

A CHILD'S EXPERIENCE OF KINSHIP CARE AFTER THE DEATH OF A PARENT

by

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ABSTRACT

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"It is good to identify child-headed households and to know exactly how many orphans and vulnerable children (OVC) we have, but it is more important to be part of a process to put systems and services in place to make South Africa a country fit for children" (Theron, 2008).

The researcher is passionate about the sentiments expressed by the National Executive Director of Child Welfare South Africa, which is quoted above. The researcher shares a keen interest in improving service delivery to children in kinship care and as a result wished to hear from children themselves regarding their experiences of kinship care; both the positive and negative aspects so that this research could assist social service professionals improve the quality of service delivery to the most vulnerable members of our community, namely orphaned children.

The researcher aimed to answer the following research question: What are a child's experiences of kinship care after the death of a parent? The goal of the study was therefore to explore a child's experience of kinship care after the death of a parent.

The qualitative approach was used in this study which enabled participants to provide accounts of meanings, experiences and perceptions. The researcher used applied research in order to gain an understanding of a child's experience of foster care after the death of a parent. The phenomenological research strategy was used

in this study as participants were able to describe their everyday experiences in their foster home after the death of their parent(s).

The population in this study included children who have been legally placed in kinship care through the Children's Court due to the death of a parent(s), by social workers in the employ of Tongaat Child and Family Welfare Society. The purposive sampling method was used and the sample consisted of four children.

In this study in-depth interviews were used for data collection. The participants were interviewed during a few sessions. Play techniques were used during these sessions in order to communicate with the participants in a child-friendly manner. A pilot session was held with one participant who aided in testing the play techniques.

Data analysis included planning for the recording of data, data collection and preliminary analyses, managing or organising data, reading or writing memos, generating categories, themes and patterns, coding of the data, testing the emergent understandings, searching for alternative explanations and writing the research report.

The goal of the study was achieved as the researcher was able to effectively communicate with the participants by means of play techniques and the participants were therefore able to share their experiences regarding kinship care and their adjustment to their new environment. The principal finding of this study was that the participants shared positive experiences and experienced stability in their kinship care placements. Their basic needs were met, they experienced love, kindness and caring; they were able to continue practising their culture and religion. They were able to continue with family relationships, especially contact with their siblings and friends. Their foster parents had the necessary resources to provide a safety net, as well as help them heal from the trauma experienced as a result of the death of their parent(s).

LIST OF KEY WORDS:

- Child
- Orphan
- Parent
- Kinship care
- Foster care
- Experiences

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CHAPTER 1

GENERAL INTRODUCTION

1.1 INTRODUCTION

The AIDS pandemic which is presently being experienced across the world is resulting in vast numbers of children growing up in extreme conditions and without parents. Older people have been called to nurse their dying children and assume care of their grandchildren (O' Connor, 2006:1).

In a study commissioned by the National Welfare Social Service and Development Forum (2008:2), it has emerged that 91% of children in foster care in 2005 were in the care of extended family members, usually their grandmothers or aunts. In 48% of cases, both parents were deceased, and in 80% at least one parent was deceased. Hence the conclusion can be made that there is an overwhelming majority of children in foster care, due to the death of one or both parents (National Welfare Social Service and Development Forum, 2008:3). It is the opinion of the researcher therefore that the foster care system in the country is trying to cope with this vast number of orphans that has resulted due to the HIV/AIDS pandemic.

The area of focus of this study is on the child in the middle childhood phase that is already in a foster care placement with a person who is related to him/her, thus a kinship placement. Cournos (in Wallace, 2003) director of the Washington Heights Community Service in New York makes the following statement: "Although there's no doubt that children are removed from their homes for many good and imperative reasons, it doesn't change the reactions they have to life in that new environment," Cournos describes her life as a foster child as confusing and hurtful. She and her siblings were not placed with an uncle of their choice because "... he only has one bed" (Cournos in Wallace, 2003). The researcher aims to explore a child's experience of his/her placement with relatives by means of gestalt play techniques.

Blom (2004:4) describes gestalt therapy as an existential, phenomenological and holistic approach with the emphasis on awareness in the here and now and the interdependence

between people and the environment. According to Blom (2004:5), by developing a therapeutic relationship and contact and following a specific process, children are able to express their thoughts. This will enable the researcher to obtain data in this study.

“Foster care is a valuable form of alternate care for children whose parents are deceased or are unable to care for them” (Research finds no evidence..., 2007). Foster care involves the placement of a child into the custody of a suitable family member or person willing to provide care. This process is done through the Children's Court (Fostering a child, 2007).

The concept orphan encompasses a child losing one or both parents; maternal orphan refers to a child whose mother has died, paternal orphan whose father has died and double orphan refers to a child whose parents have died (Governance & HIV/AIDS, 2006).

According to Healthline (2007), kinship care refers to fulltime care of children outside their own homes by a relative other than their biological parents. From social work practice, the researcher has the experience of foster care which involves two types of placements; placements of the child with people who share family ties or placements with people unknown to the child or not related to the child. This form of placement is referred to as kinship care placements and the latter unrelated placements. Kinship care is the first alternative, however when this is not possible, institutional care or unrelated foster care is considered. Institutional care is not recommended for young children as the adverse effects on the child's development cannot be prevented (Subbarao & Coury in Addressing Children's Emotional Needs, 2004:38).

Kinship care offers the least restrictive and most family-like setting for children. Children placed in foster care with their relatives have the opportunity to continue family relationships. This type of placement reinforces the social status that comes from belonging to one's own family and the sense of identity and self-esteem that is inherent in knowing one's family history and culture (Kinship care, 2006).

Kinship care is the placement of preference and the relative to be chosen should be on the basis of what is in the best interest of the child. When identifying a prospective kinship

care provider, the following factors need to be considered (Kinship care, 2006):

- Who would the parent and the child choose to care for the child?
- Who do the parent and child turn to in time of crisis?
- Who has cared for the child in the past when parents were unable to?
- Who does the child share a close relationship with?

Once a potential kinship care provider has been identified, the social worker needs to explore the relationship that this person shares with the child by describing the following (Kinship care, 2006):

- The kin's relationship with the child and the length of involvement with the family.
- The description of the kin's involvement with the family, such as; assisted the family through crisis, previously provided care to the child or the family, provided moral support, member of the church or community organisation.
- Whether the kin ever resided in the home with the parent or the child and, if so, for how long and when.

From experience in the field of social work, the researcher is of the opinion that the above process is not always followed. After the death of a parent(s) the family identifies a caregiver or family members tend to fight for the right to assume care of the child who has been orphaned. The person with whom the child/children are already living approaches a welfare organisation to be screened as a prospective foster parent. This person is thereafter screened, and if the circumstances of this person are suitable the child is officially placed in foster care with this relative by the Children's Court.

According to the National Executive Director of Child Welfare South Africa (Theron, 2008), it is essential to identify child-headed households and the number of orphan and vulnerable children that we have. It is important for systems and services to be in place to make South Africa a country fit for children.

The foster care caseload at Verulam Child and Family Welfare Society, where the study was initially planned to be implemented, during 2005, 2006, and 2007 were 514, 598 and

833 respectively (Verulam Child and Family Welfare Society, 2009). The percentage increase from 2005 to 2006 and 2006 to 2007 is 16.3% and 47.7% respectively. The increase in the foster care caseload from 2005 to 2007 is 71.8%. This has implications for funding and human resources because as the caseloads increase more social workers are required for the monitoring and supervision of these cases. However this was not what was experienced, caseloads increased but staffing did not. The researcher experienced challenges as discussed by Briede and Loffel (2006). The researcher shared a keen interest in exploring a child's experience of the kinship care placement. This study has provided a clearer understanding of what the needs of children in kinship care are, despite the limitations of the study that will be discussed further in the chapter.

The researcher chose this topic based on her extensive experience of working with children in foster care. She strongly believed that this study gave children in kinship care the opportunity to express their feelings and opinions. The study might contribute to the professional development of social workers by providing insight into the child's experience of a kinship care placement.

1.2 PROBLEM FORMULATION

According to research conducted by the Department of Social Development (Research finds no evidence..., 2007), the vast number of orphans placed in foster care are related to their foster parents. In 41% of these cases that were studied, the foster parent was the grandmother, 30% were aunts and 12% were other relatives. From the cases only 9% were placed with families that were not related. These children who were placed with the grandmother are usually displaced from urban areas to rural areas. These caregivers are unable to physically and emotionally cope with care giving, resulting in the older child taking on the role of care giver. As the majority of foster children are orphans their placement is expected to be long term (Lloyd, 2008:61).

According to Robertson and Donaldson (1997), when children experience a loss and are placed with relatives, the relatives are also grieving the loss of the child's parent. The question can be asked whether the relative assists the child through this extremely emotional grieving process and offers support.

Subbarao and Coury (in Addressing Children's Emotional Needs, 2004:36) believe that despite organisations being aware that children are affected emotionally by the loss associated with HIV and AIDS, programmes focus more on children's physical needs than on emotional needs. These authors believe that creating awareness of their needs and engendering support is an important aspect of psychosocial interventions. Richter (in Addressing Children's Emotional Needs, 2004:37) reiterates that communicating with children and gaining their trust is an important source of support, as well as providing them with the opportunity to express their emotions. This research will examine a child's experience of kinship care, explore his/her needs and thereby aim to assist in improving foster care services.

Social workers render protective and supportive services as well as therapeutic services to families. Foster placements need close monitoring and supervision. Currently social workers are working under difficult circumstances due to various factors; an average of only two contacts per year or less takes place (Briede & Loffel, 2006). This prevents an adequate service being rendered to the child. The individual needs of these children are not fully addressed. Most receive very minimal if any psychosocial care or support. For many traumatised children, their pain is never dealt with, resulting in dysfunctional behaviours in adulthood (Briede & Loffel, 2006).

The researcher therefore questions, what happens to the children in these kinship care placements. Experience depicts that these children are forgotten until the placement needs to be extended. Various authors (Cournos in Wallace, 2003; Briede & Loffel, 2006; Subbarao & Coury in Addressing children's emotional needs, 2004:38; Lloyd 2008; Robertson & Donaldson, 1997) agree that children experience difficulties when placed in kinship care. The following is a summary of the difficulties:

- Children are placed in foster care with ageing grandmothers who do not have the capacity to meet emotional as well as psychosocial needs of the children.
- Children are not placed with relatives of their choice.
- When a child is orphaned the focus is on meeting the financial needs of the child rather than the emotional needs.

- Children sometimes have to endure the experience of being displaced from their urban environments and placed with grandmothers in rural areas.
- Children are subjected to neglect and abuse.
- Children enter long term foster care placements when they are orphaned.
- There is a shortage of social workers resulting in foster children being given minimal supportive services.

Subbarao and Coury (in Addressing children's emotional needs, 2004:38) state that there is a gap when addressing the needs of a child who has been placed in kinship care. We can only respond to the needs of the child if we understand what it is they require and what their main problems are. This study sets out to determine a child's experience of kinship care placement, hence their needs, and thereby contributing to the closure of this knowledge gap.

1.3 GOAL AND OBJECTIVES

According to Fouché and De Vos (2005:104), the words purpose, goal and aim are synonyms with one another. These authors define these words as "... the end toward which effort or ambition is directed". The goal is a "dream" and the objectives are the steps that have to be taken to realise this "dream" within a specified time frame.

A goal can also be described as "... the clearly stated, specific, measurable outcome or change that can be reasonably expected at the conclusion of a methodically selected intervention". "Objectives are measurable restatements of goals. Objectives must be specific, measurable, attainable, relevant and time based" (Glossary, 2007).

With reference to the above mentioned definitions, the researcher endeavoured to understand the concept goal as wanting to attain an outcome. Furthermore, objectives are the tasks that are needed to attain this goal.

The goal of the research was to explore a child's experience of kinship care after the death of a parent. In order to reach this goal the following objectives were formulated:

- To conceptualise orphan hood, foster care, kinship care and play techniques within the gestalt approach.
- To use play techniques to explore the orphaned child's experiences of kinship care after the death of a parent.
- To make conclusions and recommendations regarding a child's experience of kinship care after the death of a parent, in order to enhance social work practise.

1.4. RESEARCH QUESTION

The research question formulated for this study was:

What are a child's experiences of kinship care after the death of a parent?

1.5. RESEARCH METHODOLOGY

A discussion of the research methodology applied to the study will be presented, however a more detailed presentation will be done in chapter 4.

A qualitative approach was used in this study which enabled participants to provide accounts of meanings, experiences and perceptions. It also resulted in descriptive data being presented in the participants' own words (Fouché & Delport, 2005:74).

Applied research is designed to offer practical solutions to concrete problems or to address the immediate and specific need of clinicians or practitioners of social research (Neuman, 2006:24). The researcher therefore used applied research in this study in order to gain an understanding of a child's experience of foster care after the death of a parent. The results of this study were utilised to gain an understanding of the child's experience through his/her eyes.

The phenomenological research strategy was used in this study as this study aimed to understand and interpret the meaning that participants attached to their everyday lives (Fouché, 2005:270). This strategy allowed participants to describe their everyday experiences in their foster home due to the death of their parent. The population of this study was children who have been legally placed in kinship care through the Children's

Court due to the death of a parent(s), by social workers in the employ of Tongaat Child and Family Welfare Society.

In this study the researcher chose participants by using the purposive sampling method. According to Neuman (2006:206), purposive sampling takes place by selecting cases with a specific purpose in mind. The sample consisted of four children. The participants that were selected for the study were based on referral by the manager of the organisation. The sample that was chosen was based on the following criteria: children between the ages of 9 and 12 years of age; children who have not previously lived with the foster parent before the death of the parent; the placement has been formalised by the children's court.

The method that was used to collect data was in-depth interviews. This method was used as the aim of the study was to obtain a detailed description of participants' experiences of foster care after the death of a parent(s) (Greeff, 2005:293). Play techniques were used during these interviews in order to communicate with the participants. According to Thompson, Rudolph and Henderson (2004:5), play is the natural mode of communication for children as limited verbal ability prevents children from being able to verbally express their thoughts, feelings and behaviour.

The aim of data analysis is to develop general ideas, themes or concepts as tools for making generalisations and providing explanations (Neuman, 2006:459). Using the Creswell method of data analysis, the data that was collected during the interviews was subsequently analysed, interpreted and finally displayed in the form of themes and sub-themes (Creswell in De Vos, 2005:334).

1.6 ETHICAL CONSIDERATIONS

Strydom (2005a:57) describes ethics as a set of moral principles which is widely accepted and which offers rules and expectations about the most correct conduct towards research participants. Strydom (2005a:58-67) explores ethical issues according to the following categories; avoidance of harm, deception of subjects, informed consent, violation of privacy and confidentiality, actions and competence of researcher, publications of findings and debriefing of respondents. The following ethical issues pertain to this research:

- **Avoidance of harm**

According to Monette, Sullivan and DeJong (2002:62), "Research in the human sciences rarely involves physical danger, but there are research settings in which psychological distress may be an element."

Gravetter and Forzano (2003:63) believe that it is the obligation of the researcher to protect participants from physical or psychological harm. The participants did not report any distress or harm experienced as a result of the research.

- **Informed consent**

Neuman (2006:135) states that informed consent usually involves a written statement that explains aspects of the study to the respondents and requests their voluntary participation before the research begins. Neuman (2006:135) stresses that under the principle of voluntary consent people should agree to participate freely.

Subjects were provided with all information pertaining to the research; including the procedures to be followed, goals and objectives, the advantages, disadvantages and dangers and the credibility of the researcher. Once all the information was provided, the participants were provided with the option of choosing to be part of the study (Strydom, 2005a: 59).

Informed consent was signed by foster parents (appendix A) and informed assent with the participants (appendix B). The researcher reassured foster parents that the child's participation in the research will not affect the foster care placement and the foster care grant. This may have been a concern for foster parents however it was not expressed. The researcher highlighted to participants and their foster parents that the child's participation was voluntary and that the child could withdraw from the study if he/she did not wish to continue. The foster parents were reassured that should children reveal negative information, a way forward will be explored with both the child and the foster parent. This issue would firstly be discussed with the child as the child would have to consent to this information being shared with others. Once the child is comfortable with this information

being shared, this matter would be discussed with the case manager for further intervention.

- **Deception of respondents**

According to Neuman (2006:135), deception of respondents involves the researcher deceiving or being untruthful to respondents. A researcher may misrepresent true intentions for legitimate methodological reasons; however, deception is never acceptable. Gravetter and Forzano (2003:69) believe that deception takes place when a researcher knowingly withholds information or misleads subjects with regard to details about the study. The researcher did not deceive participants or their foster parents in any way.

The researcher discussed the study with the participants and their foster parents and addressed their concerns. Thereafter informed consent and assent were obtained once there was a clear indication that they understood the process.

- **Violation of confidentiality**

Monette et al. (2002:59) state that confidentiality involves ensuring that information regarding data collected from the participants is not made public in a way that it can be linked to the individual. If revealing responses would harm subjects in any way, the researcher needs to adhere to the norm of protection of the identity of the subject (Babbie, 2004:65).

Dane and Babbie (in Strydom, 2005a:62) believe that confidentiality implies that only the researcher should be aware of the identity of the subjects. The names of the participants were not included in the research report in order to maintain confidentiality.

- **Competence of researcher**

Competence refers to whether the researcher has the adequate and relevant skills required to undertake the research. Through the entire research process the researcher needs to be aware of ethical responsibility (Strydom, 2005a:63). The researcher is a qualified social worker, registered with the South African Council for Social Service Professions and has

been a practicing social worker for the past 14 years with an abundance of experience in the field of kinship care. The researcher has completed a research methodology module during her undergraduate, as well as postgraduate studies in social work. She has also completed course work modules in play therapy. The researcher is, therefore, confident that she has the necessary skills. The researcher was able to confidently conduct sessions with participants in a sensitive manner as well as at the same time directed sessions to ensure that the relevant data was collected.

- **Debriefing of respondents**

Debriefing involves interviewing subjects to learn about their experience of participating in the study, especially if there is a possibility that they have been harmed by the participation in the study. Debriefing involves conducting interviews in order to investigate whether any problems were experienced as a result of the research (Babbie, 2004: 68).

The play sessions appeared to have highlighted the death of their parents and the feelings that they were experiencing regarding this experience. No unresolved trauma was detected.

- **Release and publication of findings**

According to Strydom (2005a:65) the research findings has to be introduced to the public in written format otherwise the investigation will have little meaning and will not be viewed as research. The findings of this research study are discussed in this report and will be published in the form of a mini-dissertation which will be available through the library of the University of Pretoria.

Ethical clearance to undertake the research was granted by the Research Proposal and Ethics Committee of the Faculty of Humanities at the University of Pretoria (See appendix C).

1.7 LIMITATIONS OF THE STUDY

- The researcher experienced some difficulties in terms of selection of the sample for this research:
 - Participation in the study was voluntary. Foster parents felt threatened due to the sensitive nature of the topic of the research. Some foster parents felt that they were being checked on, which resulted in refusal to allow participation of their foster children in the study.
 - There were not many cases available on the caseloads of organisations where children did not live with their caregiver prior the death of their parent(s). The study was initially planned at Verulam Child and Family Welfare Society, however as a result of the inability to recruit the sample based on the criteria; the researcher had to contact Tongaat Child and Family Welfare Society. This restricted the researcher in ensuring that diversity in terms of demographic factors such as race, gender and socio-economic factors were considered when recruiting the participants.
 - This research study was conducted with participants from working class families or families where foster parents were formally employed. As a result the sample does not include participants across socio-economic groups.
- The researcher was unable to conduct additional interviews with participants in order to collect more in depth data as foster parents refused to consent to further sessions. The researcher was reminded by foster parents that they were initially contracted for three sessions when the consent was signed. Foster parents did not see the need for further sessions as they felt that the child was not benefitting from these sessions.
- Because of the small sample, the findings cannot be generalised to larger or other populations.

1.8 DEFINITIONS OF CONCEPTS

1.8.1 Child

“A child can be described as a person under the age of eighteen years” (Children’s Act 38 of 2005).

“A child is a human offspring (son or daughter) of any age” (WordNet, 2007).

The researcher referred to a child in this study as described by the Children's Act 38 of 2005. The research participants were between 9 and 12 years of age.

1.8.2 Kinship care

"Kinship care is the full time care and nurturing of a child by someone who is related to the child by family ties or by a significant prior relationship" (Adoption Glossary, 2007).

"Kinship care is a program designed to help support a child who resides outside of his or her home, either temporarily or for a long term, with a relative such as an adult brother or sister, a first cousin, a nephew or niece, an uncle or aunt or a grandparent (amongst others)" (Kinship Care Program, 2006).

Court ordered kinship care:

"Children found in need of care placed through the Children's Court in the care of extended family. Families are provided with reunification services and placement is supervised and monitored. These placements most often arise due to neglect, abuse or exploitation" (Briede, 2007).

The study focused on children who were placed in foster care with a person who shares a blood relationship with the child, such as maternal or paternal aunts or uncles or maternal or paternal grandparents.

1.8.3 Parent

"A parent refers to a mother or father; one who begets or one who gives birth to or nurtures and raises a child. A mother is the biological or social female parent of a child or offspring, while the father refers to the male parent. Parent also refers to biological mother or father" (Wikipedia, 2007).

"Parent" in relation to a child includes adoptive parent of a child but excludes:

- the biological father of a child conceived through rape or incest with the child's mother,

- any person who is biologically related to the child by reason only of being a gamete donor for the purposes of artificial fertilisation and
- a parent whose parental responsibilities and rights in respect of a child have been terminated” (Children’s Act 38 of 2005:492).

For the purpose of this study the term parent referred to the biological mother or father of the child.

1.8.4 Experience

Experience can be described as something you “go or live through” (WordNet, 2007). Experience as a general concept comprises knowledge of or skill in or observation of something or some event gained through involvement in or exposure to that thing or event (Wikipedia, 2007).

Experience involves feelings: to undergo an emotional sensation (Web Definitions, 2007). Experience is also the content of direct observation or participation in an event (WordNet, 2007).

The study utilised the former definition, however the feelings involved in this experience have also been discussed in this report.

1.9 CONTENTS OF THE RESEARCH REPORT

“A research report is a written document (or oral presentation based on a written document) that communicates the methods and findings of a search project to others” (Neuman, 2006:491). The research report has been presented in the format prescribed by the university.

Chapter 1: General introduction.

This chapter provided a brief description of the subject of the study, the research problem and specific questions generated by the problem, the goal and the objectives of the research (Rubin cited in Strydom, 2005b:252).

Chapter 2 and 3: Literature study

These chapters provide a description of what other researchers in this field of study have to contribute to the topic of the study. These chapters include literature on kinship care, foster care and play therapy techniques within the gestalt approach. The literature presented mapped out the main issues in the field being studied and also clarified where this study fits in (Cross & Brodie cited in Strydom, 2005b:252).

Chapter 4: Empirical study

This chapter provides the research methodology and the presentation of qualitative data.

Chapter 5: Conclusions and recommendations

“The findings should be connected to some real life situation and the discussion should centre around how it can help practitioners to better understand ways of dealing with the problem” (Strydom, 2005b:253). This chapter therefore presents a summary, conclusions and recommendations based on the findings of the research. The recommendations made were based on the conclusions and these are applicable to social work practitioners in the field of social work practice and research, specifically those involved in kinship care and related areas.

CHAPTER 2

THE CHILD IN MIDDLE CHILDHOOD PLACED IN KINSHIP CARE

2.1 INTRODUCTION

In South Africa an estimated 24.8% of the population are HIV positive, with 4.7 million infected by 2001. The number of children parentally bereaved by AIDS in South Africa is expected to rise from 1.1 million in 2003, to 3.1 million by 2010, peaking at 5.7 million in 2015. Even with the proposed full administration of anti-retroviral therapy, estimates indicate that there will be 1.15 million maternal orphans by 2015 (Cluver & Gardner, 2006:1).

This increase in orphans is being dealt with in terms of the Children's Act 38 of 2005, which focuses on the best interest of children and highlights the importance of children remaining within their family environment. Section 7 (1) (f) highlights "... the need for a child to remain in the care of his or her parent, family or extended family; and to maintain a connection with his or her family, extended family, culture or tradition" (Children's Act 38 of 2005).

According to Cluver and Gardner (2006:2) orphaned children in South Africa have traditionally been cared for within the extended family, often by elderly grandparents. There are concerns that this support system is weakening as the number of orphans are increasing due to the prevalence of HIV and AIDS. Most work with orphans focuses on meeting their basic needs. This is due to AIDS-affected households being subjected to economic deprivation; lack of sufficient food, shelter, schooling and medical care, and the risk of abuse and economic exploitation (Cluver & Gardner, 2006:2). These authors recognise that there is a need for research on the psychological well-being of orphans. This statement provides a brief introduction on the focus of this study which is the experiences of a child living with relatives after the death of a parent.

This chapter will focus on the developmental milestones of children in the middle childhood phase, the child's experience of the death of a parent, kinship care in South Africa and the experiences of children in foster care/kinship care.

2.2 DEVELOPMENTAL MILESTONES OF CHILDREN IN THE MIDDLE CHILDHOOD PHASE

There are five major perspectives in development namely, psychoanalytical, learning, contextual, cognitive and evolutionary/socio-biological (Papalia, Olds & Feldman, 2008:27). The psychoanalytical perspective views development as being shaped by unconscious forces that motivate human behaviour and the focus is on unconscious emotions and drives (Papalia et al., 2008:27).

The learning perspective maintains that development results from learning, a long lasting change in behaviour based on experience or adaptation to the environment. Learning theorists see development as continuous and not in stages and emphasise quantitative change (Papalia et al., 2008:31).

Cognitive perspectives focus on thought processes and the behaviour that reflects those processes (Papalia et al., 2008:33). Piaget (in Papalia et al., 2008:33) believed that cognitive development begins with an inborn ability to adapt to the environment and thus children develop a more accurate picture of their surroundings and greater competence in dealing with them. According to the contextual perspective, development can be understood only in the social context, therefore, in child development the individual is an inseparable part of the environment (Papalia et al., 2008:36).

The evolutionary/socio-biological approach focuses on evolutionary and biological bases of behaviour which is influenced by Darwin's theory of evolution. It draws on findings of anthropology, ecology, genetics, ethnology and evolutionary psychology to explain the adaptive or survival value of behaviour for an individual. This theory draws the concept of the survival of the fittest from Darwin, and thus through reproduction more adaptive characteristics are selected to be passed on to the next generation (Papalia et al., 2008:27).

Developmental milestones of children in the middle childhood phase will be discussed under the following subsections: physical growth, cognitive development, moral

development, social and emotional traits, relationship to parents and other adults, as well as peer relationships.

2.2.1 Physical growth and health

During the middle childhood phase growth advances at a rapid rate compared to other phases and the average body weight doubles (Rathus, 2008:372). This is a period of uneven growth of bones, muscles and organs. This can result in an awkward appearance (Ozretich & Bowman, 2001:1). Children show steady improvement in their ability to perform gross motor skills and the connection between the cerebellum and the cortex becomes increasingly myelinated (Rathus, 2008:372).

Children grow about 2 to 3 inches each year between 6 and 11 years and approximately double their weight during this period with girls retaining somewhat more fatty tissue than boys; a characteristic that will continue through to adulthood (Papalia et al., 2008:334).

Boys are taller and heavier through the ages of 9 to 10 years. Girls begin their adolescent growth spurt and overtake boys until the age of 13 to 14 years, when boys become taller and heavier than girls (Rathus, 2008:373).

Most permanent teeth arrive in the middle childhood phase. The primary teeth begin to fall out by approximately 6 years and are thereafter replaced by permanent teeth at a rate of about four teeth per year for the next five years (Papalia et al., 2008:334).

Motor skills continue to improve in the middle childhood phase. Children move from rough and tumble play to playing games with more rules and to organised sport (Papalia et al., 2008:338). The rough and tumble play has an important adaptive benefit as it improves skeletal and muscle development and channels aggression and competition. Boys play more physically active games whereas girls prefer games that include verbal expression and counting (Papalia et al., 2008:337).

During this phase puberty begins, therefore it is important that children gain access to information pertaining to sexuality and puberty prior to this stage (Ozretich & Bowman,

2001:2). Puberty results from the heightened production of sex-related hormones, which occurs in two stages; the adrenarche stage (which begins around 7 or 8 years) and the gonadarche stage. The former refers to the maturing of the adrenal glands which plays a role in the growth of underarm and pubic hair followed a few years later by the gonadarche stage, which is the maturation of sex organs such as the breasts and genitals (Papalia et al., 2008:421).

According to Petersen (cited in Papalia et al., 2008:426), it is difficult to generalise the effects of the timing of puberty as this depends on how the child and the significant others in their world interpret these changes. Thus, according to Petersen (in Papalia et al., 2008:426), effects of late or early maturation are most likely to be negative depending on how much or how little their peers have developed. Other factors may also influence stress levels including transition to junior high school.

2.2.2 Cognitive development

According to Piaget, children between 7 and 11 years of age are in the concrete operations stage. They are able to use mental operations to solve concrete problems; however their thinking is limited to situations in the here and now (Papalia et al., 2008:337). Children at this stage are more capable of performing operations that are directly related to objects. The term concrete means that problems involve identifiable objects that are directly perceived or imagined. According to Piaget, cited in Thomas (1996:247), for an action to qualify as an operation, it has to be internalisable, reversible and coordinated into overall systems. Reversibility refers to processes that can be undone, leaving things as they were before (Rathus, 2008:396).

According to Papalia et al. (2008:337), children in this stage have a better understanding of spatial concepts, causality, categorisation, inductive and deductive reasoning, conservation and numbers. Children have an improved understanding of spatial relationships. A child in this phase is able to have a clearer understanding of how far it is from one place to the other and how long it takes to get there (Papalia et al., 2008:352).

Categorisation includes such relationships as seriation, transitive inference and class

induction (Papalia et al., 2008:352). Children are able to place objects in order or series according to a property or trait, thus able to perform seriation (Rathus, 2008:398). Transitive inference refers to the ability to infer a relationship between two objects from the relationship between the two of them and a third object (Papalia et al., 2008:352). This refers to the principle, that if A is greater than B and B is greater than C then A is greater than C (Rathus, 2008:398).

Children show an understanding of the law of conservation in this phase (Rathus, 2008:396). Children are able to mentally work out solutions without having to weigh or measure objects, however, with regard to problems involving the displacement of liquid and solids, children rarely provide correct answers until 12 years of age (Papalia et al., 2008:353). Children in middle childhood are able to engage in decentration, which refers to being able to simultaneously focus on more than one aspect or dimension of a problem or situation (Rathus, 2008:396).

According to Piaget, children in the concrete operations stage make use of inductive reasoning which refers to a type of logical reasoning that moves from particular observations about members of a class to general conclusions about that class, for example animals (Papalia et al., 2008:352). Deductive reasoning, which develops in adolescence, involves moving from making a general premise about a class to a conclusion about a particular member or members of a class (Papalia et al., 2008:352).

By the age of 9 years children are able to count in ascending and descending order and also become more adept at solving simple story problems (Resnick cited in Papalia et al., 2008:353). Language abilities continue to grow during middle childhood and children become better able to interpret and understand oral and written communication, syntax becomes more sophisticated as age increases and they are able to understand the context in which a word is intended (Papalia et al., 2008:364). According to Freeman (in Papalia et al., 2008:67), girls tend to achieve better in school than boys, they are less likely to repeat grades and have fewer school problems and out-perform boys in national reading and writing assessments. Freeman's (in Papalia et al., 2008:67) explanation for this point of view is that girls tend to aim for mastery of the subject matter whereas boys focus more on

how they look. Girls have better classroom behaviour and more effective learning strategies.

2.2.3 Moral development

Piaget proposed three stages of moral reasoning; pre-moral judgement (from birth to five years), the moral realism stage (5 years to 9 years) and the moral relativity which begins at approximately 7 years and overlaps with the moral realism stage (Rathus, 2008:402).

In Piaget's second stage of moral realism, children base moral judgements on the intentions of the wrongdoer and on the amount of damage done. Social rules are viewed as agreements that can be changed (Rathus, 2008:402). Children are able to consider more than one aspect of a situation, taking into account a wider range of viewpoints as they interact with more people (Papalia et al., 2008:355).

Children are more capable of formal reasoning when they reach 11 years of age and they believe in treating everyone alike which gives way to the ideal of equality (Papalia et al., 2008:355). Although children are generally egocentric, they begin to develop a conscience (Ozretich & Bowman, 2001:3) and develop the capacity to take the view points of others (Rathus, 2008:403).

Lawrence Kohlberg expanded on Piaget's theory and developed six stages within three different levels which include stage 1 (preconventional morality), stage 2 (conventional morality) and stage 3 (post conventional morality) (Papalia et al., 2008:355).

During stage 1 (preconventional morality), which is typical of children aged 4 to 10 years, people react to external controls; they obey rules to avoid punishment or act out of self-interest (Papalia et al., 2008:351).

The conventional morality stage is typically reached after 10 years of age and many people never move beyond this level. This stage involves pleasing others and maintaining the social order (Papalia et al., 2008:352). People have already internalised the standards and expectations of authority figures (Papalia et al., 2008:352).

The post conventional morality stage is reached generally by young adulthood (Papalia et al., 2008:355). It involves people recognising conflicts between moral standards and making judgements based on rights, fairness and justice (Papalia et al., 2008:355).

According to Kohlberg's theory of moral development, this stage of middle childhood is a period during which moral judgements largely reflect social rules and conventions (family, religious, societal) (Rathus, 2008:405). Children move away from thinking "what's in it for me?" to wanting to gain social approval and live up to the expectations of people close to them (Ozretich & Bowman, 2001:3).

2.2.4 Psychosocial development

The psychosocial development of the child in middle childhood will be discussed according to 'the self' of the child, relationship to parents and other adults and the child's peer relationships.

2.2.4.1 The self

According to self-concept models, the way we view ourselves is the core of our personality, however many psychologists view the self as a social phenomenon which grows from interaction with others (Papalia, Sterns, Feldman & Camp, 2007:405). These authors believe that people look into a mirror created by their social world and blend the image they see reflected there with the picture they already have of themselves.

In earlier years a child's self-concept focused on concrete external traits, such as appearance and activities but as children undergo the cognitive development of the middle childhood phase, their more abstract internal traits or personality characteristics begin to play a role when defining the self (Rathus, 2008:445).

According to Rathus (2008:445), the self-esteem is a critical aspect of the self-concept as it refers to the value or worth that one attaches to oneself. As children enter the middle childhood phase, they are able to evaluate their self-worth in many different areas which include physical ability, physical appearance and general school performance. Children's self-esteem declines during the entire middle childhood phase, reaching a low at

approximately 12 or 13 years. This is due to children being egocentric but as they reach adolescence they are able to compare themselves to others and adjust the self-concept. According to Rathus (2008:443), children in this phase achieve social cognition which refers to children being able to develop an understanding of the relationship between the self and others.

During this phase children achieve perspective thinking. They understand that people may think and feel differently because they have different ideas and values and that people are able to understand the child's perspective. As a result the child is able to anticipate the reactions of others (Rathus, 2008:443).

Erik Erikson labelled this stage as industry versus inferiority, which involves children being able to master various tasks and challenges. Children develop a sense of industry or competence and failure leads to a sense of inferiority (Rathus, 2008:443). According to Papalia et al. (2008:385) and Ozretich and Bowman (2001:5), children need to learn skills valued in society. This is the central issue of middle childhood.

Susan Harter puts forward a different perspective in contrast to the importance that Erickson placed on the mastery of skills as a measure of a child's self-esteem. She discovered that 8 to 12 year olds in North America judged themselves more by good physical appearance and popularity (Harter in Papalia et al., 2007:380). Harter (in Papalia et al., 2006:380) argues that a major contributor of self-esteem is social support from parents, peers and teachers but this will not generally apply to low self-esteem. Ozretich and Bowman (2001:4) also believe that the self-concept is influenced by social relationships with family members, teachers and increasingly by peers. However, contrary to Harter (in Papalia et al., 2006:380), they believe that there is often a low level of concern about physical appearance, especially with boys; however this is also influenced by peers as well as the media.

According to Freud, children in middle childhood are in the latency phase where their sexual feelings remain repressed (Freud in Rathus, 2008:443). According to Freud's psychosexual development theory, in the phallic stage which is before the latency phase,

boys develop sexual desires for their mothers and have aggressive urges toward their fathers and girls develop penis envy which implies the desire to possess a penis and the power that it stands for. Freud makes the statement that when children enter the latency phase they have resolved these anxieties and identify with the same sex parent (Freud in Papalia et al., 2008:28). The latency phase is characterised as a period of emotional calm, social and intellectual exploration. Children redirect their sexual energies onto other aspects such as academic work, skill-building, relationships and hobbies (Papalia et al., 2008:28).

As previously mentioned, in the middle childhood phase hormonal changes have already commenced in children (Papalia et al., 2008:421). There appears to be mixed views on the early onset of puberty. Alsaker as cited in Papalia et al. (2008:426) believes that boys that mature early seem to gain in self-esteem as they tend to be more poised, relaxed, popular and less impulsive and more cognitively advanced than those boys that mature late. In contrast, Conger as cited in Papalia et al. (2008:426), found early maturing boys to be more aggressive, or anxious, more reliant on others. Gaber (in Papalia et al., 2008:426) argues that late maturing boys feel less inadequate, self-conscious, rejected and dominated.

According to Levison and Peskin as cited in Papalia et al. (2008:426), early maturing girls tend to be less sociable, less expressive and less poised, perhaps due to being rushed into confronting the pressures of adolescences before they are ready and they are more vulnerable to psychological distress. Alsaker as cited in Papalia et al. (2008:426) believes that these girls may have a poor body image and low self-esteem, when compared to later maturing girls. Ozretich and Bowman (2001:4) also believe that girls' body image decline precipitously with puberty, especially with early onset of puberty. This phase is also associated with lower self-control and emotional stability, especially for boys (Ozretich & Bowman, 2001:5).

2.2.4.2 Relationship to parents and other adults

According to Papalia et al. (2008:387), the most essential influences of the family environment on the child's development come from the atmosphere within the home. The

following questions are crucial: Is the home supportive or ridden with conflict? How well do parents deal with their child's growing needs and the economic situation of the family?

Parents commonly make most decisions affecting the child with child involvement in decisions increasing with age (Ozretich & Bowman, 2001:5). According to Maccoby et al. (in Rathus, 2008:443) this is referred to as co-regulation where children do not need to be reminded about the do's and don'ts as they begin to internalise the standards of their parents. Co-regulation is the transitional stage in the control of behaviour in which parents exercise supervision and children exercise moment to moment self-regulation (Papalia et al., 2008:387).

The middle childhood phase marks the transitional stage of co-regulation in which parents and children share power and decision making. Parents oversee a child's behaviour but children enjoy moments of self-regulation (Papalia et al., 2008:387). According to Ozretich and Bowman (2001:6), children in this phase tend to be closely attached to parental figures.

Parent's listening skills become important at this stage (Ozretich & Bowman, 2001:6). The manner in which conflict is resolved is more important than the outcome. If conflict is constructive it can help children see the need for rules and standards (Papalia et al., 2008:388). Children are more able to follow their parent's wishes when they recognise that their parents are fair and concerned about their welfare. However when preadolescents' strive to be autonomous becomes more insistent, the quality of problem solving often deteriorates (Papalia et al., 2008:388).

According to Papalia et al. (2008:388), siblings influence each other both directly and indirectly through their impacts on each other's relationship with their parents. There are frequent sibling quarrels, forgetfulness with chores and schoolwork, messiness especially of the child's bedroom (Ozretich & Bowman, 2001:6). In a study of 101 English families, where the parent-child relationship was warm and affectionate, siblings tended to have a positive relationship as well. When the parent-child relationship was conflictual there was more likely to be sibling conflict (Papalia et al., 2008:388).

2.2.4.3 Peer relationships

According to Hartup and Pellegrini as cited in Papalia et al. (2008:396), in middle childhood, peer groups form naturally among children who live near to one another or go to school together and often consist of children of the same ethnic, racial and socioeconomic status. Children maintain friendships with same gender peers, usually based on common interests and hobbies and other perceived commonalities. According to Papalia et al. (2008:398), boys and girls engage in different types of activities. Girls usually have fewer, but emotionally close friends when compared to boys (Ozretich & Bowman, 2001:7). Girls have more intimate conversations and are more sensitive to others' problems and are more likely than boys to engage in cross-gender activities such as team sports. Boys are apt to receive less emotional support from their friends. According to Papalia et al. (2008:398), children segregate themselves by gender and engage in different activities due to their differing body size, strength and energy.

Another common practise in this phase is shifting peer alliances and forming clubs (Ozretich & Bowman, 2001:7). The media and the popular culture increasingly influence and impact on children's peer activities and relationships (Ozretich & Bowman, 2001:7). Popularity becomes more important in this phase. School children who are liked by their peers are likely to become well-adjusted as adolescents and those who experience problems getting along with peers are more likely to develop psychological problems, drop out of school or become delinquents (Papalia et al., 2008:398). According to Hanlon et al. as cited in Rathus (2008:456), peers exert powerful socialisation influences and pressures to conform and acceptance or rejection by peers is of major importance in middle childhood as problems with peers affect adjustment later on.

The peer group can also have a negative impact on a child as they may reinforce prejudice and negative attitudes toward outsiders, especially members of a certain ethnic and racial group. These prejudices and discrimination can result in damage to others (Papalia et al., 2008:398). According to Papalia et al. (2008:398), this prejudice, except for gender preferences, diminishes with age and cognitive development.

Understanding and paying attention to the developmental milestones of children is

essential when exploring children's experiences of the death of a parent which is discussed in the next section. A child's level of understanding of death plays a major role in the child's bereavement process (Furnman in Worden, 1996:10) and according to Hartgill (2008:2); children's view on death depends on their developmental stage. According to the researcher, once one has a sense of the levels (physical, cognitive, moral and psychosocial) at which children are generally functioning, it is easier to understand their experiences and provide support. The child in middle childhood's experience of the death of a parent will subsequently be discussed.

2.3 THE CHILD'S EXPERIENCE OF THE DEATH OF A PARENT

According to Miller (2009:1), the most traumatic event a child can experience is the death of a parent. For most children, parents are their most important significant other. Parents are their most valuable partners in negotiating the essential developmental tasks that will assist them to reach adulthood. The loss of a parent in the home due to death and its consequences changes the very core of the child's existence (Worden, 1996:9).

The following are definitions of words associated with death; bereavement, grief and mourning. Bereavement is defined as the loss of someone to whom one feels close and the process of this adjustment to it (Papalia et al., 2007:487). Bereavement can affect all aspects of the survivor's life, often starting with a change in status and roles such as from a son or daughter to an orphan (Papalia et al., 2007:487).

Grief is the emotional response experienced in the early phases of bereavement and may take many forms from rage to feelings of emptiness. Although grief and bereavement are experiences, they also have a cultural context (Papalia et al., 2007:487).

Mourning refers to the behaviour and not the feelings associated with loss. Traditional cultures help people deal with bereavement by means of customary practises that have well understood meanings and serve as a reassuring anchor in this situation of loss and distress (Papalia et al., 2007: 490).

2.3.1 The child's understanding of death

A child's comprehension of death and the role this comprehension plays is a major component in our understanding of childhood bereavement. Concepts such as finality, causality and irreversibility, are abstractions, the understanding of which is clearly related to a child's cognitive development (Furnman in Worden, 1996:10).

According to Furman as cited in Worden (1996:9), most professionals agree that the ability to grieve is acquired in childhood as ego functions mature and the child is able to comprehend the finality of death. This author places the capacity to mourn at approximately 3.5 years to 4 years.

Nagy as cited in Worden (1996:10) discusses three distinct conceptual stages that are involved in childhood mourning.

Stage 1 includes children below the age of 5 years. In this stage children do not have a concrete understanding of death as they cannot understand the concept of time. Death and life can be interchangeable, especially for children who watch television and are exposed to cartoon characters that get up and carry on living after being burnt or shot (Hartgill, 2008:2). During this stage a child sees death as a departure with the deceased existing somewhere else (Worden, 1996:10).

Stage 2 refers to children between 5 and 8 years old. During this stage children understand death as something that is relatively final but that it does not happen to everyone; especially superheroes are immune to death. Children also develop an interest in the rituals surrounding death (Hartgill, 2008:2). During this stage death is personified and can sometimes be avoided.

Stage 3 includes children 9 years and above. Most of these children have an adult view of death although this also depends on their developmental stage, upbringing and past experience with death (Hartgill, 2008:2). According to Worden (1996:10), children understand that death is inevitable and affects all people including themselves.

2.3.2 The stages of grief

There are five different stages of grief that individuals experience although people may reach and deal with the stages at different times and not necessary in the same order (Kubler-Ross cited in Hartgill, 2008:1-6). These stages are discussed below.

2.3.2.1 Shock and denial

Shock and denial often take the form of physical pain, numbness, withdrawal, and abnormal calm and even anger. Numbness may be used as a defence mechanism so that we are able to cope with the immediate situation. Denial often occurs within the first two weeks and can last from minutes to hours to weeks. Children struggle with this phase as they struggle to understand what death actually means.

2.3.2.2 Anger

Children may cry uncontrollably or may become angry at insignificant incidences. This could be due to the fact that they are angry at having lost the person and might not be able to identify the emptiness they are experiencing appropriately. They may also have intense feelings of guilt about being angry at that person. This emotion is confusing and may result in children being depressed.

2.3.2.3 Bargaining

Children negotiate their favourite possessions or their best behaviour for more time with the person that they have lost. They bargain with the higher power. It is important that they reach the realisation on their own that what they want is impossible.

2.3.2.4 Despair and depression

During this stage children experience despair and depression as they realise the inevitable. Extreme sadness and loneliness are experienced. Some children do not reach this stage as they get stuck in the previous stages.

2.3.2.5 Acceptance, understanding and resolution

This is the final stage when the child has found a realistic solution for coming to terms with the loss and has a way forward. Children realise that life goes on and that the pain lessens

with time (Kubler-Ross cited in Hartgill, 2008:1-6).

According to Worden (1996:12), loss through death is experienced and expressed in different ways and at various developmental phases. Bereavement is the adaptation to the loss and mourning and is the process that children go through on the way to adaptation. Worden (1996:12) describes the tasks within the mourning process as follows:

Task 1: To accept the reality of the loss

Children must believe that the deceased is indeed dead and will not return to life before they can deal with the emotional impact of a loss. This requires that the child is able to understand finality and irreversibility. This understanding is only possible when a child is capable of operational thinking (Piaget in Worden, 1996:12).

Task 2: To experience the pain or emotional aspects of the loss

Children experience feelings similar to those of adults. They may express sadness, anger, guilt, anxiety and other feelings associated with loss. A child's ability to process the pain is influenced by observing the adult's experience of this process. If a child sees an adult grieve without being overwhelmed, this serves as a salutary model for the child. If the adult is dysfunctional with grief they may be frightened of feelings in general. Ambivalent relationships may also lead to children feeling responsible for the death because of something they did or did not say.

Task 3: To adjust to the environment in which the deceased is missing

The nature of this adjustment is determined by the roles and relationships that the dead parent played in the child's life. For most children the death of the mother results in more daily life changes than the death of a father. These changes significantly affect the child's emotional outlook and create major disruptions to which the child must adjust.

Task 4: To relocate the dead person within one's life and find ways to memorialise the person

Children seek ways not only to understand the meaning of death but also a sense of who this now-dead person is in their lives. While the loss of a parent is permanent and unchanging, the process is not, as it is part of the child's on going experience.

In summary most children in the middle childhood phase have developed a mature concept of death by the age of eight or nine years. They understand the finality and universality of death and therefore they exhibit the typical reactions of fearing death and seeking ways to avoid it. As mentioned previously children at this stage are involved in operational thinking and therefore able to understand the finality and irreversibility of the death of a loved one (Piaget cited in Worden, 1996:12).

However bereavement can lead to feelings of helplessness which contradicts the drive for independence at this stage (Hospice, 2010:1). Despite this feeling of helplessness they can show a brave front to friends and family. Children at this stage may also assume a parental role for younger siblings which is not healthy and could lead to identity problems (Hospice, 2010:1).

2.3.3 Behaviour changes in children experiencing grief

According to Hartgill (2008:2) children experiencing grief are likely to show similar signs as a grieving adult. However, children do not know how to express their feelings. Babies and toddlers tend to react like those around them as they do not understand death (Hartgill, 2008:2).

Preschool to primary school children will display the following behaviours: bedwetting, poor concentration, bullying, clinging, separation anxiety, withdrawal, lying, aggression, regression, temper tantrums, thumb sucking, extreme fears, excessive crying, stubbornness, learning difficulties at school, day dreaming, preoccupation with loss and death, eating and sleeping difficulties and nightmares (Hartgill, 2008:2).

Teenagers are most likely to display the following behaviours: mood swings, bouts of sadness or depression, tension and fighting with the family, difficulties sleeping,

headaches, loss of appetite, feelings of helplessness and hopelessness, increase in risk of self-destructive behaviours, withdrawal from adults, lack of concentration and attention, identity confusion and testing limits and oppositional behaviour (Hartgill, 2008:2).

2.3.4 The needs of bereaved children

After a child has experienced the death of a loved one, the child telling his/her story is in itself a healing process. There are essential aspects to consider when a child is grieving (Helping a child cope..., 2009:1). It is important that there is continuity with normal activities at home, school and in the community. Grief can be a lonely experience, therefore it is essential that the child feels cared for and loved (Helping a child cope..., 2009:1).

When an important family member dies the whole family may feel incomplete. It is important that the child continues to feel connected to the parent who has died. This can be achieved by attending to the following needs: adequate information about the death is provided, their feelings and anxieties are addressed, they need reassurance that they are not to be blamed for the death of the parent or significant other, careful listening, acknowledgement and acceptance of their feelings and grief, a sense of safety in the world, respect of their own way of coping, people who will guide and help with overwhelming emotions, involvement and inclusion in rituals and anniversaries and opportunities to remember the person who has died (Helping a child cope..., 2009:1).

The death of a parent often shakes the foundation of the child's belief in the world as a safe place. Children often ask questions such as who will care for them, will they get sick and were they responsible for the parents' death? Children need constant reassurance and encouragement to feel safe again.

The above section highlights children's experiences as a result of the death of a parent, needs of a bereaved child, as well as the environment that is required in order for a child to heal from this trauma. Are kinship placements meeting these needs of bereaved children? The Department of Social Development (2007:1) highlights the inability of the extended family to provide basic requirements to orphans such as shelter, food, medical care, education, love and support. This is a result of the socio-economic impact of the HIV and

AIDS epidemic which has resulted in the disintegration of the family and the community (National Welfare Social Service and Development Forum, 2008:1). If families are struggling to meet basic needs, how then will families provide the necessary conducive environment mentioned in Helping a child cope... (2009:1), to assist a child heal after the death of a parent.

This research will therefore focus on the experiences of a child living with a relative after the death of a parent. The next section provides a discussion on kinship care and foster care within the South African context, the community's role in caring for children who have been orphaned due to the death of a parent, as well as the capacity of the family in continuing to provide care for these orphans.

2.4 FOSTER CARE AND KINSHIP CARE IN SOUTH AFRICA

Skinner, Segwabe, Chandiwana, Tsheko, Chibatamato, Nkomo, Mtero-Munyati, Mfecane, Tlou, and Chiyiyo (2006:622), define orphan as a child who has lost one or both parents through death.

In South Africa the term “foster care” usually implies the full-time care of a child by a person or a couple other than his or her biological parents, by order of the Children's Court. The caregivers are not assigned the responsibilities and rights of guardianship, and the placement may be terminated, or may lapse on the expiry of the court order. Foster care is usually the preferred form of care for children who are unable to remain with their own families due to abuse, neglect or abandonment, but for whom adoption is not possible or not indicated (Johannesburg Child Welfare Society, 2004:1).

The convention on the rights of the child states in article 20 of Children's Act 38 of 2005 that foster care is indicated when a child is temporarily or permanently deprived of his or her family environment or in whose best interest cannot be allowed to remain in that environment, shall be entitled to special protection and protection provided by the state (Johnson, 2005:4).

Kinship care is a form of family foster care in which children are placed with foster parents who are biologically related to them (Grogen-Kaylor, 2000:132). Grogen-Kaylor (2000:132) points out, that although throughout history families have been caring for children on an informal basis, a kinship care placement is a formal arrangement in which a child is legally transferred through the court system and in which the child's kin becomes his/her foster parents.

Desmond and Gow (2001:9) conducted a study in South Africa which focused on the cost of providing care in each of six identified models ranging from formal children's homes to community based structures, utilising a cost effectiveness analysis. These six models included statutory residential care, statutory adoption and foster care, unregistered residential care, home-based care and support, community-based support structures and informal fostering/non-statutory foster care.

These authors concluded that firstly the cost-effectiveness of family-provided orphan care is problematic due to lack of and access to resources. Secondly, many orphaned children are placed at risk of not receiving adequate material care, due to the lack of access to resources. Although state grants exist, these are not easily obtainable and in the more remote areas they are near impossible to access. There is therefore a need to provide easier access (Desmond & Gow, 2001:41).

Thirdly, it is apparent that the extended family cannot always cope. Ways in which to identify vulnerable children and place them in alternative care arrangements need to be promoted. The addition of identification and placement programmes for orphans to home-based care structures is an effective means of providing such a safety net. Fourthly, although expensive and apparently cost-ineffective, the more formal models represent the end of the road. Finally, a child's HIV status is a major determinant of the cost of care, requiring expensive medical treatment, and high staff-to-child ratios. These costs only reinforce the humanitarian argument that efforts should be made to reduce the rate of mother-to-child HIV transmission (Desmond & Gow, 2001:41) and according to the researcher the transmission of HIV as a whole.

The National Welfare Social Service and Development Forum (2008) highlights that the child protection system was already under-resourced and dysfunctional before the recent spiralling in the numbers of children in foster care due to the impact of HIV and AIDS. The number of children who are in statutory foster care on social work caseloads in this decade are primarily children who are already in the care of their extended family members, often termed 'kinship care'.

Due to the foster care system being used as a means to deal with the increased number of orphans due to HIV and AIDS, this has resulted in challenges. These challenges include an acute shortage of social workers nationally, implying that meaningful professional services are not rendered due to the rapid increase in the number of cases dealt with through the Children's Court in order for children to access social security. Aggressive recruitment of staff by government has resulted in the depletion of staff in the non-governmental sector and these organisations have been further delegated the responsibility of government to render these services to the vulnerable groups (National Welfare Social Service and Development Forum, 2008).

Appeals have been made for a more creative approach to kinship care which would combine access to social security and community based programmes for vulnerable children and their families (National Welfare Social Service and Development Forum, 2008).

2.4.1 Foster care during the apartheid era

According to Madhavan (2004:1443), South Africa stands out in the crisis of AIDS orphans due to the history of apartheid, the male labour migration system and the severe disruption of family life. This system resulted in children being fostered by kin and sometimes not kin, therefore fostering has always been part of family life in the Black community.

Orphan hood is not a new concept within the African context especially due to the high maternal mortality rates that once existed in most African countries, including South Africa. According to Foster (2000:56), most traditional African cultures possessed various characteristics which included patrilineal kinship systems where members of the same

patrilineage were grouped together for three to four generations. The extended family provided security and support to its members and they shared in the assets. Traditionally marriage was the linking of the two families and the payment of the bride price led to children becoming the future of the family. Orphaned children were cared for by paternal aunts and uncles who took on the care giving functions of parents. The traditional family was the social security system and its members were responsible for the protection of the vulnerable, care for the poor and sick and the transmission of social values and education.

Madhavan (2004:1444) describes two types of traditional child fostering; crisis-led and voluntary fostering:

- **Voluntary fostering:**

This type of fostering occurred due to arrangements reached between the biological parents and foster parents that would be in line with cultural norms pertaining to child-rearing and involves the informal transfer of legal rights and obligations to the foster parents. The reasons that have been identified for voluntary fostering include; kinship obligations, apprenticeship/training, alliance building, domestic labour and education (Isiugo-Abanihle in Madhavan, 2004:1444). In this situation children become independent and in some cases better disciplined. This situation provides an opportunity for both the biological and foster families to strengthen social and kinship ties through long term and short term benefits for all parties such as access to resources and sharing of costs.

- **Crisis-led fostering:**

This type of fostering most often characterises the current situation in South Africa where children are orphaned due to AIDS. It involves responses to death and economic hardships and some specific obligations rather than a political or economic motivation (Goody in Madhavan, 2004:1444).

2.4.2 The current South African situation and the capacity of the extended family to care for orphans

The situation has worsened in several countries in sub-Saharan Africa due to the economic and political crisis that has led to unemployment and the breakdown of health infrastructures (Madhavan, 2004:1443). There appears to be a general acceptance that the extended family is severely constrained and far stretched in its capacity to absorb orphans (Foster in Madhavan, 2004:1443). In the past, the role of the extended family system and the sense of duty and responsibility was limitless, however according to Foster (2000:56), this situation has changed due to; labour migration, the cash economy, changes in demographics, formal education and westernisation. According to Madhavan (2004:1448) HIV and AIDS, the increasing rate of adult mortality, increased economic hardships and the emotional and psychological damage that children endure to losing both parents due to transmission of HIV and AIDS is changing the extended family system.

Foster (2000:57) states that coping mechanisms to deal with orphans vary according to culture, geographic, economic and social settings. Where traditional values are maintained the family safety net is preserved. Extended family safety nets are weakened in urban areas and children who slip through these safety nets end up in difficult and vulnerable situations. Foster (2000:58) discusses factors that reflect the strength of the extended family safety net:

- Widow marriages - Orphan inheritance is likely to be stronger in communities where traditional widow inheritance is practised whereby widows marry the deceased husband's brother.
- Purposive fostering - this takes place where reciprocal arrangements are made between biological parents and relatives.
- Contacts with relatives - Children who have little or no contact with relatives are at risk of being abandoned by the extended family. Children from single mother households or commercial sex workers will also be subjected to the same fate.

Foster (2000:59) further discusses indicators of the weakening of the extended family safety net. There are changes in relative support practises. Previously paternal uncles and

aunts cared for the orphans and elderly, however presently frail grandparents are responsible for child care which leads to a situation of mutual support between the child and the grandparent.

The establishment of child-headed households represent an observable indicator of children who do not receive extended family support. The increasing numbers of child-headed households is an indicator that the extended family net is disappearing due to the large numbers of orphans (Foster, 2000:59).

Sibling dispersal and migration is an increasing practise in order for families to cope with the economic demands of the care of the orphan. The increase in the numbers of children removed from school and having to work or take to the streets are also indicators of the increasing stress of the extended family (Haworth in Foster, 2000:61).

Klaits cited in Madhavan (2004:1449), suggests that the AIDS pandemic in Botswana is not making kinship care irrelevant but instead is changing the strength of the relationship. Klaits (in Madhavan, 2004:1449) shares concerns as to whether the extended family is able to deal with the economic and health crisis. Klaits (in Madhavan, 2004:1449) highlights that we need to look at other forms of care such as the role of the church and other non-kin organisations in developing new ways of parenting and caring for orphans; thus there has been a call for community-based interventions.

According to Ankrah (in Madhavan, 2004:1451), there are two ways of developing community based interventions; internal and external. Internal refers to mobilising the traditional extended family and clan to fulfil traditional family responsibilities. External refers to intervention from outside the extended family system such as using residential community centres to assist in care giving.

According to Madhavan (2004:1452), poverty is one of the main underlying reasons for the breakdown of the extended family and its ability to care for its children. The traditional fostering system worked due to sharing of costs and benefits of child rearing by the biological and foster parent, for example if parents were to see that a modest investment of

time and resources in children could yield long term benefits from a child's employment opportunities, they might be more willing to take on the responsibility. This author further discusses a way forward in order to reach a balance.

Government needs to increase assistance to families and orphans and to ease the financial burden placed on elderly caregivers. More legislation is required for families to access grants easily without having to endure the complexities of the application process and effective legislation to prevent property grabbing by foster parents. She also suggests that efforts need to be targeted at confronting stigmatisation of orphans in communities in order to protect orphans and their families from discrimination (Madhavan, 2004:1452).

A change in the way families are viewed needs to take place including the definitions and expectations of the extended family. We need to move towards accepting changes in the social structures such as the move toward individualism and not forcing the model of the extended family that may have outlived its utility due to social changes and pressure (Madhavan, 2004:1452).

According to The National Welfare Social Service and Development Forum (2008), the possible ways of dealing with the challenges facing kinship care include Government and civil society strategising for the effective human resourcing of the developmental social welfare system as a whole. In addition to the initiatives to increase personnel, there is a need to work out an effective strategy to deploy staff as well as develop alternate strategies to link orphans and vulnerable children and their extended family to social security and psychosocial support (National Welfare Social Service and Development Forum, 2008).

2.5 THE EXPERIENCES OF CHILDREN IN FOSTER CARE

Holton, Ronning, Handegard and Sourander (2005:201) state that there is a growing tendency to place children in kinship care as it reduces dislocation of children and keeps children within communities that are familiar to them and maintains their cultural identity. Other reasons provided for the increased use of kinship care is the shortage of non-related foster homes. These researchers recognised the need to study a comparison on how children in kinship care fared versus children in non-kinship foster care. The study was

conducted in Norway with a total of 214 children, between the ages of 4 and 13 years, placed through the state, with a minimum stay of one year in kinship care or in nonrelated foster care. The primary aim of this research was to compare placement factors in kinship care and non-kinship foster care based on previous findings from research done in the United States of America. The second aim was to compare the prevalence of mental health problems and the degree of competence of children in kinship care and non-kinship foster care (Holton et al., 2005: 201).

The study found that children in kinship care had fewer emotional and behavioural problems. These authors stated that the finding that non-kinship placement is associated with higher levels of problems than kinship placement, is consistent with previous research. Children in kinship care are placed within a social class and culture that they are accustomed to. Living with relatives may reinforce their sense of identity and culture and may be one reason that could be provided for the lowered psychiatric problems. Children in kinship care placements may also feel less stigmatised by peers (Holton et al., 2005:204).

Altshuler (1999:215) conducted a study which aimed to explore successful aspects of the kinship foster care experience from the children's perspective. Through their stories children were able to provide suggestions to case workers for improving the well-being of other children placed in kinship foster care. The following were highlighted through their stories (Altshuler, 1999:222-228):

- The first night that children experienced in their placements helped children to feel welcome and wanted in their relative's home (Altshuler, 1999:222).
- The highlight for children was the practise of being loved by their relatives. This seemed to seep through discussions with all children (Altshuler, 1999:222).
- This feeling of being loved and cared for "... emerged in the form of discipline, structure and clear expectations of behaviour" (Altshuler, 1999:222).
- The acts of kindness appear to contribute to children's well-being in successful kinship foster care, "It is in the many acts of kindness that her grandparents perform that affirm Angela's importance as a human being" (Altshuler, 1999:225).

- These many acts of kindness offered these children the opportunity to create their own future, a future full of possibilities. The ability to create one's own future may be seen as yet another contributing factor in child well-being (Altshuler, 1999:225).
- Children experienced being included in dialogue with adults responsible for their well-being such as the caseworker and her caregiver, as positive (Altshuler, 1999: 228).

Dubowitz (1994:558) discusses several studies that have found that children in kinship care and their families receive fewer services than non-related foster families. Deurr-Berrick et al. (in Dubowitz, 1994:558) found that adolescents in non-relative foster care and those in kinship care had similar needs for mental health services.

Van der Waal (in Madhavan, 2004:1452) conducted a study of children in their foster homes. These children claimed that they had to work harder and were given less access to household resources, which in turn resulted in poor school performance. Van der Waal (in Madhavan, 2004:1452) further highlights that children tended to feel marginalised in their foster homes and therefore did not receive the same economic support as the foster parents' own biological children. As a result children had to supplement their income through outside work and in extreme cases through thieving and prostitution.

Research (Holton et al., 2005:201) further suggests that kinship care placements often occur when the relative has been supportive since the birth of the child. This placement often results in a continuity of "... natural networks, and being placed in the local community contributes to a better outcome. Placements within the local community may maintain children's links with their family and with a familiar culture, and enable them to maintain ties with school and leisure networks" (Holton et al., 2005: 205).

According to Hegar and Scannapieco as cited in Berrick, Frasch and Fox (2000:119) there have been changes in the foster care system in the United States of America where it is noted that there is an increase in young children entering the foster care system and kinship care has absorbed most of this growth. According to Berrick et al. (2000:119) when systems undergo fundamental changes it is important to understand the impact these

systems have on the clients it is meant to serve. These researchers highlight that although child welfare researchers have made significant contributions to understanding foster care, the primary clients of this system are children and they have been given few opportunities to contribute to literature. Berrick et al. (2000:119) stress the importance of including the voices of children in child welfare research.

2.6 SUMMARY

A child in the middle childhood phase is undergoing major changes in all aspects of development: physical, cognitive, emotional and social development. Social obstacles such as poverty, anxiety over safety, prejudice and culture impact on growth at this stage (Blom, 2004:244).

The views of researchers have been discussed in this chapter. It has been highlighted that children need to remain in the community, within a family context and within a non-restrictive environment which will be able to allow the child to develop. Foster care is the preferred placement for children who have been orphaned as it allows children to continue with their family relationships (Johannesburg Child Welfare, 2004:1).

Despite this being an important identified need, some researchers have concluded that these placements within the extended family are breaking down, families are not coping with the care of orphans and are unable to provide this safety net to children due to the many factors presented in this chapter (Madhavan, 2004:1452).

Research has been conducted on determining whether traditional kinship care provides a safety net for orphans. These studies have largely focused on the physical and financial needs of orphans. Grieving and traumatised children have needs beyond basic needs, such as the need to be aware of their feelings, the need to build trust, the need for power and control in their lives, the need for family support and the need to express their feelings, such as fear, anger and anxiety (Blom, 2004:210). If families are struggling to provide basic needs such as food and shelter, the question needs to be asked whether families are able to meet these emotional needs mentioned by Blom (2004:210). The researcher therefore

aims to explore the child's feelings regarding the kinship care placement and to determine if his/her physical as well as emotional needs are being met.

CHAPTER 3

THE USE OF PLAY TECHNIQUES TO COMMUNICATE WITH CHILDREN

3.1 INTRODUCTION

Throughout their lives children are exposed to loss and trauma in many different situations, including; moving house, first day of school, loss of property, death of a pet, family violence, diagnosis of a disability or medical problem, death of a parent, divorce of parents and the list goes on (Blom, 2004:212). These situations vary from less serious to extremely stressful, however children do not have the language abilities as adults do to verbalise their feelings or the cognitive abilities to understand, identify or express their feelings (Blom, 2004:212).

The researcher will therefore utilise play techniques from a gestalt perspective to communicate with children in this study as children participating in this study have been exposed to some degree of trauma due to the loss of their parent(s). By utilising play techniques to communicate with children, they are provided with the opportunity to play out their feelings and problems (Axline, 1947 & Moustakas, 1953 as cited in Griffith, 1997:130).

3.2 COMMUNICATING WITH CHILDREN THROUGH PLAY

Play is used as a medium of communication as it is the way that children make sense of their world (Cattanach, 2003:1). When children play imaginatively, in whatever situation, they create a fictional world, which can be seen as a way in which they make sense of their real world (Cattanach, 2003:1). According to Cohen et al. as cited in West (1996:13), play is a child's natural medium for self-expression, experimentation and learning.

According to Winnicott (in Cattanach, 1993:28), through play a child is able to be creative and use the whole personality in order to discover the self. Play therapy therefore is a method which is utilised for helping children who are enduring troubles to cope with their distress, by utilising play as the medium of communication between the child and the therapist (Cattanach, 2003:24).

Play is the natural mode of communication for children as limited verbal ability prevents

children from being able to verbally express their thoughts, feelings and behaviour (Thomas, 1996:5). Play therapy is a language for the child, a symbolic substitute for words. The child experiences much in life which he/she cannot verbalise and so uses play to formulate and assimilate these experiences (Oaklander, 1988:160). Many play therapy techniques, including drawing, painting, playing, as well as singing, music and dancing, can be adapted to the process depending on the child's developmental level (Thompson et. al, 2004:5).

Geldard and Geldard (2004:5) make the statement that we should be able to engage children so that they will talk freely about painful issues. Play provides this medium through which a child can be engaged. Children cannot be counseled in the same manner as adults and if the same communication styles should be used as those used to communicate with adults; many children would not elaborate, except answer direct questions (Geldard & Geldard, 2004:5).

According to Van der Merwe (1996a:7), communicating with children is different to communicating with adults and non-verbal communication is important. Van der Merwe (1996a:7) highlights differences in communication between children and adults. A child's non-verbal communication is important and it surfaces in play, facial expressions and gestures. Due to children's language skills being poorly developed, it is essential that the therapist use simple language with the appropriate tone of voice and facial expression.

Conversations with children are not that reliable as compared to those with adults, as verbal skills are still under developed. Children do not respond well to questions and the verbalisation of feelings is difficult for a child even on a conscious level due to the limited words that children have acquired to aptly describe feelings. Communication through play is therefore most appropriate. Intellectual abilities are also still developing and as a result children will take longer to gain insight and thus the process may be helped by the use of visual aids (Van der Merwe, 1996a:8).

A child's attention span is limited as compared to that of an adult and therefore play would allow a child to be more focused rather than when using verbal communication (Van der

Merwe, 1996a:7).

Various authors make the following assumptions about play: in most of the Western world play is to children what language is to adults (Axline as cited in West, 1996:12); children express themselves more freely using play than in formal verbal interviews (Bray as cited in West, 1996:13); children can reveal their troubles through play and play can be a therapeutic tool (Gavshon et al. as cited in West, 1996:13).

Cohen et al. (in West, 1996:13) discuss reasons for utilising play as a means of communication: play allows opportunity for physical, emotional and social growth and is often pleasurable, spontaneous and creative; reduces fearful and traumatic events and it may relieve anxiety and tension. It can assist with relaxation, enjoyment and amusement. Through play children are able to learn more about the world and relationships and it allows a child the opportunity to practice emotions and roles (Cohen et al. as cited in West, 1996:13).

Oaklander (in West, 1996:13) explains that play is serious business for children, far more than lighthearted activity and is essential for children's healthy development. Play is a form of a child's self-therapy through which confusions, anxieties and conflicts can be worked through (West, 1996:13).

According to Fouché (2006:218), play related communication techniques should be based on the following principles: leading or suggestive questions should not be used; interpretations should not be made; introduce new topics and questions by means of open ended questions; clarify the child's comprehension of instructions and new concepts by means of contextualising within neutral topics; at the end of each topic provide a summary in order to verify that the topic was understood before a new topic is introduced.

The focus of this research is on the child in the middle childhood phase, specifically children between the ages of 9 and 12 years of age. According to Blom (2004:219), this is a phase when the child begins to develop a greater cognitive ability to understand, especially the concept of death. The child however still thinks in terms of polarities, that is

either the one or the other, such as a good person or a bad person. As a result, children experience difficulties in dealing with contradictions, euphemisms and figurative speech, such as “your sister has gone to Jesus” (Pennells & Smith as cited in Blom, 2004:219). According to Blom (2004:219), a measure of “adulthood” commences in this middle childhood stage and children are able to cognitively understand irreversibility as in the case of the death of a parent.

3.2.1 Projective play

Projective play can be used productively to manage the unresolved issues of a child and also provides the opportunity for emotional expression (Blom, 2004:236). Projection is a process by which a child dismantles the boundaries of himself or herself and takes his or her experience and puts it into another person or object (Schoeman, 1996a:64). Children project these unpleasant events and painful emotions surrounding these events in an attempt at avoiding taking responsibility for them (Blom, 2004:24).

Projective play takes place when a child discovers the world outside himself/herself through the use of toys, dolls and other play material (Cattanach, 2003:33). Children use these objects to represent other objects, such as the doll becomes a baby and a stick becomes a sword (Cattanach, 2003:33). Children are able to explore alternate stories through pretend play and story making and this helps the child to separate himself/herself from the problem and expand their perspectives (Cattanach, 2003:33).

Schoeman (1996a:70) discusses the reasons for children choosing to make use of projection techniques in the following manner: children sometimes feel that they want to get rid of certain feelings or on the other hand want to own them; they often lack the courage to try something new and thus experiment by transferring the characteristics to another person or object and then later integrate it into themselves; projection and fantasy is also used as an exciting alternative to “escape” from their own lives and situations.

Oaklander as cited in Blom (2004:146) points out that when using projective techniques there are some therapeutic steps that should be considered: the child must be willing to participate in the projective technique; the child shares his or her feelings about the

experience of the activity; the child enters the projection and looks at the projection from the perspective of the object or as part of a whole; when the story is told and the child identifies with certain objects in the projection, it leads to dialogue between the therapist and the child; the projection is taken in possession at two levels, namely the symbolic or metaphoric information sharing level and the personal level which connects the symbolic level with the child's reality; and it is essential that the therapist takes note of the patterns, polarities and resistance throughout the process. It is important to remember that the therapist should not make any interpretations regarding the child's projection (Blom, 2006:134).

Fantasy forms a part of a child's inner world and normal development (Blom, 2004:196) and offers a child a safe way of changing his or her world and a safe way of dealing with fears (Schoeman, 1996b:85). Through the use of fantasy the child is able to create an intellectual picture which is visible (Blom, 2004:196). According to Oaklander (1988:11), the use of fantasy allows one the opportunity to look into the realms of the child's being and brings out what is hidden and/or avoided as well as discover what is happening in the child's life from the child's perspective.

Metaphors may be defined as a means of communicating symbolically (Schoeman, 1996b:86) thus a metaphor provides a child with an imaginary experience which he or she is able to learn from especially his or her perception of their world (Schoeman, 1996b:86).

Children are able to learn from this imaginary experience of metaphors. They are also able to form a perception of the world that they live in (Schoeman, 1996b:86). The most important function of a metaphor according to Schoeman (1996b:85) is that it provides the child the opportunity of being able to develop alternate ways of behaving and choosing the best alternative.

According to Schoeman (1996b:87), the functions of a metaphor include empathic understanding, handling fears, the consolation of the ego and concretising situations. Examples stimulate new behavior and teach moral values. When a child reads how others cope with their problems, it is easier to speculate about the fate of that person as it is less

threatening and it can be viewed objectively (Schoeman, 1996b:87). This allows a child to look at an emotion and gain self-knowledge without using extra energy for denial and this will allow the child to evaluate his/her feelings and gain more insight into his/her situation (Schoeman, 1996b:87).

The “safe place” technique uses fantasy as a means of relaxation, as well as to provide a space for self-nurturing (Oaklander in Blom, 2004:79). This technique is used by asking the child to close his/her eyes and relax and to imagine a safe place they would go to. The child is then requested to draw or write down or describe the safe place and the polarity which is the unsafe place. Pennells and Smith cited in Blom (2004:219) highlight that the child in the middle childhood phase thinks in terms of polarities and therefore this technique would be appropriate to use.

The empty chair technique was developed by Fritz Perls as a means of creating more awareness and adds clarity to therapeutic work and brings the unfinished situations into the present (Oaklander, 1988:151). Oaklander (1988:151) describes a scenario of a child imagining the parent in the empty chair and telling the parent what needs to be said. The child can also tell a teacher in the empty chair that he is being unfair (Blom, 2004:166).

This technique assists to bring past, unresolved situations into the present; it also helps in clarifying one’s splits and polarities, which Perls referred to as the top dog and underdog (Oaklander, 1988:152). Aspects of the self can also be placed in the empty chair (Blom, 2004:166).

According to Schoeman (1996c:178), the first stage of the chair work involves bringing both sides of the conflict into awareness, and the reason for stressing the conflict is so that the child can come into contact with his or her real feelings. The second stage leads to both sides confronting one another and the conflict reaches an intensive level (Schoeman, 1996c:179). The last stage begins when the top dog lets go of the oppositional role and tries to listen to the underdog. During the third stage the real reasons for the conflict and the needs are realised which eventually leads to the chair work being complete (Schoeman, 1996c:179).

Projective techniques that can be used will be discussed further in the chapter and these include the use of fantasy, biblio-play, dramatic play and creative play.

3.2.2 Sensory contact making

Children use their senses to investigate and gain knowledge about the world as well as their immediate environment (Blom, 2004:99). The various senses, namely hearing, sight, smell, taste and touch play an essential role in children's ability to make emotional contact. If children block off one or more senses they will experience difficulty in coming into contact with repressed emotions (Blom, 2004:99). Therefore, according to Schoeman (1996d:42), it is essential that a child's sensory skills be developed in order for him/her to attach meaning to the world. Children learn the socially accepted norms and standards through a socialisation process and if children are unable or unwilling to make sensory contact with the external environment the child may experience difficulties in positioning himself/herself in the world (Schoeman, 1996d:42). It is therefore also important for children to explore and test the world and determine what he or she likes and dislikes.

Children who have been traumatised close off their senses as a protection mechanism in order to prevent experiencing further pain (Blom, 2004:99). They also cut themselves off physically and emotionally and do not function holistically. Therefore it is essential to create a link between the body and the emotion (Blom, 2004:100). According to Oaklander (in Blom, 2004:100), helping children to bridge this can be achieved by breathing deeply, knowing their bodies and feeling proud of their bodies. Children who experience anxiety and fear often restrict their breathing and thus further prevent making contact with the self (Oaklander in Blom, 2004:100).

Contact making techniques aim to assist children to relax and become more aware of their bodies and emotions. The reliability of the data collected would depend on how relaxed and comfortable the children are in participating in the study, as well as whether they are in contact with their senses and emotions as the children in the study have experienced the death of a parent as well as changes in their environment.

3.3 PLAY TECHNIQUES TO ENHANCE COMMUNICATION WITH CHILDREN

As discussed in the previous section, the researcher will use play techniques, not for therapeutic purposes, but as a means of effectively communicating with children in a non-threatening manner. This process is not intended to assist children deal with issues, however, should they present with unresolved issues during the research, the participants will be referred for therapeutic intervention.

Blom (2004:227) discusses the following play techniques which can be used to address loss experienced by children; relaxation play, assessment play, biblio-play, dramatised play and creative play.

3.3.1 Relaxation play

Relaxation play is mostly used when attaining process goals, namely to prepare the child for the helping process by obtaining the correct level of tension so as to ensure that he or she finds the therapeutic process worthwhile (Van der Merwe, 1996b:77).

Relaxation techniques are also aimed at assisting children to relax. When children tighten their muscles they become tense (Oaklander, 1988:124). For the purposes of this research relaxation play is used to assist to build a therapeutic relationship with the children participating in the study (Blom, 2004:227), as well as to allow the child to relax and actively participate in the planned sessions. According to Oaklander (1997:293; 1988:185), the foundation of the therapeutic process is the relationship between the child and the therapist. It is therefore essential that a trusting relationship is established with the child. The researcher therefore wishes to create a trusting relationship so that the child feels comfortable to express his/her feelings.

There are various relaxation techniques which include the use of music, puzzles, games, outings, animals, muscle relaxation and systematic desensitisation techniques (Van der Merwe, 1996b:77).

These techniques also allow the child to familiarise himself/herself with the playroom, allows the child the opportunity to feel at ease and to promote the relationship between the

child and the therapist and also does the preparatory work for the process to follow (Blom, 2004:228). Muscle relaxation techniques aim to lower any tension experienced by the children and learning to relax the different muscles aims to ultimately relax the entire body (Van der Merwe, 1996b:77).

According to Piaget children in the middle childhood stage are in the concrete operations stage. They are able to use mental operations to solve concrete problems, that is, problems that involve identifiable objects that are directly perceived or imagined (Papalia et al., 2008:337). In view of the concrete operational stage, puzzles and games will be utilised to develop a relationship of trust and to create a relaxed atmosphere (Van der Merwe, 1996b:82). Board games have relaxation value; enhance communication and assists with the establishment of rapport between the child and the therapist (Van der Merwe, 1996b:82).

3.3.2 Biblio-play

Biblio-play involves the use of books, words that are written and audio-visual aids in communicating with children and provides the opportunity to enter and explore a child's world (Blom, 2004:229). According to Van der Merwe (1996c:108), the use of biblio-play is to assist to bring the child closer to his/her feelings and thus aims to lead to growth and insight during therapy.

Various authors including Axelrod (in Van der Merwe, 1996c:108) suggest the term audio-visual therapy instead of biblio-therapy as it involves more than books, including the use of audio and visual materials and the computer.

Oaklander (1988:85) states that the use of stories involves the therapist making up stories to tell children; children making up stories, reading stories from books, writing stories and using props and aids such as a tape recorder, video tape, walkie-talkies, toy microphone or an imaginary television. According to Fouché (2006:221), the aim of story books is to allow children the opportunity to verbalise their life situations and therefore it is essential to utilise a range of story books that depict various life situations. The interviewer uses the various illustrations in the book to communicate with the child.

Burt et al. (in Van der Merwe, 1996c:109) highlight the advantages of this technique; it encourages verbalisation of problems, it leads to development of insight, provides a means of indirect communication between the therapist and the child. Biblio-play provides enjoyable activities which aids in establishing rapport with the child, it teaches a child feelings that can be verbalised and allows the child the opportunity to distance himself/herself from the problem.

Van der Merwe (1996c:110) discusses further advantages which include that biblio-play is a good technique to use when trying to commence with a conversation. It is a structured form of play which is cost effective and speeds up the therapeutic process. As discussed by Van der Merwe (1996c:110), this technique provides a structure for communication as well as allows the child the opportunity to express himself/herself in a non-verbal manner.

3.3.2.1 Techniques used in biblio-play

The incomplete sentences technique is effective as this technique brings valuable information to the fore and is structured and goal directed (Van der Merwe, 1996c:124). The incomplete sentence involves a child completing a sentence with the first thought that comes to mind and this allows a child the opportunity to express an experience (Blom, 2004:231).

Life books is a visual or written record containing important information about a child's situation, including important aspects of the therapeutic process, which is compiled by the therapist and the child in the final phase of therapy (Van der Merwe, 1996c:117). This life book serves to enhance a child's self-concept, develop a better understanding of the past and it provides a focus on the future. The life book stimulates communication between the child and the therapist and also allows for the involvement of parents (Van der Merwe, 1996c:118). The use of time graphs allows a child to get an overview of his or her life and this can also form part of the life book (Van der Merwe, 1996c:120).

Road maps are used as an aid to orientate children to a new environment by using miniature houses like those on a board game (Van der Merwe, 1996c:122). The houses are

placed on a board to indicate the different buildings in the environment such as church, school, library and shops (Van der Merwe, 1996c:124).

The life history grid and the time line exercise graphically depict significant events in the child's life over a period of time and the time line exercise assists children to provide facts about an incident (Fouché, 2006:221). According to Fouché (2006:221), the interviewer chooses a symbol which can represent several aspects of life and draws it at the top of the page as a reminder (such as family, friends, hospital, death, church, school) and the interviewer draws a family history grid which is a horizontal line with intervals for every two years. The child is then requested to write positive incidents above the line and negative incidents below the line and thereafter these incidents are explored.

3.3.3 Dramatic play

Dramatic play allows for a child to act out threatening situations in a safe environment and the focus should be on the unconscious fears and feelings of the child (Blom, 2004:232). This type of play is generally used in the change orientation phase. According to Oaklander (1988:137), play acting allows children to get closer and in touch with themselves by providing the opportunity to open up and tell their story. Children find dramatic play exciting and usually participate with enthusiasm (Van der Merwe, 1996d:136).

Dunne (in Van der Merwe, 1996d: 129) describes dramatic play as following three phases, namely, warming up, dramatising and conclusion. Techniques also correspond to these phases, such as fantasy and creative movement in the warming up phase and thereafter change orientation techniques followed by termination techniques.

3.3.3.1 Techniques for dramatic play

Role playing is used for therapeutic discussions, non-verbal interaction and allows a child to play 'himself' or role reversal which allows for the practicing of role behavior (Van der Merwe, 1996d:130).

Dolls, puppets and paper dolls are usually used in therapy as they help children tell their story while playing with them (Van der Merwe, 1996d:132). According to Oaklander

(1988:104), puppets provide the distance that is required for the child to feel safe in order to reveal innermost thoughts. There are various types of puppets that can be utilised which include finger puppets, marionettes, shadow puppets and paper dolls (Van der Merwe, 1996d:134).

Spero (in Van der Merwe, 1996d:129) discusses various advantages of counseling children with the use of the telephone. These advantages are the following: it is an acceptable method of communication; it has symbolic value, as it combines talking and listening. Telephonic contact can be broken at any time when the child feels threatened; it stimulates fantasy and the child is allowed to make contact with the person with whom he/she no longer has contact.

Masks allow for a child to place himself/herself into a symbolic world and by taking over another character's facial form the child is enabled to release his or her feelings indirectly and awareness is created in order to bring these feelings to the fore (Van der Merwe, 1996d:136).

3.3.4 Creative play

Creative play includes aspects of art therapy, such as drawings, painting, making collages, modeling of clay and sand-tray work which allows a child the opportunity to express his or her feelings that he or she is unaware of. By means of creative play the child is lead through his/her own creation to gain insight into his/her experience of a situation (Blom, 2004:234). Creative work allows a child the opportunity to own the projection as well as the emotions that arise from the projection (Blom, 2004:235).

Van der Merwe (1996e:139) highlights the benefits of drawings and paintings. Drawing can be relaxing and therefore facilitates the therapeutic process. It promotes communication between the therapist and the child and assists with establishing rapport; it is a way of gaining information about the child's world and it is used for assessment purposes. The child is provided a medium of examining and releasing of his/her feelings, self-image is enhanced when the creation is praised, situations are relived, adaptations are made and children who are emotionally frozen can be reached through being creative.

There are three approaches to using drawings and they include, directive, non-directive and partly directive approaches (Van der Merwe, 1996e:139). According to Van der Merwe (1996e:146), drawing a person depicts the child's self-image and analysis of this drawing will provide important information regarding the child's needs, urges, conflicts and fears. According to Cass (in Van der Merwe, 1996e:146), clay offers an acceptable medium for releasing feelings of hostility and aggression. The characteristics of clay, namely, messy, mushy, soft and sensuous is appealing for every age and promotes working through the most important internal processes and allows for the flow between itself and the user (Oaklander, 1988:67).

Oaklander (1988:67) points out that clay offers a tactile and kinesthetic experience and is valuable to children with perceptual and motor problems. Working with clay seems to allow one to penetrate the protective layer and barriers in a child, as well as helps people who are out of touch with their feelings and blocks out their senses (Oaklander, 1988:67). The aggressive child is provided the opportunity to ventilate using clay and those that are insecure and fearful can feel a sense of mastery and control through manipulating the clay. This also allows for the strengthening of the self as there are no clear cut rules and it allows for the creation to be erased (Oaklander, 1988:67).

Some other goals when working with clay include, helping a child share his or her story. A child is able to recognise and deal with underlying issues. Children are also able to explore relationships and develop insight into these relationships. When working with clay a child is able to experience success and satisfaction in completing a creative task (Geldard & Geldard, 2008:190).

According to Geldard and Geldard (2008:182), sand-tray work provides the child with the opportunity to use symbols, within a specific space to tell his or her story. During the process of telling his or her story the child is able to recreate in the sand, and in their imagination, events or situations from the past and the present. The child is also able to explore the future or express their fantasies through the sand-tray work (Geldard & Geldard, 2008:182).

Geldard and Geldard (2008:182) discuss the other advantages of sand-tray work which includes the following: children are able to act out things which appear unacceptable to them, gain a cognitive understanding of the elements of the events and thus are able to gain insight into these events; change their story created in the sand-tray by projecting their fantasies onto it; are able to experience a sense of power through facial expression; achieve a sense of mastery over the past and present events. Children are also able to consider what might happen in the future and find resolutions and solutions through the development of insight.

According to Geldard and Geldard (2008:182) the symbols that are used in sand-tray work consist of a wide variety of small objects which possess properties that enable them to easily assume symbolic meaning. These symbols can be used to represent anything concrete or abstract which has a place in the child's story (Geldard & Geldard, 2008:181).

Sand and water are basic materials that are preferably seen together in the play room so that it can be mixed according to the child's preference, therefore having dry and wet sand-trays are ideal (West, 1996:91). In sand-tray work the play therapist's role is to observe and support the child without interfering. The therapist can take a photograph of the sand-tray work as it is a useful record (West, 1996:93, 94).

3.3.4.1 Techniques used in creative play

Oaklander (1988:25) points out that drawing of families as symbols or animals is a very effective exercise. Children are requested to close their eyes and go into their own space where they must think of each member of their family and draw them in the way they see or view their family members.

The house and community plan technique focuses on the child's daily movement in and around the house. The aim of this technique is to assist the interviewer to identify the places where the child feels safe and threatened, as well as to explore boundaries. The technique involves the therapist, with the help of the child, drawing the plan of a child's house, including the furniture and the surrounding environment. Thereafter the child is requested to make clay models representing family members, including neighbours. The

names can be written next to the clay models. The therapist thereafter, using the clay models explores the child's routine, including the concepts of safe and unsafe. The child may indicate the feeling of safe or unsafe by means of colours such as red for unsafe or green for safe (Fouché, 2006:218).

Oaklander (1988:32) uses the 'rose bush' which involves drawing and fantasy. The fantasy technique allows a child to express blocked feelings, wishes, needs, wants and thoughts and thereby reaching awareness of the present (Oaklander, 1988:32). The child is lead into a fantasy of imagining that he/she is a rosebush. The therapists provides suggestions and possibilities such as "what kind of rosebush are you?", "do you have flowers?" and eventually the child is asked to open their eyes and draw their rose bush.

Oaklander (1988:37) views the scribble technique as a non-threatening method to help children express outwardly their inner selves. The technique involves the child making a drawing in the air with their bodies using a rhythmic movement and with the eyes closed. The child is then requested to scribble these movements on a large piece of paper. Thereafter the scribble is examined from all sides and the child has to find a form in the scribble that represents a picture and this will lead to discussion.

Clay techniques involve forming shapes and imaginary animals, creating your family, allowing the child to make their own dough and making sculptures and constructions (Oaklander, 1988:69-80).

Family graphic and emotion cards are used to evaluate relationships (Fouché & Joubert in Fouché, 2006:220). This technique involves the use of different colors of clay shaped into little balls or snakes or sausages (Fouché, 2006:220). The child is provided with a sheet of blank paper and requested to choose family members that play an important role in his/her life and represent these family members with the clay balls, placing these clay balls on the sheet of paper (Fouché, 2006:220). The names represented by the clay balls are recorded next to the clay and the clay balls may be moved around to explore relationships (Fouché, 2006:220).

Thereafter emotion cards are used which consist of two opposite emotions, happy and sad (Fouché, 2006:220). The activity involves the child drawing two faces on a sheet of paper. Thereafter he or she colours in the faces; the one face is coloured with a colour that he/she likes the most and the other with a colour that he/she does not like (Fouché, 2006:220). Once the interviewer is satisfied that the child understands the difference between happy and sad the child is requested to place each of the clay figures in either of the two circles and thereafter the interviewer explores the people that have been placed in these two circles (Fouché, 2006:220).

3.3.5 Assessment play

Van der Merwe (1996f:98) states that before the change orientation phase, it is essential to assess certain relevant aspects. Therefore, when assessing children the following factors should be considered: bio-physical, cognitive, perceptual, emotional, cultural, behavioral and motivational aspects. Van der Merwe (1996f:98) suggests that a child's non-verbal and verbal communication be assessed to determine how conversation can complement play techniques.

In therapy importance is placed on assessment with the purpose of diagnosing, drawing up reports and suggesting guidelines for treatment (Blom, 2004:228). The client's experience of the problem can be easily ignored through the eagerness of professionals; however assessment should not be the focus of therapy but should form part of the process (Blom, 2004:228). It is essential that clients who are receiving therapy should not be treated as objects. The therapist will have to work at the child's pace while they share their experiences as the client experiences it and not as the therapist observes it (Blom, 2004:228). According to Blom (2004:228) assessment play is necessary to observe the child's cognitive, perceptual, emotional and cultural background, behaviour and motivation. This assessment is required before change in the child can be observed.

Animal cards, graphic family portrayal and the rose bush fantasy are some techniques that are used in assessment play (Blom, 2004:74).

3.4 SUMMARY

Children must be approached and understood from a developmental perspective and not seen as miniature adults (Landreth, 1991:7). Developmentally they lack the cognitive and verbal ability to express their emotions and emotionally they are not able to describe the intensity of feelings as compared to adults who are able to adequately verbalise the intensity of their feelings (Landreth, 1991:13).

The world of children is one of concrete realities, and their experiences are often communicated through play (Landreth, 1991:7). Therapists, when working with children to assist with their expression and the exploration of their emotional world must move into the expressive world of children (Landreth, 1991:7). According to Landreth (1991:7) the natural medium of communication for children is play and activity unlike adults, whose natural medium of communication is verbal communication.

Communication in this study will be enhanced by the use of play as this will allow the researcher to approach the child on his or her level in a non-threatening manner and communicate with him or her through the medium that he or she is most comfortable with, which is play (Landreth, 1991:10). The use of play will also assist the researcher to develop a therapeutic working relationship with the child (Landreth, 1991:10). This will assist in the collection of the required data for the research.

CHAPTER 4

RESEARCH METHODOLOGY AND EMPIRICAL FINDINGS

4.1 INTRODUCTION

In chapters one and two, kinship care and foster care have been defined and discussed. An overview of foster care in South Africa, as well as the characteristics of the child in the middle childhood phase were presented. A discussion on the child's experience of the death of a parent and of the stages of grief experienced by children in the middle childhood phase has been discussed. Chapter three presented play techniques as a means of communication with children.

This chapter focuses on the research methodology that was utilised during the study, as well as the empirical findings of the research. The researcher has strived to reach the goal of the study, namely; to explore a child's experience of kinship care after the death of a parent, by means of the literature study provided and the empirical findings presented in this chapter.

4.2 RESEARCH METHODOLOGY

4.2.1 Research question

A research question involves vague thoughts being formulated into specific questions about the subject. The research question was formulated in such a manner that it related to the goals and objectives of the study (Strydom & Delport, 2005:321).

The research question for this study was: What are a child's experiences of kinship care after the death of a parent?

4.2.2 Research approach

There are two approaches to social research, namely qualitative and quantitative. The methodology differs and the researcher was able to orientate herself to the differences so that a choice of approach could be made (Fouché & Delport, 2005:73). The latter has epistemological roots in positivism and the purpose is to test predictive and cause and effect hypotheses about social reality. The former on the other hand has epistemological

roots in phenomenology and the purpose is to construct a detailed description of social reality (Fouché & Delport, 2005:75).

Qualitative research looks at social life from multiple points of view, and explains how people construct identities. Qualitative research places emphasis on issues of richness, texture and feeling of raw data. This is due to the inductive approach which emphasises developing insights and generalisations from the data collected (Neuman, 2006:149).

The research approach that was utilised for this research was the qualitative approach. Fortune and Reid (in Fouché & Delport, 2005:74) summarise the following characteristics of qualitative research:

- The researcher tries to obtain a holistic understanding of the phenomena.
- Problem formulation and data collection methods are flexible.
- Participant observation and unstructured interviewing methods are used to gain in-depth knowledge. Qualitative research is based on the assumption that understanding can be gained by a single researcher's accumulation of knowledge.

By means of a qualitative research approach, an in-depth description of a social reality is gained. In this sense "social reality" means a reality for the respondent. This study aimed to explore how a child, who has been orphaned due to the death of his/her parent experiences this social reality of kinship care, in terms of his/her life experience. The qualitative approach was applicable to this study as the researcher utilised in-depth interviews to collect data.

4.2.3. Type of research

Neuman (2006:24) describes basic research as research that is designed to advance fundamental knowledge about how the world works, as well as test theoretical explanations. The primary audience of this type of research is the scientific community. Applied research however, is designed to offer practical solutions to concrete problems or to address the immediate and specific need of clinicians or practitioners. Applied researchers rely on a quick and small scale study that provides practical results that people

can use in the short term (Neuman, 2006: 25).

This study was therefore based on applied research. The results of this study were obtained from a small sample that provided an understanding of a child's experience regarding his/her experience in foster care.

4.2.4 Research design

The various research designs used by qualitative researchers differ depending on the purpose of the study; the nature of the research question and the skills and resources available to the researchers (Fouché, 2005:268). The researcher understands research strategy, as plans to be followed in order for goals and objectives to be reached. Creswell (cited in Fouché, 2005:269) makes reference to five strategies of inquiry that can be used to design qualitative research; biography, phenomenology, grounded theory, ethnography and case study.

The phenomenological research strategy was used in this study. According to Fouché (2005:270) "... [t]his approach aims to understand and interpret the meaning that subjects give to their everyday lives." Creswell (in Fouché & Delport, 2005:270) regards the phenomenological study as a study that describes the meaning of the experience of a phenomenon, topic or concept from the viewpoint of various individuals.

Researchers using this method mainly utilise long interviews as methods to obtain data. Information is collected systematically and meanings, themes and general descriptions of experiences are analysed within a certain context (Fouché, 2005:270). Interviews and observation appeared to be the best suited strategy for obtaining data on the experiences of a child in kinship care. The aim of the study was to understand the meaning that a child attached to everyday life in his/her new environment.

4.2.5 Research population, sample and sampling method

McBurney (in Strydom, 2005c:194) refers to population as the totality of individuals, events, organisation units, case records or other sampling units pertaining to the research problem. The population in this study were the children who have been legally placed in kinship care

through the Children's Court due to the death of a parent(s), by social workers in the employ of Tongaat Child and Family Welfare Society.

The researcher is of the opinion that the sample needs to be accurately selected so that it is representative of the population. The sample for the purpose of this study was selected from the caseload of Tongaat Child and Family Welfare Society. Permission to conduct the research was granted by the Tongaat Child and Family Welfare Society (See appendix D).

The researcher utilised the purposive sampling method. According to Neuman (2006:206) purposive sampling involves selecting cases with a specific purpose in mind. Neuman (2006:206) further explains that this method is appropriate in three situations, when:

- a researcher wants to identify particular types of cases for in-depth investigations.
- a researcher chooses members from a difficult-to-reach specialised population.
- a researcher uses this method to select unique cases that are informative (Neuman, 2006:206).

For the purpose of this research, the researcher wanted to identify particular types of cases for investigation. Interviews were thus conducted with the social workers managing the cases of the children who could possibly be considered for selection in order to obtain background information to determine their suitability. These interviews also assisted to determine the level of functioning of the child, as a low functioning child would not have been suitable in view of the activities that were chosen for the collection of data. The four participants were selected from the caseload of Tongaat Child and Family Welfare Society.

The following criteria were used when selecting participants:

- The participants were in the middle childhood phase; but specifically between 9 and 12 years old.
- Parent(s) of the participants were deceased; not more than 12 months ago.
- The participants' present care giver was not living in the same house as the participant prior to the death of the parent(s).

- Participants had to move to live with the present caregiver after the death of their parent(s).
- Participants were chosen from one specific geographical area which allowed for logistical arrangements to be feasible.

4.2.6 Data collection method

The researcher utilised in-depth interviews in order to gain a detailed description of the participants' experiences. According to Greeff (2005:292), the purpose of this method is not to answer questions, rather to understand the experience of other people and the meaning they attach to that experience. It is focused and discursive and allows the researcher and participant the opportunity to explore an issue.

This method has been often dismissed as lacking "... objective data, however, the researcher uses this type of interview to obtain information in order to gain an understanding of the participants point of view or situation" (Greeff, 2005: 293).

According to Greeff (2005:293), all in-depth interviews need a format and to follow a process. Rubin and Rubin as cited in Greeff (2005:293) state that an interview consists of three types of questions; the main questions, the probe and follow-up questions. The main question involves the researcher preparing a few important questions which would assist to begin and guide the interview. When the responses lack sufficient detail, the researcher uses a probe to complete or clarify the answer or to request further examples or evidence. Follow-up questions merely pursue answers to the main questions (Rubin & Rubin in Greeff, 2005:293).

This method was chosen as the researcher used play techniques during individual sessions, to obtain information. This allowed the researcher the opportunity to establish rapport with the participant, hence increased the reliability of the data collected. Blom (2004:212) believes that children experience the same feelings as adults, but do not have the language skills and the cognitive ability to understand, identify and express their feelings. The child is however able to express their feelings through play, drawings and

non-verbal behaviour.

The researcher strongly believed that if the participant trusted the researcher and felt comfortable, the participant would provide data which is honest and reliable. Play techniques guided the interviews and was utilised to stimulate and enhance data gathering. Data was collected over a series of three to four sessions. The study involved four participants from the middle childhood phase who were between the ages of 9 and 12 years. Seidman as cited in Greef (2005:295) suggests a series of three interviews with each respondent when conducting phenomenological interviews. During the first interview the researcher needs to establish the context of the participant's experience as people's behaviour become more understandable when placed in context of their lives. The second allows participants to reconstruct the details of their experience within the context in which it occurs. The third interview encourages the participants to reflect on the meaning their experiences holds for them (Seidman as cited in Greef, 2005:295). These sessions were held in an interview room at the Tongaat Child and Family Welfare Society which was set up as a play room by the researcher. Each of the sessions were scheduled for approximately an hour.

4.2.7 Data analysis

According to Vithal and Jansen (1997:27), the purpose of data analysis is to make sense of information or data that has already been collated. The researcher also needs to observe his/her own processes when analysing data and report on the analytical process. The extent of this reporting will depend on the purpose of the study (Patton in De Vos, 2005:334).

According to Neuman (2006:469), when analysing qualitative data a researcher aims to develop explanations or generalisations that are close to concrete data and contexts. Neuman (2006:459) further declares that "... qualitative researchers often use general ideas, themes or concepts as tools for making generalisations".

There are steps to be followed when analysing data, however these steps cannot be rigidly followed as they are meant to be guidelines (De Vos, 2005:334). The steps include

planning for recording data, data collection and preliminary analyses, managing or organising data, reading or writing memos, generating categories, themes and patterns, coding of the data, testing the emergent understandings, searching for alternative explanations and writing the report (De Vos, 2005:334-339). The application of these steps will be briefly discussed.

- **Planning for recording of data**

The researcher needs to plan ahead for the recording of the data in a systematic way that suites the setting and the participants. The researcher also needs to ensure that the method chosen for recording of the data is least intrusive. At this stage the researcher also plans for easy retrieval of data collected.

According to Blom (2004:118), opportunities of choice need to be provided for children during the therapeutic process as this contributes to the strengthening of the sense of self. The researcher planned in advance for a wide range of play activities to be available so that the participants have sufficient choice during the data collection stage and also for the recording process not to be interrupted.

- **Collecting and recording data**

The two fold approach: it involves analysing data at the site and secondly involves analysing data away from the site. Data collection and analysis share an inseparable relationship as data analysis sometimes alerts one to revisions that need to be made to data collection methods. Data analysis at the site involves field notes that are made at the site, from which themes may appear, however one needs to be cautious not to be too analytical before the all the data is collected.

The researcher utilised an audio recording device and field notes for recording data at the site. These recordings were stored electronically on disks in folders. This ensured that information was not lost. The field notes were filed in folders clearly separated and identified for each participant.

- **Managing data**

This refers to data analysis away from the research site. De Vos (2005:336) maintains that whatever method the researcher decides to use when managing data, this method chosen must enable the researcher to easily retrieve organised data. Managing data collected is the transition between data collection and data analysis. This involves transcribing interviews and notes. It is essential for researcher to make backup copies of the data collected. During the initial stages of data analysis the researcher organised the data into file folders and computer files. All audio recordings were converted into notes and filed sequentially according to session numbers in participants' folders. This was done after every interview. Field notes were also filed in respective folders.

- **Reading and writing memos**

Marshall and Rossman as cited in De Vos (2005:337) believe that reading through data more than once allows the researcher to become familiar and intimate with the data. During reading the researcher used note cards to list the data available and perform minor editing. These authors state that writing memos in the margins of field notes or behind photographs assists in the initial process of exploring a data base. The researcher wrote memos when reviewing the audio recordings.

- **Generating themes and patterns**

This is the most interesting and difficult process as it involves forming categories from all the data collected. This involves becoming aware and noting of the regularities in the setting or people involved in the research. As categories emerge the researcher should identify the most relevant and important categories (Creswell in De Vos, 2005:338). This author states that the researcher should identify about five or six themes; if this is not possible, the idea is to narrow down the data into small manageable themes. The researcher integrated the field notes taken during the interviews with the audio recordings. Thereafter common themes were identified and these were interpreted as the researcher provided links and explanations to these.

- **Coding the data**

The researcher thereafter uses a coding system to indicate the themes and categories in the notes. Codes can take several forms; abbreviations of key words, coloured dots or numbers. To code data, the researcher used key words in the margins of notes.

- **Testing emergent understandings**

This process takes place after themes and categories have emerged. The researcher evaluated these themes and categories to determine its usefulness in addressing the social phenomenon being studied.

- **Searching for alternate explanations**

This stage involves exploring alternative explanations and linkages that exist with the themes and categories.

- **Writing the report**

This final phase of data analysis involves the researcher presenting the data collected in tabular, text or figure form (De Vos, 2005:339). This dissertation is a presentation of the study conducted and it is presented in the form of a text.

4.2.8 Pilot study

The pilot study can be seen as a practise session for the main investigation on a small scale with the aim of identifying possible deficiencies timeously (Fouché & Delport, 2005:82). A pilot session was used to try out the activities that were used to collect data in the study. One semi-structured interview was conducted with one participant. The activities that were implemented during the pilot were the rose bush fantasy and the incomplete sentences. This specific participant did not participate in the main study.

This pilot session was very valuable as it allowed the researcher to relook the manner in which the activities were presented; the researcher removed some questions from the incomplete sentences activity as the activity proved to be too long. Another lesson that was learnt from this session was that it was more productive for the researcher to write the

answers for the participant as the participant took time to think about the answers when he/she had to write the answer in himself/herself and thirdly, the rosebush fantasy could only be attempted once the researcher has built a trusting relationship with the participant as this activity was not successful with the participant that participated in the pilot session.

4.2.9 Feasibility of the study

This research study was feasible for the following reasons:

- The researcher gained permission from the board of management of Tongaat Child and Family Welfare Society to conduct the research.
- The organisation at which the sample was recruited, is involved in statutory placements of children and the supervision of these placements.
- The participants reside within close proximity to Tongaat and surrounding areas, which made logistics for conducting the research easy.
- The researcher has been practicing as a play therapist and was therefore able to guide the interviews confidently.

The researcher will initiate the presentation of qualitative data with a discussion of the profile of research participants. Demographic information will be presented in a descriptive manner.

4.3 PROFILE OF RESEARCH PARTICIPANTS

A brief summary of the biographical information of the four research participants are presented below.

Participant A

Participant A is a 9 year old boy. His parents were married and had two children. The natural father commenced a relationship with a girlfriend and in the year 2008 she moved in to live with the family. Thereafter the natural mother moved out to live with her boyfriend. The natural father passed away on 17 July 2010 and as a result the children went to live with their paternal aunt who had assumed responsibility for him and his brother. This placement was legalised by the Commissioner of Child Welfare in Tongaat. He has two

other half siblings living with another paternal aunt. These siblings were born of another mother.

Participant B

Participant B is a 12 year old boy. His parents were married and the couple had two children. Participant A in this study is his sibling. The researcher decided to include siblings in order to gather in-depth data and to determine whether their experiences of their foster placements differ. Apart from their ages, the biographical information of participant B is similar to that of participant A.

Participant C

Participant C is a 12 year old girl. Her natural father was previously married and had four children of this marriage. His wife died in 1993 and thereafter in 1995 he commenced a relationship with the participant's natural mother. The foster parent of participant C is her half-sister as she is born of the marriage between her natural father and his first wife. The foster parent is the only surviving child of all her siblings. Participant C's parents had two children however, her sibling passed away a year after he was born in 1997. The natural mother of participant C passed away in 2008, leaving her in the care of her biological father. The biological father of participant C passed away in 2011. Since the death of her biological father, participant C has been living with her half-sister. The placement was formalised by the Commissioner of Child Welfare at the Tongaat Magistrates Court. Participant C has a very quiet disposition and physically looks much younger than her age as she is short and slim.

Participant D

Participant D is a 12 year boy. He, as well as his siblings were left in the care of his maternal grandmother in the Eastern Cape after the death of their parents. His siblings are two boys, 10 years and 7 years of age. His maternal grandmother could not cope with the care of the children; therefore she left them with the paternal grandmother who requested that they be placed in the care of her son. As a result of this placement, they moved to Tongaat to live with their paternal uncle.

4.4 RESEARCH FINDINGS

The researcher explored the experiences of a child placed in kinship care after the death of a parent. The following play techniques were used to gather research data:

- “Pick-up sticks”
- Rose-bush fantasy
- Family drawings
- Incomplete sentences

The focus of the first few sessions with the participants was on the building of an “I-thou” relationship with the research participant, which refers to a relationship where the therapist and the child are considered equal (Blom, 2004:54). This contributed to the participant feeling comfortable in the presence of the researcher despite the researcher being an adult (Blom, 2004:54). This trusting relationship also ensured that the participant felt comfortable sharing information that was sensitive in nature.

The first session focused on building a relationship with the participant. The participant was encouraged to choose an activity and familiarise himself/herself with the playroom. According to Blom (2004:118) making choices allows a child the opportunity to build inner strength. This was followed by an activity called “pick-up sticks”. The purpose of this activity was firstly to build rapport with the participant as it involved the participation of the researcher and secondly to determine the child’s emotional knowledge and vocabulary. According to McDowell as cited in Blom (2004:144), this activity involves linking different colours of sticks to emotions. The activity begins by the participant allocating feelings to the various colours such as red is anger, green is happiness, blue is sadness and black is fear. The participant gathers the sticks together and then drops them on the table into a pile. The aim of the activity is to pick up a stick without moving other sticks in the pile. When a stick has been successfully “picked up” the participant or the researcher could describe an incident that could be allocated to this feeling. The incident or occasion could refer to people in general or could be specific to the participant.

The participant was thereafter requested to draw a picture of his/her family. Drawing is a

tool that is used to communicate with children, as it allows for the expression of thoughts and emotions (Blom, 2004:147). There are three approaches to using drawings and they include, directive, non-directive and partly directive approaches (Van der Merwe, 1996e:139). The directive approach was used in this study as the researcher's aim was to explore the participants' experiences within their new foster families.

When this technique is used it is essential that a variety of drawing materials are made available so that the participant has a choice, such as paints, pastels and colour pencils (Blom, 2004:147). This technique allowed the researcher to get to know the child and to explore the relationships that exist in the home.

The second session also commenced with the participant choosing an activity that would involve the researcher. This allowed for the researcher to continue to establish the "I-thou" relationship.

The rose bush fantasy was used in this session as a creative play activity to determine the participant's feelings about his/her environment. The rose bush involves drawing and the use of fantasy (Oaklander, 1988:32). The fantasy allows a child to express blocked feelings, wishes, needs, wants, and thoughts and thereby reaching awareness of the present (Oaklander, 1988:32). The child is lead into a fantasy of imagining that he or she is a rosebush and thereafter has to draw what he/she imagines. The researcher thereafter explored the drawing by means of explorative and probing questions with the participant.

The third session commenced with the participant and the researcher playing the "memory game". This activity involves using pairs of cards that are mixed in a pile. The cards are set upside down, in rows. The purpose of the game is to find the correct pair by turning them over. The player gets an opportunity to turn over two cards at a time and if they do not match, the cards are returned to its place. If a pair is not found the cards are turned over and it is the next players turn. If the cards match the player keeps the pair as at the end of the game, the player with the most pairs is the winner. The aim of the game is to prompt ones memory. This activity was used for building the relationship with the participant as well as adding fun to the session.

This activity was followed by the use of 'incomplete sentences' which served as an in-depth interview, used for the collection of data. The incomplete sentences technique is effective as it allows for valuable information to be brought to the fore and is structured and goal directed (Van der Merwe, 1996c:124). The incomplete sentences involve a child completing a sentence with the first thought that comes to mind and this allows a child the opportunity to express an experience (Blom, 2004:231). This was an extremely valuable technique for this study as the study aimed to explore the experiences of the participants. According to the researcher it provided the means of expressing a certain issue without the participant feeling threatened.

Once every sentence was completed the researcher used probing questions to obtain further relevant data. The incomplete sentences that were chosen included themes on the death of a parent, the experiences of a new home, as well as foster care.

A **fourth session** was held with participants. This session was a continuation of the incomplete sentences activity. The researcher explored and probed on issues that were not answered in depth during the previous session.

Research data gathered from the participants by means of the different play techniques will subsequently be discussed.

4.4.1 "Pick-up sticks"

According to Blom (2004:137), some children are not aware of what emotions are, however this does not mean that they are not experiencing emotions. Children should be given the opportunity to experience and express their emotions (Blom, 2004:139).

Steiner and Perry (in Blom, 2004:95) discuss levels of emotional awareness in children. These levels are indicated below.

Level 1: Numbness - child does not experience any emotion



Level 2: Physical sensations - child experiences emotions as physical sensations such as stomach aches or head aches



Level 3: Primal experience - child is aware of emotions, but experiences emotions as enhanced energy and cannot verbalise emotion



Level 4: Verbal barrier - child is aware of emotions, but does not have the verbal vocabulary to express the emotions



Level 5: Differentiation - child is aware of the difference between basic emotions and can understand different intensities of emotion



Level 6: Causality - child understands emotions and can link specific reasons for the emotions



Level 7: Empathy and interactivity - child is aware of emotions in him/her and others and can manage emotions in himself/herself and others.

Participant A

The participant was very relaxed and participated well in the activity. This aided with the building of a trusting relationship. While participating in the “pick-up-sticks”, he was able to describe feelings as happy, sad, love, depressed and disappointed. The participant was able to effectively and confidently describe feelings in the first person, which according to the researcher indicated that he owned the feelings described. He was also able to appropriately link feelings to incidents such as he was sad when his dad died.

The participant discussed his happy moments which centered on himself and his family, such as buying ice-cream and chips when he gets pocket money. He has happy experiences with his new family as they treat him well; he has shelter and his new bed is

blue. He also is very happy when playing on his skate board which was the center of many discussions.

Love was chosen as a feeling by the participant. He talked about the feeling of love toward his father as he took care of him, love toward his teacher as she gives him “stuff” and love toward his mother because she also buys him “stuff”.

He discussed in detail the sadness that he felt as a result of the death of his father. He mentioned that he thinks about his father all the time, however sometimes he tends to forget about his father. The participant seems to be at level 6 of the above diagram, which indicates that he understands his emotions and can link these emotions to specific situations. This is in keeping with the characteristics of children in the middle childhood phase, where they have an adult understanding of death (Steiner & Perry as cited in Blom, 2004:95).

The participant was able to provide reasons for the sadness experienced. He is now missing his dad, who took good care of him and the good life and luxuries that he had provided. He loves his mother but she is unable to take care of him as she lives with her boyfriend. Sadness was only associated with the death of his father and not with any other incident. It is the opinion of the researcher that the participant seems to be going through the grieving process. When considering the views of Kubler-Ross (in Hartgill, 2008:1) the participant seems to be in the fourth stage of the grieving process which involves sadness. He cries when he thinks about his father; however his paternal aunt seems to be helping him through this process.

The participant was able to describe the feeling of being depressed. He appeared to believe that sadness was a stronger feeling than depression. He gets depressed when someone breaks his skate board as his skate board was a very important part of his life. The feeling of being disappointed was also identified as he got disappointed when someone stole his ‘stuff’ at school and when the neighbour’s dog died. When this happened, he assisted in burying the dog. The researcher probed about feelings regarding

the dog's death as compared to feelings about his father, however there seemed to be no association. He was merely disappointed for the neighbours.

Participant B

Participant B was able to identify feelings as being happy, sad, angry and excited. He was very excited about participating in the activity and displayed a very relaxed and mature disposition. This indicated that he was comfortable with his participation in the study and in sharing with the researcher. He was able to express feelings and own these feelings.

The participant feels happy when he receives pocket money from his foster parents. This makes him happy in his new environment, as well as when he spends time with his cousins and when his aunt cooks nice food. He is also happy when he receives gifts. His foster family gives him gifts on his birthdays and at Christmas; this contributes to his positive experience. He experiences happiness when he returns to school after vacation as he gets to see his friends. The participant described friends as playing a very meaningful role in his life.

Participant B becomes excited when it is the last day of the term as he gets to see how well he achieved on his report card. It is his wish to complete school quickly as he wants to become a doctor. The participant described positive feelings toward school and shared that he is achieving well academically. He expressed the view that his foster family is going to help him achieve his dream of becoming a doctor.

He experiences anger when he obtains low marks as it is his aim to be an achiever, when he is not able to watch his favourite television programme 'suite life on deck', when his friends do not talk to him due to disagreements and when he does not get what he wants. However he understands that everything comes with time, one just has to be patient. No anger was expressed regarding the death of his father.

The participant experienced sadness when others steal his things especially at school, when people tease him because they think that he is scared and would not be able to fight back. He does not fight back because he does not see the need to. He also attributed

feelings of sadness to his father's death. He was able to discuss reasons for his father death; he has accepted that his father was ill. He still cries when he thinks of his father, he then talks to his cousin and thereafter feels better. When considering the views of Kubler-Ross as cited in Hartgill (2008:6), the participant seems to be in the 'despair and depression' stage of grieving.

He also expressed sufficient vocabulary which he used to describe incidents and feelings. He was able to easily associate feelings with incidents, as mentioned above, however he went further and was able to show that he is aware of his emotions and those of others and can manage and express these emotions. The participant therefore seems to be functioning at level 7 of emotional awareness in children, according to Steiner and Perry (in Blom, 2004:95).

Participant C

The participant was not very co-operative during this session. She had to be motivated to participate and the researcher had to probe for responses. The researcher discovered in later sessions that it could be attributed to difficulty with regard to relationship building and the issue of trust not being established.

Participant C experiences happiness when she meets new people as she enjoys making new friends. She is happy to go to school as that is where her friends are and she gets the opportunity to learn. She is motivated to study and improve her life.

The participant experienced sadness when her parents died. She however elaborated by saying "but I am not sad any longer". This seemed however not to be the case as the researcher discovered in later sessions. When considering the views of Kubler-Ross (in Hartgill, 2008:6) the participant therefore seems to be at stage two of the grieving process as she appeared to have experienced anger and guilt regarding her father's death. This was evident when she discussed her feelings toward her father's death in later sessions. According to Kubler-Ross as cited in Hartgill (2008:6), this emotion of sadness is confusing and may result in children being depressed.

Participant C expressed sadness when she is scolded by a teacher, when she sees others being sad or when she goes to hospital to visit sick people. At home she is scolded when she does not complete her chores. The latter issue was explored further. It became clear that all members of the household have chores to complete. There appears to be more routine and structure in this home than when the participant lived with her father. She appeared to be trying to adapt and to make changes in this regard.

According to Steiner and Perry (in Blom, 2004:95), the participant seems to be at level 6 of emotional awareness as she understands emotions and can link specific reasons for the emotions experienced.

Participant D

According to Steiner and Perry (in Blom, 2004:95), the participant seems to be at level 6 of emotional awareness as he understands emotions and can link specific reasons for the emotions felt. He identified feelings as happy, sad and frightened.

The participant actively participated in this activity. He identified happy incidents which included a trip to the beach with his family. They all had fun swimming and playing. He was also happy when he accompanied his father to the shop as this provided the opportunity for him to buy chocolate. The researcher probed about happy experiences in his foster home. He described playing soccer with his brother and other friends and going to school every day.

Sad feelings were associated with the death of his parents. He misses his parents and sometimes thinks about how his life would be different if they were alive. He experiences sadness when he cannot go to school due to bad weather as he misses his friends.

He described feelings of being frightened when there is lightning and thunder. He is scared that when there is thunder and lightning there will be rain and rain can destroy homes. He is also afraid of the sound of the thunder. The researcher explored regarding any fears experienced in his foster home. The participant responded that he does not want to break

rules and thus offend the foster parent; he wants to ensure that the foster parent is satisfied with his behaviour.

4.4.2 Family drawing

Drawings can be used to help a child express thoughts in a non-threatening way as well as to facilitate communication with a child (Blom, 2004:147). Drawing promotes self-awareness in children and allows them to make contact with their emotions and to deal with these emotions in a non-threatening manner (Blom, 2004:147). This technique was used in this study to explore the family members that the child considers to be part of the family and to explore relationships with these family members.

Participant A

The participant drew his current foster family as his family, including his brother in his drawing. He spoke fondly about his cousins with whom he lives, a male (23 years), female (20 years) and a male (13 years). He is happy to be living with his brother as they share a close bond. He shared information about his older male cousin who promised to take him to the mall in order to purchase him a pair of new shoes. He was looking forward to this outing. The participant appeared to share close relationships with his sibling, his older male cousin and his foster parents.

Participant B

The participant described his foster family as his own family and expressed loving sentiments towards them. The participant described very fond memories of his biological father and his mother. He loves his mother but he knows that she cannot care for him due to her circumstances. He discussed memories of his father's place of work which was a motor repair workshop. He stated that his father attended to all his needs.

He spoke about his previous family, which included very negative experiences with his step-mother. After the death of his father, he was left in the care of his step-mother who exposed him to alcohol and drugs. His older brother became addicted to drugs, however the participant showed no interest, seeing that he did not like the taste of the alcohol. He further informed the researcher that a concerned neighbour informed his paternal aunt

about his circumstances; as a result the paternal aunt rescued him from these circumstances. He describes this as being a wonderful experience and the foster parents have now provided a safe and healthy environment in which he can grow and achieve his goals. He described his family as being caring and that he loves them very much.

The participant discussed his step-siblings who live with another paternal aunt. He likes visiting them; however he has adjusted to living apart from them. In summary the participant seems to share good healthy relationships with his cousins, his younger brother and the foster parents whom he considers to be his parents.

Participant C

Participant C engaged in the family drawing activity with ease. She described her foster parent and the foster parent's child as her family members. She loves her foster parent as she cares for her. The participant is close to her foster parent's daughter. They share a bedroom. Whenever she has issues or difficulties she is able to share this with her cousin. The participant does not have many family members in her life. She does not have siblings or maternal aunts as they are deceased.

In summary the most important family relationships that the participant has is with her foster mother and the foster mother's daughter.

Participant D

The participant drew his younger brother, older sister and deceased parents. When relationships were explored, the participant revealed that he shares a close relationship with his younger brother as they play together on a daily basis and they have similar interests, such as sports. His sister is more involved in cooking and cleaning and does not play much.

The participant spoke about his deceased parents. He described his biological father as working away from home somewhere in KwaZulu-Natal. Sometimes his mother would go to live with his father and then they would live with their maternal grandmother. His mother loved to cook and his favourite food was rice and meat.

The researcher explored the relationship with the foster parent. The participant loves his foster parent as he takes good care of him. He described the foster parent as being strict and this appears to be an area of struggle for the participant who has to adapt to a new environment.

4.4.3 Rosebush fantasy

The rose bush fantasy was used in order to determine the participant's experiences and feelings about his/her environment. The rose bush fantasy involves drawing and fantasy (Oaklander, 1988:32). The researcher requested that the participant close his/her eyes, only if comfortable to do so and to imagine that he/she is a rosebush (Blom, 2004:77). Then suggestions followed such as "what type of rose bush are you? what do your roots look like? do you have flowers on your bush? (Blom, 2004:77). This fantasy allows a child to express blocked feelings, wishes, needs, wants, and thoughts and thereby reaching awareness of the present (Oaklander, 1988:32). Thereafter the participant was requested to draw his/her rosebush. The researcher then explored the drawing by asking the participant to describe his/her drawing in the present tense as if he/she is the rosebush (Blom, 2004:78).

Participant A

The participant described himself as being a rose bush with a single rose. There were other sunflowers, animals such as dogs, cats, giraffes and monkeys in the garden. The roots of the rose bush were "big and strong". The weather in the garden was "warm" and the garden smelt like "strong perfume". This activity was used to determine the participant's experiences and his view of his environment. He appears to share a strong sense of belonging with his brother. He appears happy in his environment as he describes it as clean and safe. He has his own bed to sleep on although ideally he would want his own room. There are other people in his environment like his cousins and foster parents who make him feel safe.

Participant B

After drawing the rose bush the participant explained that his garden is "clean and bright". He has been living in this garden for a few months; his previous garden was nice however

he likes this one better. In his previous garden he liked his friends. The participant was able to comfortably relate his rose garden to his own environment. He informed “It’s ok to move, I like the place, friends, family and neighbours make it good”. The researcher enquired as to what makes a good home “brothers and sisters, pets and most important having parents that care about you”.

His home is clean and bright and filled with laughter. He is always having fun with his cousins and his younger brother. His previous experience with his stepmother was scary as he was exposed to drugs and alcohol and he did not have a stable environment. This environment is more conducive for his development as he is able to attend school and is doing well.

The researcher explored his foster care experience and he responded “when you are in foster care you try to get what you want, if you don’t get it, try to be patient and you will eventually get it”. Upon probing the researcher discovered that the participant referred to material things such as a cell phone, as well as to love and attention. It seems as if it took some time before the foster family got to know him and this patience paid off as they all developed a good and comfortable relationship with one another where they experience trust and respect.

Participant C

The researcher introduced the rose bush fantasy. The participant was comfortable with closing her eyes for the activity. She was comfortable drawing her rose bush. She described herself as being a rose bush with a red rose. She has thorns on her stems and her roots are long. She is in the garden with her friends. She liked the smells in her garden and is very happy in the garden. When the researcher enquired as to whether she was the rose bush in the garden, her response was “yes”.

She described her environment as being friendly. She has more friends at school than she has at home. She has an older cousin at home in whom she does confide; however she prefers talking to her friends at school as they are her age. Her foster mother works a lot so she does not get to spend much time with her. She does not mind this. Due to her foster

parent working, herself and her cousin are involved with household chores. She does not like this very much, however she knows that it has to get done. She did not do many chores when she lived with her father as he took care of her.

While exploring, the participant mentioned her religion. The foster parent is the same religion as her; they are Hindus. She likes her religion and they all pray together.

The researcher explored the thorns on her stems. She was able to compare the thorns on her stems to that of her “worry” regarding her father’s death. She knows that he is dead, however she believes that his death was unfair as they shared such a close relationship. Her worry further extends to who will care for her “should something bad happen to her foster parent” as she does not have aunts or siblings who can care for her.

Participant D

The participant was comfortable with the activity; however the researcher had to explain the activity a few times before he understood the process. He described his rose bush as being in a green garden. The rose bush has long strong roots; the garden has a nice clean smell. In his garden are two other flowers - when probed these were his brother and sister. He likes living in this garden as he feels safe.

Sometimes there is rain, thunder and lightning. However his home is safe and strong enough to protect him from the lightning and the rain. The researcher probed as to which home he was referring to. He was referring to the home of the foster parent; however the foster parent was not in the picture. The participant informed the researcher that the foster parent is very busy; he is always at work as he is a teacher at a mosque. He has the same religion as the foster parent. He was born a Muslim. According to the participant, the foster parent is very strict about practising religion as well as living their lives according to religious practises; his parents were not as strict.

4.4.4 Incomplete sentences

This study was aimed at exploring the participants’ experiences regarding their new home and the kinship care placement. According to Van der Merwe (1996c:124) incomplete

sentences are effective to achieve a goal as it is structured and supplies valuable information. The incomplete sentences involve a participant completing a sentence with the first thought that comes to mind; this allows the participant the opportunity to express an experience (Blom, 2004:231).

The researcher found it more practical to read out the questions to the participants and write down their responses as this did not allow much time for thought and brought out the first response.

A copy of the incomplete sentence is attached as appendix E. For the purpose of this chapter only the sentences that provided important and relevant data will be discussed. The researcher asked a question and then probed further in order to obtain information relevant to the study.

Participant A

2. Before I go to sleep at night “I think of my mother.” He thinks of his mother but wants to remain in his foster home. His mother lives in a “dirty” place that “stinks” and there are no toilets.

3. My mother is “a lovely person.” She is kind to everyone that she comes into contact with, she respects everyone, does not back chat or raise her voice. She does not work and does “not live in a nice place” therefore the participant does not want to live with her.

5. My father “has to do his job.” He sees his foster father as being his father and the bread winner. The foster father is trying his best to provide for himself and his brother as well for his own children.

6. I will never forget “my father, he used to treat me good, I was happy.” The participant discussed this further by stating that he will not forget his father due to fond memories such as his father cooked and cleaned for them. He worked as a motor mechanic and supported them. Every Sunday after church, his father would take all the children play arcade games and have lunch. The participant is of the same religion as his foster parents; they belong to the Christian faith. The foster parents also attend church every Sunday. Religion and attending church is very important to the foster family.

7. My home “is big with space to play, people that care, love and treat me well.” He loves playing outside on his skate board and there is enough space for this. His foster parents are kind; provide him with food and pocket money and ensure that he goes to school every day.

10. What I need is “education, to be taught properly.” He loves schools and sees education as very important in order for him to have a good job when he grows up.

11. If I could change things “I would change things as my brother is sad.” He is referring to his older half-brother who lives with another foster parent. He would like his brother to live with them. He does not like this separation as he only gets to see him in the school holidays. He understands that there is no space for his brother in his home; therefore the brother lives with his other paternal aunt. This brother is well taken care of where he is.

12. I wish I could tell my mum “that I will never fail in school.” He does not see his mother often. The last time he saw her was a very long time ago, more than a year ago. He only gets to see her in the social workers office. He wants his mother to feel proud of him as he is doing well in school. He is happy living with his foster parents and if given the choice to live with his mother he would choose not to, as she does not work. His foster parents are giving him a good life.

13. I wish “for new shoes and nice clothes as it makes me feel new.” His foster parents buy him new clothes for birthdays and Christmas.

14. Living in my new home “is lovely, it has a place for my drum set and enough space to play.” The researcher probed regarding his home and it appears that he regards a clean spacious place as important. He sings in church and therefore is learning to play the drums.

15. My foster parent “is the best. They treat me well” The foster parents are kind and provide sufficient food. They check his home work every day, buy books when he requires them, there are strict rules. He likes rules; there were some rules in his father’s home, but not many. His father did not check his homework or followed up on school issues.

16. When my dad “died I felt bad.” Feelings regarding the death of his father were explored. He appears to be coping. He loved his father as he had a very good life with his father. His father provided well for him and his siblings.

18. My foster care experience “is good, someone to treat us well, buy stuff, clothes, I need to be near family.” His paternal aunt loved his father very much. He is loved by his aunt and

his cousins. It appears that there was an adjustment period that he went through as he had not seen his aunt for a very long time. However, his aunt makes him feel safe and cared for. He does not have to worry about his basic needs as they are taken care of. He is able to live with his brother, which is very important to him.

Participant B

1. My happiest moment “was getting a present from my dad. He bought me a phone.” Feelings about his biological father were explored. “My dad bought me lots of things.” It seems as if the biological father spent money on material possessions and provided personal attention to the participant. The participant believes that it is very important to laugh and have lots of fun.

2. Before I go to sleep at night I think “of God. I get happy. It helps me to sleep.” Prayer is very important to the participant. He attends church every Sunday with his foster parents and used to attend with his biological father. Praying to God helps him to relax and feel better. He is of the same religion as his foster parents; they are Christian and this makes him feel very comfortable.

3. My mother “is the best in the whole world, she cooks and makes me laugh. It’s important to laugh.” His mother is a very friendly and caring person. He has not seen her in a very long time. The researcher explored the possibility about returning to her care. The participant affirmed that the best place for him was with the paternal aunt.

5. My father “was the best person, he was funny and loved me a lot.” The researcher explored the things that make a child feel loved. He responded “father, mother, brothers, sisters, nice home, presents and toys.” The researcher further explored what makes a child feel comfortable. He responded “a home that has love, laughter, good care where people play with you and tell you nice things.” The researcher enquired how he can tell if a person loves you and the response was “by the look on their faces.”

7. My home is “the best, people love me, care, play and make me laugh.” There is a lot of fun and laughter that takes place in the home especially with all the cousins. His home is also close to the beach so he gets to go fishing and swimming. The cousins seem not to feel possessive of their parents nor their home.

8. My greatest worry is “to die, I will feel sad for others as they will cry for me. Death is scary.” The participant cried a lot when his father died and it was not a nice experience. He

missed his father and could not believe what has happened. His entire life changed thereafter. He has now adjusted to the change with the help of the foster family; however he does not want to die as he does not want his family to go through pain again. According to Kubler-Ross as cited in Hartgill (2008:6), the participant is going through the final stage of the grieving process, which is acceptance, understanding and resolution. The participant has found a realistic solution for coming to terms with the loss and has a way forward. He has realised that life goes on and that the pain lessens with time.

9. I sometimes imagine “being a doctor, with a nice house, wife, children, mother and father.” The participant aspires and dreams of having a normal life, as defined by society in general with all the luxuries. He is committed to studying hard and creating a good future for himself. He is thankful that he has the support of his foster family.

10. What I need is “people to love me, take care of me, especially friends. Friends are important as you can tell them things you can’t tell others.” He has found this care and love in his foster family. This is his basic need. He places a lot of value on his relationships with his friends. Sometimes they fight and argue and this upsets him. Hanlon et al. (in Rathus, 2008:456) reinforce what this participant is saying, namely that peers exert powerful socialisation influences and pressures to conform. Acceptance or rejection by peers is of major importance in middle childhood as problems with peers affect adjustment later on.

11. If I could change things ... “I like everything the way it is.” When asked about the death of his father, he replied that he would change that. However, he understands that this had to happen and he is happy where he is.

13. I wish “to grow big and not be small.” He would like to grow taller and older quicker. He wants to start his career as soon as possible as he wants to be independent.

14. Living in my new home “is the best thing ever. The old home had lots of influences and people around.” He disclosed that his step-mother took him and his brothers to her mother’s house. He disclosed again that here, people would abuse alcohol and use abusive language. She would allow them to smoke and consume alcohol. “I tried smoking cigarettes and zol once.” His older brother was mostly influenced as he tried “bad drugs like rocks. My brother liked it so much. His friends would supply him with the drugs.” The participant further described his experience of the drugs and alcohol and the effect it had on his body and how his new home and foster mother “stopped him from bad things.” This has had a positive influence on his life and has allowed him to see the negative influence of

drugs and alcohol. His mother is living in a similar environment and he does not want to go back there.

15. My foster parent ... “I love them.” The participant is very grateful for the good life that the foster parents have provided for him and his sibling. He has developed a very close bond with them and has accepted them as his parents.

16. When my dad died “was the saddest day ever, part of my body left me. I sometimes still feel that way now but now I have a new life.” The researcher explored feelings regarding his father’s death and discussed ways of coping when he thinks of his dad. This issue was explored in-depth in question 8.

17. I would like to live “in a mansion.” He would like to live in a big house where he could have his own room and did not have to share. He is presently sharing the room with two cousins and his sibling as there are two bunk beds in the room.

18. My foster care experience ... “I was scared at first then I got used to everyone there. It was strange at first as I did not know anyone. I was scared because they used to ask questions and I was shy to answer, but I got used to them. I had my brother there, this helped me feel better. They used to let us play computer games and talk to us and then we got used to them.” The researcher went further to explore what is needed for a child to be happy in foster care. He responded “be kind to the person who is talking to you, respect them and they will respect you back, also believe in them and you’ll see what will happen, this is what happened to me”. The researcher asked “what makes foster care work for you?” He responded “love, care and all the general things. Most important for me is when everyone talks to me, especially my cousin, she talks to me and she’s going to buy me an i-pod. She is fun; we laugh together and watch the competition shows like idols.” In summary the participant feels like a member of the family as he is included in all the activities and is treated as a member of the family.

Participant C

1. My happiest moment “is when I’m with my family.” She loves just being together with her foster family and having fun. She describes her happiest moment as planting vegetables in the garden with her father. This was their favourite pastime. The researcher explored the happiest moment in her foster home and the response was playing and talking to her cousin, whom she shares a close relationship with.

2. Before I go to sleep at night I think “what’s going to happen the next day.” The participant wonders whether it is going to be a good day or a bad day. She is fearful as to whether something bad is going to happen. These feelings resulted after the death of her father; she is very anxious as to whether anything negative is going to occur.

As previously discussed, it seems as if the participant has not come to terms with the death of her father. According to Kubler-Ross as cited in Hartgill (2008:6) the participant seems to be at stage two of the grieving process where she experiences anger and guilt in terms of her father’s death. This emotion is confusing and may result in children being depressed (Kubler-Ross as cited in Hartgill, 2008:6).

According to Medicine (2012), the symptoms of depression in children vary, where a child's depressed mood was evidenced by acting out or angry behaviour. While this does occur, particularly in younger children, many children display sadness or a low mood similar to adults who are depressed. The primary symptoms of depression revolve around sadness, a feeling of hopelessness, and mood changes. Symptoms of childhood depression include: irritability or anger, continuous feelings of sadness, hopelessness, social withdrawal, increased sensitivity to rejection, vocal outbursts or crying, feelings of worthlessness or guilt (Medicine, 2012). Participant C appeared to experience symptoms of anxiety, sadness and feelings of guilt and anger in terms of the death of her father. These symptoms were observed in other sessions.

3. My mother “was the greatest mum ever.” The participant revealed that her mother was kind, she took very good care of the participant, ensured that all her needs were met bought her all the things she needed and was there for her every day of her life.

4. My greatest fear “is ghosts.” She has seen scary movies with ghosts and is afraid of them. Fears associated with the foster home were explored. She expressed concern about her care if the foster parent dies. She is worried that there will be no one to take care of her.

5. My father “was a remarkable man.” Her father worked hard to provide for her. He did everything for her after her mother’s death. She lived alone with her father. She treasures all the moments they spent in their vegetable garden. They talked and laughed and harvested their crops.

6. I will never forget “my parents.” As discussed above the participant has not come to terms with the death of her parents, especially the death of her father. She misses him terribly and is clinging to the memories of him.

7. My home is “the best place that you will ever find.” She is comfortable in her foster home and all her needs are met, shelter, food; she gets to go to school and they buy her clothes. She has sufficient space and shares a good relationship with her step-sister’s daughter whom she refers to as her cousin.

8. My greatest worry is “if something happened to my foster parents.” She is worried that there would be no one else to care for her if her step-sister was unable to do so. She does not have any siblings nor does she have any other close family member. This is one of the stressors in her life.

9. I sometimes imagine “what I’m going to be when I grow up.” She does not have parents to support her, so wants to do well in school so that she can get a good job in order to care for herself.

10. What I need is ... “nothing.” The researcher explored this however the participant was adamant that all her needs have been met.

11. If I could change things “I would bring my parents back.” She is missing her parents as explained above, however her father more so than her mother. She misses their home and especially their planting of vegetables. This was her favourite hobby as it provided quality time with her father. She does not engage in gardening anymore as there is no one to help her.

12. I wish I could tell my mum “not to leave me.” If her mum had not died she would have been there to watch her grow up. Her step-sister is taking good care of her but she misses the company of her parents and the love that they shared.

14. Living in my new home “is okay.” She prefers her home where she lived with her dad as they shared very good memories there. However she will not live anywhere else but with her step-sister. All her needs are met here and everyone is kind to her.

15. My foster parent ... “I love them.” She cares for them dearly as they stepped in and rescued her after the death of her father.

16. When my mum died “in 2008.” She will not forget this as she was now alone with her father who had to take care of her. She was very dependent on her mother as her mother was her primary care giver. After her mother’s death her father was able to assume this

role that her mother played in her life. The participant and her father got very close and did everything together.

17. I would like to live “with my sister.” There is nowhere else that is closer to home than her step-sister. She is comfortable here. She sees her sister as family.

18. My foster care experience ... “I have foster parents who care a lot for me. In my home there is no fighting, everyone is treated equally, a loving family, people you can trust and respect.” The important aspect is having a sense of belonging and being treated equally.

The researcher explored the adjustment to her new home and what aided this process. The participant expressed that her step-sister also grieved the death of her father; they helped one another after his death to cope. The other family members were kind to her and this made her feel welcome.

Participant D

1. My happiest moment is “when I play after school.” He likes playing soccer with his younger brother and friends in the neighbourhood. The researcher probed further about family. His family’s visit to the beach was his happiest moment. They all had fun playing together. He did not express any moments with the foster parent.

2. Before I go to sleep at night “I think about my day and my friends.” He remembers all the stories that they shared. His friends and spending time with them, appear to be an important part of the participant’s life.

3. My mother “buys everything nice.” His mother made sure that they were all well taken care of. She would buy food, stationery for school and nice things to eat. She made sure that they had clothes to wear and went to school every day. He loved his mother.

4. My greatest fear “is thunder and lightning.” The sound makes him scared and these sounds remind him of heavy rain. His neighbour’s home was washed away with heavy rain and he does not want to ever experience that as it was scary. The foster parent provides a safe home for him and his siblings.

5. My father “worked and bought food.” He saw his father as the provider who ensured that there was money to buy food. He did not spend as much quality time with his father as he did with his mother.

6. I will never forget “the braai and the beach.” His father took all of them to the beach. They travelled by taxi. They had a wonderful day swimming, playing and having a braai. They all had fun together as a family. When the researcher probed about the foster family, he informed of going to mosque and praying together.

7. My home “is always happy.” Here he referred to his home in the Eastern Cape, when he lived with his parents. He had lots of fun with his siblings and the neighbours. The researcher probed about his foster home. It appears that his foster parents are strict. When he does something wrong, for example take something that does not belong to him without seeking permission, he gets a hiding on his hands. He does not like this but he understands and sees this as a consequence for his wrong doing.

8. My greatest worry “is that my father was going to the shop and did not take me.” He loved going to the shop with his father so that he could have a chocolate. The researcher probed about his anxiety about his foster home. He is only worried about doing wrong things like taking things without permission. He is trying very hard to remember to follow the rules of the home so that he can continue living with the foster parent.

10. What I need is “education.” He wants to do well at school so that when he grows up he can become a teacher. He wants a better life for himself and wants to help other children.

11. If I could change things “I would not have taken what did not belong to me without permission.” This made his foster parent angry. He did not like seeing him angry as he is doing all he can to take care of him and his siblings. His foster parent is a religious instructor; as a result he is strict and commands discipline.

12. I wish I could tell my mum “to buy me a phone.” His parents lived away from home at some point so they lived with their maternal grandmother. He wished that he had a phone at that time so that he would have been able to speak to his mum every day. He really misses her and wishes she was here.

13. I wish “I could learn.” The participant expressed a wish to continue being able to attend school so that he can improve his circumstances when he grows up. He once again expressed the dream of becoming a teacher.

14. Living in my new home “is very nice.” He gets to go to school which is very important to him and all his needs, such as food and shelter are taken care of. He gets to play soccer with his friends. The home does not leak when there is rain and they are all safe.

15. My foster parent “takes care of us.” His foster father is single and does not have much help in caring for them. He does as much as he can, especially when buying food and getting them to school. His older sister who is 13 years old helps with cooking and cleaning and they all get involved. In summary he is grateful that he has a safe place to sleep and that he is able to go to school.

16. When my mum “died I felt bad.” He was really sad and he loved her and wishes that she was around to take care of him. The participant appears to be in the despair and depression stage of the grieving process (Kubler-Ross as cited in Hartgill, 2008:6). During this stage children experience despair and depression as they realise the inevitable. He understands that his mother has passed away and that he has a new care giver, however he appears to experience a deep sadness regarding the fact that she is no longer in his life.

17. I would like to live “with my foster parent.” He is the closest person to the participant. He does the best to take care of him. The most important issue for him is that his foster parent is his uncle and that he cares for him and loves him.

18. My foster care experience “is right.” Upon probing, the participant informed the researcher that he is satisfied that he gets enough food, he lives in a safe environment, and he is receiving “teachings about life” from his foster parent. By teachings about life he further explained that he is learning how to be good and thus improve the quality of his life. His foster parent is strict; however he views this as being a good thing as he is able to learn from his mistakes even if the consequences come with punishment. There was not much routine experienced by the participant when he lived with his parents. This was due to him and his siblings living between the maternal grandparent’s home and their home whenever his mother went away to work.

The researcher explored regarding the adjustment to the home of the foster parent. They did not know the foster parent well as he is the paternal uncle and they did not have much contact with him. His foster parent was patient with the participant and his siblings. After some time they got into a routine, however the foster parent has many rules which they did not have in their home, such as cleaning, times for activities and taking care of their belongings. The participant was also happy that he had his siblings living with him so that they could help one another.

In summary participant A appeared to be of quiet disposition. His sibling, participant B however appeared more confident and outspoken. Both participants expressed positive experiences of foster care. The focus of the younger sibling, participant A, was being able to remain with his sibling, having his needs being met and having sufficient space to play.

For participant B the focus appeared to be on the foster family being able to meet his material needs, as well as love, care and good communication.

Participant C also shared positive experiences of her foster care placement, which included being cared for, being treated with respect and feeling a sense of belonging. She mentioned some challenges which included a change in routine and house hold chores.

Participant D also described positive experiences of foster care as his needs were met; he felt safe, received guidance and is able to remain with his siblings. Some challenges he experienced included consequences to incorrect behaviour.

4.5 DISCUSSION

During data collection the participants shared experiences relating to the adjustment to their new environment and their kinship care placements. During the adjustment stage to their new environment some participants initially felt scared, however they were able to settle in and adjust well as they experienced feeling safe and being included as a member of the family. Being able to continue living with their siblings and their extended family allowed them to experience a sense of belonging and to develop trust. The impression gained was that foster parents were friendly, kind and showed respect and patience.

All participants shared mostly positive experiences in terms of their foster homes. They experienced love and care and being treated well. Participants A and B experienced laughter with members of the foster family. They experienced kindness as they received good food and clothing and felt safe in their environment. Their new homes provided a place to play as well as the opportunity to attend school and continue with their education. All participants shared the need to be achievers at school in order to improve their lives and create a better future for themselves. They were glad that they were able to attend school

and continue relationships with friends, as well as being able to maintain their cultural and religious practices. All participants experienced structure, stability, discipline and guidance; someone to follow up on homework. They viewed this structure in a positive light.

There were some negative experiences that were expressed by participants. This included sadness experienced due to the death of their parent(s), adjusting to a new routine, especially engaging in household chores and sharing bedroom space. Anxiety in terms of who will care for them if the foster parent should die, was also expressed.

The experiences referred to above will be elaborated on under the following themes: Experience of stability, experience of culture and religion, experience of relationships, experience of dealing with the loss of a parent and experience of a new environment.

4.5.1 Experience of stability

According to Conway and Hutson (2007:11), children experience greater stability in placements with kin as compared to non-related placements. Children experience fewer changes of placements and therefore changes of environments when placed with kin and this allows children to experience stability. Children are most likely to be placed together with their siblings if they are placed with a relative. Children express this as a need and therefore experience this stability when placed together with their siblings (Conway & Hutson, 2007:11).

All the participants in this study indicated a sense of stability within their placements and had no desire to live anywhere else. These respective placements allowed them to remain with their siblings and not be separated. They expressed that their experience was that their placements were satisfying this need as foster parents were also caring for their siblings. The fact that the foster parents were related to them and their parents was reassuring.

4.5.2 Experience of culture and religion

Holton et al. (2005:201) state that there is a growing tendency to place children in kinship care as it reduces dislocation of children and keeps children within communities that are

familiar to them and it maintains their cultural identity. Living with relatives may reinforce their sense of identity and culture, and children in kinship care placements may also feel less stigmatised by peers (Holton et al., 2005:204).

According to Conway and Hutson (2007:12), kinship care respects cultural traditions. In many traditions the family and home are known to include the extended family and in some cases the communities. According to Conway and Hutson (2007:12) kinship care enhances a child's wellbeing by providing him/her access to ethnic, racial and cultural traditions.

All children in the study experienced the above as discussed by the authors. The foster parents practised the same cultural traditions and religion as them. This allowed for easier adjustment to the foster home.

4.5.3 Experience of relationships

Kinship care offers the least restrictive and the most family like setting for children, as well as the opportunity to continue with family relationships (Kinship Care Programme, 2006). This reinforces a child's sense of belonging to his/her own family.

All respondents have expressed that relationships are essential in their daily lives. They have highlighted that it was essential to be placed with their siblings and have a good understanding relationship with foster parents. They experienced that being placed with their siblings in their new home made the adjustment easier seeing that when they were not comfortable, they had their siblings to turn to. Participant C does not have siblings, however her foster parent is her half-sister and this relationship assisted her after the death of her father.

Children in the middle childhood phase tend to be closely attached to parents (Ozretich & Bowman, 2001:6). All participants expressed that they shared a close relationship with their biological parents and missed them dearly.

Participants expressed that it was important to share close relationships with their foster parents. This attachment developed between participants and their foster parents as the

participants expressed the importance of experiencing close relationships with their foster parents as they are family. This aided their adjustment to their new environment. Participants are depending on family members to care for them. Foster parents played a major role in how the participant experienced the foster placement. In all the cases, foster parents appeared to have provided nurturing environments which have resulted in positive experiences by the participants. All participants described their foster parents as showing them love, care and meeting their needs. All participants expressed the need to remain in their present placements despite some negativity that they experienced as in the case of participant C who is now experiencing a change in routine and participant D who experiences strict forms of discipline.

Children in the middle childhood phase benefit from spending time with peers (Papalia et al., 2008:398). They develop skills required for sociability and intimacy and also gain a sense of belonging (Papalia et al., 2008:398). They are motivated to achieve and develop a sense of identity, acquire leadership and communication skills, roles and rules (Papalia et al., 2008:398).

According to Hanlon et al. (in Rathus, 2008:456), peers exert powerful socialisation influences and pressures to conform. Acceptance or rejection by peers is of major importance in middle childhood as problems with peers affect adjustment later on.

All participants highlighted that their peers formed an essential element of their daily lives, as indicated by the above authors. Friends are important in their lives as they contribute to their experience of happiness. They are able to have fun, laugh and share their difficulties with friends and this also helps them cope with their situations.

4.5.4 Experience of dealing with the loss of a parent

Grief can be a lonely experience, therefore it is essential that the child feels cared for and loved during their time of healing (Helping a child cope ..., 2009:1). It is also important that the child continues to feel connected to the parent who has died (Helping a child cope ..., 2009:1). Kinship foster care provides this connection for children to feel connected to their parent(s). The foster parents are also grieving the loss of the child's parent(s) and as a

result are able to identify with the child and offer the necessary support. Participants provided feedback which illustrated that the kinship care placement kept this connection to the deceased parent(s) alive. Foster parents appeared to be assisting the participants through this process.

The death of a parent often shakes the foundation of a child's belief in the world as a safe place. Children often are concerned about who will care for them, will they get sick and were they responsible for the parent's death? Children therefore need constant reassurance and encouragement to feel safe again (Helping a child cope ..., 2009:1). These concerns were expressed by participants. Participant C especially, portrayed feelings of extreme sadness, anxiety about her future care, anger and guilt.

All participants expressed the experience of sadness and grief due to the loss of a parent or parents. They experienced that they were able to cope with this loss due to the love they felt towards their foster parents as well as other family members. The experience of this love and support that they received made a positive contribution to their adjustment to their new family and home. After a child has experienced the death of a loved one, the child telling his/her story is in itself a healing process (Helping a child cope ..., 2009:1). The participants felt close to their foster families and as a result were able to talk about the death of their parents to a family member. This has aided in the healing process.

Even though fluctuation occurs between the various stages of grief, participants appeared to be mainly functioning within the following stages of grief at the time during which the study was conducted:

Participant A appeared to be in the fourth stage of the grieving process which involves sadness and Participant B in stage 5 which involves acceptance of the death. Participant C appears to be experiencing task 2 of the mourning process; sadness, anger and guilt regarding her father's death (Worden, 1996:12). Participant D appeared to be in the despair and depression stage of the grieving process (Kubler-Ross as cited in Hartgill, 2008:6).

It is the researcher's opinion that participants A and B have experienced unconditional acceptance by their foster parents and thus appear to have dealt with the sadness experienced due to the death of their parent. The researcher also believes that participant B has advanced further in terms of acceptance of the death as a result of him being older than his sibling seeing that he has progressed further in the concrete operational stage. According to Piaget, children in the concrete operational stage make use of inductive reasoning which refers to a type of logical reasoning (Papalia et al., 2008:352).

4.5.5 Experience of a new environment

After a child has experienced the death of a loved one it is important that there is continuity and that normal activities at home, school and in the community are maintained (Helping a child cope..., 2009:1). This is a challenge that is faced by both foster families and foster children; namely how to pick up the pieces after the death of the foster child's parent(s) and adjust to their new environment.

Participants A and B both experienced the adjustment to their new homes as stress-free seeing that their foster family were patient and did not question them about issues. They continued living in the same town, however moved to a new school and experienced making new friends. They also continued with their religious practises.

Participant C also expressed that she was able to continue at her previous school and retain her friends; however she experienced some change in routine as she now had to get involved in household chores, which she was not previously exposed to. In the researcher's opinion this seemed to contribute to her clinging to the memories of her father and all that he did for her. Participant D also discussed similar adjustment experiences as participant C seeing that he had to adjust to a new routine and this has led to him missing his mother and wanting her to return to his life.

All participants expressed that their experience of their placement was positive as their new environment met all their needs. They also experienced that they were able to adjust to their new environment due to the following factors; they were living with people that were familiar to them, they were able to continue living with their siblings and they were able to

continue with their religion and cultural practises.

Participants appear to have experienced high levels of satisfaction with their kinship care placements. This high level of satisfaction was also experienced during a study that was conducted by Conway and Hutson (2007:2), which compared the experiences of non-related placements and related placements; 93% of the participants in related placements reported to have been satisfied with their placements and wished to remain as placed as opposed to 73% in non-related placements and 51% in group care.

According to Papalia et al. (2008:387), the most essential influences of the family environment on the child's development come from the atmosphere within the home. These authors ask the following questions: Is the home supportive or ridden with conflict? How well do parents deal with their child's growing needs and the economic situation of the family? Participants expressed that they experienced love, trust, basic needs being met and kindness in their new family environment which were essential factors that led them to feel comfortable and well-adjusted in their new environment.

These experiences of love and trust, kindness, and basic needs being met will be expanded in the next section.

- **Love and trust**

According to a study conducted by Altshuler (1999:222) which explored the experiences of children in kinship care, the highlight for children was the practise of being loved by their relatives. This was evident from data collected during interviews conducted with all participants in this research. This feeling of being loved and cared for, "... emerged in the form of discipline, structure and clear expectations of behaviour" (Altshuler, 1999:222).

This feeling of love was experienced and expressed by all participants toward members of their foster family. Participant C felt loved as she was treated equally to other members in the family such as her stepsister's child; participant D experienced love and caring as the foster parent was providing structure, guidance and discipline. The siblings both experienced love from their foster parent, however in different ways. Participant B saw love

in the expression and responses of the foster family and their patience by not badgering them for answers when they arrived and Participant A experienced love in all the material needs that were provided, for example new shoes and clothing, gifts and outings.

- **Experience of kindness**

Acts of kindness appear to contribute to children's well-being in successful kinship foster care placements. These acts of kindness serve as affirmation that the child is an important human being (Altshuler, 1999:225). In a study conducted by Altshuler (1999:222-225) the many acts of kindness offered to the children in the study, provided an opportunity to create their own future, a future full of possibilities. The ability to create one's own future may be seen as a contributing factor to a child's well-being.

All participants experienced acts of kindness by parents, natural parents and other family members such as cousins, which they viewed as positive experiences.

- **Experience of basic needs**

The Department of Social Development (2007:1) highlights the inability of the extended family to provide basic requirements to orphans such as shelter, food, medical care, education, love and support. This is a result of socio-economic pressures (National Welfare Social Service and Development Forum, 2008:1).

The foster parents in the study appear to be coping with meeting the basic needs of the participants. They all are in formal employment and are in receipt of state social security which assists in meeting the basic needs of foster children. Participants experienced satisfaction with their placements as their basic needs such as needs regarding food, clothing, shelter and access to education were met.

Participant C experienced her environment as clean and friendly. Participant B also experienced his environment as being clean and bright and full of laughter. His sibling, Participant A, who also experienced his environment positively, was impressed with having lots of space to play and his own bed to sleep in. Participant D experienced his

environment as safe for him and his siblings. All participants described their experience of their environment as feeling safe and clean.

According to Madhavan (2004:1452), poverty is one of the main underlying reasons for the breakdown of the extended family and its ability to care for its children. According to Foster (2000:58), the strength of the family and its coping mechanisms available will determine the ability to which families are able to provide a good safety net for the foster child. Participants experienced that they received nutritious food which contributed positively to their experience. Both siblings, Participants A and B placed importance on material aspects such as toys, games and cell phones and eating in restaurants. According to Ozretich and Bowman (2001:7) the media and the popular culture increasingly influence and impact on children's peer activities and relationships. This may be the reason for participants placing much emphasis on material things as described above. This interest in material needs appears typical of this age group as many material needs are stimulated via the media through television and advertising. Participant A and B seem to equate these material things with happiness and good care. According to the researcher this is due to the financial abilities of the families concerned, as well as their ability to provide a safety net for the participants.

Erikson labelled the middle childhood phase as industry versus inferiority during which time children are focused on mastering various tasks and challenges (Rathus, 2008:443). All participants expressed the importance of education and the role that education plays in their future. They all seem to have set goals that they want to achieve. The researcher is of the belief that this appears to be attributed to them not having biological parents to support them and the fear of what the future holds without their biological parents.

4.6 SUMMARY

This chapter provides an overview of the research methodology used during this study as well as a discussion on the empirical data gathered. The research methodology that was used in the study was effective and achieved the purpose of gathering the relevant data. The themes that emerged from the research data are experience of stability, experience of

relationships, experience of culture and religion, experiences of the loss of a parent(s) and experience of a new environment.

All the participants in the study described positive experiences in their foster home. They felt loved and cared for. There were some challenges that were expressed by participants. These included sadness experienced due to death of parent(s), adjustment to a new routine, engaging in household chores and sharing bedroom space. However it appears that due to the safe, supportive and loving environment that they experienced, the participants appeared to be coping with these challenges and to have adapted to their new environment.

The researcher consolidates in chapter 5. A brief summary, conclusions and recommendations derived from the literature and research findings will thus be presented.

CHAPTER 5

CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

The present reality in South Africa is that the number of children that are placed in permanent foster care is increasing drastically due to the AIDS pandemic which is leaving many children orphaned. The extended family thereafter assumes the care of the orphan(s) with little help from the state (National Welfare Social Service and Development Forum, 2008).

The goal of this study was to explore a child's experience of kinship care after the death of a parent. The objectives and research question are restated in order to determine whether these objectives have been met. The objectives of the study were:

- to conceptualise orphan hood, foster care, kinship care and play techniques within the gestalt approach.
- to use play techniques to explore the orphaned child's experiences of kinship care after the death of a parent.
- to make conclusions and recommendations regarding a child's experience of kinship care after the death of a parent, in order to enhance social work practice.

The study was guided by the following research question:

What are a child's experiences of kinship care after the death of a parent?

Chapter 1 provided a general orientation of the study, which included the rationale and problem formulation, goal, objectives and the research question of the study. A brief description of the research methodology was provided, as well as a discussion of the ethical issues that were considered during the research.

In **chapter 2** the researcher presented a literature review in order to conceptualise foster care and kinship care in South Africa, milestones of children in the middle childhood phase, the child's experience of the death of a parent and the stages of grief as experienced by

the child in middle childhood.

The focus in **chapter 3** was on a literature review of communication with children through play, as well as play techniques to enhance communication with the child in middle childhood.

In **chapter 4** the researcher provided a description of the research methodology as well as the empirical findings of the study. The focus of the empirical findings was on exploring the experiences of a child placed in kinship care after the death of a parent(s).

In **chapter 5**, the study is reviewed. Conclusions and recommendations are made, based on the research findings.

5.2 RESEARCH FINDINGS AND CONCLUSIONS

5.2.1 Chapter 1: General introduction

- **Summary**

The research topic was influenced by the need of the welfare society at which the researcher was previously employed; namely, to determine the child's experience of kinship care after the death of a parent. The purpose of the study was to influence strategic planning of the organisation in supporting children placed in kinship care. The researcher's interest was motivated by experience of working with families and children in the context of kinship care. The researcher's vision was also to make a contribution to social work practise specifically with regards to kinship care.

- **Conclusions**

The researcher ascertained that kinship care was a relevant topic in the social work field, especially since the number of orphans is escalating due to the AIDS pandemic. This type of care has become the preferred option for the placement of orphans and there is a need for research to be conducted on the topic in the South African context. It can also be

concluded that services that are rendered to orphans focus mainly on ensuring their physical well-being and little emphasis is placed on their emotional well-being.

5.2.2 Chapter 2: The child in middle childhood placed in kinship care

- **Summary**

The researcher discussed the following literature in chapter 2 in order to provide theoretical conceptualisation for the empirical study: kinship care in South Africa, milestones of children in the middle childhood phase, the experience of the death of a parent and the stages of grief. This knowledge gained from the literature review provided a guideline for areas of focus.

The researcher presented perspectives of different authors on children's experiences of the death of a parent. This discussion was relevant in this study as it is the loss of a parent that is the most traumatic event a child can experience. In summary most children in the middle childhood phase have developed a mature, adult understanding of death by the age of eight or nine years. Children at this stage are involved in concrete operational thinking and therefore able to understand the finality and irreversibility of the death of a loved one.

The researcher also discussed the practise of foster care in South Africa as the participants are all receiving foster care services within this context.

- **Conclusions**

Children who have lost a parent as a result of death are traumatised and need support from their caregivers in order to deal with and cope with the trauma experienced. There are various challenges facing the kinship care system in South Africa. An increase in the foster care numbers has led to a shortage of social workers nationally; this increase implies that meaningful professional services are not rendered.

The AIDS pandemic is not making kinship care irrelevant, however it is negatively impacting on the strength of the extended family to be able to cope with and to deal with

the economic and health crisis that is associated with this pandemic.

5.2.3 Chapter 3: The use of play techniques to communicate with children

- **Summary**

In order to conduct a successful empirical study and collect relevant data it was essential that the researcher communicated with participants in a child friendly manner. Thus the researcher utilised play techniques as a means of enhancing communication with children. The researcher conducted a literature study on the various play techniques that could be used in order to obtain the relevant data. The activities that were used in this study proved to be effective for enhancing communication, as well as for obtaining the relevant data required for the study. In the study the activities that were used facilitated the process of relationship building between the researcher and the participant and allowed for confirmation of information.

- **Conclusions**

It can thus be concluded that play is the natural mode of communication for children. Children's limited verbal ability may be viewed as an obstacle which prevents them from being able to verbally express their thoughts, feelings and behaviour (Thompson et al., 2004:5). Play is an effective tool that can be used to allow children the opportunity to formulate and assimilate their experiences (Oaklander, 1988:160).

5.2.4 Chapter 4: Empirical findings

- **Summary**

In this study participants were above the age of 9 years, in the middle childhood phase and understood the finality of death although some expressed the wish to reverse the incident. All participants were experiencing some level of sadness or grief due to the loss of their parent(s). The foster parent's kinship to the deceased parent allowed them to identify with the experiences of the participant.

All participants highlighted the importance of basic needs especially access to good food and shelter. A need for love and caring was strongly emphasised. The study revealed that all foster parents were employed and had stable jobs and were able to provide for their foster children. All participants expressed that they needed to obtain a good education in order to improve their circumstances.

In summary, the responses obtained from participants indicated that they shared positive experiences in their foster homes and wished to remain as placed. Participants experienced a sense of stability living in the care of their foster parents as they continued to live with their siblings. They were also able to remain within their respective communities, except for one participant who had to relocate to KwaZulu-Natal.

• **Conclusions**

The research methodology used in the study was appropriate and effective as it allowed for relevant data to be collected. It can be concluded that the play techniques that were used to enhance communication with the participants were effective as these techniques assisted to establish rapport with the participant, allowed for the participants to express themselves in verbal and non-verbal ways, especially about painful issues such as the death of their parent(s). Participants felt comfortable expressing these painful issues through the use of play techniques.

As a result of the data that was obtained during interviews conducted with the participants, it can be concluded that participants in kinship care experienced:

- kinship care positively due to their basic needs being met and experiencing support, love, trust, and kindness.
- being able to continue with family relationships especially being able to live with siblings. This was an important factor in ensuring that they adjusted positively to their new environment and contributed positively to their foster care experience.
- support, love, trust and kindness, which contributed towards the healing process after experiencing the loss of a parent(s).

- being able to continue practising their own culture and their religion as their foster parents were family members who practised the same religion and followed the same traditions. This was experienced as a positive contributory factor to the adjustment to their new home.

- **Recommendations**

The findings of this research highlighted the experiences of a child in kinship care. The following recommendations, based on these experiences, are focused on the social work community as social workers are the professionals who have been tasked to: investigate the circumstances of children in need of care, make recommendations regarding the most suitable environment for a child after the death of a parent, ensure that the placement is legalised and that the child concerned as well as the foster family receives the necessary supportive and supervision services.

Training of social work students: Participants in this study highlighted that they experienced sadness and grief due to the death of their parent(s). It is recommended that social workers be empowered with counselling skills in order to provide specialised services to bereaved children. It is therefore essential that social work students as future social workers be empowered with knowledge and skills to provide specialised services to children, specifically to orphans who are grieving and adjusting to substitute care / foster care placements.

Placement options: The researcher recommends the placement of orphans in the care of their kin, provided that the kin have sufficient financial resources to meet the basic needs of the child and are able to provide the emotional support necessary to help the child heal from the trauma experienced due to the death of a parent.

The development of therapeutic programmes: Therapeutic programmes for foster children and their foster parents should be a compulsory activity engaged in as part of the statutory process or as part of the two year supervision plan as legislated by the Children's Act 38 of 2005. This will ensure that every child who has been exposed to the court

system, due the death of a biological parent has received some level of therapeutic services. Foster parents should also be trained on how to cope with and help a grieving child. This will further aid the child with his/her adaptation to the new environment as well as empower the foster parent by raising awareness of what the foster child is experiencing.

The following recommendations are mainly focused on future research:

Research: The researcher recommends that for future studies on kinship care, recruitment of participants should include more organisations and institutions so as to ensure that there is a larger population from which the sample can be recruited. Using a larger sample could allow for the experiences of children from different socio-economic groups and/or different cultural groups to be investigated. This could enhance comprehension regarding this research topic within the South African context.

Comparative study: Research should be conducted with both adolescent and middle childhood participants. This comparative study should be conducted in order to determine the similarities and differences experienced by adolescents and children in middle childhood in respect of their adjustment to kinship care placements.

The researcher recommends further research with foster children aimed at exploring their experiences of services received from social workers as well as other professionals working with children governed by the Children's Act.

This study did not include foster parents as participants. The researcher recommends a replication of this study, however an inclusion of the foster parent, to firstly explore their experiences of support received from professionals like social workers, the court and welfare systems and secondly to determine whether they are coping with the financial and emotional demands of the placement.

5.3 ACCOMPLISHMENT OF THE GOAL AND OBJECTIVES OF THE STUDY

A tabular presentation appears below of the extent to which the objectives of this study were achieved which is followed by a discussion on the achievement of the goal and the research question.

Table 5.1: Accomplishment of research objectives

Number	Objectives	Accomplishment
1.	To conceptualise orphan hood, foster care, kinship care and play techniques within the gestalt approach.	This objective was achieved by presenting existing literature on orphan hood, foster care, kinship care and play techniques in chapters 2 and 3.
2.	To use play techniques to explore the orphaned child's experiences of kinship care after the death of a parent.	This objective was achieved by firstly providing an in-depth discussion on the use of play techniques in order to enhance communication with children in chapter 3. Secondly, qualitative findings on the experiences of the child in middle childhood, placed in foster care after the death of a parent(s) were presented in chapter 4.
3.	To make conclusions and recommendations regarding a child's experience of kinship care after the death of a parent, in order to enhance social work practice.	This objective was achieved by making conclusions and recommendations in chapter 5, based on the data obtained on the experiences of a child placed in kinship care after the death of a parent.

The goal of the study namely: 'To explore a child's experience of kinship care, after the death of a parent', was therefore achieved.

In terms of the research question, *what are a child's experiences of kinship care after the death of a parent?*, the empirical study revealed that there were various aspects that influenced a child's experience of kinship care. The participants in this study expressed mainly positive experiences that were influenced by various factors such as love, support, kindness, needs being met, living with family and the continuation of their cultural and religious practices.

5.4 CONCLUDING REMARKS

In a study commissioned by the National Department of Social Development Forum (2008:2), it emerged that 91% of children in foster care in 2005 were in the care of extended family members; usually their grandmothers or aunts. In 48% of cases, both parents were deceased, and in 80% at least one parent was deceased. These statistics provide an indication that the foster care system in South Africa mainly comprises of kinship care. and this further implies that children are in alternate care mainly due to the death of parent(s).

The results of the empirical study could be of value to the primary service providers of children and their families in kinship care and foster care; social workers, social auxiliary workers and community development workers. The researcher made conclusions and recommendations that are based on the empirical findings and existing literature that could aid future research in this field as there appears to be limited research on this topic that have been conducted by South African researchers. This ultimately aims to improve service delivery to children and families within the foster care system in South Africa, especially since the foster care system appears to be mandated to deal with the increase in children who are orphaned due to the AIDS pandemic.

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