads of the De Deur satellite office of the Vereeniging Child and Family Welfare Society. These escalating numbers had come about because of the breakdown of family-related placements and the new cases of the Children's Court where there were no suitable family members to provide care. The researcher was motivated to study this phenomenon in this area and this setting to gain better insight and understanding of this care category. This was especially crucial in the wake of the demographic and social prognostication of the rise

of orphan and other vulnerable populations in the context of HIV and AIDS and the attenuation of the capacity of the extended family and the need for non-relative foster carers (Kang'ethe and Kausi 2012, 557; Pillay 2012, 3; Snyder 2012, 27).

### **Study Population and Sampling**

The study population consisted of 60 female foster parents who were caring for non-relative children in the caseloads of the De Deur satellite office of the Vereeniging Child and Family Welfare Society. The list containing the contact details of these foster parents on the office's caseloads was provided to the first researcher. With the assistance of the social auxiliary worker, the researcher selected potential participants who met the following inclusion criteria:

- client at the Vereeniging Child and Family Welfare Society and residing in De Deur;
- a non-relative foster parent from any racial group;
- a primary caregiver;
- either female or male;
- able to communicate and express care experiences and views in English which was the language of the interview and focus group discussion; and
- caring for non-relative foster children for over two years.

The researcher then contacted the potential participants who met the criteria. Those who were willing and available to voluntarily participate in the study were then interviewed. A sample of 20 foster parents was used in the study. These participants were all female. It was not intended to exclude any male foster parents, however, three male foster parents who met the inclusion criteria indicated that they were not available to participate because of their work and busy schedules.

### **Data Collection and Analysis**

The data were collected by using in-depth interviews with the help of a semi-structured interview schedule. The individual interviews lasted for about an hour and were audio-taped in addition to field notes with the consent of the participants. The interviews were conducted at the home of the participants at their request because they felt it was the most convenient place. This article focuses on one theme, which is the support received by non-relative foster parents. The following research question was posed to the participants:

- What are the support structures or resources, if any, that are available to you to help you to care for your foster child?

The focus group discussion was conducted after the interviews and the group consisted of three white and three black foster parents who had earlier participated in the

individual interviews. They were selected to further participate in the focus group discussion because they cared for children of a racial and cultural background different from theirs and had many years of experience in fostering. The researcher sought to use the focus group to intensely discuss the racial dynamics to determine whether there were differences in experiences and challenges faced by these foster parents with regard to their demographics. The focus group discussion was also audio-taped with the permission of the participants, lasted for about an hour and was conducted at the De Deur office of the Vereeniging Child and Family Welfare Society owing to its central location and convenience for the participants. The collected data were analysed using the thematic method of data analysis following the guide by Tesch (as cited in Creswell 2014, 186).

### **Ethical Considerations**

Ethical clearance to conduct the study was granted by the Research Ethics Committee of the University of Zululand (UZREC171110-030), and permission was obtained from the Board of Vereeniging Child and Family Welfare Society. As the research involved human participants, the researcher considered the following ethical issues: written informed consent, voluntary participation, privacy and confidentiality, no deception, avoidance of harm and debriefing, and anonymity in presentation and reporting of the research findings.

## **Findings**

### **Biographical Information of Participants**

The 20 female foster parents who participated in the study were aged between 42 years and 77 years. The racial identities showed that the majority of the participants (15) were black Africans, four participants were white, and one participant was coloured. The minimum number of years of fostering for all participants was two years whereas the maximum was 36 years. The majority of the white foster parents cared for black children whereas one cared for both white and black children. With regard to the black foster parents, the majority (eight) were of Sesotho-speaking background and identity and they cared for children of the same background and identity whereas seven foster parents of Zulu-speaking background and identity fostered children of both Zulu and Sesotho origin.

All the participants were Christians, with the majority (10) identifying as Pentecostals, five were Catholics, three were Baptists and two were affiliated with the Dutch Reformed Church. The majority of the foster parents (10) were married and living with their partners, six were single, three were widowed, and one was divorced. Three of the participants were formally employed in a professional capacity, and 10 were self-employed running their own businesses. The remaining seven were not employed but were receiving the state grant pension.

Important insights are revealed by the biographical or demographic profile of the participants. Although the gendered pattern of care depicting women at the forefront of caregiving is obvious, the stability offered by foster parents' marital union, and physical and emotional maturity is seen to be an important deciding factor for placement. While such characteristics as the participants' Christian background and values could have been responsible for their choice to care for non-relative foster children, their financial status would definitely have an impact on caregiving outcomes as the majority are not financially buoyant. Next follows a discussion about the participants' views on their sources of support in response to the questions.

### **Sources of Support for Non-Relative Foster Parents**

There were various sources of support found in the study to be used by the participants. These included the foster care grant, personal income and savings, FBOs, and nuclear family support. However, the participants mentioned difficulties in accessing social worker or agency support. The findings are supported by direct quotes from the participants. However, owing to limited space, it is not possible to cite the verbatim responses of all the participants. Therefore, the authors selected those verbatim responses which encompass the responses of the rest of the participants.

#### *Foster care grant*

Most of the participants reported that they had received the foster care grant with only one participant mentioning that she was not receiving the grant. She mentioned that she refused to get the grant owing to the general stigmatisation surrounding its receipt. For those receiving the grant, it assisted them in caring for the children and there was a consensus that the amount was not enough to meet all the basic needs of the child. Two participants said:

Yes, I am receiving the grant, and it is our biggest source of support and resource that greatly assist us in providing for these children even though we cry and complain that it is not enough. But it is a great relief I must confess and admit at least it assists with the basics.

We cannot deny the fact that the foster care grant is very helpful and a big source of support for us though you can agree with me that it is not always enough considering the needs of the children. But you know we kind of are happy because it sort of provides a starting point for us.

The foster care grant was spent on buying food items for the children. Food was identified by most participants as the most essential item because when there was food at home, the problem of meeting the basic needs of the children was almost half solved. One participant said:

The foster care grant is really big support for us though it is not always enough. At least it helps us to cover the most important thing which you know is food because when we have food in the house, we don't have a problem because that is the most basic.

This theme also emerged from the focus group discussion. One participant said:

My major support is the foster care grant because it helps us with the most essential item, which is the feeding of the children. The grant ensures that there is always food at home and when there is food, the rest things are not a problem because then it means the child will not go to school hungry and to bed in an empty stomach.

### *Self-support through personal incomes and savings*

Most participants were self-supported through personal incomes and savings. Nearly all the participants mentioned that they used their personal financial savings, pensions, business, and incomes for the care of the children in addition to the foster care grant. Those who were not formally employed were involved in some form of business or "piece jobs", were receiving pension or had savings and investments that provided supplementary income and financial support. This is confirmed by the following verbatim excerpts:

You know what? I have been relying on the proceeds I get from my business of selling Tupperware products to care for this child in addition to the foster child grant because it is not enough to meet the needs. Though I cannot provide all that she needs yet I am glad that at least I can give her the essentials that will make her feel that she has a family so that she will not have a sense of lack. It is not easy, but I have got to make the sacrifice to ensure she gets the best I can afford from my personal income.

As you know already, the grant we get in respect of these children is not enough to meet their needs. Look, we have some savings in our investment we made in Germany many years ago before migrating to South Africa that we rely on to support these children. It is our pension going down the drain, but we are not complaining because it is something the Lord asked us to do, and he will reward us for it.

A major observation was that most participants had a form of income they could draw on for financial support, so they were not entirely reliant on the foster care grant. One participant stated:

I am glad I receive the foster care grants for my two children, but it is not enough, as you know. I had to go back to my teaching profession so I can earn a regular income so I can support these children. I am able to cope and support them by the grace of God with the salary I earn as a teacher and the grant money. I am happy I am able to do this for the sake of these children, and seeing them happy and fulfilled is my joy and fulfilment in life.

### *Faith-based organisations*

Support from FBOs and churches, which the participants belonged to or which were in the community in which they lived, was another source of support that they used. All participants were Christians and were affiliated with different church groups. A universal indication suggested that the participants were socially, financially and spiritually supported by the church groups they belonged to. The following verbatim excerpts attest to this:

One good thing is that we receive good support and understanding from our church. They help us with some of the basic needs of these children. We are very grateful because they know we are taking care of these children with little or no support from the government and so they make it a point of duty to always attend to their needs wherever we approach them.

Thank God for the strong assistance and support that the children in our care and we receive from our church and some Christian associations in our area. They are very supportive and understand the plight of these vulnerable children that we care for and always stand with us in times of needs. This makes things a little bit easy for us and we are very grateful.

Support also came in financial donations, clothing, food items and help from church leaders and pastors who counselled and talked to the children when they misbehaved. The participants were of the opinion that if they had not received support and care from their church groups, they would have experienced greater levels of stress. The following verbatim excerpts confirm this:

My church which is called Christ Embassy supports us and these children greatly. They come here every Tuesday to motivate them and bring food items and clothing for us. They also make arrangements for transport for the children to go to church on Sundays and do organise outings for them during the holidays. This is very helpful because it makes the children feel loved and accepted by the community and society.

The other big support structure that we rely on is my church, Delta Church. Every month they come here and bring food and some clothes and at times, they take them out to the swimming pool or park for an outing so that they can catch some fun.

### *Nuclear family support*

One other theme that emerged was nuclear family support through spouses or partners and own biological children. All the husbands of the married participants were major financial, emotional and physical support structures even though they were always at work, leaving their wives to be at the forefront of the foster care. The support from the spouses was the greatest impetus the participants had as they served as their greatest encouragers, motivators and inspiration. The following direct quote confirms this:

I get a lot of support from my husband both financially and emotionally apart from the foster child grant, and that helps us a long way in meeting the needs of these children. My husband helps me a lot with them, and when things are very tough like when they misbehave or fight, he takes the father figure and sorts it out. He is really helpful even though he is not always around due to work.

The support from spouses goes beyond finances and included assistance with care duties when at home and being role models for disciplining and talking to the children when they misbehaved. It further included attending parents' evenings at school when the attention of foster parents was required regarding children's educational progress or behaviour. This participation and support provided by the spouses were reported by the participants to be useful in alleviating the stress and burden associated with their caretaking and caregiving roles. The verbatim quote below verify the support experienced:

My husband is a pastor and does support me a lot not only financially but also with raising and disciplining these children so that they can grow into responsible and God-fearing adults. He plays the father figure to these children, and we really enjoy his support and I am glad for that.

The biological children of the participants were another support structure which they relied upon to providing care for their non-relative foster children. They commented that their own children accepted the foster children and viewed their support and contribution as warranted by a sense of family. The support they enjoyed from their own adult children included assistance with paying some of their bills such as electricity, helping with extra home lessons, taking the children for hospital and clinic appointments and administering the children's medication. The following direct quotes provide evidence to this:

Apart from the grant and my personal savings and pension that I normally depend on for the care of these children, my own children are very dependable and reliable support. They do understand our situation and assist me with caring for these children. One of my daughters, for example, helps us with the payment for DSTV<sup>1</sup>, the other one helps with buying additional foodstuff from her salary when we run out of stock during the month, and it's amazing how they love and help contribute to caring for the children.

My children are a very big support structure for me. They love these children and sacrifice for them to make sure they do not lack. They buy them clothes; take them on holidays so that my foster children know Durban and Cape Town because they have been there on holiday with my own children. They help me take them to the clinic when they are sick and talk to them when they misbehave.

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1 DSTv is a sub-Saharan African direct broadcast satellite service.

*Difficulties in accessing social worker or agency support*

Most participants lacked support from the case workers and placing agency or organisations. Those participants who reported to have received some support from their case workers mentioned that it was in the form of general welfare supervision and psychosocial support such as assistance with resolving difficult children's behaviour and access to healthcare services. Two participants made the following verbatim comments:

I do get support and assistance from the caseworker and child welfare when we do need help like getting the children for medical or psychological test and attention, but I am the one that must be on their trail. I put everything aside and pursue them and go to their office every day otherwise, you can't get them to help you. Well at times, I don't blame them because they apparently are short-staffed and overloaded. But yes, you must be ready to pursue them and be a pain in their neck if you want something from them.

I don't have a problem with the social workers because whenever I have a problem with my foster children or with the needs of any of the kids I always put pressure on them and ensure that they sort us out. And most of the time they do help us though they always complain of being overworked and too busy.

Although the psychosocial and placement supervision services of the social workers or agencies are crucial and desirable to achieving placement stability and positive care outcomes for the children and foster parents, it was difficult for the participants to obtain these services. The following verbatim excerpts attest to this:

I don't get support from the caseworker or ask for it from them anymore. I solve my problems myself where possible. I had a problem of keeping an appointment for a check-up for one of my foster children because I was having a broken arm sustained in an accident and so couldn't drive the child to the appointment myself. I went to Child Welfare and asked the case manager to assist me in taking the child to the doctor, but she refused to take him, saying she was very busy. I explained that it was such a life and death issue because he was having a problem with his kidneys, but they still didn't assist me. I had to beg a neighbour who now agreed to take the child. He nearly died, and I was disappointed and surprised.

See I don't have any support or assistance from the social worker working with these children in my care. Even when I feel that things are too much for me and that I can't do this or I cannot cope with this and don't see why this is happening and I can't see my way clearly through it, there is nobody I can turn to. When the children are giving me a headache and I need them to be counselled or go for therapy, I normally don't find a social worker to help us. I feel helpless. I feel like sometimes things are out of control, and I feel like giving up. I feel left alone and overwhelmed with the children's behaviour and issues, and you don't find the caseworker to help you sort out the issues and the children. It's disappointing and frustrating.

## Discussion

Knowledge of the sources of support available to foster parents to help them provide care for their non-relative foster children is an essential component of an efficient and effective child protection system. This is crucial when determining the quality of care that the children could receive and the placement outcomes for both children and foster parents (Casale, Wild, and Kuo 2013, 1203). Sound knowledge derived from empirical investigation helps to answer questions about the unfounded claims in regard to the efficacy of this care arrangement. This could also help government policymakers and child protection experts to develop evidence-based interventions which could enhance the quality of care and promote foster parents' satisfaction and willingness to continue to foster (Whenan, Oxlad, and Lushington 2011, 752). It would also help to effectively develop support structures that would prove invaluable in meeting foster parents' and children's needs. All these have positive impacts on the recruitment and retention of non-relative foster parents which could promote the preservation of this important care arrangement in the light of the decline of the extended family safety net and proliferation of vulnerable and at-risk children.

This article has explored the various sources of support that foster parents used when providing care for their non-relative foster children in De Deur, South Africa. One of the findings was that most of the participants received the foster care grant and used it to buy basic necessities such as food for the foster children to support and care for them. This is similar to what Nyasani, Sterberg and Smith (2009, 187) found in their study on relative fostering in Richards Bay, South Africa. They discovered that most of the foster carers were in receipt of the grant, and that they regarded it as their major regular source of income and means of poverty alleviation. This study and that of Nyasani, Sterberg and Smith (2009, 187, 189) therefore suggest that the foster care grant, which represents the South African government's response and intervention to orphans and other categories of vulnerable children's care, serves its intended purpose of providing a means of support and of securing the welfare of children in both relative and non-relative fostering.

What was palpable in exploring the participants' sources of support used when caring for their non-relative foster children in this study was the general enthusiasm and passion with which the foster parents reported to sacrificially deploy their personal income, savings and investments to the children's care. It testifies to their genuine and altruistic intentions to provide care. This renders the argument unreasonable, at least in the study context, that non-relative fostering may compromise the child's best interest as the foster parents may be motivated to provide care for the profit and money involved. It further provides useful and valuable clues pertinent to the recruitment and retention of this care category. This is in the sense that it shows the way in which only caregivers who have stable incomes and a willingness to deploy these incomes in meeting the care needs of children without kin relations and cultural and family obligations could be

suitable and qualified to undertake caregiving to non-relative foster children. This is important for its implication for placement stability and care outcomes.

The participants' discourse regarding support from their FBOs indicated that there was a feeling of positive spiritual and social relationships. This feeling points to the underlining importance and necessity of viewing fostering and caregiving as a systemic entity that requires a multidisciplinary approach. Since this support was regarded in this study as a respite and a resource base to foster parents, which indicated the positive impact on them and the children in their care, it also speaks to broader issues. It highlights the potential stress and burden which could be caused by a lack of or limited diverse support for the foster family and which could influence the foster care outcomes. In the same way as the systems theory adopted in the study enabled us to understand fostering, it illustrates that fostering effects and necessitates the involvement of larger strata of influence. This cut across and beyond the foster family to include wider contexts and environments such as the church, spirituality and all stakeholders. There is therefore a need for multidisciplinary cooperation and concerted efforts to deal with and respond to the task and demands of caregiving and fostering, especially for non-relative foster children. This is because the foster parents have no sense of familial obligation or responsibility to do so to feel encouraged and supported so they could continue to foster. The finding of support from non-governmental, faith-based and community-based organisations is consistent with relative-fostering literature in South Africa by Gono (2015, 97–98), Nyatsanza (2010, 24–25) and Kgomo (2009, 85). But it stands in contrast to that of Kiggundu and Oldewage-Theron (2009, 392) and Warwick (2013, 64) who found that participants did not receive much support from FBOs and the churches they were affiliated to because they did not understand the plight and circumstances of the children and fostering challenges.

This study found that nuclear family support in the form of spouse or partner and older foster parents' biological children which took on different aspects of the foster children's care was a big respite to the foster parents. It contributed tremendously to assuaging the cost and burden of care, thereby enabling foster care continuity and enhancement of care quality. This finding is consistent with studies on relative fostering in the South African context which suggest that the immediate family is a major support structure and resource to foster parents when providing care to their foster children. Bejane (2012, 74), Warwick and John-Langba (2016, 2) and Du Plessis (2015, 35) showed in their studies that the most accessible and used form of support to relative foster parents was the immediate family. Foster parents and caregivers reported in these studies that immediate family support created an enabling environment that made the role of caretaking easy by mitigating unfolding care challenges. This was also true of the experiences of the non-relative foster parents who participated in this study.

Regrettably, the participants in this study reiterated a general lack of support from social workers and agencies which they felt could have been important in moderating care challenges and enhancing care outcomes. Supporting foster parents in this regard was

thought of by the participants as what ought to be granted considering the level of personal efforts and sacrifices they invested when caring for their non-related foster children. This seemed to make them question the legitimacy of agency and the caseworker's claim to be concerned about the child's best interest. The reality of the care experiences indicated that the participants were alone and not valued. The participants shared feelings of disappointment with the system. This was because they said they began providing foster care with an understanding that the system would help to facilitate access to specialist services and other support services. Since they identified themselves as mothers to the children, the participants hinted that they found themselves obligated to meet the children's needs even though it was difficult without the anticipated support from caseworkers and agencies.

## Conclusions

The findings in this article that foster parents used the foster care grant, faith and CBOs and immediate nuclear family support when providing care for their non-relative foster children tend to indicate findings that are similar to kinship fostering. The study aligns with what the studies on mainstream relative fostering have also found. This provides grounds to discern the similarity in the nature and source of support and their importance in childcare and fostering in care arrangements in South Africa. It further serves as a justification for refuting the anecdotal claim that non-relative fostering could be detrimental to the child's well-being and development merely on the basis of the non-relativeness of the care arrangement. It highlights the importance of the availability of and access to support in determining children's well-being and care outcomes in caregiving no matter the type of care arrangement. It indicates the underlining importance and necessity of viewing fostering and caregiving as a systemic entity that requires a multidisciplinary approach.

Further, the findings in this article provide the basis for the conclusion made here that access to a wide range of support networks may be associated with better care outcomes for children and foster parents. As the study found, daily caretaking and fostering, especially non-relative child fostering, entail and demand great efforts and sacrifices from a wide spectrum of stakeholders. These stakeholders include foster parents, birth children, case workers and placement agencies, the government, the community, and the biological family. Fostering also necessitate a robust resource base of financial, physical, social, emotional and psychological resources if the desired positive care outcomes for children and foster parents are to be met and realised. It is concluded that foster parents need adequate support to avoid stress and strain associated with caregiving and fostering. This calls for innovative ways to increase support for this important care category in the face of its importance as a safety net. This is in the light of the context of the HIV and AIDS epidemic and its concomitant surge in orphan and other vulnerable and at-risk children. The weakening of the extended family necessitates fostering, which needs adequate resources and support to retain and enhance its effectiveness and productivity.

This article could not gather the support regarding the cultural sensitivity of non-kinship fostering. Beyond meeting the basic needs, physical care, psychological support, the foster parents might require support in preserving the culture of the children outside their own culture. In the African culture, for example, as found by RoCHAT et al. (2016, 124), there are certain beliefs regarding ancestral world views which assert that children deprived of their roots would lose contact with their ancestors, with unpleasant, punitive consequences for the future happiness of the child. Future research should focus on gathering evidence in this regard and the implications associated with those children whose biological families are untraceable.

## Recommendations

This article recommends that adequate support be provided to non-relative foster parents or foster parents in general to improve the quality of care and placement outcomes. Social workers and placement agencies should strive to provide individualised attention and adequate material, training and other relevant and necessary psychosocial support to the foster parents and the foster families. This will prove invaluable in responding to foster parents' needs and challenges encountered while providing care to non-family-related foster children. Adequate support will lead to satisfaction and the desire and willingness to continue to foster.

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