THE EXPERIENCES OF YOUTH WHO HAVE AGED OUT OF NON-KINSHIP FOSTER CARE IN TSHWANE METRO, GAUTENG

BY

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DECLARATION OF ORIGINALITY

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Declaration

1. I hereby declare that the mini-dissertation is my original work. All the secondary materials used have been properly acknowledged and referenced in accordance with the Department's requirements.

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3. I have not allowed, and will not allow, anyone to copy my work with the intention of passing it off as his or her own work.

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ABSTRACT

**THE EXPERIENCES OF YOUTH WHO HAVE AGED OUT OF NON-KINSHIP
FOSTER CARE IN TSHWANE METRO, GAUTENG**

BY

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DEPARTMENT: **SOCIAL WORK AND CRIMINOLOGY**

DEGREE: **MSW (SOCIAL DEVELOPMENT AND POLICY)**

The goal of the study was to explore the experiences of youths who have aged out of non-kinship foster care in the Tshwane Metro, Gauteng Province. A qualitative approach was adopted with the instrumental case study as the most suitable qualitative research design for this study. Semi-structured interviews were used to collect data from 12 selected youths from Atteridgeville, Sunnyside, Eesterust and Mamelodi West Child Welfare offices with the aid of an interview schedule.

Most of the youths in the study had exited foster care because of the regulated age limit that can only be extended to 21 on conditions stipulated in section 180 of the Children's Act 38 of 2005. The participants highlighted their experiences while they were living with foster families and mostly appreciated the fact that their foster parents provided them with an opportunity to belong to a family. However, the study revealed that many participants exited foster care abruptly with no financial, adult or any other support required to transition successfully to adulthood. The participants did not receive any preparatory services from social workers for their transition to adulthood. The findings also revealed that most of the youths faced social challenges, behavioural and psychological challenges, unemployment, financial instability, poor educational or vocational opportunities and lack of safe and affordable housing.

Based on the findings, it can be concluded that the legislation and policies that regulate the placement of children in foster care have not considered fully the developmental needs of children and youth who are transitioning out of care. The age limit of foster care prevents many youths who are going through the transitional period from completing their secondary education and training as required, as most of them continue with secondary education beyond the age of 21. Inadequate support and lack of transitional preparatory programmes for youth who are ageing out of foster care have a tremendous impact on young people's transition to adult life, as they are left to face adversity on their own.

As a result of various challenges that youths who have aged out of foster care experience after they exit the system, it is recommended that the Department of Social Development should ensure the implementation of preparatory programmes to be rendered by all child protection organisations and government social workers, designed for youth who are ageing out of the foster care system. This will ensure that social workers carry out their role of guaranteeing that all young people who are ageing out of foster care are provided with relevant skills and capacity as they transition to adulthood. Furthermore, such programmes could enhance the lives of many youths after they have exited the system, since they will be empowered with valuable skills and knowledge to face life after foster care.

KEY CONCEPTS

- Foster care
- Non-kinship foster care
- Youth
- Aged out
- Tshwane Metro

ACRONYMS AND ABBREVIATIONS

ACRWC	African Charter on the Rights and Welfare of the Child
AIDS	Acquired immune deficiency syndrome
GEAR	Growth, Employment and Redistribution Strategy
HIV	Human Immunodeficiency Virus
NPO	Non-profit organisation
RDP	Reconstruction and Development Programme
UN	United Nations

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CHAPTER ONE
GENERAL BACKGROUND TO THE STUDY

1.1 INTRODUCTION

Due to persistent social problems arising from the apartheid system, South Africa is characterised by a culture of violence and inequality (Clarke & Basset, 2016:184). This is manifested in homes and in society through domestic violence, extensive drug abuse, risky sexual behaviour and family neglect. In addition, the country has the highest rate of human immunodeficiency virus (HIV) prevalence, with an estimated 7.5 million persons living with HIV (Statistics South Africa, 2018:8). In 2018, an estimated 13.1% of the population were HIV-positive and one fifth of women of reproductive age (14-49) were positive, but the high prevalence among the youth aged 15-24 had declined (Statistics SA, 2018:8). Studies show that a high prevalence of parental deaths is related to illnesses, specifically Acquired Immune Deficiency Syndrome (AIDS) (Breckenridge, Hughes, Rauntenbach & McKinley, 2019:503). The HIV/AIDS pandemic has left millions of children in South Africa orphaned (Breckenridge, Hughes, Rauntenbach & McKinley, 2019:503) When children are orphaned, abused and neglected, or when problems such as drug addiction, mental illness and incarceration occur in their families, it becomes difficult for parents to provide the necessary, adequate care for their children. The government is consequently required to intervene and take over the care of these children, who very often enter the foster care system.

Foster care is globally regarded as the most prevalent method of alternative care for children who do not have any parental care at home. It often takes place in the family context and is a viable option for protecting children (Schiller, 2015:89). The South African government, in line with international practice, has recognised the need for the provision of substitute care services for children who are currently missing basic services and protection, for their own safety and wellbeing. In South Africa, nearly 500 000 children reside in foster care today (South African Social Security Agency, 2018). Studies show that the demand for foster care as alternative care has increased in South Africa, notably during the past decade (Xi, 2014:1).

Foster children largely constitute a population at risk, which also means that the youth that are ageing out of the system are inherently exposed to greater risk. This is confirmed by Atkinson (2008:184), who indicates that youth in foster care face enormous challenges and are much more likely to be at risk than their peers in the general population. They are highly likely to experience great hardship, such as lack of financial stability, homelessness and unemployment, once they have left the foster care system (Dion, Dworsky, Kauff, & Kleinman 2014:19). Generally, issues such as homelessness, involvement in criminal activities, failure to continue with education and unemployment are more prevalent in this group of young adults (Atkinson, 2008:184). This study therefore sought to investigate the experiences of youth who had aged out of non-kinship foster care in South Africa. The key concepts of the study are defined as follows:

- **Foster care**

Foster care is defined as a means of alternative care for children, as in section 180(1) of the Children's Act 38 of 2005, and includes foster care in registered cluster foster care schemes (Children's Act 38, 2005:92). It entails the placement of a child under the care of a person who is not the parent or guardian of the child as a result of an order of a children's court or a transfer in terms of section 171 of the Children's Act, 2005, as amended (Children's Act 38, 2005:93). This study will adopt this definition of foster care provided in the Children's Act 38 of 2005.

- **Non-kinship foster care**

Non-kinship foster care is the placement of a child with a non-relative person or family. It is the placement of a child with a foster parent who is unrelated to the child in any way. The child is placed under the care of such a person, since the child is in need of care and protection and has no visible means of support other than the prospective foster parent (Bessas, 2017:6). In the study, non-kinship foster care refers to the placement of a child with a non-relative person or family.

- **Youth**

The South African National Youth Policy (2009-2014) describes youth as individuals between the ages of 14 and 35 years. This is consistent with the definition of youth contained in the African Youth Charter, which describes youth as those individuals between the ages of 15 and 35 years (African Youth Charter, 2006). In the context of this study, youth will refer to boys and girls from the age of 19 to 25 years who were placed in non-kinship foster care in the Tshwane metro.

- **Aged out**

Aged out refers to the termination of court jurisdiction over youth in foster care (King, 2016:6). In foster care, aged out refers to the process of a youth transitioning from the formal control of the foster care system towards independent living (Getz, 2012:1). It is used to describe any time a youth in foster care leaves the varying factors of foster care, including home, school and financial systems provided by foster care (King, 2016:6). In this study aged out refers to the termination of court jurisdiction over youth in foster care who have turned 18 years old while in non-kinship foster care.

- **Tshwane Metro**

The City of Tshwane is South African's main administrative city and hosts the Union Buildings, where much of the government's business is conducted. The city is in Gauteng Province. The total area of the city makes up 13% of the province. The City of Tshwane is the third most populous municipality in Gauteng Province, covering approximately 6 345 km², with a population of 2.9 million (Census, 2011). The city of Tshwane is divided into seven regions, with 105 administrative wards and 210 councillors (City of Tshwane, [sa]). It is the second largest municipality in Gauteng and is among the sixth biggest metropolitan municipalities in South Africa (City of Tshwane, [sa]).

In exploring the experiences of youth who aged out of non-kinship foster care, the study will be embedded in the resilience theory, which is briefly discussed in the following section.

1.2. THEORETICAL FRAMEWORK

Payne (2014:319) defines theories as "a set of interrelated concepts, definitions and propositions that present a systematic approach to viewing facts and events by specifying relations amongst variables with the purpose of explaining the facts and events." These variables and experiences may include the experiences of youth who aged out of non-kinship foster care.

This study adopted the resilience theory of Holling (1973:43) to explore and understand the experiences of youth who have aged out of non-kinship foster care and are generally perceived as a population "at risk". It is hoped that the use of the resilience theory will facilitate the exploration of the experiences of youth who have aged out of non-kinship foster care through investigating the challenges that they experienced after being discharged from foster care (Gonzalez, 2015:29).

Higgins (1994:17) defines resiliency as "the ability to function psychologically at a level far greater than expected given a person's earlier developmental experiences." Resiliency recognises the healthy adaptation that people display in response to life stressors. Moreover, resiliency can easily be recognised in children and youth who have been exposed to negative life experiences, such as abuse, poverty, orphanhood, dysfunctional families, domestic violence, substance abuse, illness and any form of hardship that took place in the life of a child or youth "at risk", which might impede his or her future success (Werner & Smith, 2001:80).

Resiliency is also defined as "the ability to return again to those patterns of adaptation and competence that characterized the individual prior to the pre-stress period" (Garmezy, 1985:129). Resiliency is not a static trait, but is something that can change, depending on one's situation. A person who copes successfully with stressors at one point in time may react adversely to other stressors when the situation is different. So, if circumstances change, resilience alters as well (Jenson & Fraser, 2016:8).

Van Breda (2011:47) concurs that the advent of the resilience theory is linked to a reduction in the prominence of pathology and an intensification in emphasis on strengths. Generally, despite many risks to which the youth are exposed, they have strengths, characteristics or coping mechanisms that may help to protect them from harm, danger and abuse (Jenson & Fraser, 2016:8). The resilience theory makes use of the emerging systems approach to describe the complex interaction of factors at the macro, interpersonal and individual levels (Gonzalez, 2015:48). Recognition of the multi-system framework provides better understanding of what makes people resilient in certain situations (Schofield, 2001:78).

The greater the support, care and safety of youths' environment, the easier it is for them to transition better to adulthood (Induction Manual for Child Protection Social Workers, 2016:19). In the case of youths who have aged out of non-kinship foster care while they are also undergoing the developmental transition to adulthood, their transition might be difficult compared to other youths in their population (Gonzalez, 2015:48). However, they might rely on their strength and capabilities to survive adversities in their lives. This theory promotes the utilisation of individual personal abilities in coping with the effects of the traumatic events that led to their placement in non-kinship foster care and the loss of stability and security associated with this process

1.3 RATIONALE AND RESEARCH PROBLEM

Many youths who age out of non-kinship foster care encounter more challenges than their peers in society (Atkinson, 2008:189). Furthermore, they have to deal with distressing conditions or situations that led to them being placed in foster care, and should also cope with adjusting their lives out of alternative care (Schiller, 2015:51). The transition of youth to adulthood is presumed to be the most difficult stage, where young people's lives are characterised by stress and anxiety (Lee & Berrick, 2012:81). It is a time when young people are believed to need more help from their parents and various support systems than at most other stages of their lives (Böning & Ferreira, 2013: 539). However, youth who have traumatic histories and face remarkably greater challenges

are compelled to go through this difficult transitional stage of their lives with limited or no family support and few resources (Atkinson, 2008:96).

A practical problematic issue recognised by the researcher is that children's legislation and policies as contained in the Children's Act 38 of 2005 demand that all children should be protected and provided with safety and care. However, it does not consider the subsequent needs of such children as they mature and go through their critical growth period. This study considers this a major oversight, which may greatly affect the life of children in foster care as they age out of foster care.

In the study, the rationale is to contribute to the existing literature on foster care. In his article reviewing the care-leaving research opus from 2003 to 2016, Van Breda (2018: 513) pointed out that research up to that date focused almost entirely on young people ageing out of residential care and only two outputs on foster care were located. In South Africa, more research in social work that will focus specifically on exploring and providing understanding about the opinions and experiences of youth who have aged out of non-kinship foster care is still needed. The research gap identified by the researcher is that little is known about the experiences of youth who have aged out of non-kinship foster care, especially on their views and opinions on the preparation phase of leaving non-kinship foster care. This study will thus investigate the experiences of youth who have aged out of non-kinship foster care. The study intends to provide answers to the following research question:

- *What are the experiences of youth who have aged out non-kinship foster care in the Tshwane Metro, Gauteng Province?*

1.3. GOAL AND OBJECTIVES OF THE STUDY

The goal of the study was:

- To explore and describe the experiences of youth who have aged out of non-kinship foster care in the Tshwane Metro, Gauteng Province.

The objectives of the study were as follows:

- To conceptualise and contextualise foster care in South Africa;
- To explore and describe the experiences of youth when they were living with foster families;
- To explore and describe the form of preparation youth receive when leaving non-kinship foster care;
- To explore and describe the challenges faced by youth who have exited non-kinship foster care; and
- To make recommendations on the provision of preparatory programmes for youth exiting foster care.

1.4.   RESEARCH QUESTIONS

The main research question was guided by the following sub-research questions:

- What is the conceptual framework of foster care in the South African context?
- What were the experiences of youths when they were living with the foster family?
- What is the form of preparation that youths receive when leaving non-kinship foster care?
- What are the challenges faced by youths who have exited non-kinship foster care?
- What recommendations can be made to improve the provision of preparatory programmes for youths exiting foster care?

1.5.   RESEARCH METHODOLOGY

The study applied the qualitative approach, which is explorative in nature, as a means of exploring and describing the phenomenon being researched, with the aim of understanding it as suggested by Fouché & Schurink (2011:308). In this study, the qualitative approach was appropriate, as the researcher needed to acquire descriptive data to understand the experiences of youth who have aged out of non-kinship foster care.

The study used applied research, which was appropriate, as it intended to address specific problems with the aim of using the outcomes of the study to improve service

delivery and influence changes in society (Fouché & De Vos, 2011:95). Thus, the study explored the experiences of youth who had exited non-kinship foster care and the transition to adulthood. The results and recommendations of the study will be used to improve the delivery of developmental foster care services (Babbie & Mouton, 2011:33).

The instrumental case study design was adopted as the most suitable qualitative research design for this study. It facilitates understanding and offers a thick description of the phenomena (Babbie & Mouton, 2011:33). The researcher used various perspectives of youth who aged out of non-kinship foster care to explore and describe their experiences after they had aged out of non-kinship foster care (Babbie & Mouton, 2011:33).

The population of this study was made up of youths from the age of 19 to 25 years who had aged out of non-kinship foster care in the Tshwane metro in Gauteng Province. A purposive sampling method was used in the study, because the researcher specifically wanted to select youth who had aged out of non-kinship foster care, since they had experienced life in alternative care (Strydom, 2011:223).

The sampling method was used to select 12 youths who had aged out of non-kinship foster care who had been supervised by Tshwane child welfare organisations. These included participants from Child Welfare Mamelodi West, Child Welfare Sunnyside, Child Welfare Eersterust and Child Welfare Atteridgeville.

The study adopted semi-structured interviews as a method to collect data and an interview schedule as a data collection tool. Semi-structured interviews were used to gain detailed information about the experiences, beliefs, views, opinions and behaviours of the youths who had aged out of non-kinship foster care. The interview schedule consisted of predetermined questions that were used to obtain the required information. The interview questions were structured to focus on specific themes to enable participants to give a full account of their experiences. An audio/digital recorder was used to record the interviews, with the permission of the participants who had given

informed consent for this to be done. Once data had been collected, the next step that followed was data analysis.

In this study the technique of data analysis that was applied was qualitative data analysis as guided by Creswell (2014: 197) and supported by Creswell and Poth (2018:185). The steps of data analysis required that the researcher should sort, organise and arrange data, read the interview transcripts and fully familiarise herself with the collected information. During the process of data analysis, the researcher applied a coding system to analyse the data collected through identifying similarities and differences, thus the collected information was categorised into themes to provide for full description, deriving meaning and interpretation.

A pilot study preceded the main study. The researcher administered the interview schedule to two youths, one male and one female, to test the reliability of both the interview schedule guide and audio/digital recorder. The feasibility of the study was ensured through:

- Obtaining written permission from Tshwane Child Welfare for the participation of youth from Child Welfare Mamelodi West, Child Welfare Eersterust, Child Welfare Sunnyside and Child Welfare Atteridgeville; and
- Obtaining permission from participants agreeing to be part of the study;

The ethical considerations that the study observed included voluntary participation, informed consent, privacy and confidentiality, no deception of respondents, the actions and competence of the researcher, avoidance of harm, debriefing of participants, as well as publication and release of findings. The research methodology is discussed further in Chapter Three of this study.

1.6 CHAPTER OUTLINES

This research report consists of the following four chapters.

CHAPTER ONE: GENERAL INTRODUCTION

This chapter outlines the context of the study by means of an introduction, theoretical framework, problem statement, and the goal and objectives of the research and research methodology.

CHAPTER TWO: LITERATURE REVIEW

This chapter focuses on the literature review, the key focus areas of the study, as well as the contextualisation and conceptualisation of foster care in South Africa. There will also be discussions on:

- The history of social welfare in South Africa;
- The legislative framework on foster care;
- International perspective on foster care;
- Forms of preparation for youths exiting foster care;
- The experiences of youth when they were living with the foster family;
- Ageing out of foster care in South Africa; as well as
- Challenges faced by youth who have aged out of non-kinship foster care.

CHAPTER THREE: RESEARCH METHODOLOGY AND EMPIRICAL FINDINGS

This chapter will firstly outline the research methodology that guided the study followed by the research findings and an interpretation thereof. The limitations of the study are also explained.

CHAPTER FOUR: KEY FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

The last chapter focuses on the key findings and conclusions of the study. Recommendations are made on preparatory programmes for youth in the process of ageing out of foster care before they exit the system as well as recommendations for future research.

1.7 CONCLUSION

This chapter has given a general overview of the study. The introduction in this chapter lays out the background of the study. Included also is the theoretical framework; problem statement; the goal and objectives of the research and research methodology and how the mini-dissertation is structured in terms of the chapter outlines.

CHAPTER TWO
LITERATURE REVIEW

2.1. INTRODUCTION

After 1994, the newly elected government in South Africa adopted strategies to transform the delivery of social welfare services in the country. The social welfare sector was then obliged by law to safeguard the rights of children by providing care and protection to all children in the country to combat vulnerability. The need for care and protection arises from neglect, abuse and orphanhood, among other reasons (Department of Social Development, 2010:32). Moreover, the well-being of children is affected by poverty and the death of caregivers because of sicknesses related to HIV/AIDS (Department of Social Development, 2010:13). In 2018, Statistics South Africa projected the country's population as 57,73 million people. Approximately 29,5% of the population were children below 18 years who lived with neither parent. Moreover, in 2018, South Africa was estimated to have 280 000 children (aged 0-14) living with HIV. Most of these children had lost their parents owing to sicknesses associated with AIDS and some were still living with sick and bedridden caregivers (Low, 2018). In addition, it was estimated that about 58 000 children were living in child-headed households across the country (Hall, 2018). This escalates the numbers of children needing care and protection.

As a result of the intensification of these social problems, some children who need care and protection can no longer be cared for in their extended family networks. This then necessitates the adoption of alternative means of care outside the family. However, foster care is a temporary placement, which has a time limit to care up to 18 or 21 years. This means that youths in foster care are obliged by law to exit foster care between the ages of 18 and 21. However, for such youths the transition out of the foster care system is fraught with developmental and environmental confusion and challenges (Gonzalez, 2015:6). It is the opinion of the researcher that the transition of youth from care to independence is abrupt and frustrating, since most them are not ready to function on their own.

To provide a deeper understanding of the factors that affect the prospects of youth in foster care upon their exit from alternative care, the literature review in this study will start with a discussion of the international perspectives of foster care. The international perspectives of foster care follow, then the history of social welfare in South Africa, and subsequently an overview of foster care in South Africa, which includes the legislative framework guiding foster care in South Africa, as well as forms of preparatory services youth receive when ageing out of foster care. The second last part of the literature review section then discusses the experiences of youth while they are living with the foster family, as well as the challenges faced by youths who have aged out of non-kinship foster care. The review ends with the shortfalls in delivering social welfare services.

2.2. INTERNATIONAL PERSPECTIVES ON FOSTER CARE

Foster care is a worldwide practice of substitute care service for all children who are in need of care and protection. There are differing contexts in which foster care is implemented world-wide. Foster care in European countries focuses more on providing care for the child while the parents receive reunification services. Factors that contribute to foster care placement of children include individual factors such as addiction, mental disorders, dysfunctional family dynamics (domestic violence, death of a parent/ guardian, poor parent-child relationships) and dysfunctional community dynamics (unemployment, high crime rates). Such factors have a profound impact on the well-being of these individuals, as well as on the resultant care system (Maja, 2011:2). In addition, European countries, Canada and Australia are applauded for their very advanced systems of care for children who lack adequate parental care (Keshavarzian & Bunkers, 2015:43). It should be noted that the practice of foster care is erratically developed in the different regions of Europe, whereas the Scandinavian countries are its champions, while foster care is much more conventional and less developed in the Mediterranean countries of the European Union (Greece, Portugal), as well as its new members from Eastern Europe (Maja, 2011:2).

In sub-Saharan African countries, the HIV/AIDS epidemic has resulted in many children being orphaned, thus creating a different context for placing of children in foster care (Xi, 2014:1). Internationally, foster care services are rooted in the values and ethics of the United Nations (UN) Convention on the Rights of the Child of 1989 (UN, 2009:10). The UN (2009:10) describes foster care as:

> *Situations where children are placed by a competent authority for alternative care in the domestic environment of a family, other than the children's own family, that has been selected, qualified, approved and supervised for providing such care.*

It ought to be well known that the definition of foster care as outlined by the UN (2009:29) is not uniformly used around the world. The convention encompasses a corpus of rights and freedoms that are to be enjoyed by all children throughout the world (Fortune, 2016:3). The African Charter on the Rights and Welfare of the Child was adopted in 2000 as an initiative to respond to the under-representation of African states in the drafting process of the UN convention (Fortune, 2016:3). Various countries adopted their own laws and policies in line with the UN convention in specific contexts in which foster care is practised. Thus, internationally, foster care can only be understood through the classification adopted by different countries.

In several nations, such as Indonesia, Thailand, India and Liberia, among others, there is overlap in how the terms foster care and kinship care are defined (Keshavarzian & Bunkers, 2015:8). Kinship care is defined as dissimilar from foster care, yet in many countries formal kinship care, through which children are placed with their blood relatives and are supervised and supported in a similar way as in foster care, is referred to as 'kinship foster care' (Keshavarzian & Bunkers, 2015:23). In several circumstances, predominantly in Africa, informal kinship care placements are also called 'foster care' or 'fosterage' (Fortune, 2016:3).

The United States foster care services include the placement of children with non-relative foster care or non-kinship, with relatives or kinship care, group care and

independent living services. Children may be placed in any of the foster care services recognised by the United States government. Maja (2012:1) states that in the United States, "foster care" is applied to all the placements that out-of-home care offers.

Some countries mostly use "foster care" when referring to the care of children in a family home (Maja, 2011:2). It is significant to differentiate these definitions of "foster care", since in most instances, the definition of "foster care" explicitly specifies family care, and "out-of-home care" describes general foster care, which includes family care and kinship care. Institutional care and foster care can also be distinguished in a specific time-bound way in instances where parents are temporarily in hospital or prison (Maja, 2011:2). In some countries foster care services are regarded as a strictly temporary arrangement, whereas in others they are usually long-term and quasi-adoptive arrangements can be made (Keshavarzian & Bunkers, 2015:23). In South Africa, the transformation of the social welfare sector after 1994 played an important role in determining in what context foster care service is rendered.

2.3. THE HISTORY OF SOCIAL WELFARE IN SOUTH AFRICA

The history of social welfare services in the South African context can only be understood by linking it with some of the political changes in the country after 1994. This is because such changes have had a profound impact on the recognition by the government of the need to transform the delivery of effective foster care services in South Africa.

The first democratic government, led by the African National Congress (ANC), which came into power in in 1994, recognised the need to address the discrepancies of the past and in an attempt to achieve that, it launched the Reconstruction and Development Programme (RDP). The RDP policy framework informed economic, political and social development in a post-apartheid society (Patel, 2015:66). The RDP was an important initiative by the government, in partnership with other social structures such as trade unions, faith-based organisations, civic groups, women's groups and youth movements. It was a strategy for transformation that sought to provide for basic social needs, assist

in the development of human resources and grow the economy. The RDP was later replaced by the Growth, Employment and Redistribution Strategy (GEAR) (Midgley, 2010:418). In the framework of GEAR, welfare programmes were no longer regarded as separate from economic development, but as an integral part of political, economic and social stability in the changing global context (Midgley, 2010:418). The GEAR strategy aimed to generate an economic growth rate of six percent, create employment through a market-based approach, reduce inflation and the budget deficit, contain fiscal expenditure and achieve macroeconomic balance (Patel, 2015:75). However, the GEAR strategy was criticised for shifting responsibility for social welfare from the government to individuals, families and the private sector, and resulted in the abrogation of state responsibility to meet welfare needs (Patel, 2015:75). Furthermore, Sewpaul (2012, in Patel, 2015:75), states that both the RDP and GEAR were seen as not adequately addressing the intractable problems of poverty, inequality, unemployment and large-scale social disintegration in society.

It was against this background that the new democratic ANC government established the Department for Social Welfare and Population Development in 1994. It was the first time in history that a Department for Social Welfare was created and this was viewed as a positive development that reflected the government's commitment to the transformation of the social welfare sector (Patel, 2015:76). Moreover, in 1995, President Nelson Mandela, together with other delegates, attended a world summit on social development in Copenhagen in which 70 countries participated (Patel.2015:76). It was during this period that the social development model of welfare was introduced, which set in motion the adoption of the social development approach that led to, among others, the approval of the White Paper on Social Welfare of 1997 (Patel, 2015:76).

Social development is defined as "a process of planned social change designed to promote the well-being of the population as a whole in conjunction with a dynamic process of economic development" (Midgley, 1995:401). Furthermore, social development is a merging approach in social welfare that integrates the institutional and residual approaches by assimilating both approaches and including the participation

and involvement of government, civil society and partnerships between individuals, groups and communities (Patel, 2015:122). The social development approach promotes human well-being through social work professionals who provide individual assistance and welfare services (Midgley, 1995:26).

Midgley (1995:26) states that the social development focus is mainly on social problems and the implementation of social policies and programmes that enhance the social and economic function of individuals, groups and communities in the context of the development process. He further states that social development is mostly concerned with people who are marginalised by economic growth or excluded from development, such as the poor, disadvantaged rural residents, ethnic minorities and women.

In fulfilling the mandates of the social development approach, the White Paper acted as a compass for the shaping of the social welfare programmes of the country. The White Paper emphasised that social welfare is wider than just a "broad and integrated system of social services, facilities, programmes and social security to promote social development through collaborative partnerships with all structures in the community" (White Paper on Social Welfare, 1997:07). In addition, Patel (2015:77) states the following benefits of the White Paper:

a. It was an important guideline in the transition of the social welfare sector, which was informed by the inter-relations between social and economic development.
b. It assisted in overcoming the distorted and unequal nature of development, and thus led to popular participation in development.
c. It highlighted social welfare pluralism, underlining the role of the state and civil society in social development.
d. It contributed to the reconciliation of the micro- and macro-divisions in social development.

The adoption of the White Paper of 1997 played an important role in the delivery of the social welfare sector and led to the adoption of the developmental approach by government.

The developmental approach was introduced to change the social welfare focus from a residual to a developmental one (Patel, 2015:198). The developmental approach became a core strategy in the delivery of social welfare services in South Africa (Department of Social Development, 2016:18). It facilitated the transformation of the foster care services and the social welfare sector in the country, as it promoted interventions that integrated the developmental needs of children into social and economic development to empower individuals, families and communities with the skills and competencies required for self-reliance and the ability to deal effectively with adverse social conditions (Department of Social Development, 2016:19).

Furthermore, developmental social welfare put more emphasis on empowerment programmes, community mobilisation, and strength-based approaches (Department of Social Development, 2006). This approach recognises the need for the individual developmental assessment of children undergoing foster care processes at all stages of service delivery (Department of Social Development, 2016:89). The White Paper highlights five significant themes in which the developmental approach is rooted :

a. A **rights-based approach,** whose goal is to attain social justice and equal access to resources;
b. **Economic and social development,** whose focus is on balancing the economic and social policies,
c. **Democracy and participation,** which is focused on maximum participation by all citizens and the right to be heard and to participate in decision-making through the delivery of integrated services to individuals, groups, families and communities;
d. **Bridging the macro- and micro-divide** to reduce service delivery gaps between stakeholder departments through harmonising rehabilitation, prevention, promotion, social and economic development, and
e. Creating **social development partnerships/welfare pluralisms,** which promote the integration of services through government, non-profit organisations (NPOs), civil society organisations, faith-based organisations, and the commercial and private sectors, but in which the government takes a leading role.

These themes play a significant role in the distribution of social welfare services as guided by the developmental approach, since they place the poor and previously disadvantaged groups at the centre of social welfare interventions (Patel, 2015:199). However, despite these efforts, there has been intense debate regarding the social development approach, with its focus on welfare provision linked to the funding of social welfare services. According to Bak (2004:89), "the whole restructuring of social development as a sector was done without considering the issue of the funds to be allocated to social welfare service delivery." He is supported by Patel (2015:107), who states that in the 2014 to 2016 Medium-Term Expenditure Framework almost 90% of the social welfare budget was spent on residential care for the elderly, children, persons with disabilities and treatment for substance abuse, and only 10% was spent on professional social work service delivery. Although, according to Bak (2004:89), the restructuring of social welfare was done under the aegis of the social development approach, the welfare sector continued to experience numerous budgetary challenges.

The scale of suffering and poverty in South Africa required the welfare sector to be transformed and its scope to be stretched, and this compelled the government to develop strategies for the effective implementation of a new social welfare service. The transformation of the social welfare sector, through the adoption of the developmental approach, then led to a review of the legislation that governs the sector in South Africa. After 1994 the newly elected ANC government formulated policies and legislation in line with the Constitution of the Republic of South Africa, 1996 (Constitution) to promote and advance the developmental approach to social welfare (Patel, 2015:66). This directed the amendment of the legislation that governs the delivery of social welfare services in the country. The developmental approach was central to the adoption of the new legislation and policies, such as the White Paper on Social Welfare (1997), the Children's Act 38 (2005), the Integrated Service Delivery Model (2006), as well as the Policy on Financial Rewards for Service Providers (2004), which guide foster care in South Africa.

2.4. THE LEGISLATIVE FRAMEWORK ON FOSTER CARE IN SOUTH AFRICA

The transformation of the social welfare sector implemented by the new ANC government led to a change in all social welfare service delivery, as well as foster care services, from a residual to a more developmental approach (Patel, 2015: 66). This led to the amendment of the legislation that governs the delivery of social welfare services in the country. The adoption of the social development approach to social welfare was central to the adoption of the new legislation and policies, such as the White Paper on Social Welfare (1997), the Children's Act 38 (2005), the Integrated Service Delivery Model (2006), as well as the Policy on Financial Rewards for Service Providers (2004).

- **White Paper on Social Welfare of 1997**

The 1997 White Paper on social welfare is a primary focus policy document and foundation for social welfare that sets out guidelines, policies, principles, programmes and recommendations for the implementation of developmental social welfare services in South Africa (Department of Social Development, Annual Report, 2015-2016:31). Furthermore, it upholds the implementation of integrated social welfare services through coordinating and facilitating programmes that aim to support and promote a social development approach in the country (Department of Social Development Annual Report, 2015-2016:31).

- **The Children's Act 38 of 2005**

The Children's Act 38 of 2005 played a significant part in the advancement of developmental foster care services in the country, and hence is regarded as a principal act for child protection services. It assigns responsibilities for its implementation to various government departments, as well as NPOs and other organisations of civil society (Department of Social Development, 2016:77). The Children's Act specifies that foster care is provided with the intention to:

a. Protect and nurture children by providing a safe, healthy environment with positive support;

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

c. Respect the individual and family by demonstrating respect for cultural, ethnic and community diversity.

Foster care is applied only if a child is declared to be in need of care and protection as stipulated in section 150(1) of the Children's Act 38 of 2005, which outlines the reasons for statutory intervention. A child may be found to be in need of care and protection if he or she:

a. Has been abandoned or orphaned without any visible means of support;

b. Displays behaviour that cannot be controlled by the parent or caregiver;

c. Lives or works on the street or begs for a living;

d. Is addicted to a dependence-producing substance and is without any support to obtain treatment for such dependency;

e. Has been exploited or lives in circumstances that expose the child to exploitation;

f. Lives in or is exposed to circumstances that may seriously harm that child's physical, mental or social well-being;

g. May be at risk if returned to the custody of the parent, guardian or caregiver of the child, as there is reason to believe that he or she will live in or be exposed to circumstances that may seriously harm the physical, mental or social well-being of the child;

h. Is in a state of physical or mental neglect; or

i. Is being maltreated, abused, deliberately neglected or degraded by a parent, caregiver, a person who has parental responsibilities and rights or a family member of the child or by person under whose control the child is.

In addition, subsection 150 (2) specifies that a child found in the following circumstances may be a child in need of care and protection and must be referred for investigation by a designated social worker:

a. A child who is a victim of child labour; and

b. A child in a child-headed household.

When a child has been declared by the court to need care and protection, based on any one of the criteria above, the child is removed and placed in alternative care, which might be foster care placement. The placement of a child involves the integration of services by various stakeholders in terms of the Integrated Service Delivery Model of 2006.

- **The Integrated Service Delivery Model (2006)**

The adoption of the Integrated Service Delivery Model (2006) promoted the integration of child protection services through all the relevant stakeholders at all stages of foster care services. The delivery of foster care services in a developmental framework requires that the service should focus on both the micro-level of intervention, such as placing children in alternative care through statutory intervention, and the macro-level of intervention, through the implementation of socio-economic development programmes that also aim at the development and empowerment of society after the statutory interventions have been completed (Department of Social Development, 2016:28).

- **Policy on Financial Rewards for Service Providers (2004)**

The policy on financial rewards for service providers facilitated the transformation and redistribution of social welfare services and resources to ensure effective and efficient service delivery to underprivileged and vulnerable groups (Department of Social Development, 2005).

2.5. OVERVIEW OF FOSTER CARE IN SOUTH AFRICA

In South Africa, foster care is viewed as a child protection service with the intention to protect and nurture children, promote permanency planning, nurture family relationships intended to last a lifetime and respect the individual and family by demonstrating respect for cultural, ethnic and community diversity (Children's Act 38, 2005:171). Foster care is mainly based on principles that promote child-centeredness, family preservation, empowerment, child protection, respect and dignity, accountability, the best interests of the child, permanency planning and non-discrimination (Department of Social Development, 2010:14). This means foster care in South Africa is based on the

principles of developmental social welfare service delivery, which is guided by the developmental approach to service delivery.

Foster care services are open to all children who are orphaned, abused, abandoned, neglected or whose families are unable to care for them. The placement of children in foster care is done by a court order as stipulated in the Children's Act 38 of 2005 (Department of Social Development, 2016:17). In South Africa, foster care practice is mainly influenced by a legal discourse that values both human and children's rights. These rights are preserved in the Constitution, which mandates the protection of basic rights and promotes parental, or alternative and family care as the most basic right to which all children are entitled in the country (Constitution, 1996).

The Constitution mandates the government to take over the care of children where families are unable to provide such services. Foster care practice is regulated by the Children's Act 38 of 2005, which is instituted on the principles of the Constitution. Böning and Ferreira (2013:356) assert that South African legislation relating to children places a lawful obligation on social workers to avert unnecessary child removal and encourage the implementation and improvement of family preservation as far as possible. This makes foster care placement with family members the preferred method of alternative care, as opposed to the placement of children with non-relatives. Ross (2008:19) argues that although foster care is aimed at the provision of physical, educational, social, emotional, ethno-cultural and developmental needs of the child in a nurturing and caring family environment, this cannot always be guaranteed. A recent study by the Children's Institute at the University of Cape Town (2017) found that, despite a comprehensive legal and policy framework, the child protection system in South Africa is failing children. Implementation is poor and huge numbers of children remain at risk of continued abuse, with few families accessing prevention and early intervention programmes and most children not receiving appropriate therapeutic interventions (Coalition Child Rights South Africa, 2017: 89).

The reasons identified for the ongoing vulnerability of children include the following (Coalition on Child Rights in South Africa, 2017:89):

- The lack of therapeutic services increases the continued impact of trauma.
- Poor record-keeping and inadequate data-collection prohibit evidence-based planning.
- Poor case management and insufficient supervision lead to most affected children being lost in the system.
- Poor collaboration of services by all professionals involved in the care and protection of children result in failure to protect children, leaving them to suffer the consequences of poor integration of services. Professionals are not working collaboratively.

According to Ross (2008:20), there are diverse influences on the way foster care is practised in different contexts. Hall, Woolard, Lake and Smith (2012:98) assert that in South Africa, there are numerous psycho-social factors that lead to the placement of youths in out-of-home care, such as HIV and AIDS. Skelton (2012:96) asserts that the number of foster children has increased dramatically since 2010, because of HIV/AIDS, which has led to a high number of orphans requiring placement. The prevalence of HIV and AIDS has put a strain on the delivery of effective foster care services in South Africa, since orphans are legally entitled to foster care services. Studies show that South Africa has the highest rate of HIV prevalence, with an estimated 7.5 million cases of annual new HIV infections in the country, accounting for 19% of the global total of people living with HIV/AIDS (Marumo, 2018). The high mortality rates due to the HIV and AIDS pandemic mean that there is a huge number of orphans in society, resulting in the foster care system being used as a safety net for these children. Moreover, the implications of HIV and AIDS are most evident in the reproductive age group. According to Statistics South Africa (2018), the prevalence of HIV and AIDS among people aged 25-49 years is increasing, while it is declining among youth aged 15-24. The UN programme on HIV/AIDS (2016) states that the HIV incidence rate among pregnant women receiving prenatal care services is even higher at 50%. Even though South Africa has the world's largest antiretroviral therapy programme, a significant part of the

population is not accessing these drugs, thus increasing the number of deaths due to HIV and AIDS (Chereni & Mahati, nd:4).

A study by the Centre for Actuarial Research at the University of Cape Town (2001), concluded that the alarming growth in the number orphans in South Africa is one of the long-term consequences of the AIDS pandemic (Johnson & Dorrington, 2001:5). It is possible that South Africa will ultimately have more AIDS orphans than any other country in Africa (Chereni & Mahati, nd:5).

When children are orphaned, abused and neglected, or when problems such as drug addiction, mental illness and incarceration occur within their families, parents are unable to provide adequate care for them. The government is then obliged to intervene and take care of these children, and very often these children enter the foster care system.

Each year, there is a noticeable deterioration in the statistics on children who receive the foster care grant, which is mostly attributed to the inability of the child protection system to place children in foster care because of South Africa's uniquely high number of orphans requiring alternative care (Coalition on Child Rights in South Africa 2017:81). At the end of February 2018, 401 644 children were accessing foster care grants of R920 a month, which reflects a decline of 18 356 from March 2017 when there were 420 000 children receiving the grant (South African Social Security Agency, 2018). Prior to a child's placement in any form of alternative care, including foster care, the social worker is required to assess the needs of the child and the suitability of the prospective foster parents to meet the developmental needs of the child. The assessment report on the child and the prospective foster parent compiled by a social worker is crucial and plays a significant role in the court's decision to place the child in a suitable foster care facility (Carter & Van Breda, 2016:3).

2.5.1 Types of foster care

The Children's Act 38 of 2005 makes provision for three forms of foster care, namely kinship foster care (related), which is the most prevalent, non-kinship foster care

(unrelated) and the cluster foster care scheme (group scheme) (Children's Act 38 of 2005, section 180(3). Simply defined:

- **Kinship foster** care is regarded as the placement of a child in foster care with the child's blood relatives. The Child Welfare League of America (CWLA, 2016) describes kinship foster care as placement that provides for full-time care, that nurtures and protects children and is rendered by children's relatives, members of their society or clans, godfathers, stepparents, or any adult who has a relationship bond with a child. This also means that kinship foster care respects cultural bonds, values and the affection that the child shares with the family of origin. Furthermore, kinship foster care preserves the strength of networks within the family systems, improves the emotional wellbeing of children and contributes to greater placement stability (CWLA, 2016). In South Africa, kinship foster care is described as the placement of a child in foster care with a relative or family members (Children's Act 38 of 2005, section 180(b).

- **Non-kinship foster care** is defined as the placement of a child with a non-relative person or family. Section 180 (3a) of the Children's Act 38 of 2005 defines non-kinship foster care as the placement of a child with people to whom the child is not related, who are neither parents nor guardians.

- A **cluster foster care scheme** is defined as the placement of a child in a family-orientated environment where a group of children in foster care are cared for in a group care setting managed by a non-governmental organisation (Children's Act 38 of 2005, section 180 (3)). This organisation must be registered in terms of the Non-profit Act 71 of 1997, should comply with the prescribed requirements and be registered with the provincial Department of Social Development (Department of Social Development, 2010:248).

The next section discusses the foster care process in South Africa.

2.6. THE FOSTER CARE PROCESS IN SOUTH AFRICA

The delivery of foster care services is a statutory obligation as determined in section 184 (1) of the Children's Act 38 of 2005. These services should be rendered by a

designated social worker operating within a registered and designated child protection organisation. The Department of Social Development (2009:20) delineates the eight phases of the foster care process, with some of the phases having sub-phases that need to be accomplished to determine the activities to be undertaken in the next phase. For the effective implementation of foster care services, it is crucial that all the stages must be undertaken and completed (Department of Social Development, 2016:35). This will guarantee the successful actual management and implementation of the process. Figure 2.1 below shows a summary of the foster care process as outlined by the Department of Social Development (2009:21).
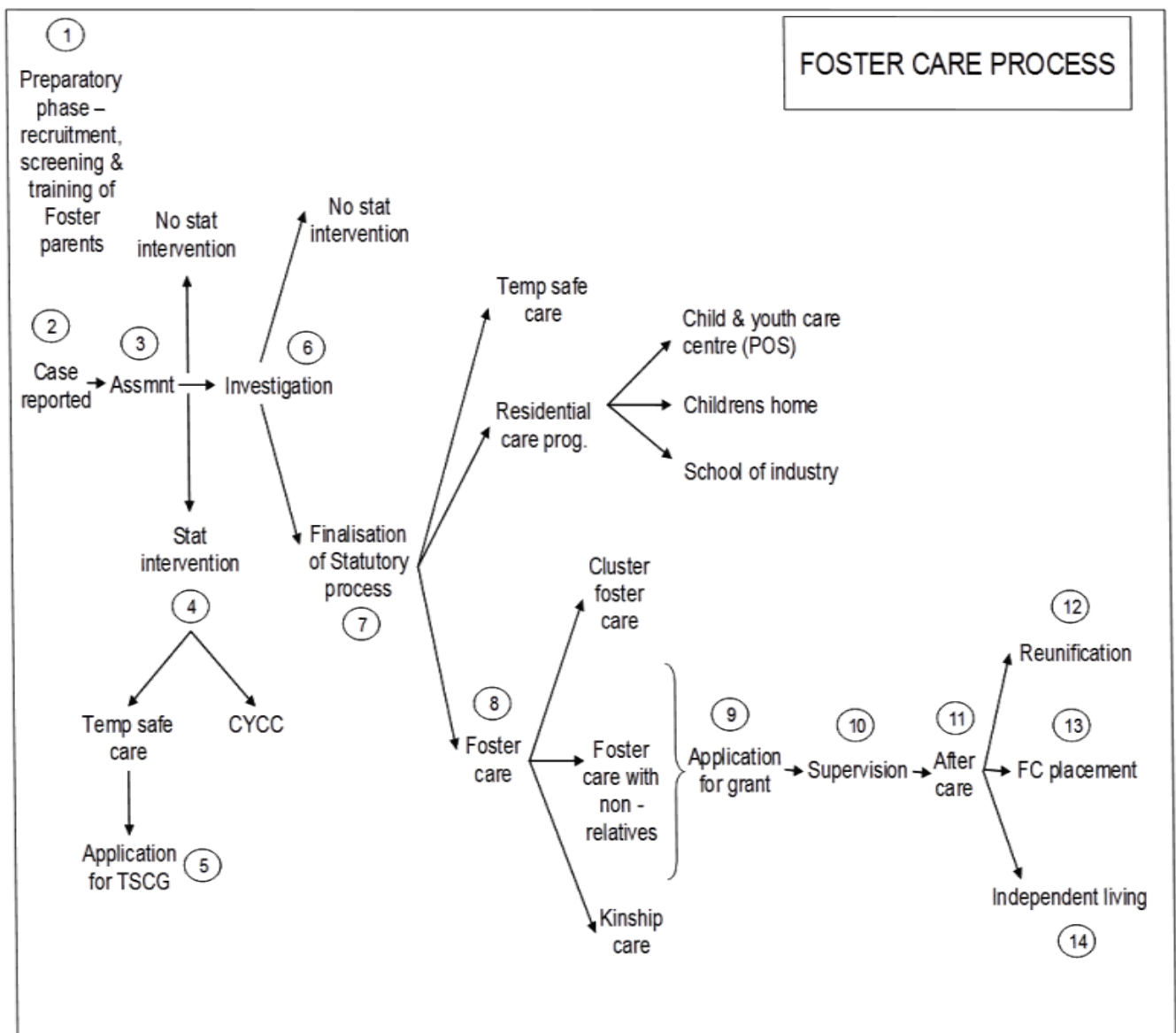
Figure 2.1 Foster care process (Department of Social Development, 2009:26)

Figure 2.1 illustrates the important stages through which to achieve effective foster care service delivery in South Africa, which are as follows:

- **Prevention level** – service at this level involves the recruitment, screening and training of foster parents and members of the community.
- **Early intervention** – service at this level includes case work and assessment of a reported case.
- **Statutory intervention** – service at this involves legal and court process, as well as the placement of a child in alternative care services that may either be foster care or child and youth care facilities.
- **Reintegration** – this entails supervision, after-care, re-unification and independent living. This level is important for the preparation of young people in foster care. Reintegration services play a vital role during the transitional period of youth to adulthood in the creation of an enabling environment for children in alternative care to return to their families and communities of origin smoothly. Hence it is important for this study to elucidate the re-integration level.

2.6.1 Re-integration level

Integration services focus on on-going reconstruction and supervision services (Department of Social Development, 2006). The services at this level include the delivery of supervision and monitoring of foster care, reunification services and preparation for independent living through a pre-designed intervention plan administered by a social worker. This is linked to section 156 (3a) of the Children's Act 38 of 2005, which enforces the supervision of children placed in foster care by a designated social worker. Re-integration services create an enabling environment for foster children, preferably to return to their families and communities of origin (Department of Social Development, 2012:38). Re-integration services are implemented in three phases, namely supervision and after-care services, re-unification and an independent living phase.

- **Supervision and after-care services**

Supervision and after-care services include services rendered by social workers once the child has been placed in foster care. These services are aimed at the provision of therapeutic interventions and support to foster children and foster families after the foster placement has been finalised (Department of Social Development, 2012:38). Moreover, these services are systematically aimed at assisting the child to assume independence or to be integrated fully into the community (Department of Social Development, 2012:38). For children over 18 and in some cases 21 years, these services are imperative in preparing them for independent living. It is important for social workers to advocate for these children through liaising with other stakeholders and organs of state to aid these children (Department of Social Development, 2012:38).

- **Re-unification services**

Family re-unification services aim to reunite the child with family members when issues that contributed to the removal of the child to foster care placement have been addressed (Department of Social Development, 2012:38). These services are goal-directed and are planned for and rendered to the child, parent and foster parent in order to support and empower them to facilitate the restoration of the child to the care of such parents or caregivers (Department of Social Development, 2012:38). In addition, these services are aimed at promoting stability by linking children to safe and nurturing family relationships and are intended to last a lifetime, restoring the relationship between the child, family members and the community (Children's Act 58, 2005 section 181 (b)). Families are an integral part of child development and should be promoted. The services in this phase will be followed by preparation for independent living, which forms part of the programmes offered to youth exiting the foster care system. These will be discussed later in the chapter that cover forms of preparation youth receive when transitioning to adulthood. Once the integration level is completed, the young person in foster care is expected to exit care and this is guided by prescribed policies and guidelines that are implemented to initiate this process.

2.7. LIVING EXPERIENCES OF YOUTH WITH FOSTER FAMILIES

Generally, several children who are placed in foster care move to foster care families in the hope of being cared for. Many children arrive in foster care homes with a lot of emotional baggage and distress from their previous family settings. Thus, adjustment in the new family may be a challenge to both the foster parent and the foster child. Studies show that when a family experiences the transformation to a foster set-up, there will be many changes in family relations and general family life (Thomas & Philpot, 2009:33). Families are often not ready for these changes. Evidence suggests that many foster carers are concerned about the negative effects fostering might have on everyone in the family (Strijker, Van Oijen Barlads & Knot-Dickscheit, 2010:78). This strain may be in the form of financial, mental or emotional stress (Strijker, Van Oijen Barlads & Knot-Dickscheit, 2010:78).

In their study, Dorsey, Kerns, Trupin, Conover and Berliner (2012:24) found that young people in kinship foster care felt safe, loved and cared for by their foster parents, while it was highlighted that young people in non-kinship foster care with strangers were marked as different from their friends. Various studies indicate that many children living in foster care encounter various issues in their placements. In a study by Luster, Saltarelli, Rana, Qin, Bates and Burdick (2009:387), it was found that many children in foster care, compared to the biological children of the foster parent, reported that they lacked educational materials and money for school clothing, were required to do household chores instead of playing, were hit, insulted and often assaulted by their foster parents more often than their own children were. In their study of the experiences of 29 unaccompanied Sudanese minors in foster care, Luster et al. (2009:23) reported that 10 participants said they had a positive relationship with their foster families, who had provided them with housing, food, transportation and had helped them to achieve their educational goals, 13 reported that they enjoyed a close relationship with their foster families, while six indicated that they never had any positive relationship with their foster families.

Foster care is regarded as the most intrusive method of alternative care. However, the experiences that young people undergo while in care vary, depending on their relationships with their foster families. Research demonstrates that living in foster care might have both positive and negative connotations, depending on the individual experiences of young people during the period they are in foster care.

In their study, Hojer, Sebba and Luke (2013:22), demonstrated that most of the youth who lived in foster care seemed grateful to their foster parents for bringing them into their homes and for helping them to pursue their goals, which typically involved furthering their education. Perumal and Karisam (2009:200) stated that most research conducted on the experiences of children in foster care reported that the positive experience of living in foster care is being provided for materially and enjoying social outings and celebrations. This is in accord with Maslow's hierarchy of needs, representing both basic and higher needs, with both being considered significant (Perumal & Karisam, 2009:200).

A study by Altshuler (2003:52) found that stability in a child's life is the key factor in ensuring that the child feels as if he or she belongs, and is loved and cared for by the foster parents. Children who experienced being loved and cared for by their foster parents achieved higher academic results, had better social interactions, improved their family connections and generally had a better sense of well-being (Stein, 2012:3). This implies that young people are more likely to succeed later in life if they are exposed to stable placement that provides good quality care. Moreover, most studies demonstrated that many youths living with foster families also valued their foster parents for helping them learn about their culture and morals. Interestingly, though foster children value nurturing relationships with foster families and caregivers, they desperately longed for their families of origin (Stein, 2012:3).

Studies show that many young people living with foster families face challenges during this period of development, marked by friction, change and problems that are often very difficult understand for the people involved in their life (Louw & Louw, 2014: 43). Thus,

for young people in foster care, conflicts, concerns and misunderstandings are some of the difficult experiences they have while they are living with foster families (Hojer, Sebba & Luke, 2013:26). The next section will discuss the legalities of ageing out of foster care in South Africa.

2.8. AGEING OUT OF FOSTER CARE IN SOUTH AFRICA

Children and youth who are placed in foster care are often severely affected by policies and legislation that determine and regulate their period of stay in alternative care. The Children's Act 38 of 2005 provides clear requirements that must be fulfilled for the foster care placement of youth over the age of 18 years to be extended successfully. Section 180 of the Children's Act 38 of 2005 stipulates that children in foster care must be discharged from care at the age of 18 years, unless an application for extension of care is submitted and approved by the Head of the Department of Social Development. In terms of section 176 of the Children's Act 38 of 2005, this application for the extension of placement in alternative care should be granted to enable a child to complete his or her education or training, and it is permitted based on the review processes. The caregiver and the child should therefore comply with all the statutory requirements applicable during the review period. In addition, the Children's Act 38 of 2005 section 176 puts a serious burden on foster care youth between the ages of 18 and 21 years, since the conditions for review of the foster care are unfair to young people who are in the process of acquiring independence without any socio-economic support. Section 176 of the Children's Act stipulates that:

a. Foster care can only be extended until the age of 21 years.

This implies that the Act makes the general assumption that at the age of 21 youth in foster care transitioning to adulthood will be matured, independent and able to care for themselves. Osgood, Foster, and Courtney (2010:210) argue that youth in foster care mostly lose their eligibility to obtain state resources and support once they exit the foster care system between the ages of 18 and 21. Furthermore, youth who exit the foster care system often have no other option to return to in times of difficulty and need, compared to youth in the general population who are afforded an opportunity to assume their adult roles and responsibilities slowly (Stein & Wade, 2000:128).

b. The foster care placement of eligible youth in foster care will be reviewed at the age of 18 to permit youths to complete their secondary education and further education and training.

This implies that youths in foster care are obliged to complete their secondary and higher education and training at the age of 21, since no other opportunity will be awarded to them once they have exited the foster care system. In a study conducted by Chiroro, Seedat and Woolnough (2009:78), it was revealed that many youths in the general population are not expected to have completed their secondary or higher education and training at the age of 21. Therefore, it is unfair for youths in foster care to be expected to complete their secondary and higher education and training at the age of 21, while their counterparts in the general population are expected to complete this level of education gradually, considering the hardship that they undergo while transitioning to adulthood. Most youths in the general population continue to benefit from their parents economically and psychologically and still live in their homes, while youths in foster care do not have such opportunities (Atkinson, 2008:188).

c. Section 176 (2) (a) of the Children's Act 38 of 2005 stipulates that the foster care placement of youths over the age of 18 may be reviewed only if "the current alternative caregiver is willing and able to care for that person."

However, looking at the initial reasons that led to young people to be in placed in foster care, this exposes youths in foster care to vulnerability, since their fate is based on the caregiver's willingness or unwillingness to care for them in order for their placement to be reviewed. This, in most instances, forces young people to leave the placement not willingly, but owing to frustration (Atkinson, 2008:188).

Moreover, until early March 2018, the Act did not make any provision for youth in foster care to be transferred to another foster parent once they reached 18 years, which also exposed many of them to vulnerability, especially when their current caregivers passed away or were unwilling to continue to care for them. This section of the Act has been amended in accordance with section 171(1) (a), which makes provision for the

provincial head of social development to transfer, in writing, a person referred to in section 176(2) from one form of alternative care to another.

In cases where a child turning 18 in foster care has completed his or her education, an extension cannot be granted, and the person is required to be discharged from foster care (Department of Social Development, 2017:85). However, there has been a debate about this issue. South Africa has legislation on issues of child care and protection, but there is a considerable gap in dealing with children once they transition to adulthood. Those youths who exit foster care at the age of 18 years are prone to greater risk, as many might find themselves without any safety net and stability in their lives (Lee & Berrick, 2014:79). For these reasons, there should be statutory protection for those youths who have turned 18 years, since they are likely to face serious challenges in their adjustment out of the foster care system. Generally, young people who are ageing out of foster care must be thoroughly prepared to face life out of care.

2.9. FORMS OF PREPARATION FOR YOUTH EXITING FOSTER CARE

The preparation of youth who are ageing out of the foster care system for independent living is essential in laying a foundation for an effective transition from care to adulthood. This should be facilitated by including the developmental needs of young people in the care plan and permanency plan, and should provide an opportunity to all foster children who have reached the age of 15 years to participate in an independent living programme (Department of Social Development, 2009:64). In their study, Böning and Ferreira (2013:359) recommended that a tailored foster care plan should exist for each foster child, including those in non-kinship foster care, which should deal with specified objectives linked to identified needs, a structured time schedule within which objectives should be reached and a designated person to execute the plan. This recommendation is in accordance with section 157 (1) (a) (iii) of the Children's Act 38 of 2005, which states that a social worker must compile an individual care plan for every child in alternative care.

Moreover, a social worker should conduct a periodic functional evaluation of a child's well-being using standardised, valid and reliable measurement tools. The tools are not diagnostic; rather, they provide an individual level of data on a child's strengths and needs with which to inform case planning (Department of Health and Human Services, 2014: 5). Social workers are also obliged to render after-care services to support the youth's smooth transition to independence (Malgas, 2011:65).

According to Keshavarzian and Bunkers (2015:29), the following considerations are imperative in preparing youth for the transition to adulthood:

- There should be a regulatory framework that supports post-foster care strategies and young people's rights and entitlements should be developed.
- Right from the beginning, there should be permanency planning concerning care and placement.
- Opportunities should be created for youth to develop skills needed for independent living during their time in foster care as well as after care.
- There should be a guaranteed aftercare or transitional independent living plan, which should include arrangements for housing, financial support and family networks.
- The exit of young people from foster care should be delayed until they are sufficiently skilled and are emotionally and psychologically equipped.
- The age at which a child transitions from foster care to independent living should be comparable to the general population, and governments should consider extending support beyond 18 years.
- Youths should be supported to establish and maintain relationships that extend beyond their time in foster care, whether those relationships are with their families of origin or other networks.
- Supported independent living programmes/arrangements should be developed, in which a young person is supported in his/her own home or a group home, to enable them to become independent.
- The development of post-care associations for youths should be encouraged and supported.

- On-going monitoring, evaluation and assessment should be a key part of the programmes to ensure young people's needs are met and positive outcomes are achieved.

The Department of Social Development (2009:20) outlines the nature of transitional services required to be provided to a youth in foster care during preparation for independent living as follows:

- Counselling, which may include parenting, family therapy, mediation and crisis management;
- Mentorship programmes;
- Nutritional support;
- Physical and sexual and reproductive health services;
- Vocation, training and literacy;
- Internships, attachments or placements;
- Employment opportunities;
- Access to bursary schemes and internship programmes, and
- Scholarship programmes.

The Department of Social Development (2009:20) further emphasises that these programmes must be linked with other packages available to the youth and synergy must be created with relevant governmental institutions and the public in the expansion of responsive programmes. Key stakeholders identified by the Department of Social Development (2009:20) and their responsibilities will be discussed in Table 2.2.

Table 2.2: Key stakeholders and their responsibilities in independent living programme

List of stakeholders	Key responsibilities
Designated social workers, other social service professionals, screened and trained volunteers	- Recruit volunteers in communities to participate in the independent living programmes as mentors - Identify needs and offer age-appropriate programmes for foster care children - Identify, develop and maintain database of all children who qualify to participate in the programme - Update and maintain database of programmes available in the community - Link foster children with available resources and programmes and monitor progress
Foster children age 15 and above	- Obligatory participation from that age - Participate in the review of care plan and permanency planning - Participate in the independent living programme provided to them
Designated social workers	- Facilitate and coordinate the programme - Liaise with other stakeholders in the community to provide comprehensive and integrated services - Coordinate, supervise and monitor the implementation of services to lessen duplications of amenities and resources and ensure access to services to all foster care children - Update and maintain database of programmes available in the community - Link foster children with available resources and programmes and monitor progress - Recruit volunteers in communities to participate in the independent living programmes as mentors

Foster family	- Support the child to participate in the programme
Community	- Ensure that the programme is supported
Volunteers	- Provide support services through mentorship to build extended relations between foster children and the community
National Department of Social Development and other provincial departments, Child Protection Organisations, foster children	- In partnership with civil society and private sectors, develop a concrete independent living framework

(Adapted from Department of Social Development, 2009:20)

The Department of Social Development (2009:21) furthermore emphasises that the independent living programme should focus on addressing the developmental needs of foster care youth who are 15 years old and this should be part of their permanency planning. However, it was found that in most cases social workers do not use assessment techniques and tools to aid them to identify the needs and challenges of children in foster care (Khoza, 2011). Therefore, this implies that the social workers will not respond effectively to the developmental needs of youth in foster care. It will then later be discovered that the disengagement of youth from foster care has not been planned and supported effectively through the transitional phase (Department of Social Development, 2009:26).

Generally, youths ageing out of foster care experience numerous challenges that may affect their survival in establishing themselves as independent adults (Gonzalez, 2015:187). Moreover, when they reach the age of 18 their formal support system is terminated and they no longer have access to statutory protection, access to a foster child grant, free health care and education (Department of Social Development, 2009:64). Atkinson (2008:183) concurs that, once the foster care services are terminated, young people who have exited care may be faced with challenges that

might hinder their efforts to establish themselves as independent young adults. These challenges include homelessness, unemployment, exposure to risky behaviours that may endanger their lives, such as prostitution, living and working on the streets, crime and many more negative aspects of life (Gonzalez, 2015:187).

Admittedly, individual experiences of foster care may be either positive or negative and this also depends on how these youths perceive them.

2.10. CHALLENGES FACED BY YOUTH WHO AGE OUT OF NON-KINSHIP FOSTER CARE

Gonzalez (2015:98) asserts that aged-out youths face poor outcomes when transitioning to adulthood because of the many challenges they encounter, such as lack of adult support, financial instability, poor educational or vocational opportunities and outcomes, as well as lack of safety and affordable housing. Various authors cite challenges that are discussed below, such as homelessness, high rates of criminal activity, failure to achieve and maintain employment, high poverty rates, family challenges in adulthood, lack of basic independent living skills, as well as lack of access to health care and mental health services (Atkinson, 2008:188; Dion et al. 2014:19; Lindquist & Santavirta, 2014:75; Edelstein & Lowenstein, 2014:3; Cunningham & Diversi, 2012:588; Lee & Berrick, 2014:80).

2.10.1. Homelessness and lack of stable housing

Many youths who exit the foster care system find themselves without any family support, either because the initial placement in care was unsustainable or because they had no options available, hence many end up living on the streets (UN Children's Fund, 2013). Atkinson (2008:188) asserts that preserving stable accommodation and housing presents a momentous barrier to emancipated foster care youths' effective transition to adulthood. Generally, youths who exit foster care have inadequate resources with which to secure safe and stable housing, which leaves them at a decided risk of experiencing homelessness (Dion et al. 2014:19). Many youths who exit foster care are faced with many obstacles when trying to maintain housing, compared to their peers in the general

population. Atkinson (2008:189) believes that youth who exit foster care are more likely than their peers to be unable to pay their rent or mortgage.

Several studies show that young people who have been in foster care are massively overrepresented in the population of homeless youth (Dworsky & Courtney, 2010:219). Two recent studies of youth ageing out of foster care, namely the Casey National Alumni and Midwest Evaluation, revealed that 40% of such youth had experienced at least one night of homelessness since they exited the foster care system (Dion et al., 2014:20). It is generally assumed that the relationship between homelessness and the foster care experience is probably linked to numerous other outcomes to which youth in foster care system are at risk, including lack of preparation and training for employment and lower graduation rates. These youths furthermore generally earn lower wages and are at increased risk of dangerous behaviour, such as substance abuse, criminal activity and early pregnancy (Atkinson, 2008:189).

2.10.2. High rates of criminal activity

Youths who have aged out of foster care experience greater vulnerability and are at higher risk of being involved in criminality because of their life situations; they experience extensive entanglement with the law. For such youth, finding independence is not easy and most have to fend for themselves to survive. Atkinson (2008:188) indicated that 45% of former foster care youth had been in trouble with the law after exiting the foster care system, 41% had spent time in jail and 26% had been formally charged with criminal activity. This indicates the vulnerability to which these youths are exposed. A 2014 study conducted by Stockholm University's Swedish Institute for Social Research revealed that men who had previously been placed in foster care when they were still children were 10% more likely to be convicted of a crime as adults than their counterparts from normal families (Lindquist & Santavirta, 2014:75). However, for females, the point estimates were not statistically different from zero.

According to a study of the Department of Social and Health Services (2016:1) conducted among youth in the general population and youth who exited the foster care system at the age of 18, youth ageing out of foster care were at increased risk of

criminal involvement during early adulthood. The study involved 1 365 youths ageing out of foster care between July 2010 and September 2013, of whom 48% were male and 52% were female, 80% were 18 years old and 5% were 17 when they exited care. Over a 12-month period, it was found that most of them had been arrested or jailed. It is generally known that once a person acquires a criminal record, the possibilities of obtaining better employment are limited.

2.10.3. Failure to find and maintain employment

Education is a significant factor in acquiring financial stability and self-sufficiency for young people who have transitioned to adulthood. However, attaining higher education comes with a unique set of challenges for young people who have aged out of the foster care system (Centre for the Study of Social Policy, 2016:3). Those youths who lack family and financial support will find it difficult to attain better education compared to their peers in the general population. Usually youths who age out of foster care have fewer prospects than their peers to progress from high school and they seldom obtain higher education (Centre for the Study of Social Policy, 2016:3). Some studies indicate that most foster care youths have a higher chance of dropping out of high school compared to their classmates with family-based backgrounds (Atkinson, 2008:189).

The study by the Centre for the Study of Social Policy (2016:8) reported that, at age 19, more than one-third of former foster care youths lacked a high school diploma or general equivalency degree. The National Association of Social Workers (2010:11) also stated that youth with foster care experience demonstrated poorer academic outcomes. A plausible explanation might be the frequent change of school for children and youths in foster care to suit their new resident homes.

These changes can affect a youth's educational progress negatively. It is generally accepted that owing to the negative effects of globalisation, it is very difficult to find a proper job without any formal qualifications. Moreover, youth who have exited the foster care system may find themselves locked out of many other government programmes intended to promote economic stability for people with low incomes (Edelstein & Lowenstein, 2014:3). Employment outcomes for youth transitioning out of foster care

are generally poor. Much of the literature also proves that youth who age out of foster care have less stable employment and lower earnings than youth in the general population.

According to Statistics South Africa (2018:2), most young people in the population face great unemployment challenges; the unemployment rate among the youth is higher than the average rate, regardless of education level. In 2018 the graduate unemployment rate was 33,5% for youths aged 15–24 years and 10,2% among those aged 25–34 years, while the rate among adults (aged 35–64 years) was 4,7%. Just over 30% of the youth have jobs and about half of them participate in the labour market. Moreover, among the youth, those aged 18-–24 years are more vulnerable in the labour market, with an unemployment rate of over 52%, an absorption rate of about 12,2% and a labour force participation rate of 25,6%. International studies also reveal that only 46% of former foster care youths possess a savings account, compared with 82% of their peers (Atkinson, 2008:188).

2.10.4. High rates of poverty

Based on the levels of education and employment for youths who have aged out of foster care, it is not surprising that most of them suffer from socio-economic instability. Moreover, the generally high poverty levels among children and youth in South Africa hinder their ability to reach their full potential as young adults. Poverty levels have been found to be highest among children who were not raised by their parents (Stats SA, 2018). Youths who have exited foster care mostly do not have sufficient financial support compared to their peers and most live below the national poverty line. Approximately 63% of young people in the country between the ages of 18 and 24 years live in poverty, which can affect their physical, cognitive and emotional development (Statistics SA, 2018).

A recent study conducted by the Children's Institute at the University of Cape Town and Lifa Labantwana found that 396 000 young South Africans live in poverty, with the Eastern Cape, KwaZulu-Natal and Limpopo having the highest rates, despite the

comprehensive legal and policy framework South Africa's child protection system has adopted. Gauteng is not much better off, with the harsh realities of urban poverty creating constant challenges for youths trying to engage with the labour market (Statistics SA, 2018).

Many young adults in their twenties are still receiving economic support from their parents because of global economic instability. Therefore, it is impossible to expect youths who have exited foster care to be fully prepared for independence after the age of 18 with no financial or other support.

2.10.5. Family challenges in adulthood

Youths who have exited foster care are obliged to develop skills quickly to deal with various challenges in order to be independent during their transition to adulthood. Most undergo the transition without sufficient parental or official support and are expected to cope on their own. Hence, they are more likely than their peers in the general population to raise children out of wedlock (Cunningham & Diversi, 2012:588).

Lee and Berrick (2012:80) found that less than one-third of the mothers who were formerly in foster care were unmarried and perceived early parenting as a means of alleviating recurrent feelings of inadequacy and attaining a new sense of belonging. However, these youths tended to struggle to raise their children, with 46% of parents who were formerly in foster care reportedly having children with health, educational or parenting problems (Lee & Berrick, 2012:81).

Atkinson (2008:189) maintains that most former foster care parents tend to fail in their parenting responsibilities and their children mostly end up being removed from their custody, thus restarting a painful cycle in the foster care system. This is not surprising, as the situation might be partly ascribed to the lack of good parental role models for many foster care youths during their own placement in foster care.

2.10.6. Lack of access to health care and mental health services

Youths who age out of foster care frequently experience substantial medical and mental health care challenges. Compared to their peers in the general population, they are more likely to have a health condition or disability that limits daily activity and to have poorer overall health (Cunningham & Diversi, 2012:589). Most of these medical and mental health challenges arise from circumstances that initially led to their removal from home and are sometimes aggravated by their time in foster care placement. The conditions that many of these youth's experience include developmental delays, mental retardation, emotional adjustment problems, chronic medical problems, birth defects, substance abuse and pregnancy (Lee & Berrick, 2012:81).

Studies show that more than 60% of former foster care youths will have mental health problems during their lifetime, such as post-traumatic stress disorder, while more than one-third of older youths in this target population have a chronic illness or disability (Cunningham & Diversi, 2012:588). Inability to obtain proper health care further compounds the situation of former foster care youths. In addition, many foster care youths suffer from health problems related to poverty, such as low birth weight, lead poisoning or malnutrition. Other foster care youths suffer from health problems resulting from parental neglect, maternal substance abuse and physical or sexual abuse (Lee & Berrick, 2012:81).

2.10.7. Lack of basic independent living skills

Many children and youths in foster care have traumatic experiences due to the circumstances that led them into foster care in the first place. Because of these traumatic experiences, youths in foster care frequently lack the basic skills necessary for successful independence, such as keeping appointments, managing a bank account, finding housing, shopping for groceries, cooking meals, driving a car and taking public transportation (Cunningham & Diversi, 2012:588). Moreover, most of these youths do not have enough money to cover basic living expenses, leading to some resorting to illegal activities such as drug use or prostitution (Petr, 2008:101).

2.11. SHORTFALLS OF FOSTER CARE SERVICE DELIVERY

South Africa has made substantial strides in ensuring that children in need of care and protection are placed in appropriate alternative care options, such as foster care, children's homes, schools of industry, or back into the parents' or guardians' care under the supervision of a social worker (UN Children's Fund, 2013). However, because of the increased number of children who require care and protection, welfare systems encounter many challenges, such as foster care backlogs, insufficient resources and poor service delivery. This might lead to inadequate preparation and monitoring of youth who are in the process of transition to adulthood in foster care placements (Malgas, 2011: 3).

Foster care practice in South Africa is under great pressure. Martin (2015: 18) argues that an increased need for social services further strains government resources and can impede national development efforts. Malgas (2011:3) states that lack of training programmes, assessment methods, high caseloads, lack of supervision, as well as a high turnover of social workers, are some of the factors contributing to problems experienced by foster care services. Monitoring of foster care placements in the South African foster care system seems to be faced with difficulties in ensuring that the well-being of the children in care is maintained and improved. The social work profession, which is responsible for, among others, safeguarding children, is under pressure because of a shortage of human and other resources (Böning & Ferreira, 2013:519). This hampers the quality of foster care services because professional responsibility cannot be taken for all children and youth in statutory care (Böning & Ferreira 2013: 519).

Monitoring of the developmental needs of children and youth in foster care is at times not happening as it should. According to Loffell (2004:310), it is common for foster parents in South Africa to see a social worker during the initial screening process and at the time of the court enquiry when a child is placed in care, and then not to see one again until the time the foster care order is due for review. This is likely to have negative consequences for the child's development and total functioning while in foster care.

According to a study by Ross (2008:8), although most children who participated in the study reported their needs for food, clothes and shelter being met, they found it difficult to deal with the loss of parental figures and this made it difficult for them to adjust in foster care placement. They shared feelings of sadness, exclusion, unfairness, loneliness and sometimes anger. Most of these children felt that their psychological needs for love, acknowledgment, belonging, nurturing and caring were not addressed sufficiently. It is vital that such feelings and experiences be addressed and treated early to prevent or reduce the poor developmental and mental health outcomes that ultimately affect children's educational experiences and the quality of their adulthood.

With an already overburdened foster care system in South Africa, social workers often deviate from their focus on assessing the developmental needs of foster children and instead focus on the areas that are legally binding, such as ensuring that administrative work is up to date so that the child can legally remain in foster care (Böning & Ferreira 2013: 512). As a result, social workers often neglect to focus on the affective needs of foster children during assessment and intervention. It is important that psychosocial factors such as loss, bereavement and affective needs are attended to, as these may jeopardise foster care placement and overall functioning of the foster children. According to Böning and Ferreira (2013: 539), children and youth placed in foster care tend to display higher levels of emotional and behavioural disturbances, because they usually come from a deprived economic background, have experienced trauma and may be HIV-positive. Therefore, social work services involve not only statutory services but must also involve intensive psychosocial intervention programmes in certain cases.

The South African government has recognised the need to enter into partnership with non-governmental organisations, civil society and the private sector for the delivery of developmental foster care services. However, the social welfare sector still experiences serious challenges, such as the remuneration of social workers, as well as the funding of social service programmes for NPOs (Böning & Ferreira, 2013:519). Consequently, NPOs are obliged to spend most of their valuable professional time on fundraising, not only in order to try to pay their staff a proper salary, but also to fund projects and

infrastructure (Böning & Ferreira, 2013:520). Böning and Ferreira (2013) further state that owing to challenging overarching demands in the delivery of foster care, it is noticeable that welfare services do not have sufficient infrastructure to fulfil their professional, legal and social responsibilities.

Fortune (2017:17) states that in recent years most families who applied for foster care services have been confronted by lengthy delays in getting a service response from social workers and are thus unable to access adequate social assistance timeously. Furthermore, most families have been applying for foster care services to access foster child grants owing to their socio-economic status created by the high rate of unemployment and poverty in South Africa. Even though the foster care grant is not the primary purpose of foster care, the Constitution states that all children have the right to access social assistance, nutrition and education. This means that lengthy delays in accessing the social welfare service often deprive them of their constitutional rights (Fortune, 2017:17). The Children's Act 38 (2005:2002) stipulates that the goal of foster care is to provide child protection and development in a safe and healthy environment that should ideally pursue rehabilitation and possible family reunification. However, the social welfare services face serious challenges in the delivery of foster care.Böning and Ferreira (2013:519) state that these challenges also have implications in terms of the fulfilment of stipulations of the Children's Act 38 of 2005, children's rights, social work ethics and values such as professional accountability and social justice. NGOs and legal experts have been pushing for the reform of the foster care system, which they believe is unable to serve either orphans, on the one hand, or abused and neglected children, on the other (Fortune, 2017:17). Because of the number of children who require foster care services, the welfare system in South Africa is unable to cope (Malgas, 2011:96). Furthermore, the lengthy statutory process of placing children in need of care and protection in alternative care increases the burden that the welfare sector is currently experiencing.

2.12. CONCLUSION

Globally, foster care is the most frequently adopted system of alternative care that is perceived to provide acceptable care and protection to vulnerable children. The foster care process is rooted in the UN Convention of 2009, which stipulates certain rights of children that need to be protected. Worldwide, great progress has been made in terms of recognition for programmes for youth exiting foster care, such as independent living programmes. The plight of youth exiting care is acknowledged and recognised internationally. South Africa is struggling in this regard. While South Africa has commendable legislation aimed at protecting children, there is a serious need to take into consideration the needs of youth above 18 years ageing out of the foster care system. There should be fair practice in terms of the period in which young people in foster care should assume the responsibility of being independent, like their counterparts in the general population. Research has revealed that the success rate of youth who exit foster care is very low. Moreover, there are few success stories of young people who have aged out of foster care. The experiences of young people who have aged out of foster care still need to be investigated and documented to influence applicable policies. Therefore, this study explored the experiences of youth who had aged out of non-kinship foster care in Tshwane Metro, Gauteng. The next chapter discusses the research methodology and presents the findings of the study.

CHAPTER THREE
RESEARCH METHODOLOGY AND EMPIRICAL FINDINGS

3.1 INTRODUCTION

This chapter will discuss the research methodology used to achieve the objectives of this study and present the empirical findings of the study. The study was conducted to explore the experiences of youth who had aged out of non-kinship foster care in the Tshwane Metro, Gauteng Province. The research intended to answer the following research question: *What are the experiences of youths who have aged out non-kinship foster care in the Tshwane metro, Gauteng Province?*

The research question was guided by the following sub-research questions:

- What is the conceptual framework of foster care in the South African context?
- What were the experiences of youths when they were living with the foster family?
- What is the form of preparation that youths receive when leaving non-kinship foster care?
- What are the challenges faced by youths who have exited non-kinship foster care?
- What recommendations can be made to improve the provision of preparatory programmes for youths exiting foster care?

This chapter will start by presenting the research methodology used in the study, which comprises the research approach, type of research, research design, research methods, pilot study and the ethical considerations that are applicable to the study.

3.2 RESEARCH APPROACH

The study applied the qualitative approach, as the data collected related to the experiences of youth who had aged out of non-kinship foster care in the Tshwane Metro, Gauteng. The qualitative approach is a means of exploring and describing the phenomenon being researched, with the aim of understanding it (Fouché & Schurink, 2011:3). Thus, the qualitative approach is a known means of discovering and collecting rich meaning in data collection (Kumar, 2014:14). The qualitative research approach

permitted the researcher to detect issues from the perspective of the study's participants and to understand the meanings and interpretations they attribute to behaviour, events or objects (Fouché & Schurink, 2011:308). In addition, Fouché and Delport (2011:63) opine that qualitative research plays an important role in providing an in-depth understanding of the important themes that will emerge from the data analysis and interpretation. Thus, the qualitative approach provided the participants with an opportunity to share their experiences of being in foster care, as well as the preparation process they underwent during their transition out of the foster care system into adulthood.

The application of the qualitative approach was adventurous in the study, since it allowed the researcher to follow an open, flexible and semi-structured approach to enquiry aimed at exploring diversity rather than quantifying phenomena. The qualitative approach communicates findings in a descriptive and narrative rather than analytical manner. It also emphasises the description and narration of feelings, perceptions and experiences rather than their measurement (Kumar, 2014:14). Moreover, the qualitative approach adds richness and depth to the understanding of the experiences of youths who have aged out of foster care and how the system should be enhanced to ensure sustained preparatory programmes for youths in foster care and efficient and effective implementation of developmental foster care services (Fouché & Delport, 2011:63).

The qualitative approach inevitably leads to concerns about issues of validity and reliability. Validity in qualitative research is concerned with the accuracy and truthfulness of the study findings (Creswell & Poth, 2018:254). Any qualitative study only meets the requirements of validity if it is a reflection of the applicable facts as they exist. Once the results of the study are found to be valid they then need to be tested for a period for their reliability. Reliability relates to the ability of the study to yield the same results consistently over a period (Kumar, 2014:14). In this study, the researcher collected the data herself by administering interview schedules and conducting one-on-one interviews with the participants. In this way, potential risks and errors were

minimised. The interviews were conducted objectively without any bias from the researcher.

3.3 TYPE OF RESEARCH

In this study, applied research was appropriate, since the research goal was to contribute solutions to problems faced by youth who had aged out of non-kinship foster care. Applied research is important to ensure that the outcomes of the study are used to improve service delivery and make an impact on a certain group or society; in this study, youths in foster care (Fouché & De Vos, 2011:95). Since there is not much literature dealing with the problems that these youths experience during their transition to adulthood, it was essential for the study to identify problems and recommend appropriate solutions to improve the efficient and effective implementation of developmental foster care interventions aimed at developing preparatory programmes for young people during the transition to adulthood in the Tshwane Metro, Gauteng Province (Babbie & Mouton, 2011:33). Applied research was suitable for this study, since applied research is deep-rooted when resolving related practical problems, as well as empowering professionals to achieve specific tasks in research (Fouché & De Vos, 2011:95). The main challenge with youth who have aged out of non-kinship foster care might not be exiting the system, but the way in which they were prepared for this transition.

3.4 RESEARCH DESIGN

The case study design was used as the most suitable qualitative research design for this study. Babbie and Mouton (2011:33) describe a case study as an "approach to studying a social phenomenon through an analysis of an individual case." The case may be a person, group, episode, process, community, society or any unit of social life. The case study design was applied in this study, since the researcher sought to investigate issues affecting individuals in their real-life situations intensively with the aim of generalising the findings (May, 2011:221). An instrumental case study design was used and cases were chosen so that a comparison could be made between cases and concepts to allow for theories to be extended and validated (Babbie & Mouton,

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2011:33). The researcher compared the different opinions of selected youths around the Tshwane Metro who had aged out of non-kinship foster care of their experiences during their transition to adulthood so that the main question of the study could be answered. The instrumental case study is advantageous, as it assists the researcher to obtain a comprehensive understanding of the mechanisms of change without having to study a large number of cases (Fouché & Schurink, 2011:322). However, the main disadvantage of the instrumental case study is that it is much more demanding and it is very difficult to generalise its findings (Kumar, 2014:155).

3.5 RESEARCH METHODS

In this section, a detailed explanation of the study population and the sampling method that were used in the study is provided. In addition, the data collection and data analysis methods of the study are outlined.

3.5.1 Study population and sampling

Population refers to the total number of specific elements in the field of the study with which the research problem is concerned or the wide pool of cases or elements that constitute the focus of a scientific query (Strydom, 2011a:223). The population of this study was made up of youths between the ages of 19 and 25 years who had aged out of non-kinship foster care in the Tshwane metro in Gauteng Province. This research used non-probability sampling to select a sample because in qualitative research, non-probability sampling is used without exception and is more appropriate (Strydom, 2011a:229). Purposive sampling was chosen, as it illustrates some feature or process that is of particular interest for the study, though it does not simply imply that any case may happen to be chosen (Strydom & Delpoort, 2011:392). In addition, the purposive sampling method was used in selecting the youths, who provided more in-depth information based on certain characteristics in which the researcher was interested (Creswell, 2014:100). The selection criteria for the participants included the following:

- The participants had to be youths between the ages of 19 and 25 years.
- The participants should have been placed in non-kinship foster care in terms of the Children's Act (Act No 38) of 2005.

- The participants should have been under the foster care supervision of a social worker from Child Welfare Mamelodi West, Child Welfare Sunnyside, Child Welfare Eersterust or Child Welfare Atteridgeville.
- The participants had to be from the Tshwane Metro.
- The participants had to speak English, Sepedi or Sesotho.

The manager of Child Welfare Tshwane at the Pretoria head office was informed about the proposed research and approached for approval to conduct the study, which was granted. The organisation then assigned the supervisor responsible for foster care services in the four nominated offices to assist in ensuring that the study population was reached. Afterwards, the supervisor linked the researcher with four social workers in the nominated sites who assisted in accessing the participants, who were selected from the social workers' caseloads from all four sites. To gain access to the participants, the researcher worked together with the nominated social worker in each site, who identified potential participants from their foster care database and informed them about the proposed study. Afterwards, a list was compiled with all the demographic information and contact details of the participants. Once the list had been compiled, participants were contacted telephonically and were introduced to the researcher and informed of the purpose of the study. Their permission to participate was sought and for those who agreed to participate in the study, dates for interviews were scheduled. Twelve youths participated in the study and interviews were conducted at child welfare offices and other sites that were convenient for the participants.

3.5.2 Data collection

Semi-structured interviews were used to collect data. Greeff (2011:351) describes the semi-structured interview as a type of interview conducted on a specific area of interest, but which is flexible. Wagner et al. (2012:133) state that an interview is a data collection tool that aims to obtain rich descriptive data that will assist the researcher to see the world through the eyes of the participants. This implies that even though the researcher prepares a set of questions, the emphasis will be on allowing the participants to talk freely about any topic that interests them. Wagner et al. (2012:132) assert that in

qualitative research the interviewer makes use of a general plan of enquiry rather than a specific set of questions.

The interview questions were structured to focus on specific themes to enable participants to give a full account of their experiences. An additional advantage of interview schedule is that it allows the researcher control over the line of questioning (Creswell, 2014:179). Furthermore, the interview schedule assisted in establishing patterns in participants' knowledge, interpretations and attitudes to their experiences of exiting non-kinship foster care.

However, the researcher faced a challenge when conducting interviews, particularly when it came to recording and managing a large amount of information that might be generated. To overcome such challenges, participants were asked a single brief, clear question at a time. The interviews were conducted on a one-on-one basis. Both closed and open-ended questions were used to understand the experiences of youth who had aged out of non-kinship foster care in the study. Closed-ended questions were mainly used when all probable, relevant theoretical answers to the questions could be known in advance and the number of possible answers was limited (Greeff, 2011:359). For this study, open-ended questions were put to the participants to obtain information on the experiences they underwent during their transition to adulthood.

Permission was obtained from the participants to use an audio/digital recorder to record the interviews, which allowed for a much fuller recording than only taking notes during the interview (Greeff, 2011:359). Field notes of what went on during the interview were also taken. Immediately upon finishing the interview, all information of what had transpired was then transcribed. Away from the field, the collected data was arranged into different types, depending on the source of information (Creswell, 2014:151). The interviews were mostly conducted in Sesotho mixed with English, as most participants were struggling to express themselves fully in English. In order to be generally accessible, the interviews that were conducted in Sesotho were translated into English during transcription.

3.5.3 Data analysis

For Wagner et al. (2012: 229), data analysis in a qualitative study is the process of organising and interrogating data in ways that allow researchers to see shapes, identify themes, discover relationships, develop explanations, make interpretations, post accounts or generate theories. Qualitative data analyses constitute a multitude of data-analysis strategies (Creswell & Poth, 2018:154). In other instances, researchers employ broad data analysis techniques, whereas in some cases structured and more creative approaches of data analysis methods are applied. In this study the technique of data analysis that was applied was thematic and the researcher applied the following steps of data analysis outlined by Creswell (2014:197) and supported by Creswell and Poth (2018:185).

Step 1: Organise and prepare the data for analysis

During this stage data was prepared and organised in a systematic manner that was appropriate for the setting, research participants, or both, in facilitating analysis before the actual data collection commenced (Creswell & Poth,2018:185). This step was completed by transcribing interviews, optically scanning materials, typing field notes, sorting and arranging the data into different types, depending on the source of information (Creswell, 2014:19).

Step 2: Read and look at all the data

All the information that was collected was analysed and interpreted to make general sense of its overall meaning (Creswell, 2014:97). All the transcripts were revised and the general ideas of participants were examined by listening to the audio recordings and making thorough observations of all the data collected. This was done with the intention of checking all general ideas expressed by the participants, the tone of their ideas and the depth of the information attached to these ideas, to obtain a general sense of the information and to reflect on its overall meaning (Creswell, 2014:197). At the same time the general thoughts about the data written in the margins of the transcripts were also recorded.

Step 3: Start coding all the data

During this step, all the data collected was coded and labelled according to categories. This step was characterised by the identification of key themes, patterns, recurring ideas and beliefs that linked the youths who had aged out of foster care with their own experiences after they had transitioned to adulthood (Schurink, Fouché & De Vos, 2011:410). The collected data was organised into segments of text before ultimately bringing meaning (logic) to the information (Creswell, 2014:198).

Step 4: Use coding to generate descriptions of the setting

This step was characterised by the description of the information gathered during the data collection process. The step was completed by using coding as well as generating a small number of themes through a classification system (Creswell, 2014:199). Open coding was used in the study. During this stage, preliminary counts of data codes that appear frequently in the database were conducted (Creswell, 2014:200). Themes were located and assigned initial codes in a first attempt to condense the mass of data into categories (Clarke et al., 2015:245). The themes in this study are the major findings of the study. These findings represented the various experiences of the participants since exiting foster care.

Step 5: Develop interpretations

In this step data is interpreted to make sense of the lessons learned (Creswell & Poth 2018:195). This involves abstracting meaning out of the codes and themes in order to form a "bigger picture" perspective (Creswell, 2014:186). The data that was collected was reflected on by taking a step back and developing a broader opinion of the collected data. Typologies or systems for categorising concepts were identified and developed in order to develop linkages between seemingly different phenomena to build on the applicable theory (Wagner et al., 2012:133).

Step 6: Interpretation of the findings and the results

In the final phase of the data analysis process, the data, a collective of what was found in text, is presented in tabular or figure form (Schurink, 2011:418). Since the research

was qualitative, information was also presented in hypotheses or propositions that specified the relationships between categories of information.

3.6. DATA QUALITY

In any qualitative study, trustworthiness connotes establishing the credibility, confirmability, transferability and dependability of the data. This study adopted the four constructs described below to ensure the trustworthiness of the study, as suggested by Lietz & Zayas (2010:191-199).

3.6.1 Credibility

Credibility is defined as the "confidence that can be placed in the truth of the research findings" (Schurink et al., 2011:419). The researcher ensured that the themes emerging from the study were accurately identified and described (Schurink et al., 2011:419). The transcripts were also checked to ensure that they did not contain obvious mistakes probably made during the transcription of data (Creswell, 2014:201). Prolonged engagement with the participants in the field also took place to establish better understanding of core issues, as suggested by Wagner et al. (2012:243).

3.6.2 Dependability

Dependability is a reliability measure that asks whether the research process is logical, well-documented and audited (Schurink et al., 2011:420). The dependability of the study was processed through documentation (Schurink et al., 2011:420). This research proved that the findings were consistent and could be repeated. The researcher took all possible care to account for all the changing conditions in the phenomena chosen for the study, as well as the changes in the design created by an increasingly refined understanding of the setting (Wagner et al., 2012:243). All the procedures used in the case studies, including as many of the steps of the procedures as possible, were well documented (Creswell, 2014:432).

3.6.3 Transferability

According to Wagner et al. (2012:243), "transferability is the degree to which the results of qualitative research can be transferred to other contexts with other respondents; it is the interpretive equivalent of generalisability." This study has proven that the findings have applicability in this context but also in other contexts as well. To complete this step, the study referred to the original theoretical framework to illustrate how data collection and analysis were guided by the applicable models of research (Schurink et al., 2011:420). In transferability, "the researcher facilitates the transferability judgment by a potential user through 'thick description' and purposeful sampling" (Schurink et al., 2011:420). In this study, open-ended interview questions were used to obtain thick descriptions of the perspectives of the participants.

3.6.4 Confirmability

Wagner et al. (2012:243), define confirmability as "the degree to which the results of an inquiry could be confirmed or corroborated by other researchers." Confirmability is "concerned with establishing that data and interpretations of the findings are not figments of the inquirer's imagination but are clearly derived from the data" (Creswell, 2014:192). Confirmability in most qualitative inquiries is attained using an audit trail, a reflexive journal and triangulation (Schurink et al., 2011:422). An audit trail is used to furnish visible evidence of the interaction between the researcher and the subject in such a way that the research can be understood not only in the terms of what was discovered but also the method of discovery (Schurink et al., 2011:422). The researcher used a reflective journal to record all the events that took place during interaction with the participants, as well as personal notes and thoughts on the research process. The findings of the study were ultimately shaped by the participants and not the researcher's bias, motivation or interests.

3.7 PILOT STUDY

A small-scale trial of the research was conducted through a pilot study before the content of the constructed interview questions could be used for the main investigation (Strydom, 2011a:236). A pilot study was conducted to establish a practical context for

the proposed activity, which included identification of resources, the research population, procedures of data collection and data gathering (Strydom, 2011:237). Secondly, the measuring instrument was tested when the first two participants were taken through the entire planned research process to test whether its elements functioned as desired (Babbie & Mouton, 2011:191). The outcomes of the pilot study were evaluated to determine the weaknesses and the strengths of the investigation and to establish whether amendments were necessary or not (Babbie & Mouton, 2011:191). The two pilot interviews formed part of the data of the main study, since no variations were effected to the research procedure and interview schedule. The information gathered was sufficient for the study's objectives.

3.8 ETHICAL CONSIDERATIONS

In research, it is important to observe certain ethical considerations, especially when the research directly involves human participants. This research adhered to the required ethical guidelines to which the research participants agreed. The following ethical issues were relevant to the study:

3.8.1 Voluntary participation

Creswell (2014:97) states that "participation should at all times be voluntary and no one should be forced to participate in a study." This research ensured that none of the participants was forced or obliged to form part of the study; participants took part of their own free will. Since the participants had exited foster care and the research was conducted by a social worker, there was a danger that they might feel obliged to participate based on this factor. Therefore, the researcher extensively explained to the participants that they were free to decline, were not obliged to participate in the research and could withdraw at any time if they wished to do so. According to Strydom (2011b:119), voluntary participation is critical in social research, as it ensures free will and places research responsibility on the participant as well.

3.8.2 Informed consent

Strydom (2011b:117) states that It is unethical to embark on data gathering without the acknowledgement of the participants or the responsible authority. Moreover, it is important to inform participants fully and they should expressly state their intention to volunteer the necessary information (Strydom, 2011b:117). Informed consent in research "is usually a written statement that explains aspects of a study to participants and asks for their voluntary agreement to participate before the study commences" (Creswell, 2014:98). Written permission to involve the participants in the study was obtained from the manager of Child Welfare Tshwane. The participants were provided with additional information about the research through an informed consent letter that they completed and signed. The informed consent letter clearly stipulated the purpose, process and benefits, as well as the procedures of the study.

3.8.3 Privacy and confidentiality

Strydom (2011b:119) believes that confidentiality and non-violation of privacy should be maintained by ensuring that the participants remain anonymous. This research ensured that any information that could identify the participants, particularly names, was not included in the research report or any other publication. The collected data and audio-recorded interviews were kept safe. Following the conclusion of the research, all data will be kept safely at the Department of Social Work and Criminology for a period of 15 years, as required by policy guidelines provided by the University of Pretoria.

3.8.4 Deception of respondents

Strydom (2011b:124) explains that "deception involves withholding information or offering incorrect information to ensure participation of subjects when they would have refused." In the conduct of this study, no applicable information about the research was withheld from the participants. The researcher ensured that the participants were thoroughly and adequately informed about the purpose, aims and goals of the study to ensure that participants were not deceived in any way.

3.8.5 Actions and competence of the researcher

The researcher ensured that her actions were ethical in that she exercised honesty, integrity and competency and conducted her studies by applying the skills and knowledge that she acquired during her training as an expert qualified to conduct the research (Strydom, 2011b:123). The researcher was the main instrument for obtaining knowledge (Strydom, 2011b:123). Strydom (2011b: 123) explains that "researchers are ethically obliged to ensure that they are competent and adequately skilled to undertake the proposed investigation." The researcher was sufficiently skilled and competent to undertake the study, since she had attended a module in research, which provided her with the appropriate knowledge required to conduct research. In ensuring that the research happened in the most ethical manner, and that the participants were treated in a respectful way, the researcher worked together with her supervisor throughout the study (Strydom, 2011b:124).

3.8.6 Avoidance of harm

Researchers are required to ensure the safety of participants. The principal ethical rule of social research is that the participants should not be exposed to greater risk than they are exposed to in their day-to-day experiences. This study did not subject the participants to any harm or pose unreasonable risks to the participants, but was conducted in line with the fundamental ethical obligation to protect the physical, psychological and emotional well-being of the participants (Neumann, 2011:146). The participants were briefed on how the information they provided would be used in the research and were assured that their interviews would remain confidential and that their identities would not be linked to the information they provided (Strydom, 2011b:122).

3.8.7 Debriefing of participants

This study intended to explore and describe the experiences of youths who had aged out of non-kinship foster care. This research ensured that the participants were adequately informed of the processes involved in the interview and what the researcher's intentions were with the study. The researcher anticipated that the study might trigger some emotions, since the initial reasons for placing the youths in non-

kinship foster care mostly remained unchanged, especially where they were orphans. In overcoming this challenge, participants who were negatively affected by this study were referred for counselling to Mrs Shongile Mathebula, a social worker in the Department of Social Development's Pretoria Central office. Each participant was debriefed after every interview session, which provided an opportunity to clarify any other outstanding issues regarding the study.

3.8.8 Publication and release of findings

The findings of the study will be disseminated to the public in the form of a mini-dissertation. The researcher will also publish a scientific article in an academic journal. Regardless of its size, "even a highly scientific investigation will mean very little and will not be viewed as research if the results are not published" (Strydom, 2011b:65). The researcher will compile a report accurately, objectively and unambiguously to inform the readers about the findings. The findings will also be made available on request to Tshwane Child Welfare and the youths who participated in the study.

3.9 EMPIRICAL FINDINGS AND INTERPRETATIONS

In this section the empirical findings of the study will be discussed. The biographical information of the participants will be provided, as well as a discussion of the empirical findings according to the themes and sub-themes of data collected during the administration of the semi-structured interviews and interview schedule for the participants. The presentation of the findings is further discussed through integration of the relevant literature.

3.9.1 Biographical information of youth in foster care

The sample of the study consisted of 12 participants who were selected per purposive sampling criteria. The first 12 participants who were willing to take part in the study voluntarily formed the sample of the research. The biographical information of these participants is presented below in Table 3.1.

Table 3.1: Biographical information of the participants

Participant	Gender	Age	Highest qualification	Period in foster care	Period out of foster care	Employment status
1	Male	24	Grade 10	5	3	Employed/Internship
2	Female	22	Grade 11	6	2	Student
3	Female	21	Grade 12	5	3	Student
4	Male	24	Grade 11	4	5	Unemployed
5	Male	22	Grade 10	5	3	Unemployed
6	Female	20	Grade 12	6	2	Student
7	Male	22	Degree	6	2	Employed/internship
8	Female	23	Grade 11	6	2	Unemployed
9	Male	19	Grade 12	7	1	Unemployed
10	Female	20	Grade 11	6	2	Unemployed
11	Male	25	Grade 12	4	4	Unemployed
12	Male	24	Grade 12	8	4	Employed

As indicated in the table above, five females and seven males participated in the study. Regarding their highest qualifications, only one participant had obtained a degree, while half of the participants had reached grade 12. All the participants had been in non-kinship foster care for more than four years and with one exception, all had been out of foster care for more than a year. In terms of employment, only one participant was permanently employed.

3.9.2 Themes and sub-themes

The information collected from the in-depth interviews is presented in terms of the themes and sub-themes derived from the analysis of the data. The findings of the study are supported by direct quotations from the participants, while the integration of the literature follows in the discussion of the empirical findings. Table 3.2 provides a summary of the themes and sub-themes that were derived from the data collected.

Table 3.2 Themes and sub-themes of the study

Themes	Sub-themes
Theme 1: Reasons for leaving foster care	1.1 Leaving foster care due to age 1.2 Administrative irregularities 1.3 Broken foster care placements
Theme 2: Experiences of living with foster family	2.1 Positive experiences 2.2 Negative experiences
Theme 3: Preparation for leaving foster care	3.1 Absence of specific programme for preparing youth who are ageing out of non-kinship foster care 3.2 Educational support from social workers 3.3 Implementation of a life plan designed by the social worker
Theme 4: Challenges faced by youth who have aged out of non-kinship foster care	4.1 Economic challenges 4.2 Social challenges 4.3 Behavioural and psychological challenges 4.4 Living arrangements of youth 4.5. Inadequate support for youth who aged out of foster care

3.9.2.1 Theme 1: Reasons for leaving foster care

The findings of the study revealed that the participants left foster care for various reasons, depending on the situation in which the youth found themselves. The following sub-themes were derived from the interviews conducted with the participants, providing insight into their reasons for leaving foster care:

- Leaving foster care because of age
- Administrative irregularities relating to foster care
- Broken foster care placements

Sub-theme 1.1: Leaving foster care because of age

Eight of the participants stated that they left foster care because they had reached the prescribed age of maturity in placement, while four indicated that their placement was provisionally extended by the Head of Department of Social Development, allowing them to complete their secondary school education and further their training. However, the period in foster care could only be extended to the age of 21. The views of two participants were as follows:

I left foster care because I was over 21 years and I aged out' (Participant 5).

I left foster care because of my age. I was old (Participant 4).

However, four participants maintained they left foster care placement after turning 18 since they were at a very low grade in school. According to one of the participants:

I left foster care because I aged out and I was struggling at school when I turned 18. I was still in a lower grade, so I did not see the use of remaining in foster care (Participant 8).

According to the responses from the participants, the age of maturity in care is the most common reason why many young people leave foster care, as attested to by Osgood et al. (2010: 210). Most of the participants displayed willingness to continue with their lives regardless of the problems and adversities they faced after exiting foster care. Mnisi and Botha (2015:52) show that placement in alternative care, such as foster care, has an entry and exit point. In understanding this insight, Fortune (2017: 23) refers to the Children's Act 38 of 2005 (section 180-190), which states that children are entitled to stay in foster care until they turn 18, when they must be discharged, unless an application for extension of care is submitted and approved by the Head of the Department of Social Development. In terms of section 176 of the Children's Act, this application should be granted to enable a child to complete his or her education or training.

Sub-theme 1.2: Administrative irregularities of foster care

The findings presented above indicate that many youths left foster care because of age. However, two of the participants maintained that they did not leave foster care because they reached the age limit of foster care, but instead left foster care because their social workers did not renew their foster care placement. They claimed that administrative documents meant to extend their foster care placement had not been submitted or properly processed:

> *I left foster care because the social worker could not extend my placement and I later turned 18, so it was no longer possible for me to return to foster, she was the one who was supposed to extend it* (Participant 3).

> *I left foster care because the grant lapsed and I later exceeded my placement since my social worker failed to see that my foster care order was coming to an end, that she was supposed to do it (*Participant 7).

The participant's responses show that their social workers failed to extend their foster care placements in terms of section 176(1) of the Children's Act 38 of 2005, which states that the extension of placement for children above the age of 18 should be done administratively by social workers under the authority of the Head of the Department of Social Development. Research shows that many foster care orders continue to lapse owing to high caseloads for social workers, as many struggles to obtain all the relevant documents required to extend the orders in court in time (Ngwenya, 2011:25). Fortune (2017:29) estimated that 200 000 foster care orders would lapse in 2017 because of the massive administrative challenges faced by the Department of Social Development.

Sub-theme 1.3: Broken foster care placements

In addition to the administrative challenges, two participants maintained that broken foster care placement was one reason that led them to leave foster care. The participants indicated that they were chased away from their foster care homes because their foster parents were no longer willing to provide care and support for them, which resulted in their foster care placements failing:

I left foster care because I finished matric and I was 17 and my foster parent did not want my placement to be extended, saying that I am old enough. She said that she was done with me and she does not want me anymore, (and) I must leave her home and she chased me out of her home (Participant 1).

I left foster care because I was going to turn 18 and … my foster parent indicated that she (would not be bothered) because I was getting old in foster care. She also said I must make sure that I make plans to leave her home, and that was when I was chased away by my foster family (Participant 2).

In line with the participants' responses, Nthepa (2008:1) argues that many children in foster care, regardless of age, are vulnerable and experience a lot of relationship problems, abuse, neglect and rejection as they grow up in care; this later causes placement instability, which often results in foster care breakdowns. Mnisi and Botha (2015:52) state that factors that commonly contribute to disruptions in foster care include emotional difficulties, aggression, over-activity and inappropriate sexual behaviour. Research also illustrates that the foster care placement of adolescents is more likely to break down than that of younger children (Schofield, 2001:6).

Research has also demonstrated that many foster parents have difficulty in managing older children for various reasons, such as lack of knowledge about the child's needs, insufficient knowledge of the foster care process, a difficult relationship with the social worker and lack of individualised service, with the right service and support at the same time (Khoo & Skoog, 2013:255). There is also evidence that many foster care breakdowns are caused by poor communication, lack of monitoring and social work supervision, as well as unresolved problems between the foster parent and the foster child (Fryar, Jordan & De Vooght, 2017:11). One of the key themes that emerged reflected the experiences of the youth when they were in foster care. This theme is discussed in the following section.

3.9.2.2 Theme 2: Experiences of living with the foster family

In South Africa, approximately 450 000 children live in foster care, owing to numerous psychosocial factors that lead to the placement of youths in out-of-home care, such as HIV and AIDS (Marumo, 2018). However, very little information is available on the experience of youth who have aged out of non-kinship foster care in South Africa. Many of the youths placed in foster care have multi-faceted histories of trauma, abuse and neglect and how they survive foster care remains a mystery. Therefore, it was important to acquire comprehensive understanding of the experiences of the youth while they were still living in non-kinship foster care. The following sub-themes emerged from the interviews conducted with all the participants:

- Positive experiences
- Negative experiences

Sub-theme 2.1: Positive experiences

Although foster care is regarded worldwide as the preferred method of alternative care for children and youth who are in need of care and protection, there is insufficient evidence to highlight the factors that may contribute to positive outcomes for children in foster care. Most studies conducted on issues of youth who age out of foster care focus mainly on their resilience in foster care. During the interviews, all the participants exhibited serious signs of discomfort when the researcher asked them about their experience of living in foster care. All the participants answered that there was at least one major benefit of being in foster care that they highly appreciated, which was to live in a family setting that provided some care and support. The views of two participants are illustrated below:

> *The most beneficial aspect for me in foster care was that I got to belong and at least have people that I regarded as a family, where I knew that I was a child, unlike my situation when I was left by my mother. They cared and provided for me like a child* (Participant 6).

> *My foster family provided me with an opportunity to grow in a family setting, even though you know that if you live with those people who are not your*

blood relatives it is not easy. I was given the chance to have a family and to act and behave like other children and to be taken care of like my friends (Participant 2).

Seven participants stated that their foster families had taught them good behaviour, morals and good values. Two of these participants expressed their views in the following manner:

*The foster mother taught me good morals and the importance of knowing between right and wrong, and mostly how to do things in the manner that I will be respected, issues of ubuntu and how to respect the elders in my neighbourhood so that people may not see me as a bad person (*Participant 3).

I can say they have taught me rules on how to behave myself and conduct myself in the community, that I must not be influenced by things that have no value in building my life (Participant 2).

All the participants also indicated that their foster care homes provided a stable environment where they received warmth, love, food, safety, clothing, medical attention, care and an opportunity to go to school. The following reflects some of the views expressed by two participants:

I had a place to lay my head, I was able to get education, I was able to go to school even though they will never treat you the same like everybody else in the house, or like, at least you have a home, you eat and you get clothes, as long as you go to school (Participant 1).

I could say the good things of living with the foster family was that, basically, I was given a chance to have a proper family, to go to school, to be a child and be taken care of, receive love from my foster family, the basic stuff that any child should grow up with, a proper environment that will

*contribute to me being a person who grows up healthy and in a stable environment and contribute to society. Those are some of the benefits, like being part of the family, going to school, being supported and being loved. Those are some of the benefits that come in being part of a foster family (*Participant 5).

The participants' responses reflect some of the factors that Stein (2012:25) argues can promote resilience in foster care leavers, such as stable placements, a positive sense of identity and a positive school experience. Providing stable and nurturing family settings is deemed to strengthen the resilience of children in foster care and can help reduce the potential for negative developmental outcomes (Bosset, 2016:34). This was evident from the interviews conducted with the participants: despite the problems they encountered in their placements, their foster homes fulfilled their critical needs essential for development. Belonging to a family can help liberate children from anxiety about their identity and future source of support, and free them to engage in the kind of thinking and exploration of their world that is a prerequisite of productive coping strategies (Stein, 2012:33).

Gonzalez (2015:48) states that many youths develop a craving for acceptance as a family member, which is more evident during the period when youths transition to adulthood. Moreover, studies have found that there is a greater need for a sense of belonging in young people who are at a greater risk of facing the harsh realities of their transition with little or no adult support, as they will be exiting care (Bosset, 2016:78). It was evident from the interviews that the foster care placements were not a smooth ride and that there were also some undesirable aspects, which will be discussed in the next sub-theme.

Sub-theme 2.2: Negative experiences

Regardless of the form foster care may take, being placed in foster care unavoidably results in immense turmoil in the life of a child, who needs to adjust not only to new and unfamiliar family and strangers, but also to a new environment, new friends and a new school, as well as possibly new religious and cultural practices. Faced with such

upheaval, young people should be assisted to adjust to their new living arrangements, which are often characterised by a lot of distress. All the participants mentioned that the major adverse experience they had was that they never felt they were accepted as part of the foster family, as the treatment they generally received was different from that received by the other children in the family. Two participants said:

> *Since I was a foster child in that family, I always felt that they were not my family, even though I could try and just be a child and listen to them as they sent me on errands but then I never really felt that I was part of their family. They would mistreat me, I felt like they never accepted me for who I am. Instead of going to school they would make me clean and I did a lot of things around the house trying to be a child* (Participant 2)*.*

> *Since I stayed with that family, I haven't been treated as one of them, I most felt that I was an outsider, I was treated different as compared to other children and that was not sitting well if me, I was also made to do most of the household chores* (Participant 1).

The participants' responses revealed the anguish associated with being placed in foster care with non-relatives. Participants also mentioned that it was not easy for them to live with the foster family, as they mostly felt that they did not rightfully belong to the foster family. Most of participants indicated that they felt uncomfortable, isolated and insecure and were always blamed for things that they had not done. The following quotations illustrate the views of participants:

> *It is very hard to live with people who are not related to you. I always felt like an outsider because I was treated differently from the children of my foster mother. For example, when they bought clothes, the children of the foster parent would get the expensive ones. I would always be wearing clothes from PEP. I was also doing a lot of chores, so I didn't have time for*

my studies and even sometimes they would shout at me for small mistakes. These are some of the things that were not comfortable (Participant 3).

You know you could make a mistake then they would tell you that is the reason why they had abandoned you at home (Participant 1).

It is evident from these responses that participants had undergone a lot of distress while they were living in foster care placement. The participants' responses are supported by Bosset (2015:43), who attests that many children and youth in foster care undergo a lot of difficulties and are exposed to further abuse, trauma, maltreatment and rejection from their foster families. The findings also reveal that most of the youths overcame their difficulties and managed to navigate the transition to adulthood by tapping into both their inner strength and external resources, including the ability to reconcile and move beyond their distress by connecting with others and taking advantage of anything around them that could assist them to continue with their lives.

Youth who are ageing out of foster care still need a lot of support to transition successfully into adult life, including housing, finance, adult or any other form of support (Bosset, 2016:34). Hence it is important that all children in foster care, depending on age, should be prepared in advance for life after care.

3.9.2.3 Theme 3: Preparation for leaving foster care

One of the objectives of the study was to establish whether the youth who aged out of non-kinship foster care were prepared for their transition out of foster care and to establish whether the form of preparation they received effectively supported their transition to adulthood. Youth transitioning out of foster care need a lot of care and support and the form of preparation received will determine the level of success in their adult life (Gonzalez, 2015:61). Young people in foster care are already disadvantaged in terms of supportive relationships, as they are in the system because of some type of abuse or neglect because of loss of a parental relationship (Bossett, 2016:7).

In South Africa, little detailed information is available on how young people who age out of residential facilities should be prepared for exiting care. It is therefore important that a more comprehensive understanding of the preparation that youth who age out of non-kinship foster care undergo to support their transition to adulthood be acquired from their own perspective. The findings of the study indicate that no specific form of service was offered to the youth who participated in the study; however, some of the social workers tried to encourage the youth to work hard on their education and some tried to develop life plans. The following sub-themes emerged from the interviews conducted with the participants:

- Absence of specific programme for preparing youth who are ageing out of non-kinship foster care
- Educational support from social workers
- Implementation of a life plan designed by the social worker

Sub-theme 3.1: Absence of any specific service for preparing youth who are ageing out of non-kinship foster care

A crucial finding was that nine participants strongly maintained that they were not aware of any service provided to them when they were ageing out of care; only three did not share this sentiment. Two participants expressed themselves as follows:

> *Not really, I never received any form of preparation from the social workers. I had less interaction with them because they were interacting with my foster family. But then my foster family is the one that told me about certain issues, like you won't be receiving grant money like we used to receive in the past, but then from the social workers there was no formal preparation* (Participant 2).

> *No, I did not receive any form of preparation from the social workers, and I am not even aware that there is such a thing in foster* (Participant 6).

The participants' responses suggested that the connections between them, the placing child protection organisation and their social workers yielded negative results. Many

young people who are ageing out of support need integrated support from all spheres of life to be able to assume adulthood responsibilities. Hence it is important that social workers should assist them through this journey. Research shows that there are complex interactional factors at the macro- and individual levels that can be either positive or negative and can have serious implications for the successful transition of young persons to adulthood (Gonzalez, 2015:48).

Literature indicates that the greater the support, care and safety in the youths' environment, the easier it is for them to transition better to adulthood (Induction Manual for Child Protection Social Workers, 2016:19). The literature indicates that the social worker should play a central role in ensuring the successful transition of youth who are ageing out of care to adulthood. Preparation services should be rendered for children in foster care from the age of 15 and such services should include family therapy, parenting, mediation, mentorship, nutritional programmes, physical, sexual and reproductive health services, vocational training and literacy (Department of Social Development, 2009:20).

Sub-theme: 3.2 Educational support from social workers

Two of the participants indicated that their social workers encouraged them to focus seriously on their education. The expressed their views as follows:

> *What I appreciate from my social worker is that she helps me to understand the importance of school. I think that she was in a way trying to prepare me for my ultimate independence. She always told me to work hard and finish my matric before 21, so that I could be able to go to a tertiary institution while I am still covered by foster care. She also helped me to look for bursaries and apply for universities after I passed matric. She pushed hard but unfortunately I couldn't manage to go to tertiary institution but I am happy that I have matric, which will improve my chances in life* (Participant 9).

In my case, my social worker was always there when I did matric and was always helping me to apply for university. She gave me bursary and NSFAS forms. She valued education so much. I am currently in the process of completing my studies (Participant 1).

The responses from the participants indicate that the educational achievements of young people in foster care are highly influenced by the level and quality of support they receive from their caregivers. Research confirms that the extent of support for youth educational programmes can be used to motivate young people to focus positively in life (Dworsky, 2017:1). The responses of the participants show that they were also grateful for the support social workers provided to them during their studies, which enabled them to complete matric regardless of the difficulties they experienced while they were in foster care.

Sub-theme: 3.3 Implementation of a life plan designed by social workers
One participant indicated that he was fortunate that his social worker had assisted in preparing him for life after foster care through the development of a life plan at the age of 14, which was reviewed annually:

She had a life plan for me, which addressed each age level of my life up to 18 years, when I would be expected to leave foster care. She taught me life skills, such as coping with pressure, especially from friends. We had regular meetings, however my social worker forgot to extend order (Participant 7).

The above quotation shows that the participant received a life plan from the social worker when still in foster care. Research also illustrates that life plans are critical tools used to develop and refine youths' goals during the transition to independence (Bosset, 2016:12). Böning and Ferreira (2013:359) attest that a tailored foster care plan should exist for each foster child, including those in non-kinship foster care, which should deal with specified objectives linked to identified needs, a structured time schedule within which objectives should be reached and a designated person to oversee the plan. For most of the participants, however, there were no developmental life plans, as is

probably the case with many youths in foster care. The next theme will discuss the challenges faced by the participants from their own experiences.

3.9.4 Theme 4: Challenges faced by youth who have aged out of non-kinship foster care

Many youths who have aged out of foster care experience tremendous challenges after they have exited the placement. Research shows that youth who have aged out of foster care face poor outcomes when transitioning to adulthood, such as lack of adult support, financial instability, poor educational or vocational opportunities and outcomes, lack of safety and affordable housing (Gonzalez, 2015:98). According to Hall and Proudlock (2011:105), approximately 134 700 youths between the ages of 18 and 21 years exited the foster system in South Africa in 2010. However, how these young people survive the adversities they encounter in their lives after exiting foster care remains largely unknown. It was therefore important that a more inclusive view of the challenges of youth after they had aged out of foster care be obtained. All 12 participants indicated that they had experienced challenges since they exited foster care. However, most participants showed remarkable resilience and determination to continue with their lives. The common challenges that participants had experienced can be classified in terms of the following sub-themes:
- Economic challenges
- Social challenges
- Behavioural and psychological challenges
- Living arrangements of participants after ageing out of foster care
- Inadequate support for youth who have aged out of foster care

Sub-theme 4.1: Economic challenges
Eleven participants stated that they did not have permanent jobs, while only one said that he had a job. Eight of the participants said that they did not have money to maintain themselves and were unable to meet their basic needs, since they were not working. Two participants expressed their views as follows:

I don't have a specific job that I can say gives me money every month, but then I tried to help people park their cars in shopping complexes and at least they give me some change and I try to make a living. I also help people carry their groceries. That's where I mostly get money (Participant 2).

I cannot provide for myself. At least the grant was helping. Since then I cannot provide for myself. I must depend on my friend's family and I can't always ask. I just see when they give me things and sometimes I need cosmetics, clothes. It was worse when I finished matric. Because my friend had to talk with her family first and then I moved after that. So, I wouldn't ask for anything because I am afraid (Participant 1).

Two of the participants stated that they were on a 12-month learnership programme that was going to end in three months' time at the time of the interviews and they were not sure if they would be able to find employment after that. One participant said:

I was fortunate to receive a learnership after I completed my studies. I was studying on a scholarship from the Department of Social Development. However, with the issues of funding around our learnership, I am not even sure that when my learnership ends in March 2019 I will be absorbed, but at least now I can afford a decent life (Participant 5).

Participants also highlighted other economic challenges they had experienced since exiting care, such as difficulty in accessing higher education and training, poverty, inability to access government programmes intended to promote economic stability and loss of a social grant benefit. These challenges were summarised in the following responses:

For instance, when you are a girl child like me, you don't have a choice. We girls are too sensitive and we like to be trendy and have money. I started by smoking drugs and without realising I was selling my body and started being a prostitute, smoking drugs and then after that life went on. Even

while knowing that diseases out there are too much, I have to do anything to survive. What can you do if you don't have money? I was also not doing well at school. The grant has stopped and still at being at lower grade educationally, with nothing else, life has to continue unfortunately (Participant 8).

What I've been doing is just applying to varsities because I want to continue with school. I want to study further, but at this moment, I have not received replies yet. At some point NSFAS acknowledged my application for financial assistance, said I qualified for funding, but the thing is I don't get space to study in universities, which is very bad (Participant 10).

The findings disclose that the participants generally experienced economic and other financially related challenges after exiting foster care. However, most of them relied on their strengths and innovations to tap into their environment and take advantage of the available resources and networks that would contribute to their survival and adaptation into the community. Research has shown that many youths who exit the foster care system are doing so with little or no financial assistance and suffer greater poverty compared to their peers in the general population who still benefit financially from their own parents (Getz, 2012:12).

According to Statistics South Africa (2018:2), among the general population the unemployment rate among the youth is higher irrespective of educational level. International studies reveal that only 46% of former foster care youths possess a bank account, compared with 82% of their peers in the general population (Atkinson 2008:188). As evidence of this, almost all the study's participants did not have jobs and formed part of the huge number of unemployed youth in the country.

Research furthermore shows that, based on the levels of education and employment for youths who have aged out of foster care, it is not surprising that most of them often suffer from socio-economic instability. Youths who have exited foster care mostly do not

have tertiary qualifications and sufficient financial support, compared to their peers, and most live below the national poverty line. Approximately 63% of young people in South Africa between the ages of 18 and 24 years live in poverty, which can affect their physical, cognitive and emotional development (Marumo, 2018). Generally, many young adults in their twenties are still receiving economic support from their parents because of the global economic instability. Moreover, youth who have aged out of foster care into independence experience tremendous challenges that affect their proper psychosocial function in communities.

Sub-theme 4.2: Social challenges

Many youths who have aged out of foster care have lived most of their lives in a protected environment in the hands of strangers, such as officials of the courts, social welfare services and families who are not blood relatives. During their time in the foster care system, all their needs and functions were regulated and protected through legislation and policies. After exiting foster care, young people who have had traumatic experiences due to orphanhood, abuse and neglect are expected to fit into an often alien and harsh reality in which they may already be at a disadvantage. Eleven of the participants strongly felt that they were less interactive with their peers in the community and preferred their own space, since they felt that they were not well accepted by the people around them. Only one participant did not share this feeling. Two participants said:

> *I am scared of going out much because in many instances when I am out with my friends I feel that I don't have nice things like clothes. I think that they look down on me, because I am unable to maintain their level of life. I feel very bad and messed up since I am unable to fit in, so I avoid friends. There are only two people that I regard as my friends, as they are the only ones that understand me* (Participant 9).

> *I'm an introvert. I don't like to be with other people and sometimes I can't mingle with my peers because they always talk about their mothers, so the thought that I don't have a mother hurts. When you try to access important*

services like the clinic they will question you about your family and that will
hurt you, so I feel like I am not welcome or taken seriously. I feel like a
burden and rejected everywhere I go (Participants 6).

In the responses gathered from all the participants it was evident that the youth who have aged out of foster care have difficulties in navigating through the societal networks that are available for them in the community. Instead, they prefer to face the turmoil of exiting care on their own. Young people's readiness to exit foster care includes the ability to care for themselves and make healthy decisions. To do this, a young person must have access to positive networks (Keshavarzian & Bunkers, 2015:29). Moreover, many youths who have exited non-kinship foster care have experienced traumatic experiences that resulted in them being placed in alternative care with strangers or in group homes (Atkinson, 2008:183). Most of them have experienced abuse and neglect before, and sometimes after, being moved into foster care. Children who suffered abuse are more likely to have "difficulties in establishing positive interpersonal relationships" (Gonzalez, 2015:187). Participants indicated that they experienced other social challenges, such as inability to access health care services, the pressure of materialism, negative stereotypes or labelling, criminal activity and homelessness. These challenges were highlighted in the following responses:

South Africa is a very dangerous place now and when you are homeless
like me, there are drugs being sold so we sometimes get tempted by those
people who sell drugs just to make sure that I end up with money. I
transport their drugs; I deliver them and I collect the money even if it's risky
but then at least we know after delivering I get some money to buy food.
So, that's another way we try to make money, but it's risky because I was
once arrested (Participant 2).

Even getting health care or medicines from the clinic is a problem. We in
the street do fall sick. When you go to clinics, nurses shout at us because
we are not clean sometimes and you find that you are sick. So, I can also

say that is a challenge because sometimes you look like you are somebody who is using drugs, or they call you names but you are sick and you came for assistance. So, those are the things that I'm asking the government to help us with (Participant 3).

The participants' responses suggested that they had limited resources with which to navigate their environment successfully. Research shows that many youths who have exited foster care have limited resources with which to secure safe and stable housing, which leaves them at heightened risk of experiencing homelessness (Dion et al., 2014:19). Many youths who have exited foster care are faced with many obstacles when trying to access or maintain housing, compared to their peers in the general population. Atkinson (2008:189) believes that youth who have exited foster care are twice as likely as their peers to be unable to pay their rent or mortgage. The consensus is that youth with experience in the foster care system are vastly overrepresented in the population of homeless youth (Dworsky & Courtney, 2010:219). The Casey National Alumni study and the Midwest Evaluation study revealed that 40% of these youths had experienced at least one night of homelessness since ageing out of foster care (Dion et al., 2014:20).

Youths who age out of foster care experience greater vulnerability and are at a higher risk of being involved in criminality because of their life situations. For such youth, finding independence is not easy and most have to fend for themselves to survive. Atkinson (2008:188) indicated that 45% of former foster care youth had "trouble with the law" after exiting the foster care system, 41% spent time in jail and 26% were formally charged with criminal activity. Moreover, youth who have aged out of foster care tend to experience behavioural and psychosocial challenges, which will be further explored in the next sub-theme.

Sub-theme: 4.3 Behavioural and psychological challenges
Research shows that many foster children have experienced abuse and neglect before and sometimes after foster care placement (Atkinson, 2008:188). Studies confirm that

maltreatment in earlier stages of life is a risk factor for disorders based on moods, anxiety, personality disorder and severe depression (Gonzalez, 2015:52). All 12 participants strongly felt that they had experienced one major behavioural and psychological challenge in the form of depression since they had exited foster care. All 12 participants shared the same sentiment, that after exiting foster care they felt that the government was not caring for them anymore, and that they were on their own in making sense of their ordeal, which then precipitated deep depression. Two of the participants expressed their views as follows:

> *Yes, I actually do feel depressed. I feel lonely since I have left foster care. It is not easy or maybe it is just me. I was just not expecting to be discharged so soon when I really needed a lot of support from my social worker and foster family. With me it is not easy, I do feel lonely a lot because most of the guys around here are into drugs, so I don't hang around with them. I am scared of losing myself while I am also having my own problems of not knowing who I am and where my blood family is and where I will end up. So I'm lonely and spend most of my time thinking and this is causing me stress* (Participant 7).

> *It's not only my financial situation, but I have gone through a lot since I lost my placement. At some point I went into depression. I'm not self-diagnosing, but it probably happened because at some point I no longer wanted to see anyone or do anything because I felt like books are a lot and at school you get too much work and sometimes you don't pass or you don't do well. You ask yourself if you will actually qualify to become what you want to be. I got rejected by NSFAS for 2019 because they said they don't fund my course. So, I've gotten to a point where I gave up hope, I was just sitting at home not doing anything. Then a little voice started to remind me to find my own place since you can't depend on other people. Then I regained my courage, but depression returns often* (Participant 1).

The participants stated that they had undergone other behavioural and psychosocial challenges, such as loneliness, sadness, and lack of trust from other people, which is evident in the following response:

> *I'd just be messed up. You'd find that I'll just be sitting, feeling very sad and almost crying, asking why I am not enjoying life like my friends. Sometimes it feels like everybody is laughing at me or is against me, and in the end it caused me depression and made me to be alone without any disturbances* (Participant 9).

It is evident from the responses that participants experienced a lot of psychological and emotional turmoil after exiting foster care. Youths who age out of foster care frequently experience substantial medical and mental health care needs. Compared to their peers in the general population, they are more likely to experience significant challenges related to serious psychiatric and emotional disorders during their transition from adolescence to adulthood (Cunningham & Diversi, 2012:589). They are also more likely to have a health condition or disability that limits daily activity and to have poorer overall health (Cunningham & Diversi, 2012:589). Studies show that six to 12 months after exiting foster care, these youths had higher rates of depression than their general population peers (Lee & Berrick, 2012:81).

Most of the medical and mental health challenges that youth who exited foster care experience arise from circumstances that initially led to their removal from home and are sometimes aggravated by their time in foster care placement. The conditions that many of these youth's experience include developmental delays, mental retardation, emotional adjustment problems, chronic medical problems, birth defects, substance abuse and pregnancy (Lee & Berrick, 2012:81).

The research findings also revealed that most youths did not have a suitable place to stay after exiting foster care. This will be discussed in the next sub-theme of living arrangements of participants.

Sub-theme 4.4: Living arrangements of the participants after ageing out of foster care

In this study the researcher sought to find out from the participants where they had been staying since they aged out of the foster care system. Four participants indicated that they still lived with the foster family, since they did not have a place to go. Two participants said:

> *I am still living with my foster family. It's the only option I have. I am no longer in foster care but where else can I go? I don't have any details about my blood family* (Participant 7).

> *I am still staying with my foster family. They are still accommodating me because there is nowhere else I can go"* (Participant 9).

However, three participants indicated that they had rented rooms. According to two of the participants:

> *I have left the foster home because of quarrels and fights that were there, since I passed the foster care age limit. I am renting a back room in the township* (Participant 10).

> *I am currently staying alone because I'm on an internship. I can pay for rent and afford a decent living, so I moved away from my foster family, but then I am still in contact with them but now I live alone* (Participant 5).

Two participants indicated that they were living in the streets. One of these participants said:

> *I am in the streets and I am living with my brother. We are just staying under a bridge with some homeless people. Yes, so basically, I don't have a stable place where I am staying* (Participant 3).

Two other participants said they were living with friends. One of them said:

I am currently staying with my friend's family. I was helped by my friend with whom I attended matric. Her family took me in (Participant 1).

One participant indicated that she was staying at a shelter for the destitute. She said:

Now I am staying in a shelter with other homeless people, because I don't have anyone. I am just alone as you see me (Participant 6).

It is evident from the participants' responses that finding a preserving and stable place to stay for youth who have aged out of foster care is a serious challenge. Atkinson (2008:188) confirms that maintaining stable housing presents a significant barrier to emancipated foster care youths' successful transition to adulthood. Mostly, youths who exit foster care have limited resources with which to secure safe and stable housing, which leaves them at heightened risk of experiencing homelessness (Dion et al., 2014:19). Many youths who exit foster care are faced with various obstacles when trying to maintain housing, compared to their peers in the general population. In addition, Atkinson (2008:189) believes that youth who exit foster care are twice as likely as their peers to be unable to pay their rent or mortgage.

Several researchers have proven that youth with experience in foster care are vastly overrepresented in the population of homeless youth (Dworsky & Courtney, 2010:219). Two recent studies of youth ageing out of foster care, the Casey National Alumni study and the Midwest Evaluation study, revealed that 40% of such youth had experienced at least one night of homelessness since ageing out of foster care (Dion et al., 2014:20). In addition to the possibility of homelessness, there are several other likely outcomes for youth in the foster care system, such as lack of mentorship and adult support during their transition towards adulthood (Atkinson, 2008:189).

Sub-theme 4.5 Inadequate support for youth who have aged out of foster care
Most of the participants highlighted that since they exited the foster care system, the support that they had been receiving from friends, the community and families was inadequate to help them through their transition to adulthood. Five participants indicated

that were still in contact with their foster families and regarded them as their support system. Two of these participants expressed their views as follows:

The foster family is my primary support system because I have been with them for a long time and we are a highly religious family. Christianity is the religion we follow and the church is also a support system for me (Participant 5).

I only regard that family that raised me up as my family, though it was not all rosy when I stayed with them, but I still regard them as my support system because those are the only contacts I have in my life. I can still communicate with them (Participant 4).

While five participants indicated that they still regarded their foster families as their support system, three strongly felt that they regarded their own friends as the pillar of their strength. According to two of these participants:

I am mostly relying on friends in the community and those who understand my situation. They support and understand me and I feel more comfortable with them (Participant 10).

I only have my friend and her family. It is only them and sometimes my social worker. Because I have her numbers, I sometimes communicate with her when I need a shoulder to lean on, but we have not spoken in a while (Participant 1).

Two participants said that they relied strongly on the church as their main support system. According to one participant:

The church is my support system, because I spend more time there. It helps me to not do negative things or do something that is not a good habit (Participant 7).

Two participants said that they had no one as a support system. One of the participants said:

To be honest with you, I don't have anyone. It's only me. I have a brother
but I cannot say my brother is a pillar of strength because he needs me
more that I need him (Participant 3).

Participants' responses suggested that most of them did not have adequate support since exiting their placements. According to Vasconcelos (2016:7), many youths in foster care transition into adulthood with little to no assistance from conventional support systems, including family, unlike their peers in the general population who can depend on family who serve as a support system. Youth who have aged out of foster care should be self-sustaining and often face greater risks of being exploited (Dion et al., 2014:19). It is also presumed that many youths who have aged out of foster care not only need family support, but any form of support is critical during this critical growth period, be it financial, educational, health or guidance, as they try to navigate the path to adulthood successfully (Jenson & Fraser, 2016:22).

However, it is suggested that the conditions for these youths may be improved through supportive relationships with their social workers, counsellors, churches, mentors as well as any other structures in communities that support them during their transition (Vasconcelos, 2016:7). Based on the responses gathered from all the participants, it is evident that adequate support systems play a significant role when a person needs to cope during this critical growth period. During the interviews, most participants expressed their need for support from their case managers after they had exited foster care. The view of one participant was illustrated as follows:

I have gone through hell since exiting care. I wished that my social worker
could find out how I was coping or where I was living, just to be there and
listened to me and tell me that I was dreaming and everything was going to
be okay. I desperately needed someone to console me (Participant 2).

Research shows that adequate support from society, and from professionals such as counsellors and social workers, is paramount during the transitioning period of youths in foster care, since most of them were not prepared for life after foster care (Wulczny et

al., 2017:28). Research has proven that youth who aged out of foster care and have received intervention through adequate support relationships tend to be more empowered and have better emotional regulation and an improved social support system, as demonstrated by the wide variety of supportive adults in their lives (Lindquist & Santavirta, 2014:75).

3.10 LIMITATIONS OF THE STUDY

The limitations of the study included the following:

- The study only applied a qualitative research design to gather information from the 12 participants on their experiences of ageing out of non-kinship foster care and therefore the findings cannot be generalised to a larger population but can serve as a basis for further exploration.
- This study focused only on the challenges of youth who aged out of foster care and did not consider the positive outcomes after the youth exit the foster care system.
- The study participants were drawn specifically from the non-governmental child welfare organisations and not from the governmental organisations.

However, even though the study was done at a smaller scale, the researcher prolonged her engagements at the field to build rapport with study participants. In this way, the participants were free to share their deep experience with the researcher that provided the researcher with a better understanding of the phenomena of the study.

3.11. CONCLUSION

This chapter presented the results of the study, which indicate conclusively that many youths who age out of foster care do so without any choice and many of them were not even ready for their transitioning period. Moreover, it was evident from the study that many children and youth who are ageing out of foster care are not being prepared through any formal programme that provides them with the necessary skills and support to enable them to cope with life after foster care. It was also found that the challenges faced by youth that exited foster care are severe and hamper their successful transition into adult life. However, most had a strong sense of resilience to continue with their lives, regardless of their turmoil. Participants felt that the age limit of young people to

exit care needs to be extended to a period when they can take care of themselves and have completed their secondary education and training. Moreover, the participants indicated that one of the positive aspects of living in foster care was the opportunity to belong to a family. The study found that foster care is a temporary and often uncertain solution for young people ageing out of care. In many cases, the plight of young people who are ageing out of care continues long after their transition into society.

The key findings of the study will be outlined in Chapter 4, which will also present the conclusions and recommendations based on the findings of the study.

CHAPTER FOUR
KEY FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

4.1 INTRODUCTION

South Africa is one of the countries in the world that have highly vulnerable youth populations (Statistics South Africa, 2018:2). Furthermore, at the end of 2018 South Africa had a high rate of youth unemployment, which was 33,5% for youths aged 15–24 years and 10,2% among those aged 25–34 years (Statistics South Africa, 2018:2). It can be safely presumed that within this vulnerable population those leaving foster care are at high risk, since there is nothing specific in the child protection legislation and policies that addresses the provision of transitional services to youths who are leaving alternative care (Van Breda, 2018:513).

This study explored the experiences of youth who had aged out of non-kinship foster care in the Tshwane Metro, Gauteng. This chapter will focus on the extent to which the goals and the objectives of the study have been achieved. The key findings of the study will be presented, followed by conclusions drawn from the study. Finally, recommendations based on the findings and conclusions will be provided.

4.2 GOAL AND OBJECTIVES OF THE STUDY
4.2.1 Goal of the study
The goal of the study was to explore and describe the experiences of youths who had aged out of non-kinship foster care in the Tshwane Metro, Gauteng Province. The goal was achieved through the application of qualitative research methodology. The goal of the study was accomplished by reaching the following objectives:

4.2.2 Objectives of the study
Objective 1

- **To conceptualise and contextualise foster care in South Africa**

This objective was achieved in the discussion in Chapter Two (sections 2.5 to 2.8), which summarised and analysed foster care services in the South African context. The

empirical findings demonstrated that every child in foster care is placed through a court order and that the Children's Act 38 of 2005 regulates the period of maturity at which the child should be discharged from care. Moreover, foster care entails the placement of a child under the care of a person who is not the parent or guardian of the child as a result of an order of a children's court or a transfer in terms of section 171 of the Children's Act, 2005, as amended (Children's Act 38, 2005:93).

In the literature consulted during the study, foster care was summarised as a world-wide practice of alternative care for children who need care and protection. Furthermore, foster care was viewed as a child protection service whose intention was to protect and nurture children, promote permanency planning and respect the individual and family by demonstrating respect for cultural, ethnic and community diversity (Children's Act 38, 2005:96). It can be acknowledged that foster care plays a significant role in providing care and support services for children and youth who need care and protection. However, there are still serious gaps in legislation and policies in addressing and recognising the subsequent needs of children as they mature and go through their critical growth period. The empirical findings demonstrated that many youths in foster care are obliged by law to exit care when they are often not even ready to face adult life after care. Nevertheless, foster care is viewed worldwide as the best method of alternative care (Schiller, 2015:51).

Objective 2

- **To explore and describe the experiences of youth when living with foster families**

This objective was achieved in Chapter Two (section 2.8) and Chapter Three (section 3.9.2.2). From the literature study, it emerged that the experiences of children living in foster care varied according to the relationships they shared with their foster families. Research demonstrates that most children who are living with foster families are ill-treated compared to the biological children of the carers in that foster children are mostly required to perform household chores instead of playing and suffer further abuse and trauma, as they are beaten and insulted by their foster parents on a regular basis

(Kheswa, 2017:2). In addition, most children living in foster care lack educational materials and money for school clothing (Kheswa, 2017:2). In addition to the literature, the findings of this study demonstrated that despite the difficult experiences of children in foster care, most of the participants appreciated their foster families for providing them with housing, food and an opportunity to achieve their educational goals. Most of the children that enter the foster care system do so with a lot of emotional baggage from their previous situations, which then affect their adjustment in a new environment (Kheswa, 2017:124). The literature further reveals that, particularly in the first year after resettlement, most children in foster care experience misunderstandings with their foster parents as a result of lack of familiarity between the foster parents and the youth placed in foster care.

Objective 3

- **To explore and describe the form of preparation youth receive when leaving non-kinship foster care**

This objective was achieved in Chapter Two (section 2.9) and reflected in the empirical findings in Chapter Three (subsection 3.9.2.3). From the literature, it emerged that the preparation for independent living of youth ageing out of foster care is essential in laying the foundation for a successful transition from care to adulthood (Böning & Ferreira, 2013:359). Thus, social workers should play a critical role in conducting periodic functional evaluation of a child's well-being, using standardised, valid and reliable measurement tools, such as the care plan and permanency plan, which should provide an opportunity to all foster children who have attained the age of 15 years to participate in an independent living programme (Department of Social Development, 2009:64).

In addition, it is presumed that the successful transition of youth from foster care to adulthood depends on the availability of a tailored foster care plan that should exist for each foster child, dealing with specified objectives linked to identified needs, a structured time schedule within which objectives should be reached and a designated person to execute the plan (Böning & Ferreira 2013:359). This is in accordance with section 157 (1) (a) (iii) of the Children's Act 38 of 2005, which states that a social worker

must compile an individual care plan for every child in alternative care to ensure that the developmental needs of every child in foster care are met. In line with what the literature stated, the preparation of youth ageing out of foster care is imperative and transitional services should be provided during this critical period. These transitional services should include activities such as counselling, which may include family therapy, parenting, mediation, mentorship, a nutritional programme, physical and sexual and reproductive health services, vocational training and literacy necessary for successful transition to adult life (Department of Social Development, 2009:64).

However, the empirical findings revealed that most of the participants had not received any form of preparation when they were exiting care and were not aware of any service rendered for young people exiting care. The empirical findings state clearly that no planned services were rendered to participants to prepare them for their exit from the foster care system, and in other instances social workers were only providing educational support and life plans during foster care placements. The findings also revealed that while there was little interaction between the social workers and the participants, the social workers had more interaction with the foster parents.

Objective 4
- **To explore and describe the challenges faced by youth who have exited non-kinship foster care**

Objective four was achieved in Chapter Two (section 2.11) and Chapter Three (subsection 3.9.4). The literature showed that many young people exited foster care every year and most faced poor outcomes when transitioning to adulthood, such as a lack of adult support, financial instability, poor educational or vocational opportunities and outcomes, lack of safety and affordable housing (Gonzalez, 2015:98). The empirical findings revealed that youth who aged out of foster care experienced tremendous challenges after they had exited the placement. The participants mentioned that they had experienced financial, social and behavioural challenges, which affected their successful transition to adult life. The participants indicated that finding a permanent job was one of their critical challenges, as most of them did not possess

sufficient qualifications or skills to attain better jobs. In addition, participants indicated that this was aggravated by the challenges they had experienced after exiting care, since they could not sustain themselves. Moreover, participants felt that they were not ready to face life after care, since they were still in need of financial support and adult care and were not mature enough to face adult life.

Objective 5

- **To make recommendations on the provision of preparatory programmes for youths exiting foster care**

This objective was achieved by the recommendations based on the conclusions of the study, which follow below (section 4.4.).

4.3 KEY FINDINGS

The key findings of the study are as follows:

- Children who are placed in foster care are often negatively affected by policies and legislation that determine and regulate their period of stay in alternative care. The findings revealed that every child was placed in foster care through a court order and when the youth turned 18, the court's jurisdiction over that person was terminated.

- The findings revealed that no specific transitional services were provided to youths who exited non-kinship foster care.

- Most of the youths who participated in the study displayed a lot of resilience and willingness to continue with their lives regardless of their turmoil after exiting foster care.

- The findings revealed that the age limit of foster care prevented many youths going through the transitional period from completing their secondary education and training as required, as most of them continued with secondary education beyond the age of 21 as a result of the various challenges they had experienced while in care.

- Many youths in the study exited foster care abruptly, with no financial or adult support or any other kind of support that they needed to transition to adulthood successfully.

- Most youths in the study appreciated the opportunity that the foster family provided to them by belonging to the family, regardless of the adversities they faced while living with their foster family. The findings revealed that a sense of belonging to a family played a critical role in the life of young people placed in foster care. Thus, most of them indicated that they felt protected and cared for, even though their lives were not as ideal as they wished.

- Most participants in the study struggled to maintain stable housing, which left them at heightened risk of homelessness. Most of them did not own a home, as they were still living with other people, such as friends or the foster family, or they were renting rooms or were even homeless.

- Most youths in the study transitioned to adulthood with inadequate support systems, such as family members, which hindered their successful transition to adulthood. The study found that many youths who had aged out of foster care not only needed family support, but that any form of support was critical during this growth period, be it financial, educational, health care or guidance, as they tried to navigate the path to adulthood successfully.

- Most youths who aged out of foster care in the Tshwane Metro, Gauteng Province experienced serious challenges after they exited foster care, resulting from financial and economic instability, which led to related challenges such as unemployment and homelessness. Moreover, when they reached the age of 18 their formal support system was terminated and they no longer had access to statutory protection, access to a foster child grant, free health care and education.

- Admittedly, individual experiences of being out of foster care were either positive or negative and this also depended on how these youths perceived them.

4.4 CONCLUSIONS

- Foster care services are generally developed to protect and care for the children and youths who have experienced trauma, have been orphaned or have experienced any form of abuse in their life. However, this study concludes that the current South African foster care system is not intended to facilitate the effective and successful transition of youths in foster care to adulthood.

- Current policies and legislation that regulate foster care services have not taken sufficient consideration of the critical developmental needs of youth as they move through a decisive growth period.

- It can be concluded that many young people who are ageing out of foster care are not receiving any preparation service that should empower them with skills and knowledge to enable them to function independently after they have exited the foster care system.

- It can be concluded that there is insufficient interaction between designated social workers and foster children. As they grow up, most foster children become more stressed and depressed and are unable to share their experiences with their social workers, as they feel that their social workers interact more with their foster parents than with them.

- Most youths who age out of foster care experience a lot of challenges, such as unemployment and homelessness, since most of them do not have any financial stability and are therefore vulnerable to poverty.

- Inadequate support and lack of after-care services by social workers for youth who have aged out of foster care have a tremendous impact on the young person's transition to adult life.

- It can be concluded that while youths who have exited foster care have different life experiences, the sum total of their challenges has not been exhaustively studied.

- In conclusion, the absence of preparatory services for youth who are ageing out of foster care hampers their effective transition from foster care to adulthood, as many of these youths exit placement with few or no skills, little training and limited knowledge with which to support themselves during this critical growth period.

4.5 RECOMMENDATIONS

In addressing the experiences of youth who have aged out of foster care in the Tshwane Metro, Gauteng, based on the findings and conclusions of the study, the following recommendations can be made:

4.5.1 Implementation of transitional and preparatory services for youth ageing out of foster care

Based on the various challenges that the youth who have aged out of foster care experience, it is recommended that the Department of Social Development should encourage the implementation of preparation programmes by all child protection organisations and government social workers to ensure that young people ageing out of the foster care system are well prepared for this transition.

Social workers in child protection organisations and government must facilitate transitional services and work in partnership with other stakeholders to respond effectively to the needs of young people ageing out of foster care. The transition services should include mentorship, vocational training and skills, nutritional support and reproductive and health services (Department of Social Development, 2009:20).

4.5.2 Independent living services

There should be specific aftercare or transitional independent living services for youth who have reached the age of maturity but are not yet independent enough to sustain themselves. Such services should include arrangements for housing, financial support

and family networks. Legislation should consider including independent living plans as one of the child protection benefits designed for youth in alternative care. Independent living services are basically rendered to youth who are transitioning to adulthood prior to a youth's eighteenth birthday (Child Welfare Information Gateway, 2013:3). The independent living programme aims to give foster children who will not have the support of a family an opportunity to gain skills that will enable them to lay a foundation for a successful transition from foster care to adulthood (Department of Social Development, 2009:26). This should be facilitated by including developmental needs in the care plan and permanency plan, thus providing an opportunity to all foster children who have attained the age of 15 years to participate in an independent living programme.

4.5.3 After-care and supervision services by social workers

These services are aimed at providing supportive and therapeutic interventions to foster children and foster families after the placement (Department of Social Development, 2012:38). These services include the provision of a supervision service through an intervention plan, monitoring of foster care placement through activities such as support visits to foster homes and constant contact with foster children (Martin, 2015:22). The findings revealed that these services are not adequately rendered.

The findings revealed that there was minimal contact between the social workers and the youth who were ageing out of foster care. It was clear that because of the high caseloads and administrative challenges that social workers experience, it often becomes very difficult for them to conduct aftercare and supervision services effectively. This study recommends that the government and child protection organisations should create an enabling child protection system, which will try to cope with the ever-increasing foster care cases. The constant increase makes it difficult for social workers to render sufficient supervision and after-care for young people who are at a critical growth period. It is recommended that the government should endeavour to address the challenges faced by social workers, such as high caseloads and inadequate working tools, and develop effective strategies that will transform the social welfare sector to be

able to deal with the low morale of social workers and high staff turnover, which result in the inability of social workers to render support services to children in foster care.

4.5.4 Future research

There is a need to advance research on a greater scale to understand more about the experiences of youth who have aged out of non-kinship foster care. Furthermore, research can be conducted on accounts of youth who have aged out of foster care successfully to explore the positive aspects of foster care. Further research can be conducted to evaluate the effectiveness of the foster care grant in meeting the needs of children in foster care.

4.6 CONCLUDING STATEMENT

This study was aimed at exploring the experiences of youth who have aged out of non-kinship foster care in the Tshwane metro, Gauteng. The study intended to provide answers to the following research question: What are the experiences of youths who have aged out non-kinship foster care in the Tshwane Metro, Gauteng Province? The achievement of the goals and objectives of the study permitted the researcher to provide answers to the research question of the study. The empirical findings provided information on the experiences of youth when they were living with their foster families and after exiting foster care. The study showed the challenges that the youth experienced after exiting foster care, such as loneliness, rejection, homelessness, financial instability and unemployment. The empirical findings also emphasised that most youths who exit foster care are compelled by the age of maturity to exit and mostly go through this critical period without being well-prepared or empowered to face life after foster care. However, most of the youths who participated in the study displayed a lot of resilience and willingness to continue with their lives regardless of their turmoil.

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APPENDICES

APPENDIX A: INTERVIEW SCHEDULE

BIOGRAPHIC INFORMATION OF PARTICIPANTS

Gender	Age	Highest qualification	Period in foster care	Period out of foster care	Employment Status

PREPARATION FOR YOUTH LEAVING NON-KINSHIP FOSTER CARE

- Why did you leave foster care?
- How do you feel about the age limit for the foster care system?
- What do you think should be done about the age limit of foster care?
- Did you receive any form of preparation when you were leaving foster care?
- If yes, elaborate on the form of preparation.
- How effective was this to you?
- What do you think should be done to improve this form of preparation?

EXPERIENCES OF YOUTH WHO HAVE AGED OUT OF NON-KINSHIP FOSTER CARE

- What were your experiences of living with a foster family (positive and negative)? Elaborate.
- Where are you staying now since you have aged out of the foster care system?
- How do you feel about your current living situation?
- Do you have any source of income? Elaborate.
- What kind of support system do you have? Elaborate.

CHALLENGES OF YOUTH WHO HAVE AGED OUT OF NON-KINSHIP FOSTER CARE

- What are the challenges you are facing since you exited foster care (economic, social, behavioural)?

General comments

Do you want to make any additional comments regarding your experience with foster care?

APPENDIX B: PERMISSION LETTER TO COUNDUCT RESEARCH FROM TSHWANE CHILD WELFARE

Child Welfare Tshwane

72 Oates Street
Groenkloof
PO Box 503
Pretoria 0001

Tel: 012 460 6372/5
Fax: 012 460 6375

E-mail: info@childwelfare.co.za
www.childwelfare.co.za

Child Welfare Tshwane
NPO Reg No 001-612

Head Office
72 Oates Street
Groenkloof
Tel: 012 460 6372
Fax: 012 460 6375

Risk Assessment
Intakes
Tel: 012 343 9392
Fax: 012 343 8788

Risk Assessment
Therapy Unit
Tel: 012 460 9236
Fax: 012 460 6375

Adoptions
Tel: 012 460 9236
Fax: 012 460 6375

Atteridgeville
Tel: 012 373 8131
Fax: 012 373 8306

Bramley
Children's Home
Tel: 012 460 9236
Fax: 012 460 6375

Centurion
Tel: 0861 298 298
Fax: 012 343 8788

Olievenhoutbosch
Cell: 072 385 1030

Eersterust
Cell: 079 246 1149
Cell: 063 358 3495
Cell: 076 348 5164
Fax: 012 460 6375

Elandspoort
Tel: 012 754 5982

Mamelodi
Tel: 012 805 4056/7
Fax: 012 805 4997

Sunnyside
Tel: 012 943 7285
Fax: 012 343 8788

24 August 2018

PERMISSION LETTER TO CONDUCT RESEARCH:

Dear Sir/Madam

Child Welfare Tshwane allows Sophy Mmamoraka Mogale to do her research with our clients and to access information from our organisation. She is also allowed to do her research project until she completes it without any limitation from our organisation.

We looking forward for her to start and continue with her research study.

Thanks

Yours Faithfully:

Winnie Moshupje

Social Work Manager

Child Welfare Tshwane
PO Box 503 Pretoria 0001

2018 -08- 2 4

Tel 012 460 9236
NPO 011 - 612

Chairperson Celest Van Niekerk   •   **Deputy Chairperson** Crystal Theron
Elected Members Elmar Grobbelaar • Wilma Cloete • Josephine Malala • Prof Cecelia Jansen • David Brainers
Honorary Members Mafusi Lekganyane • Rev Patricia Ohlson
Co-opted Member Francois de Klerk
Director Linda Nell

Unlocking the potential of vulnerable children and families

APPENDIX C: ETHICAL CLEARANCE LETTER FROM UNIVERSITY OF PRETORIA

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Humanities
Research Ethics Committee

21 November 2018

Dear Ms Mogale

Project:	**The experiences of youth who have aged out of non-kinship foster care in Tshwane Metro, Gauteng**
Researcher:	**MS Mogale**
Supervisor:	**Dr P Gutura**
Department:	**Social Work and Criminology**
Reference number:	**11305292 (GW20181005HS)**

Thank you for your response to the Committee's correspondence.

I have pleasure in informing you that the Research Ethics Committee formally **approved** the above study at an *ad hoc* meeting held on 21 November 2018. Data collection may therefore commence.

Please note that this approval is based on the assumption that the research will be carried out along the lines laid out in the proposal. Should your actual research depart significantly from the proposed research, it will be necessary to apply for a new research approval and ethical clearance.

We wish you success with the project.

Sincerely

Prof Maxi Schoeman
Deputy Dean: Postgraduate and Research Ethics
Faculty of Humanities
UNIVERSITY OF PRETORIA
e-mail: PGHumanities@up.ac.za

cc: Dr P Gutura (Supervisor)
    Prof A Lombard (HoD)

Research Ethics Committee Members: Prof MME Schoeman (Deputy Dean); Prof KL Harris; Mr A Bizos; Dr L Blokland; Dr K Booyens; Dr A-M de Beer; Ms A dos Santos; Dr R Fasselt; Ms KT Govinder Andrew; Dr E Johnson; Dr W Kelleher; Mr A Mohamed; Dr C Puttergill; Dr D Reyburn; Dr M Soer; Prof E Taljard; Prof V Thebe; Ms B Tsebe; Ms D Mokalapa

APPENDIX D: LETTER OF CONSENT FOR PARTICIPANTS

Researcher:	Mogale Sophy
	MSW (Social Development & Policy)
Contact details:	Cell: 079 691 9231
	Office: (012) 815 7500
	Email: smfati@ymail.com

Participant's name: _____

INFORMED CONSENT

1. **Title of the study: The experiences of youth who have aged out of non-kinship foster care in Tshwane metro, Gauteng.**

- **Purpose of the study:** To explore and describe the experiences of youths who have aged out of non-kinship foster care in the Tshwane Metro, Gauteng Province.

2. **Procedures:** I willingly responded to an invitation to form part of this study. I expect to be interviewed one-on-one by the researcher, where after the information gathered will be transcribed, documented and analysed. I am aware that the interview will take approximately one hour.

3. **Risks and procedures:** There are no physical risks in participating in the study, although I may experience emotional distress when sharing my experiences with the researcher. I am aware that further counselling, if I wish to do so, will be provided by an intake social worker, at the Department of Social Development.

4. **Benefits:** I understand that there are no known direct benefits for me participating in this research study. The results of the study will, however, assist the researcher to gain better understanding regarding the experiences of youth who have aged out of non-kinship foster care.

5. **Participant's rights:** I acknowledge that participation is voluntary and that I may withdraw from participating in the study at any time without negative consequences.

6. **Confidentiality**: In order to record accurately what is said during the interview, the researcher will make use of an audio recorder. The recording will be listened to only by the researcher, **Ms Sophy Mogale**. I understand that the data obtained will be kept confidential unless I ask that it be released. The data obtained from me will be destroyed if I decide to withdraw from this study. The results of this study may be published in the researcher's final research document, professional journals or presented at professional conferences, but my records or identity will not be revealed unless required by law.

7. **Debriefing of participants:** To overcome any emotions that might be triggered by the study, the researcher will refer the affected youth for counselling to **Ms Shongile Mathebula,** who is a social worker in the Department of Social Development's Pretoria Central office, who can be contacted from Monday to Friday during working hours (08:00-16:00) on 078 621 4519 or at **Shongilemathebula@yahoo.com.** The researcher will also debrief each participant after every interview session; to clarify any questions that the participants might have regarding the study.

8. **Right of access to researcher**: If I have any questions or concerns, I can call **Ms Sophy Mogale** on **079 691 9231** from Mondays to Fridays during working hours (08:00-16:00) or email her on **smfati@ymail.com**. I will be able to contact the researcher by means of email or phone should I seek clarification on any issue or if doubts should arise, whether it is before or after the study.

9. I understand my rights as a research participant and I voluntarily consent to participation in this study. I understand what the study is about, how and why it is being done.

10. I am aware that, in accordance with University of Pretoria policy, the data will be archived for a period of 15 years in the Department of Social Work and Criminology.

Signed at.......................................on this......................day of…………20…….

....
Signature of Participant   Signature of Researcher

APPENDIX E: LETTER OF CONSENT FROM SOCIAL WORKER

5331/1 Cerium Street

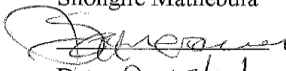Lotus Gardens

Pretoria

0008

University of Pretoria

Faculty of Humanities

Research Ethics Committee

RE: Consent to rendering debriefing session to the research participants to be interviewed by Ms. Sophy Mogale

I Shongile Portia Mathebula, a Social Worker employed by the Department of Social Development in Tshwane Region do give consent that I will be assisting Ms. Mogale in rendering debriefing session to the participants that will be interviewed in her research project if a need for such services arises. I believe I have the competency to render such services since I have been serving within the Department of Social Development for the past 11 years. I am currently pursuing my Master in Social Work with the University of North West majoring in Child Protection and this is my second year where I am also doing my research project. I am well aware of the importance of upholding the research ethics and ensuring that participants are protected always.

I am available for contact on my cell phone 078 6214 519, email address: Shongilemathebula@yahoo.com or the work contact which is 012 359 3388. My practice number is 10-2505-1.

Warm Regards,

Shongile Mathebula

Date: 2018/11/07