

**The Lived Experiences of Cluster Foster Parents in Mhluzi area in
Middelburg, Mpumalanga Province, South Africa**

By

NAKEDI PRESLEY MANAMELA

RESEARCH DISSERTATION

Submitted in partial fulfilment of the requirement for the degree of

MASTER OF SOCIAL WORK

In the

FACULTY OF HUMANITIES

(School of Social Sciences)

At the

UNIVERSITY OF LIMPOPO

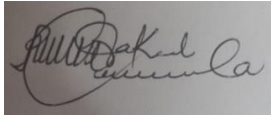
SUPERVISOR: PROF SF RAPHOLO

CO-SUPERVISOR: Mr TP SINGWANE

2023

DECLARATION

I, **Nakedi Presley Manamela**, declare that this document is my own work, and that all sources cited have been properly recognised with comprehensive references.



08/12/2023

.....

.....

Nakedi Presley Manamela

Date:

DEDICATION

This dissertation is dedicated to the following important individuals in my life:

- My supportive wife, Mrs Thothobela Rachel Manamela, for understanding the work that I had to do throughout this study. Thank you, mama, for the constant love, care and support you have given me. You are my pillar that I can lean on and thank you for praying for me every day. I love you so much.
- My beautiful daughter, Oeratile Nompumelelo Manamela, for always understanding every time I had to go for a school retreat and leave you with mommy.
- My biological parents, Mr Samuel Manamela, and Mrs Synthia Manamela, for believing and supporting me from the beginning of this project. You taught me that education is the only way to pursue and achieve whatever I want.
- My elder sister, Refiloe Fancy Manamela, you are the best sister because you always checked on me regarding my school progress.
- To the rest of my siblings, Mary, Noko, Piet, Mahlo, Thapelo, Reginald, and Kgaogelo, who believed and encouraged me since the commencement of this project, thank you, family.
- My friend Katlego Lamola, for pushing me, thus words are insufficient to express. Thank you for playing a prestigious role in this study.

ACKNOWLEDGEMENTS

First, let me prompt my heartfelt gratitude to My Heavenly Father, through his Son, My Lord Jesus Christ, for providing me with the strength, wisdom, insight, and determination to accomplish this dissertation. Furthermore, I am grateful to the persons listed below for their constructive contributions to the accomplishment of this study project. Specifically, I would like to acknowledge the contributions of:

- My supervisor, Prof S.F Rapholo, who motivated and channeled me steadfastly. I am still humbled by your research knowledge. I would not have finished this research study if it were not for your endless and selfless assistance and long heart. Now I understand why you were strict with me; you knew your story. Your patience and understanding are priceless, Prof.
- My co-supervisor, Mr T.P Singwane, who showed me a lot of creativity and how to maintain consistency throughout this study. Your sincere support is inestimable. Thank you for pushing me, Sir.
- My colleague, Mr Enoch Singwane, for proofreading this document and all the detailed explanations. You allowed me to stand by myself and you assisted me where I needed clarity.
- Mr Mabena, one of the elders in Graceland Christian Family Church, for translating the interview questionnaire schedule from English into isiZulu. That assisted a lot, Sir.
- Mr Godfrey Calvin Matshete, for technical assistance.
- The Suid-Afrikaanse Vrou-Federasie (SAVF), for permitting me to collect data on their premises.
- My Regional Manager, Mrs Henriette van Staden from SAVF, for allowing me I request a leave to attend my school retreat.
- The language editor, Dr. Kufakunesu Zano.

TABLE OF CONTENTS

DECLARATION	I
DEDICATION	II
ACKNOWLEDGEMENTS	III
TABLE OF CONTENTS	IV
LIST OF FIGURES.....	VII
LIST OF TABLES	VII
ABSTRACT	IX
CHAPTER 1 GENERAL ORIENTATION OF THE STUDY	1
1.1 INTRODUCTION.....	1
1.2 OPERATIONAL DEFINITIONS OF KEY CONCEPTS.....	2
1.2.1 Child in need of care and protection.....	2
1.2.2 Children with special needs.....	2
1.2.3 Cluster foster parent	2
1.2.4 Foster care.....	2
1.2.5 Cluster foster parenting village.....	2
1.2.6 Cluster foster parenting scheme	3
1.3 MOTIVATION OF THE STUDY	3
1.4 RESEARCH PROBLEM.....	3
1.6 THEORETICAL FRAMEWORK OF THE STUDY	4
1.7 AIM AND OBJECTIVES OF THE STUDY.....	5
1.7.1 Aim of the study	5
1.7.2 Objectives of the study	5
1.8 SIGNIFICANCE OF THE STUDY	5
1.9 LIMITATIONS OF THE STUDY.....	5
1.10 OUTLINE OF THE STUDY	6
1.11 CONCLUSION	7
CHAPTER 2 AN OVERVIEW OF FOSTER CARE IN SOUTH AFRICA	8
2.1 INTRODUCTION.....	8
2.2 THEORETICAL FRAMEWORK UNDERPINNING THE STUDY	8
2.2.1 The family as a basic unit within the family	10
2.2.2 The collaboration between the state and non-governmental organisations.....	10
2.2.3 Critics of the Social Development Approach	14
2.3 HISTORICAL BACKGROUND OF FOSTER CARE	15

2.4 FOSTER CARE IN SOUTH AFRICA	18
2.5 THE STANCE OF CLUSTER FOSTER PARENTING AROSE.....	19
2.5.1 Managing children’s behaviours.....	20
2.5.2 Attending Children’s Health	21
2.5.3 Attending Children’s educational system.....	21
2.5.4 Encourage contact with family	22
2.5.5 Providing love and emotional support	23
2.5.6 Providing a home away from home	24
2.6 LEGISLATIVE FRAMEWORK ON CHILD PROTECTION IN SOUTH AFRICA	26
2.6.1 Children’s Act 38 of 2005 as amended.....	26
2.6.2 The Constitution of the Republic of South Africa 108 of 1996.....	27
2.6.3 United Nation Convention on the Rights of the Child (UNCRC)	27
2.7 BIOPSYCHOSOCIAL CHALLENGES TO CLUSTER FOSTER PARENTING	28
2.7.1 Cluster foster parents’ stress and burnout.....	29
2.7.2 Challenges associated with the fostering role	30
2.7.3 Financial challenge	30
2.7.4 Challenges faced by foster children	31
2.7.5 Challenges associated with biological parents.....	32
2.7.6 Challenges associated with the cluster foster parents’ family	32
2.7.7 Lack of training and preparation	33
2.8 COPING MECHANISM STRATEGIES AND SUPPORT SYSTEMS FOR CLUSTER FOSTER PARENTS.....	34
2.9 ALTERNATIVE CARE STRATEGIES FOR CHILDREN IN NEED OF CARE AND PROTECTION .	35
2.9.1 Formal Alternative Care.....	35
2.9.2 Informal Alternative Care	39
2.10 THE ROLE-PLAYERS IN CLUSTER FOSTER CARE	41
2.10.1 Social Worker	41
2.10.2 The Department of Justice and Constitutional Development	43
2.10.3 The South African Police Service	44
2.10.4 South African Social Security Agency	44
2.10.5 Department of Education.....	46
2.11 THE EXPERIENCES OF CLUSTER FOSTER PARENTING	46
2.11.1 Lack of support and inadequate training for cluster foster parenting	46
2.11.2 Poor cooperation of cluster foster parents.....	47
2.11.3 Shortage of Resources	48
2.12 CONCLUSION	49
CHAPTER 3 RESEARCH METHODOLOGY	50
3.1 INTRODUCTION.....	50

3.2 RESEARCH APPROACH	50
3.3 RESEARCH DESIGN	50
3.4 POPULATION AND SAMPLING	51
3.4.1 Population.....	51
3.4.2 Sample and sample size	51
3.5 DATA COLLECTION METHODS	552
3.6 DATA ANALYSIS METHODS	53
3.7 QUALITY CRITERIA.....	596
3.7.1 Credibility	56
3.7.2 Transferability	56
3.7.3 Dependability	56
3.7.4 Conformability.....	57
3.8 ETHICAL CONSIDERATIONS.....	57
3.8.1 Permission to conduct a study.....	57
3.8.2 Informed consent and voluntary participation.....	58
3.8.3 Confidentiality, Privacy, and Anonymity	58
3.8.4 Protection from harm	59
3.8.5 Deception of the participants	60
3.8.6 Publication and release of findings.....	60
3.8.7 Risks of the participants	60
3.9 CONCLUSION	61
CHAPTER 4 QUALITATIVE DATA PRESENTATION, ANALYSIS AND INTERPRETATION	62
4.1 INTRODUCTION.....	62
4.2 BIOLOGICAL DETAILS OF CLUSTER FOSTER PARENTS	62
4.2.1 Age of cluster foster parents.....	63
4.2.2 Gender of Cluster Foster Parents	63
4.2.3 Highest qualifications of cluster foster parents.....	64
4.2.4 Experiences of cluster foster parents in foster care	64
4.3 DISCUSSION OF THE FINDINGS	65
4.3.1 THEME 1: Experiences of cluster foster parents fostering children with special needs	66
4.3.2 THEME 2: Knowledge of cluster foster parents in caring for foster children.....	74
4.3.3 THEME 3: Mental health issues encountered by cluster foster parents caring for foster children	78
4.3.4 THEME 4: Support systems for cluster foster parents	82
4.4 CONCLUSION	87
CHAPTER 5 SUMMARY OF MAJOR FINDINGS, CONCLUSIONS AND RECOMMENDATIONS	88
5.1 INTRODUCTION.....	88
5.2 RE-STATEMENT OF THE RESEARCH PROBLEM.....	89

5.3 RE-STATEMENT OF THE AIM AND OBJECTIVES OF THE STUDY	89
5.3.1 Aim of the study	89
5.3.2 Objectives of the study	89
5.4 THEORETICAL FRAMEWORK OF THE STUDY	90
5.5 SUMMARY OF MAJOR FINDINGS	91
5.5.1 Experiences of foster parents in caring for fostering children with special needs.....	91
5.5.2 Knowledge of cluster foster parents in caring for foster children with special needs.....	92
5.5.3 Mental health issues encountered by cluster foster parents in caring for foster parents	93
5.5.4 Support systems for cluster foster parents.....	93
5.6 RECOMMENDATIONS:	94
5.6.1 Recommendations for the policy	94
5.6.2 Recommendation for education.....	94
5.6.3 Recommendations for further research.....	1025
5.7 CONCLUSIONS.....	1025
REFERENCES.....	97
ANNEXURE A: INTERVIEW SCHEDULE	11910
ANNEXURE B: CONSENT FORM FOR CLUSTER FOSTER PARENTS	1245
ANNEXURE C: REQUEST LETTER TO SAVF- SOCIAL WORK SERVICES MIDDELBURG	12818
ANNEXURE F: SCHOOL APPROVAL OF PROPOSAL AND RECOMMENDATION FOR APPROVAL OF ETHICAL CLEARANCE	13221
ANNEXURE G: EDITORIAL LETTER.....	13424
ANNEXURE H: TURNITIN REPORT	125

LIST OF FIGURES

Figure 2.1 Schema Exhibiting the Collaboration Based on the Social Development Approach on Welfare Services.....	121
Figure 3.1 Thematic map	585
Figure 4.1 Age of Cluster Foster parents	62
Figure 4.2 Gender of cluster foster parents	673

LIST OF TABLES

Table 2.1 Suggested set of desirable social outcomes.....	Error! Bookmark not defined.2
---	--------------------------------------

Table 4.1 Highest qualification cluster foster parents	674
Table 4.2 Number of experienced cluster foster parents	684
Table 4.3 THEME 1: The Experience of cluster foster parents fostering children with special needs.....	66
Table 4.4 THEME 2: Knowledge of cluster foster parents in caring for foster children	74
Table 4.5 THEME 3: Mental health issues encountered by cluster foster parents caring for foster children	78
Table 46 THEME 4: Support systems for cluster foster parents.....	82

ABSTRACT

The emergence of cluster foster parents occurred as a growing number of children in need of care and protection due to a lack of responsible parents or the loss of their original parents. Cluster foster parents end up caring for children from diverse origins and with varying needs. Cluster foster parenting is an alternative care option for children who demand attention and protection. Furthermore, it offers cluster foster parents an environment that acknowledges their economic, social, educational, health, and cultural needs without bias. In summary, the primary purpose of cluster parenting is to protect children while they grow up in a safe, healthy, and accommodating setting. Regardless of the great impact made by cluster foster parenting, it has been established globally that cluster foster parenting has major shortcomings to the point that foster parents' rights are not valued and ignored.

Cluster foster parents are overwhelmed with high challenges daily, hence this study sought to explore the lived experiences of cluster foster parents. To achieve the study's main aim, the researcher used a qualitative approach as well as a phenomenological research design. Furthermore, within the non-probability sampling, the purposive sampling technique was followed to select fifteen cluster foster parents in Middelburg Mpumalanga Province. Data for the study were collected through a literature review and semi-structured interviews guided by an interview schedule with open-ended questions. Data were analysed thematically with the assistance of the NVivo programme.

Guided by the social development approach the study explored the experiences of cluster foster parents fostering children with special needs, such as lack of knowledge in caring for cluster foster children, mental health issues encountered by cluster foster parents in caring for foster children, and a lack of support system. The findings revealed that cluster foster parents lack sufficient knowledge to work with foster children with special needs. The findings also indicated that working with children with uncontrollable behaviour drains cluster foster parents physically and emotionally and their mental health is at times compromised. One of the findings was that for cluster foster parents to perform their duties daily, they need a variety of support systems, including support from the undersigned social workers, churches, the Department of Social Development (DSD),

Non-Governmental Organisations (NGOs), and family members. This collaboration enables them to cope, debrief, and carry out their daily obligations. Therefore, the study advanced recommendations that working with foster children and children with special needs requires a more effective working relationship between the cluster foster parents, designated social workers and in collaboration with various stakeholders. It is possible to conclude that caring for foster children with special needs is a reality that comes with a lot of good attitudes, responsibility, and accountability. However, cluster foster parents cannot execute such duties independently. Moreover, there is a need for a support system, and training and capacitating of cluster foster parents.

Keywords: Cluster Foster Parents; Foster Care; Foster Child.

CHAPTER 1 GENERAL ORIENTATION OF THE STUDY

1.1 INTRODUCTION

Foster parenting is a global issue that has drawn the attention of different professionals, including social workers (Ciarrochi, Randle, Miller & Dolnicar, 2012). South Africa recorded 19, 579 000 cases of foster care placement between the years 2017 and 2022 (Department of Social Development [DSD], 2022). This supports the progress report conducted by the DSD (2022) between the financial years 2016 and 2017, which states that around 478,158 children nationwide have been registered in foster care, and services have been delivered. Traditionally, in the past decades, extended families assisted as a reliable resource for the care of foster children (Dahl, 2009; Emovon, 2019). However, due to the Human Immunodeficiency Virus (HIV), and the Acquired Immunodeficiency Syndrome (AIDS) pandemic, poverty and domestic violence, among others, extended families are no longer able to properly function as a reliable source for caring for children they used to be reputed for (Tanga, 2017; Van Deventer & Wright, 2017). As a result, many vulnerable and affected children are found without foster care placements amongst their family relatives. Thus, to mitigate this disturbing phenomenon, the South African government has established an alternative strategy of cluster foster parenting (Section 183 of the Children's Act 38 of 2005 as amended). The affliction in caring for foster children leads to several problems such as emotional exhaustion (Warwick, 2013; Mabusela, 2010). This shows that cluster foster parenting is more than just parenting. A cluster foster parent is a parent who has been recruited by a cluster foster care village to care for foster care children in the village (Kadungure, 2017). An integral part of this type of parenting is that cluster foster parents are unique because they do not have an opinion on the children they want to foster. Therefore, they stand a chance of fostering children who are HIV positive, and who are displaying behavioural problems and learning challenges (Mabusela, 2010; Makgato, 2010; Phetlhu & Watson, 2014; Shaik, 2012, Warwick, 2013). Considering the above-mentioned concerns, this study sought to

discover the lived experiences of cluster foster parents in Mhluzi area, Middelburg, Mpumalanga Province, South Africa.

1.2 OPERATIONAL DEFINITIONS OF KEY CONCEPTS

1.2.1 Child in need of care and protection

In terms of Section 150 of the Children's Act 38 of 2005, as amended, a child in need of care and protection is a child who has been abandoned or deserted by their parent, guardian or caregiver. In this study, a child in need of care and protection is any child in cluster foster parenting under the said section of the Children's Act.

1.2.3 Cluster Foster Parent

A cluster foster parent is a parent who has been employed by a cluster foster care village for foster children in the village (Kadungure, 2017). Matthias and Zaal (2009), indicate that cluster foster parents are a group of legally registered foster parents who care for vulnerable children. In this study, cluster foster parents are those who have been screened or examined and recommended by designated social workers and endorsed by the children's court to care for vulnerable children under Section 150 of the Children's Act No 38 of 2005 as amended.

1.2.4 Foster care

According to the Children's Act No (38 of 2005), as amended, defines foster care as an alternative care placement that protects children who are placed in the care of a non-related person through the Children's Court. In this proposed study, foster care refers to alternative care wherein a vulnerable child is legally positioned under the supervision of a cluster foster parent through the children's court.

1.2.5 Cluster Foster Parenting Village

In this study, cluster foster parenting village is a registered Non-Profit Organisation established under the Act (71 of 1997) in which cluster foster parents are allocated to cluster homes between 6 to 7 foster children.

1.2.6 Cluster Foster Parenting Scheme

In this study, cluster foster parenting scheme is defined in terms of Article 3(e) of the Children's Amended (Act 41 of 2007) which defines it as "a scheme providing for the reception of children in foster care, managed by a Non-Profit Organisation, and registered by the provincial head of social development" under Section 156 (e) (ii) of the Children's Act 38 of 2005, as amended.

1.3 MOTIVATION OF THE STUDY

The researcher was motivated to undertake this study after working as a social worker in Middelburg SAVF- Social Work Office, Steve Tshwete District, where he realised that cluster foster parents were not coping in fostering children with special needs. This occurred due to a lack of adequate knowledge. At that stage, there had not been any strategies in the DSD to address this issue and therefore many children who needed care protection and cluster foster parents were affected. As a result, the researcher became interested in undertaking a study on the lived experiences of cluster foster parents who are fostering in Mhluzi area, Middelburg, Mpumalanga Province, South Africa.

1.4 RESEARCH PROBLEM

Ideally, in the cluster foster programme, there is a higher expectation to protect vulnerable children by delivering a harmless and advantageous environment through positive assistance in requirements of Section 181 of the Children's (Act 38 of 2005), as amended. Contrary to this notion, the researcher observed that cluster foster parents are struggling

to live up to this expectation. In addition to the above, several studies (Patel, 2005; Shaik, 2012; Warwick, 2013; Du Toit, 2013; Phethlu & Watson, 2014) show that most cluster foster parents face difficulties in dealing for foster children with special needs due to several factors such as inadequate preparedness to care for such children, resulting in negative placement outcomes. For instead, foster parents may struggle to care for foster children with chronic illnesses, those who are physically and mentally challenged, those who have been rejected by family members and those who have speech delay (Children's Institute, 2015). Based on these predicaments, cluster foster parents caring for needy children face significant quantity of stress, burnout, anxiety, and a financial burden (Warwick, 2013; Mabusela, 2010). This has been confirmed by other researchers, who indicated that the absence of emotional support, a lack of guidance, role vagueness and inadequate training hurt cluster foster parents as they are taking care of children (Shaik, 2012; Warwick, 2013; Patel, 2005; Du Toit, 2013). This study argued that despite the dynamics associated with foster parenting, debatably, there is very little literature on cluster foster parenting in South Africa. Therefore, this study sought to explore the lived experiences of cluster foster parents in Mhluzi area in Middelburg, Mpumalanga Province, South Africa.

1.6 THEORETICAL FRAMEWORK OF THE STUDY

To understand and explain the lived experiences of cluster foster parents, the researcher utilised the social development approach by Midgley (1995), Midgley and Sherraden (2000), Midgley and Tang (2001), and Patel (2016), which was first introduced by the UN in the 1960s to mitigate human development needs in underdeveloped countries. This approach was then adopted by South Africa as well, wherein it is widely utilized by social workers and welfare sectors. The authors' approach to social development emphasises policies and activities that meet needs, protect and promote rights, handle social problems, encourage optimal use of opportunities, empower individuals, and promote social inclusion. The undersigned social workers are guided by the social development approach while tackling societal issues that the country is confronted with, such as foster

care for foster children. To mitigate the volume of these orphans who are left by their parents without families, to look and care after them, the South African welfare sector has opted to recruit cluster foster parents. This is developmental hence the researcher found the social development approach by Patel (2005) relevant in guiding this study.

1.7 AIM AND OBJECTIVES OF THE STUDY

1.7.1 Aim of the study

This study aimed to explore the lived experiences of cluster parents in Mhluzi area, in Middelburg, Mpumalanga Province, South Africa.

1.7.2 Objectives of the study

- To assess the experiences of cluster foster parents in caring for children with special needs.
- To assess the knowledge that cluster foster parents possess in caring for foster children.
- To determine mental issues encountered by cluster foster parents caring for foster children.
- To identify support systems for cluster foster parents.

1.8 SIGNIFICANCE OF THE STUDY

The study may provide useful insights into how to design intervention strategies to address the issues that cluster foster parents encounter. Furthermore, the research may help the DSD establish and develop particular criteria for cluster foster parents in South Africa. This study may also contribute to the proper and effective designation of empowerment programmes for cluster foster parents.

1.9 LIMITATIONS OF THE STUDY

The study had the following limitations:

- The researcher intended to interview 15 cluster foster parents, however, only data saturation was reached at 14 participants.
- The problems of missing and rescheduling interview meetings with participants.

1.10 OUTLINE OF THE STUDY

The study is organised in this way:

Chapter 1: General orientation to the study

The first chapter discusses the study's general orientation, operational definition of key concepts, motivation of the study and includes references to the theoretical framework, reason for the investigation, problem statement, and study's aim and objectives. This chapter further discusses the paramount significance of the study, limitation of the study, outline of the study and conclusion.

Chapter 2: An overview of foster care in South Africa

Chapter two provides a comprehensive literature review. In addition, the dynamics of foster care system in South Africa, the background of foster care in South Africa, the pieces of legislation framework on child protection in South Africa. Furthermore, the

chapter also discusses the theoretical framework, the alternative care strategies for children in need of care and protection, coping mechanism strategies and support system for cluster foster parents, the stance of cluster foster parents arose. Ultimately, the role-players in cluster foster parents, bio psychosocial challenges to cluster foster parenting and the experience of cluster foster parenting in South Africa are discussed. .

Chapter 3: Research methodology

Chapter three discusses the research methodology, which includes the research approach, research design, population, sampling methods, data collection, data analysis, quality criteria, and ethical considerations.

Chapter 4: Qualitative data presentation, analysis and interpretation

Chapter four provides detailed practical findings of the study, which includes biological details of cluster foster parents, and discussion of the findings,

Chapter 5: Summary of the major findings, conclusions and recommendations

Chapter Five is the report's concluding chapter, and it describes how the study's goals and objectives were met. It also highlights the study's key findings from which conclusions were formed, as well as making recommendations for further research.

1.11 CONCLUSION

This chapter provided a basic summary of the study by discussing the operational definitions of key concepts, study's motivation, issue statement, theoretical framework, study aim and objectives, research methods, and quality criteria. The following chapter provides an overview of foster care in South Africa.

CHAPTER 2 AN OVERVIEW OF FOSTER CARE IN SOUTH AFRICA

2.1 INTRODUCTION

South Africa is commonly considered as one of the countries that strongly supports foster care over the institutionalisation of children in need of care and protection. This is where the implementation of residential care upholds the integrity of children by giving them shelter for their well-being. This is supported by the Department of Education (2011) which reveals that there is a focus on the individuality of children and the need to observe their wishes and rights as individuals. Steels and Simpson (2017) found that residential care is an important component of the care system that can influence children's emotional, behavioural, and social development, as well as their mental health and academic success. Despite the fact that residential care is the final choice for the care of foster children under Section 150 of the Children's Act (38 of 2005), as amended, cluster foster parenting has emerged as an alternative care strategy in South Africa. This chapter resumes by providing a depth discussion of the theoretical framework underpinning the study. The chapter further discusses the historical background of foster care system in South Africa, the stance on cluster foster parenting, the pieces of legislation on child protection in South Africa, and the challenges associated with cluster foster parenting. Furthermore, the chapter outlines an alternative care strategies for children in need of care and protection, and the role-players in cluster foster parenting. The purpose of this study was to gain a better understanding of the lived experiences of cluster foster parents.

2.2 THEORETICAL FRAMEWORK UNDERPINNING THE STUDY

The current study was underpinned by the Social Development Approach as best described by Midgley (1995), Midgley and Sherraden (2000), Midgley and Tang (2001) and recently by Patel and Schmid (2016). The approach's fundamental premise is that social development is a development of deliberate collective change, and it places special emphasis on the use of indigenous practices and local skills to promote the development

of local communities (Du Toit, 2013.). The theoretical framework provided a crucial role in exploring the lived experiences of cluster foster parents which is important to this research study. De Vos et al. (2013), defines "theory" as a collection of interconnected structures, concepts, and propositions that provide a systematic perspective of phenomena by constructing relationships between variables in order to understand and anticipate events.

The theoretical framework connects the researcher to existing knowledge, resulting in greater clarity and comprehension of the issue under consideration (Moorley & Cathala, 2019). According to Patel (2005), Midgley (1995) and Gray (1998), the social development approach serves as an important instrument and a lens to a planned process of social change to improve the social well-being of the population in conjunction with a development of economic, thus, assuming the lens of the social development approach provided a meticulous overview of cluster foster parenting modalities in South Africa.

The theoretical framework of this study assisted and supported the researcher in investigating the lived experiences of cluster foster parents in order to discover issues. Furthermore, this approach served as the study's overall because it was more relevant and appropriate in expressing how cluster foster parents return to normalcy after encountering problems. By integrating social and economic growth and investing in human capacities, the social development approach tried to exceed these conceptions (Midgley, 1995; Midgley & Sherraden, 2000; Midgley & Tang, 2001).

In South Africa, social development is first considered as a pro-poor approach that promotes socially excluded persons to participate in development activities aimed at achieving social and economic justice, human rights, social solidarity, and active citizenship. Second, a collaborative partnership strategy including government, civic society, and the commercial sector is proposed, with the government leading the way. Third, the 1997 White Paper on Social Welfare advocated for high-impact intervention

tactics, a community-based and development-oriented approach to service delivery, and a better balance of remedial, protective, preventative, and developmental activities.

In this study, and within the framework of the social development approach characteristics, the implementation of cluster care settings implied that foster children should be cared for within the framework of an indigenous model in their communities. Regarding the subject of child and family care, within the framework of the social development approach, the following areas are emphasised:

2.2.1 The family as a basic unit within the family

Within the social development concept, the establishment of cluster foster care schemes demonstrated that foster children were still cared for in their community. It signifies that the child had access to community resources and was cared for in both a family and community setting (Martin, 2010). Furthermore, Patel's (2005) Social Development Approach focuses on cluster foster parents who routinely care for these children. The increased number of orphan children through HIV/AIDS is also putting a strain on public, family, and community support and care systems (Patel, 2008). In this study, foster children are more likely to be marginalised and socially excluded due to absence or negligence of their biological parents. However, Akhmedov (2012) indicates that the psychological atmosphere is more easily observed in how well individuals get along with one another in a family unit. Therefore, the approach in this study attested that cluster foster parents are regarded as family units in caring for foster children and cannot be avoided or ignored. This is supported by Akhmedov (2021), who further stated that this approach employs the United Nations Convention on the Rights of the Child to analyse child welfare accurately.

2.2.2 The collaboration between the state and non-governmental organizations

According to Regulation 67 of the Children's Act (38 of 2005) and the Children's Amendment Act (41 of 2007), cluster foster care programmes must register under the Non-Profit Organisations Act (71 of 1997). The emphasis is on collaboration between the state, meaning the government and non-governmental organisations. According to this cooperation, the state is responsible for organisation registration and serves as the primary guardian of all foster children on the one hand, while non-governmental organisations offer services on the other. Collaboration between the state and non-governmental organisations has impacted the cluster of foster parents in caring for foster children. Improving the life experiences of cluster foster parents requires various stakeholders to collaborate accordingly in looking at the best interests of the foster children under Section 7 of the Children' Act (38 of 2005) as amended.

In summary, this study included role-players such as social professionals, educators, community development workers, and medical practitioners, as well as presiding officers, home affairs officers, and administrators from the South African Social Security Agency (SASSA). In general, designated undersigned social workers working for the Department of Social Development (DSD) were the principal administrators of foster care. They were particularly affected by such procedures in making certain that placements were assessed and monitored. According to the Management of Foster Care in South Africa (2010), numerous South African departments play a critical role in the performance of the foster process and finalisation. The Government Capacity Building Support Programme guideline (DSD, 2016) expanded on the DSD's 2009 guideline for foster care management by providing a more detailed framework of the nine mandatory service categories to be implemented by designated social workers facilitating the placement of cluster homes in foster care. Therefore, through the social development approach in the study, the following schema indicates the collaboration between stakeholders and the Department of Social Development as followed in Figure 2.1.

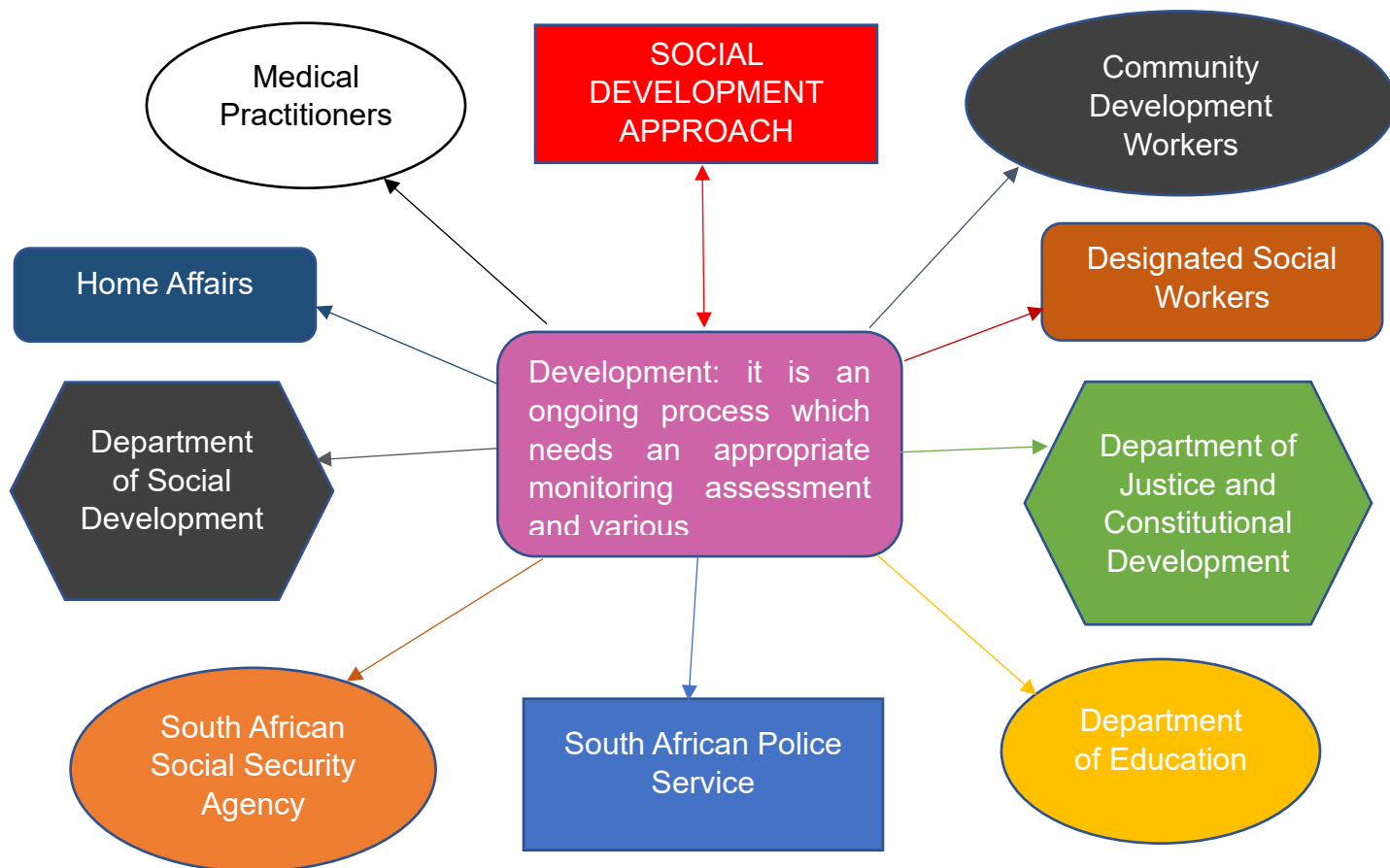


Figure 2.1 Schema Exhibiting the Collaboration Based on the Social Development Approach to Welfare Services

The above-mentioned schema illustrated each stakeholder involved in promoting the best interest of the child in terms of placement in accordance with the social development approach. The above collaboration makes it possible for the designated social workers to perform their duties with dignity and integrity. Departmental collaboration in foster care service delivery demonstrates stakeholder integration (Lombard & Kleijn, 2006). Thus, if any of the above-mentioned parties fail to carry out their obligations in foster care management, the likelihood is that the lived experiences of cluster foster parents have persisted and worsened their conditions. For example, cluster foster parents cannot engage with the stakeholders, they depend on the designated social workers to represent

them until processes and protocols are followed. Collaboration and cooperation among government, public society, and the corporate sector, according to the White Paper on Social Welfare (1997), are critical and have provided actual and well-organized services to society. For example, foster care necessitates coordination among essential stakeholders, such as social workers, legal practitioners, teachers, and nurses, to promote the well-being of children (LaLiberte, Crudo, Kovan & Watson, 2012). According to Lombard (2008), intervention in the developmental approach is founded on the integration and participation of service users, relevant stakeholders, and relevant departments, as previously stated. However, on a more detailed level, government goals emerged from the application of these principles across the many dimensions of the well-being of cluster foster parents. This is displayed in the table of desirable social outcomes' below.

Table 2.1 Suggested set of desirable social and economic outcomes

Health Aspects	<p>Everyone has the chance to live long and healthy lives.</p> <p>Preventable fatalities, infections, and injuries are avoided. Unfortunately, the most vulnerable children, specially those with mental health problems, were also the most likely to be unstable (Koh, Rolock, Cross & Eblen-Manning, 2014; Leathers, 2006). This can be noted that cluster foster parents functioned, contributed, and lived independently.</p>
Knowledge and skills	<p>Everyone possesses the information and abilities necessary to fully engage in society. Education and lifelong learning were recognised and promoted. Foster parents with limited training and effective parenting abilities were typically susceptible in cluster foster families. Training was critical to safeguard well-being and emotional development of foster children. This was supported by Manukuza (2013), who revealed that foster parents struggle to care for children unless they have been given the necessary skills. Department of Social Development promoted an educational routine for cluster foster parents to possess the abilities required to engage in a knowledge society and become global citizens. Patel (2005) further indicated that developmental social work, according to the paradigm, is the useful and suitable use of knowledge, skills, and values to improve the well-being of people, families, groups, organisations, and communities. It also entails doing research and developing and</p>

	implementing social policies that promote social justice and human development. For instance, in overcoming behavioural problems of foster children, cluster foster parents require frequent or quarterly workshops which consist of teenage pregnancy and adolescent stage courses which provide an adequate guideline for parenting skills capacity.
Incentives as motivations	Everyone has the right to work in a job that is meaningful, gratifying, and secure. Baer and Diehl (2019) averred that financial compensation is identified as the most important facilitator of fostering. Thus, when cluster foster parents receive sufficient stipends, it is received as a token of inspiration.
The environment	A decent environment stresses the undervalued but crucial role that foster carers play in enhancing the oral health of impoverished children, (Muirhead, Subramanian, Wright & Wong, 2017). A clean and healthy environment was maintained, preserving nature, and satisfying cluster foster parents' needs today and in the future.
Social connectedness	Cluster foster parents valued positive interactions with people in their families, communities, and jobs. They have engaged in society and have a feeling of belonging (Scharein, 2023).
Human rights	According to The Constitution of The Republic of South Africa. (1996-2021) Chapter 2 stipulates that Everyone has civil and political rights, as well as economic, social, and cultural rights. Cluster foster parents have rights in the community and they have to be respected and protected.
Economic standard of living	Cluster foster parents have accessed an appropriate income and a level of living that allowed them to actively engage in society and make choices about how they spend their lives. Delays in cluster foster parents can stem from a variety of factors, including education, career, financial security, and housing/employment opportunities (Pezer, 2018).
Safety and Security	People value their safety and security. Victimisation, abuse, violence, and unnecessary harm were not prevalent in society. It is also important to create and build a physical environment that is expected to promote cluster foster parents' mental health, (Hagerup, Wijk, Lindahl & Olausson, 2024.) Cluster foster parents perform their duty when they are rest assured of a safe environment.
Culture and identity	Cultural variety is encouraged. Clarke (2008) states that cultural identities are predisposed by a variety of factors, including race, ethnicity, gender, and class. However, the concept of difference is central to cultural identities. Cluster foster parents have the right to express their cultural beliefs and practices, as well as to carry on cultural traditions to future generations. Our national identity reflects the values and goals of our people.

2.2.3 Critique of the Social Development Approach

Although this approach and its focus is to promote human rights, social inclusion, empowering people, and developing the well-being of society, however, a study by Van der Westhuizen and Swart (2015) revealed that South Africa continued to struggle to suffer with unemployment, poverty, inequality, hunger, and social injustice. Even though the Social Development Approach is recognised for the advantages and values that it provides in the economies and societies in which it operates, there are certain complaints connected with them (Matthews, 2017; Anbazhagan & Surekha, 2017). It is argued that NPO cluster settings struggle to stay in business for lengthy periods due to a variety of causes, such as a lack of support structures, financial constraints, a lack of resources, and transportation, to mention a few (Weerawardena, McDonald & Mort, 2010; Omura & Foster, 2014).

Furthermore, the National Treasury Provincial Budgets and Expenditure Review (2015) revealed that a variety of steps have been implemented to eliminate prejudice; yet, massive imbalances proceed to characterise the socioeconomic landscape, particularly in rural regions. It can be noted that socioeconomic development cannot be considered without considering socioeconomic difficulties or obstacles (Modise, 2018; Schoeman, 2011). Metz (2017) indicated that most of the criticisms levelled against the social development approach by those sympathetic to African values are weak; however, the author added that given the value of communion, development should not be rejected simply because it is overly materialistic and scientific, or insufficiently spiritual and local. In this study, despite the criticisms of the said approach, it can be noted in 2.2, Figure 2.1, that collaborations outlined through this approach have a significant implication on both cluster foster parents and children in need of care and protection. The main goal of preventing child abuse and neglect has been protected, a stance founded in a traditional child welfare culture (Hanson, 2012; Vis, Strandbu, Holtan & Thomas, 2011). Patel (2005), asserts that the social development approach is characterised as a typical

approach that focuses on the process of change. In terms of this study, the process of change was found when preparing cluster foster parents to achieve new goals and move in a new direction when taking care of foster children. Therefore, cluster foster parents were continually rewarded in terms of incentives to be effective when caring for foster children.

The social development approach emphasised the utilisation of local skills; in this study, cluster foster parents were expected to use the skills that they learnt from the past to take care of their foster children. The social development approach helped the researcher understand that there is a need to continually develop cluster foster parents to have appropriate skills. Furthermore, the social developmental approach focused on people who were disadvantaged or lived in disadvantaged areas in bad conditions and did not get a good education or have a reasonable standard of living. Therefore, this approach further enabled the researcher in exploring challenges faced by cluster foster parents regarding their interactions with their foster children. This is why this approach had a strong intervention patterning the well-being of vulnerable children.

2.3 HISTORICAL BACKGROUND OF FOSTER CARE

The children make up 37.3% of South Africa's population, with 7 million of the 18.6 million living in the lowest 20% of households, through the United Nations International Children's Emergency Fund. It was difficult to determine the precise number of children in need of care and protection because not all of them had been described to the Department of Social Development. However, statistics on foster care grants provided a picture of the scope of children's needs. In 2008, 455,199 children were recorded to be in foster care (Children's Institute, 2015). This figure rose to 512,055 children in 2014 (Children's Institute, 2015). Although the South African Constitution (Republic of South Africa, 1996), the White Paper on Social Welfare (1997a), the International Convention on the Rights of the Child (United Nations, 1997), Section 7 of the Children's Act (38 of 2005) as amended, and the White Paper on Families in South Africa (Department of Social Development,

2013) all stated that the family is the basic unit for the care and protection of children (Matthias & Zaal, 2009; Republic of South Africa, 2006). The researcher believed that based on the above statistics outlined, it is impossible to record all children in the system through high rate of the vulnerable population of children.

The foster care system is not a new phenomena; it began in the 1930s, particularly in the United States of America, with the primary goal of caring for destitute and neglected children (Woolf, 1990). Poverty, unemployment, domestic violence, and the HIV/AIDS epidemic, among others, led to the increase in quantity of alternative care as biological parents of children in need of care and protection died, resulting in a variety of conditions (Mathambo & Gibbs, 2009; Breen, 2015; Children's Institute, 2015). Foster care in South Africa was developmental-oriented, according to Chapter 2 of the White Paper for Social Welfare (1997), which states that an adequate developmental social welfare service should be established for the people of South Africa, specifically the disadvantaged, the defenceless, and those with special needs, among others. In support of the above, under Section 28(1) of the Constitution of South Africa Act 108 of 1996 (1996), every child has the right to family or parental care or to appropriate alternative care when removed from the family environment and to basic nutrition, shelter, basic healthcare and social services. Unfortunately, many children are still found vulnerable and without parental care and support (UNAIDS, 2017). The foster care system was a convenient preference to care for vulnerable children (The Department of Social Development Guidelines for Foster Care, 2012). One study showed that in 2014, 512,000 children were receiving foster grants (Breen, 2015). Traditional African society is characterised by a strong extended family connection that will passionately take responsibility for caring for such children (Kuo & Operario, 2010). A study by Hall and Sambu (2019) indicates that in 2014, 515,000 children were legally recorded through foster care. In addition to the aforementioned, according to the Department of Social Development's (2017) progress report shows that 478 158 children were registered for foster care and received services across the country in the fiscal year 2016/2017.

The number of foster children in South Africa's nine provinces (Limpopo, Gauteng, Mpumalanga, North West, Northern Cape, Free State, Eastern Cape, Western Cape, and KwaZulu Natal) was 39 102. As such, there was an increased demand for foster care placement. According to the South African Social Security Agency's (SASSA) database, 129 500 foster care funds lapsed during the fiscal year from April 2009 to March 2010, and another batch lapsed between April 2010 and March 2011. SASSA database revealed that there were 345,560 foster care beneficiaries as of December 2018. As of March 2019, the number of foster care grants was 386,021. The preceding demonstrates the extent to which foster care services are badly needed in South Africa and continue to be useful. The following are the procedures of foster care recipients for cluster foster parents.

- **Econometric assessment**

Econometrics is a scientific process in which the social worker employs procedures and methods to produce valid and reliable assessment results. It also refers to the use of either quantitative or qualitative research methods in conducting client evaluations (Roestenburg, 2011).

- **Foster care application**

According to the South African Government (2016), if an individual wishes to foster a child, he or she should contact any accredited child protection organisation or the Department of Social Development to apply with all necessary documentation.

- **Form 30**

Form 30 is defined in the Children's Act (38 of 2005) as an enquiry made by an individual to determine if their name seems to be in Part B of the National Child Protection Register. In this study, Form 30 serves as proof of sexual offence conducted before the vulnerable children could be placed under a cluster foster parent setting or environment.

- **Police clearance**

Police clearance certificate is available to anyone who applies for it, according to the South African Police Service Department (2014). A police clearance certificate will confirm if the person applying for the certificate has criminal status or if any criminal offences have been recorded against them. The services can only be provided by the South African Police Department's Criminal Record Centre.

- **Screening report**

According to the South African Government (2016), a undersigned social worker must compile a report following the screening of prospective foster parents. The report will be obtainable to the Children's Court, along with the recommendations, which will explain why the screen was positive.

- **Form 38**

This is a form found in the Children's Act (38 of 2005) that contains information about the specific foster child who is to be placed in an alternative safe care. Based on the preceding, a court order will be obtained to legalise foster care placement.

2.4 FOSTER CARE IN SOUTH AFRICA

In terms of Section 150 of the Children's Act (38 of 2005), as amended, provided circumstances that determine the need to place children who need care and protection and those were; children who have been abandoned, maltreated, neglected, degraded, abused, and suffered for betterment in adulthood stage lives. There were circumstances for children in need of care and protection as mentioned next. The child needs care and protection if the child:

- (a) has been abandoned or orphaned and is without any visible means of support;
- (b) displays behaviour which cannot be controlled by the parent or caregiver;

- (c) lives or works on the street or begs for a living;
- (d) is addicted to a dependence-producing substance and is without any support to obtain treatment for such dependency;
- (e) has been exploited or lives in circumstances that expose the child to exploitation;
- (f) lives in or is exposed to circumstances which may seriously harm that child's physical, mental or social well-being;
- (g) maybe at risk if returned to the custody of the parent, guardian or caregiver of the child as there is reason to believe that he or she will live in or be exposed to circumstances which may seriously harm the physical, mental or social well-being of the child;
- (h) is in a state of physical or mental neglect; or
- (i) is being maltreated, abused, deliberately neglected or degraded by a parent, caregiver, a person who has parental responsibilities and rights or a family member of the child or by a person under whose control the child is.

Most studies showed that, in most cases, vulnerable children were located in foster care in South Africa due to the death of their parents (Department of Social Development, 2019). The researcher observed the same event in his foster care caseload as a social worker in practice. According to Hall and Sambu (2019), the death of a parent justifies the need for the provision of care and protection for children who are left orphaned and vulnerable. According to Hall and Sambu (2019), roughly fourteen percent (14%) of South African children are without one or both of their parents. In South Africa, the foster care system placed many foster children at risk because the system failed to meet their needs (Fortune, 2017). The researcher believed that both Hall and Sambu (2019) expressed similar feelings about the foster care placement services provided. The following aspects elaborated on the stance of cluster foster parenting from international to local geographical context.

2.5 THE STANCE OF CLUSTER FOSTER PARENTING

In the United States, between 2000 and 2017, about 250,000 children entered the foster system because they were abused or neglected at home (Africa Enterprise Challenge Fund [AECF], 2017). The researcher proposes that it is hard to dismantle the foster care system because infants are born every day, and parents lose their lives as a result of death or neglect of their children deliberately or sometimes due to a variety of conditions, including drug addiction, heavy alcohol consumption, gross negligence, exploitation, mistreatment, dysfunctional families, child labour, acquaintance to domestic violence, physical, sexual, and emotional abuse.

Cluster parenting came into existence, and it played a prodigious role, depending on the needs and development of children (United Nations Children's Fund, 2011). For example, in Sub-Saharan Africa and Asia, formal cluster foster care children were provided traditional illegal foster care by their relatives. This indicated that at an international level and in Africa, some other families were continuously, willingly, and voluntarily taking care of vulnerable children in relative settings. The South African government has embraced cluster foster parenting wherein, if, for example, when the woman cluster foster parent is married, then caring for destitute children involves the husband of the said woman cluster foster parent as a support system (DSD, 2010). However, through Section 183 of the Children's Amendment Act No (41 of 2007), cluster foster parenting was legally playing an alternative and tremendous role in focusing on helpless children. The researcher believes that this parenting in a placement environment is supported under Section 150 of the Children's Act (38 of 2005) as amended, which governs the well-being of vulnerable children in South Africa. The following aspects outlined the purpose of cluster foster parenting for foster children.

2.5.1 Managing children's behaviours.

Challenging behaviour such as defiance, tantrums and excessive anger can often be an issue with children in a cluster environment setting. The children may have had negative experiences of being parented and be used to responding to instruction (Ringer, Wilder, Scheja & Gustavsson, 2020). For example, they may also be vulnerable to previous traumatic events, such as a lack of discipline style, and a lack of proper fundamental childhood upbringing, to mention a few. This is in line with Warwick (2016), who revealed that managing behaviours in children may be difficult because some of them may have experienced abuse from their biological parents during their early childhood upbringings. This could be an intensive inner struggle to manage their various behaviours. In support of the above authors, Octoman and McLean (2014) postulated that challenging behaviour occurred in foster children because cluster foster parents revealed that a lack of adequate help drained them emotionally, physically and psychologically. Octoman and McLean (2014) averred that cluster foster parents must continue to nurture, be patient, and show an understanding in handling children with such behaviour, however, they could only perform well provided they have a support system.

2.5.2 Attending children's Health

In terms of Section 1 of the Children's Act (38 of 2005), as amended, defines cluster parent as any person other than the parent or guardian who takes care of a child. As a result, cluster parents are responsible for ensuring that children have access to medical treatment when necessary and have adequate transport to get to physicians' appointments, whether a car or public transit is available. Some children placed in cluster foster care may have problems that need medical attention (Kadungure, 2017). It can be noted that caring for children's health requires a lot of work, and this is similar to Whitaker, Self-Brown, Hayat, Osborne, Weeks, Reidy and Lyons (2020) who articulated that if foster parents fail to attend to the children's health conditions, this may be perceived as

negligence and this has long negative consequences on the child. The researcher asserted that such negligence from cluster parenting may jeopardise the child's best interests in terms of Section 7 of the Children Act (38 of 2005) as amended, therefore, more efforts are needed to strengthen a child's psychological, physical, and emotional capabilities to avoid any maltreatment.

2.5.3 Attending Children's Educational System

Any child who is placed in cluster home settings and is taken regardless of background or condition must be enrolled in and attend a school. Education is a vital part of every child's development stage. This is supported by the South African Constitution's Bill of Rights Section (29), Subsection 1, which states that every child has the right to a basic education, including adult basic education, as well as further education, which the state must gradually make available and accessible through reasonable measures. The study by Cheung and Jenkins (2012) viewed the effect of placement on the academic outcomes of foster children. The relationships between cluster foster parent's participation and academic achievement in foster children have a positive impact on their studies. The researcher posited that it is critical that cluster foster parents' care towards foster children daily should not interfere with their schooling. Foster parents must be involved in their foster child's education because this appears as a relevant form of proper parenting. The ultimate goal of cluster parenting in supportive of helpless children who may result in the following elements.

(a) Build trust and a sense of belonging

Building trust comes with a lot of responsibility because children are not the same with behaviour and how they respond to life issues. Several studies have been conducted to examine how a bond develops over time and how it connects to a sense of belonging in the relationship with cluster foster parents. (Ellingsen, Shemmings & Storksen, 2011; Bengtsson & Luckow, 2020). The researcher postulated that if the learning environment

is conducive, and trust is well-built, then a greater atmosphere and climate of participation, and belonging will automatically occur.

(b) Embrace confidence

Embracing confidence is a process in every child's learning ability. The term confidence refers to the feeling that a person can trust, believe in and be sure of the abilities or good qualities of something (Cambridge Advance Learner's Dictionary, 2013). Cluster foster parents must give freedom or room to foster children for self-expression. In the same breath Kohl (2010) postulated that permitting foster children to express their individuality is an achievement, and accomplishment and contributes to a positive self-concept. Vecchi (2010) concurred with Kohl that if there are no restrictions, children can explore and experiment with whatever they choose. The researcher claims that when confidence is built, children are likely to become who they want to be regardless of what they are facing in life. They are likely to be determined to do what they are doing because of how they are prepared for the future.

2.5.4 Encourage contact with family

Studies indicate that being displaced from home and taken into care can be very traumatising for any child or young person. The children are surrounded by people they do not know and in a foreign setting and environment. Salas Martínez, Fuentes, Bernedo and García-Martín (2016) postulate that contact visit amongst foster children and their biological parents have been recommended to aid in the maintenance of attachment connections and the child's development. However, evidence indicates that such visits might be harmful. Similarly, Kiraly and Humphreys (2013) asserted that conflict normally emerges when biological parents are required to contact their children daily. It can be noted that such conflicts could lead to separation anxiety which occurred during the time of removal from their respective environments. The researcher believes that there should be a social services method dealing with how biological parents and cluster foster parents

may best prepare for such a healthy routine collaboration and communication to minimise disagreements between them. This is supported by Sen and Broadhurst (2011) who suggested that positive professional interventions such as social workers, along with excellent interaction from family members, promote effective family placement stability or reunification.

2.5.5 Providing love and emotional support

Studies reveal that children have the right to grow up and be nurtured in a conducive environment. When considering just legislative definitions, the nature of foster parenting in cluster settings has been defined as a murky area (Gallinetti et al., 2010). Therefore, families are expected to be in good condition for the benefit of physical, social, emotional, and mental health towards the foster children. Dysfunctional families emerge from improper childhood upbringing which may confuse the child. For instead, when a child is placed in an environment where there is no support, this may damage or limit his or her self-concept. In support of the above, Creamer and Mohanty (2019) suggested that the love and support provided by an understanding and reliable trustworthy cluster parent is an invaluable asset to the well-being of vulnerable children. It will help them to settle and eventually grow and mature. Ball, Sevillano, Faulkner and Belseth (2021) revealed that the purpose of child welfare systems is to establish legal permanence within specific time frames. Once a child has attained legal permanence, it is assumed that he or she will form loving, long-lasting, and supporting connections that are necessary for effectively navigating adulthood. Contrary to the above-mentioned, Shaw, Steyn and Simeon (2020) showed that children who leave foster care are not properly prepared for life events and reality. They are faced with several obstacles, including joblessness, homelessness, and a lack of interpersonal interactions, all of them influence their young adulthood. The researcher thinks that when there is inadequate support, then the foster children when they grow into adulthood, could be confronted with a terrifying experience or factor, particularly those whom both their parents are deceased and they have never

experienced an attachment as they grew up. Therefore, showing earnest love and emotional support gives a greater picture towards defenceless children and they feel secure.

2.5.6 Providing a home away from home

Providing a stable home for foster children comes with a huge responsibility, a selfless heart and unconditional love. Briggs (2012) revealed that a temporary place of safety is not a permanent place, but it is regarded as a sense of urgency in terms of temporary life-changing, therefore immediately after the child has been placed, effective measures and protocols need to be followed. Child advocates are concerned about the race of cluster parenting, mainly when a child is placed in a transracial environment. For example, if a social worker places a child who is an isiZulu-speaking person in a cluster home where the Tsonga language is dominating, this could harm the freedom of the child. The researcher deduced that when a child is placed in a comfortable environment, he/she is likely to perform and behave in great participation with other children.

Bower (2014) discussed child protection and the predicament of children and families in South Africa, as well as childcare and family welfare measures, highlighting some of the situations that make children and families vulnerable in the country. The researcher posited that this could be caused by parental irresponsibility, absenteeism, and sickness, from family background. These circumstances may harm children's safety, care and health, growth and development, and well-being. This is supported by the DSD (2009), Mathambo and Gibbs (2009), and the White Paper for Social Welfare 1997 (Republic of South Africa, 1997), which identify poverty and inequality, crime, and high levels of violence in general, mostly against children and women, as contributing factors. The researcher deduced that many children would have not had a shelter if cluster homes had not been implemented in the Constitution of South Africa. It can be noticed that it is important that cluster foster parents provide a child with a place that they can call 'home', hence they are endorsed with legal documents such as court order as a form of

being captured legally by law. The researcher further stated that these children may be coming from a background where there is abuse, addiction or neglect. As such, a feeling of security and stability will be essential in caring for them.

2.6 LEGISLATIVE FRAMEWORK ON CHILD PROTECTION IN SOUTH AFRICA

South Africa's parliament has established some legislation to regulate the placement of children in need of care and protection in South Africa, as well as the extension of orders under the cluster foster primary care. A legal framework is a broad set of rules that govern and regulate decision-making, agreements, and laws (Oxford Learner's Advanced Dictionary, 2010). This section of the literature will discuss the legal frameworks that are related to the study.

2.6.1 Children's Act 38 of 2005 as amended

The Children's Act (38 of 2005), as modified, is a comprehensive piece of legislation aimed to provide children with the care, protection, and assistance they need to develop to their full potential (DSD, 2010). This Act was adopted when South Africans understood that the preceding Child Care Act No. (74 of 1983) was about division rather than nation-building. Children were treated differently based on the colour of their skin. In other words, it distinguished Blacks (Indian, coloured, and African) from the rest of the population (Dawes, 2009). When it became evident that several elements of the Child Care Act were unjust, the Children's Act (38 of 2005) was passed to fill the hole. According to the researcher, the decree of the Children's Act No. (38 of 2005), as amended, stipulates that each kid must be treated adequately regardless of their background and that social services rendered such as foster care should be disseminated equally to the residents. The modified Children's Act (38 of 2005) differs considerably. Considering the foster care system, the South African legislation complied with the United Nations Convention on the Rights of the Child (UNCRC, 2019) and the United Nations (UN) Guidelines based on the place of safety of children. As such, the Children's Act (38 of 2005), as amended, was in line with international legislation in terms of caring for deserted children. The growing number of children needing a new placement facility prompted the government of South Africa to develop pieces of legislation useful for the foster care placements of foster children (Section 180 of the Children Act 38 of 2005, as amended).

2.6.2 The Constitution of the Republic of South Africa 108 of 1996

According to the Constitution of the Republic of South Africa Act 108 of 1996 (SA, 1996) safeguards children's rights under Section 28 (2), which declares the child's best interests as paramount. According to the Department of Social Development (2011), South African Constitution employed a human rights-based strategy to increase people's ability to claim and enjoy their rights, while responsibility bearers met their commitments to respect, preserve, and fulfil those rights. Chapter Two of the stated Constitution addresses children's rights and offers them special protection. In Section 28 (1) states that every child has the right to (a) a name and nationality at birth; (b) family or parental care and appropriate alternative care when removed from the family environment; and (c) basic nutrition, shelter, basic healthcare services, and social services when removed. Thus, under Section 150 (1) of the Children's Act No (38 of 2005), as amended, every vulnerable child has the right to be placed in foster care with a appropriate foster parent recommended by a designated social worker.

2.6.3 United Nations Convention on the Rights of the Child (UNCRC)

In matters about children, the United Nations Convention on the Rights of the Child denotes to best interests as a primary consideration. The United Nations Child Rights Convention (UNCRC, 2019) South Africa ratified the United Nations Convention on the Rights of the Child and committed to implementing children's rights. As a result, the Department of Social Development must safeguard their safety (2005). The UNCRC 2019 is one of the international treaties that protects all children's social, economic, health, and civic rights (Van Dyk, 2012; UNAIDS, 2001). Because many countries have signed the UNCRC, they are obligated to follow all of its requirements and principles. South Africa is committed to following the Convention's guiding principles, which include, among other things, the right to life for all children and the notion of best interests at the forefront of all

child-related policies and decisions (Van Dyk, 2012). The researcher believed that while placing foster children with cluster foster parents, social workers should consider the child's best interests by allowing the child to narrate his or her own experience. For example, the youngster should express whether or not he or she feels comfortable living with the chosen foster parents.

In addition to the guiding principles of the Convention on the Rights of the Child mentioned above, the African Charter on the Rights and Welfare of the Child (1990) envisaged the child occupying a space that takes into account children's social, educational, and health needs, as well as growing up in a loving and happy environment. Social workers should ensure that children are placed with appropriate cluster foster parents, and the child's best interests should be prioritised and recognised. As a result, all children have the right to life, safety, development, and involvement in all decisions that impact them (Smart, 2003; Van Dyk, 2012). The importance of a family environment in a child's healthy upbringing is recognised by both the United Nations Convention on the Rights of the Child (1989) and the African Charter on the Rights and Welfare of the Child (1990). Thus, when natural family care fails, foster care remains the best option for child protection.

2.7 BIOPSYCHOSOCIAL CHALLENGES TO CLUSTER FOSTER PARENTING

In South Africa, foster parents cared for abandoned, orphaned, mistreated, and neglected children, as well as vulnerable and at-risk youngsters, in the comfort of their own homes. Foster parents must be dedicated to caring for children with exceptional needs and traumatic backgrounds (Gresham, Hunter, Corwin, & Fisher, 2013). This is because they are projected to provide daily care for the children in place of their parents. Such care duties and responsibilities include performing everyday caregiving tasks such as cooking and feeding, as well as creating a harmless environment and acting as a negotiator and resource link for the development and maintenance of healthy growth and well-being (Blythe, Wilkes & Halcomb, 2013). However, research reveals that fostering these vulnerable children in South Africa and around the world faces substantial obstacles.

These difficulties have a significant impact on cluster foster parents, relatives, and the children in their care (Kuo & Operario, 2009). The researcher perceived and agreed with the above authors that it takes courage, love, patience, and passion to care for foster children. Thus, it takes emotional intelligence and a level of maturity of the individual to bargain protection, care and warmth to the exposed children. However, the following are various challenges which negatively impacted cluster foster parents.

2.7.1 Cluster foster parents' stress and burnout

Tulberg (2023) and Murray and France (2011) asserted that cluster foster parents struggle with role ambiguity and lack role models for what it takes to be an effective foster parent. The authors further indicated that, typically, there is an overwhelming cost to caring that is difficult to completely comprehend until one has personally experienced it. Many cluster foster parents feel isolated when dealing with the specific difficulties of foster care because individuals parenting biological children cannot fully identify with or empathise with them. Every Child (2011) defined burnout as a state of physical and emotional exhaustion followed by negative job attitudes and a loss of concern and empathy for clients. Burnout can occur in the workplace when work expectations are exceedingly high, causing emotional tiredness and a decreased sense of personal success. Cluster foster parents who operate in a cluster foster care arrangement with children with varied special needs may experience burnout as well. However, the level to which they do so may vary depending on their working conditions. This affected their daily life and how they cared for their children.

Some researchers (Naidu, 2005; Mabusela, 2010; Makgato, 2010; Warwick, 2013) discovered that caring for HIV-positive children and adults was resulted in tremendous levels of stress, burnout, anxiety, and financial hardship. Such caregiving is physically, emotionally, psychologically, and socially demanding. For example, home-based foster parents in a non-profit organisation or foster parents in a setting centre may encounter work-related stress, making them vulnerable to burnout symptoms such as loss of interest

and commitment to work, a lack of job satisfaction, tardiness and neglect of duties, and a loss of sensitivity when dealing with foster children. Family stress has a destructive impact on the employment and performance of these cluster foster parents, and some of them lose their jobs and financial resources in order to support such children. Foster children exhibit a variety of troublesome behaviours, and some require additional support. In this study, the researcher was interested in exploring the experiences of cluster foster parents caring for foster children with assorted special necessities in a cluster foster care system.

2.7.2 Challenges associated with the fostering role

Cluster foster parents face mental and physical health issues, including emotional weariness. This made them develop negative attitudes towards their jobs (Mabusela, 2010; Makgato, 2010; Warwick, 2013). This is to say that cluster foster parents may be dealing with a certain number of minors with different special needs, and who may show unethical behaviour, or ill-discipline which has impacted negatively on them. This may cause the parents to develop tension and anxiety to the extent that their mental health is compromised. Cluster foster parents find it challenging to compact with the needs of foster children in ensuring their well-being and healthy development (Hlabiango & Ogunbanjo, 2009; Tanga, Khumalo & Gutura, 2017). Some foster children may have special needs and attention due to various conditions such as being in wheelchairs, being physically challenged, or having memory loss. Therefore, cluster foster parents may require certain skills in dealing with them daily. The researcher suggests that relevant training is paramount for cluster foster parents to perform their work with confidence. If cluster foster parents are equipped with accurate skills and they understand their foster roles, mental health is uncompromised.

2.7.3 Financial challenges

Cluster foster parents encounter challenges such as transport costs, a shortage of or little stipend and struggle to look after foster children (Phethlu & Watson, 2014). For example,

when a social worker removes a child concerned because of abuse reported and places him or her in a cluster setting environment with or without a court order, the next move to evaluate is the financial status of the family. It is imperative to check if the family is willing to contribute even though their child has been removed from their care. This normally happens before a legal court order is allotted and the cluster foster parent is not yet a recipient of a foster grant. This could cause separation anxiety within the family. However, even the current cluster of foster parents may face financial constraints. According to Phehlu and Watson (2014), foster parents experience financial challenges in catering for the needs of their children as they carry out their care duties. In light of this, it becomes problematic for cluster foster parents to care for foster children without resources that will encourage them to perform their normal duties. This has been identified as a common challenge for the majority of cluster foster parents caring for children with special needs in various settings.

According to Shaik (2012), working cluster foster parents receive a minimal stipend that may not cover their individual and domestic needs. In the case of family carers, Reilly and Platz (2004) found that caring for impaired children is more expensive than raising a child without disabilities. Children with impairments require particular education, psychological, and medical care. Studies on the obstacles faced by grandparents and foster parents caring for Aids orphans and HIV-infected children found that carers struggled to meet the children's needs, such as transportation and medical bills. (Phethlu & Watson, 2014; DeJager, 2011; Warwick, 2013; Kiggundu & Oldewage-Theron, 2009). The researcher believes that financial constraints hurt cluster foster parents and can demotivate them to be effective in caring for foster children. Financial challenges affect the family budget to the extent that other commitments and family responsibilities may be compromised or withheld.

2.7.4 Challenges faced by foster children

Aside from the intrinsic challenges of becoming foster parents, several extrinsic complications for foster children were reported in South African studies. The most significant of these child-related care obstacles are children's behavioural and disciplinary problems (Hearle & Ruwanpura, 2009; Hlabyago & Ogunbanjo, 2009; Kiggundu & Oldewage-Theron, 2009; Lunga, 2009; Mantsho, 2015; Mnisi & Botha, 2016; Nyasani, Sterberg & Smith, 2009; Simula, 2016). The researcher attests that cluster foster parents find it difficult to deal successfully with behavioural problems identified. Some of the children are so uncontrollable to the extent that cluster foster parents find it difficult to discipline them (Simula, 2016; Mnisi & Botha, 2016; Warwick & John Langba, 2017). The foster care placement system may directly or indirectly provide foster children with great challenges because some of them are unable to adjust to new environment settings, hence others may easily connect with a new placement simultaneously. Other children may be facing serious traumatic experiences such as the HIV pandemic and the death of their late parents. In support of these challenges, Ngwenya (2011) revealed that this chronic disease brought confusion to many children who have lost their parents and lack visible means of support. Children's uncontrollable behaviour can injure the caregiver (Shaik, 2012; Phethlu & Watson, 2014). The researcher believes that some foster parents discover it problematic to raise foster children due to different cultural issues, childhood upbringing and parenting styles.

2.7.5 Challenges associated with biological parents

Studies indicate that there is always a conflict when the biological parents are expected to have contact with their children (Kiryaly & Humphreys, 2013). The researcher concurs with Kiray and Humpers (2013) because he observed during the social work practice that some biological parents want to see their children at any time that suits them without following protocol visitations as agreed before. For example, the biological mother would

make several calls to the cluster home insisting on talking to her daughter or son. This could be a serious challenge because most biological parents, specifically females, may feel like their bond with their children is being compromised. Freeman and Nkomo (2006) asserted that biological close relative do have the right and responsibility to look after their children on daily basis. Therefore, most parents may encounter sleepless nights thinking about their children who were removed from their care because of any alleged reasons.

2.7.6 Challenges associated with the cluster foster parents' family

Stress that cluster foster parents often project on their families emanates from their workplace (Mnisi & Botha, 2016; Simula, 2016; Warwick & Langba, 2017). This means that vulnerable children in foster homes are likely to be obstructed directly or indirectly. James (2004) shows that orphans in their various places of safety settings often display unexpected behavioural problems more than others. The researcher believes that cluster foster parents may notice certain behaviours or discomfort from foster children within the family. Fostering and foster care placements have an effect on cluster foster parents' children and families, according to social workers and other social service professionals. This is because they interact with kids on a regular basis in the foster home or as foster family members. Studies in South Africa and the worldwide literature have focused on the effect of fostering on foster carers' children, with the recognition that such consequences may provide issues to foster carers. This may affect the quality of care, placement stability, and care outcome in the long run (Van der Riet, 2009). A South African study by Van der Riet (2009) on the experiences of birth children in foster care placement in their homes discovered that foster parents have both positive and negative experiences. According to the study, if children evaluate foster care placements positively, foster parents do not have difficulties with children in this respect. Some participants, including biological children, indicated that placement was beneficial because it allowed them to obtain new experiences, become more conscious of social issues, learn more about life,

and appreciate their privileged places in life when they witnessed those in need. The researcher believes that when foster family settings are satisfactory and placement is positive, this normally makes members of the family live in harmony with the foster children.

2.7.7 Lack of training and preparation

Studies on foster parents and primary carers of children with disabilities and HIV-positive children (Brown & Roger, 2009; Warwick, 2013; Phetlhu & Watson, 2014, DeJager, 2011) show that when children are placed with cluster foster parents who are unaware of their special requirements, they have a poor placement outcome. Cluster foster parents require specialised skill development and support. Frustrations and stress-related challenges can also result from a lack of knowledge. Cluster foster parents must also be aware of the behavioural characteristics linked with each special need. Caregiving can be a great load and a difficult endeavour without sufficient education and training for these habits. The preceding discussion highlighted a variety of challenges that different caregivers face when caring for abandoned children. These issues must be addressed immediately for cluster foster parents to offer the best possible care towards them. The researcher pointed out that cluster foster parents can merely do better when they are capacitated with knowledge as they desire to play a tremendous role in parenting styles.

2.8 COPING MECHANISM STRATEGIES AND SUPPORT SYSTEMS FOR CLUSTER FOSTER PARENTS

Caring for others can be emotionally rewarding (Giese, 2008). Aldwin (2007) defines caring for others as a procedure that outlines how people control their behaviours, emotions, and motivational orientations in the face of psychological suffering, as well as their battles to sustain, restore, refill, and repair the fulfilment of these needs. There are two commonly accepted models of coping strategies: emotion-focused coping and problem-focused coping. Emotionally oriented coping tactics include avoidance,

minimisation, distance, selective attention, and making positive analogies to bad occurrences. Problem-focused coping includes outlining the problem, coming up with various solutions, weighing the costs and benefits of alternatives, choosing one, and finally acting.

Cluster foster parents caring for special-needs children required both informal and formal social support. Examples include religion, family, social workers, healthcare professionals, and friends. (Scharer, 2005). Religion was viewed as a coping tool as well. Meaning, control, comfort/spirituality, intimacy, and life development are its five main functions. Even in extremely stressful situations, religion can bring a sense of relaxation and peace (Aldwin, 2007). Many cluster foster parents are supported by their families, as well as social workers and NPOs. A good working relationship at work has also been shown to moderate stress at work, allowing for coping (Pendukeni, 2004). In this study, coping mechanisms depend on support from professionals, and family members because they play a huge role and bring motivation towards cluster foster parents. According to Primo (2007), a range of coping methods, such as conversing and discussing your feelings and worries with other cluster foster parents, may help you deal with work-related challenges. Cluster foster parents seek assistance from community resources such as churches, schools, and clinics. However, some of these support institutions became overburdened because of the obstacles and traumas that cluster foster parents endure, leaving the seniority of foster parents burdened and, in some circumstances, causing foster care to collapse.

2.9 ALTERNATIVE CARE STRATEGIES FOR CHILDREN IN NEED OF CARE AND PROTECTION

When the child's and family's features no longer support the child's growth within the family context, social services professionals consider placing the child in alternative care as part of their child protection efforts. The word "alternative care" is not defined specifically in either the UN General Assembly's Guidelines for Alternative Care of

Children or the 1989 Convention on the Rights of the Child. However, these two important widely acknowledged legal instruments that govern and guide children's rights and care are primarily concerned with the care of orphans and other vulnerable and at-risk children who are not in their parents' care or custody (Moestue, 2016). According to Section 167(1) (a) - (c) of the Children's Act (38 of 2005), there are three types of alternative care options in South Africa. As a result, the designated investigating social worker may recommend to the kids' court any of these placement options for the child. Foster care, including cluster foster care, child and youth care centres, and temporary safe care centres or places are the three options. Adoption is another type of care option used in South Africa. This care is used for the care and protection of children, particularly orphans and abandoned young babies, as recognised by Chapter 15, Section 228 of the Children's Act (38 of 2005). Adoption is a more permanent care option that includes the dissolution of biological family ties, the adoption of the adoptive parents' names and identities, and the transfer of inheritance rights. This care option, however, does not qualify as alternative care. Alternative care options, such as foster care or institutional care, end when the child reaches the age of 18, according to the Act's definition of child.

2.9.1 Formal Alternative Care

Formal alternative care, on the other hand, is defined by the Guidelines for the Alternative Care of Children (UN, 2009, Articles 3 and 4) as "all care provided in a family environment which has been ordered by a competent administrative body or judicial authority, and all care provided in a residential environment, including in private facilities, whether or not as a result of administrative or judicial measures." By this definition, formal alternative care refers to care that is accredited, measured, and generated by state legal instruments. This includes court-ordered placements provided by carefully qualified, screened, assessed, and approved cluster foster parents. Cluster foster parents, both kin and non-kin, offer care in a family-based setting. The South African Children's Act (38 of 2005) was greatly motivated and inspired by the Guidelines for Alternative Care of Children (UN,

2009, Articles 3–4). This tool is based on the belief that the family is the "natural environment for the care, growth, wellbeing, and protection of children."

It is believed that all children, including those who are not in the care of their parents, should live "in a supportive, protective, and caring environment that promotes his/her full potential." As a result, the South African Children's Act (38 of 2005), which served as a foundational legal framework for child protection, emphasises the principles of "necessity" and "suitability" when considering alternative care placements. However, it only recognises and provides for formal alternative care, leaving out informal alternative care, which was recognised and provided for by the UN Guidelines for the Alternative Care of Children (UN, 2009, Articles 3 and 4). This study was concerned with care provision outside of parental care in a family-based environment. Foster care, particularly cluster foster care, is an important component of formal alternative care measures for children in need of care and protection in South Africa and around the world. It is an important part of South Africa's child protection strategy, as well as its reaction to child abuse and neglect, and the care of other vulnerable children for whom parental care is no longer an option. South Africa's formal alternative care measures also include institutional and residential care, as well as interim safe care. The state and the courts play a role in creation and regulation. The government provides them with financial aid, as well as direct social work and welfare services.

The Children's Act (38 of 2005) defines cluster foster care as the placing of children in foster care as part of a cluster foster care scheme. This is typically managed by social, spiritual, or other non-governmental organisations (NGOs), or by a group of people who care for the children. This could also refer to a certified and approved child protection group by the provincial Department of Social Development. Du Toit, Van der Westhuizen, and Alpaslan (2016) found that cluster foster care, as a component of formal alternative care in South Africa, operates similarly to family or household-based care and residential care. In family-based foster care, children were cared for in the same home as their foster parents. This is in contrast to cluster foster care, where the environment was intentionally

constructed to provide such family-based group care for children, which resembles residential institutional care. The fundamental difference between cluster foster care and residential institutional care is the living arrangement (apart from the need for their establishment, implementation, and regulation. Children in cluster foster care, on the other hand, reside in specially constructed housing for group care of children, where they are housed in household and family-style living areas. Six children share a flat with a carer known as a 'house mother.' Residential care living options, on the other hand, are usually boarding school-style, with sleeping quarters comparable to those seen in huge dormitories.

In South Africa, alternative care arrangements are generally established and governed by legal instruments that are consistent with UN Guidelines (UN, 2009, Articles 3 and 4). This includes court-ordered situations where cluster foster parents or carers can access social services. The presiding officer of the children's court is the competent authority under the Children's Act (38 of 2005), as amended. They have the jurisdiction to issue care orders to children who have been investigated, selected, qualified, approved, and placed under social work supervision. Taking the child's best interests into account, the placement is frequently determined to be the best fit for the child's need. As previously stated, the Act only recognised formal alternative care as kinship (relative) and non-kinship (non-relative) foster care, cluster foster care, residential care, and place of safety. These are the only recognised forms of alternative care for which orders are issued and cash assistance in the form of grants is available. The reality of the care scenario, however, was that a sizeable number of orphans and other vulnerable children continued to elude the state's care. In South Africa, they are cared for informally in private arrangements by kin and non-kin relatives, but they are ineligible for associated benefits due to the non-statutory nature of the care arrangement.

The fundamental conclusion from the research on formal and informal alternative care for children, whether in South Africa or elsewhere, is that much caregiving takes place through informal routes that are either registered or sponsored by the state. This could

harm both the carer and the child, as well as the quality of care. While foster care is more socially advantageous in South Africa, there is growing criticism of its apparent incapacity to address the issue of needy children (Children's Institute, 2015). These include providing larger foster child awards, which are currently worth R1050, as opposed to the R450 child support grant received by carers of children in informal care at the time of writing. Furthermore, there is concern about children's access to a broader range of social services, professional supervision, and help inside the foster care system. This was mentioned in light of pervasive poverty, as well as the same child profile and attributes in both formal and informal caregiving. The challenge here was whether this imbalance did not 'misplace issues, operate under problematic assumptions, create inequity, and place an unneeded load on the child protection system' (Children's Institute, 2015). In addition, child protection experts have questioned whether the realities of its manifestation show positive impacts of the programme on the lives of children and families. This is in light of the shortage of human and material resources needed for the effective implementation of the programme (Strydom, 2010).

The researcher opines that formal alternative care requires relevant documentation, as this can be a process until the child is placed in a place of safety. The South African child protection and alternative care system has been largely ambitious in reflecting and embodying the definition by UNICEF (2006). This was about the prevention and response to child abuse, neglect, violence and other forms of maltreatment in policy statements, legislation and programmes. Nevertheless, the system has been criticised in practice for failing to measure up to its promises and service delivery intentions.

Many shortcomings and challenges which render the system incapable of effectively protecting children's rights and their well-being have been identified. Waldfogel (2009), for example, identified preoccupation and emphasis on the removal of children to alternative care as a problem. This is because the practice creates a situation in which adequate attention is not paid to developing family and societal conditions capable of influencing child well-being outcomes. This reflected and spoke to the developmental

philosophy it represented. Other challenges and setbacks include a lack of resources such as social workers and other social service professionals. This made providing adequate service to the programmes and running the system difficult. Reduced state funding for welfare services and increased social security spending pose additional challenges (Proudlock & Debbie, 2011; Sibanda & Lombard, 2015). As a result, many children were hurriedly removed and drafted into alternative care systems that lacked adequate human and financial resources to care for them.

Makoe, Roberts and Ward (2012) identified a major setback and challenge as underplaying South African cultural diversity in service delivery and a lack of proper coordination between governmental departments. These issues and challenges have been discovered to continue to pose significant threats to the effective and efficient operation of the child protection system. They represent gaps in the state's protection mechanism, allowing many children to fall through. As a result, these children continue to require care and protection. Regardless, the South African child protection system is informed, guided, and by major international, regional, and national laws and legislation. These define, emphasise, and promote the rights, safety, well-being, and development of children.

2.9.2 Informal Alternative Care

Alternative care is divided into two broad categories: formal care and informal care. Children in South Africa, as well as other parts of the world, were cared for through these two alternative care channels. Informal care is defined as "any private arrangement provided in a family environment whereby the child is looked after by relatives or friends or by others in their capacity, at the initiative of the child, his/her parents or another person, without this arrangement having been ordered by an administrative or judicial authority or a duly accredited body." This definition implies that these care arrangements operate outside of the law or competent authorisation in terms of their initiation, creation, regulation, supervision, and status. This feature distinguishes and separates informal and

formal care arrangements. It also represents and indicates the attendant's legal, social, and financial ramifications in terms of state benefits and assistance, even though both care for the same type and profile of children (Manukuza, 2013). A significant number of children in need of care and protection continue to be cared for informally in South Africa, as in other parts of the world. This refers to care settings that are not formalised, regulated, or supervised by the state via the courts or social welfare agencies.

South Africa has many children in informal kinship care. According to the Children's Institute in Cape Town (2015), there were approximately 1.5 million orphaned children in the informal care of their relatives. These children were eligible for foster care placement as well as the foster care grant but were not placed in formal care. UNICEF shares this sentiment (2011). This is because the nature of its occurrence made tracking and monitoring difficult, if not impossible. They did notice, however, that the care arrangement was absorbing many orphans and other vulnerable children, and they were generally found to manifest primarily in three major forms. Informal, private kinship alternative care, community-based informal alternative care, and other family-based informal alternative care are examples of these. For a variety of reasons, South Africa emphasises informal, private kinship care for orphans and other vulnerable children in need of care and protection. The refusal of the children's court to make foster care orders for children to be placed in formal foster care with relatives, primarily their grandmothers, is one of the main motivators. This is because relatives have common law legal duties and responsibilities to care for their relatives and, as a result, are ineligible for foster care placements (Manukuza, 2013). There is also a lack of knowledge and assistance with the application process, as well as scepticism about its success. This is due to a drop in foster care applications from other kin known to potential applicants in the community (Manukuza, 2013). Other reasons include cultural and moral obligations, a desire to keep children in the family settings (Nyasani, Sterberg & Smith, 2009), adolescent pregnancy, abandonment, and neglect (Schmid & Patel, 2016), and HIV and AIDS-related parental death (Hlabyago & Ogunbanjo, 2009).

Based on the above authors' sentiments, the researcher agreed that every family or relative member of the foster children have accommodated them without proper channels or protocols followed. This normally occurs after family gatherings. Another reason cited in a South African study is poverty, which accounts for a significant portion of the care arrangement (Lombard, 2014). The benefits of this care arrangement have been established in research undertaken both within and outside of the country. In South Africa, Nyatsanza (2010) discovered that informal kinship care benefited both the grandmother and the kid. Informal, private kinship care has been demonstrated to be the most widespread type of informal alternative care in South Africa, as well as other regions and countries throughout the world. This is particularly true in areas where the AIDS epidemic has been most severe. Similarly, it received the most attention from government officials, policymakers, and planners. This was because it cared for a large number of impoverished children. The primary focus is on the various concerns of child rights, children's and carers' health and well-being, care quality, and care outcomes (UNICEF, 2011). Many observers feel that the most serious concerns with informal alternative care stem from its very presence. Concerns arise from the notion of informal alternative care, which works and exists outside of the legal and administrative 'eyes'. As a result, the care given may be jeopardised or compromised. This is because carers are not properly screened or assessed, and there is a lack of regulation and oversight. Furthermore, because to a lack of legal and official recognition, it may be denied state funding, professional social work services, and other psychosocial help. The foregoing clearly demonstrates that many children in South Africa and underdeveloped countries continue to live with relatives and non-relatives. Because of poverty and the HIV/AIDS epidemic, these youngsters were being looked after informally in family-based settings.

.. Considering this study, the researcher perceived it critical to investigate these lived experiences faced by cluster foster parents in order to better understand their various encounters.

2.10 THE ROLE-PLAYERS IN CLUSTER FOSTER CARE

This section of the chapter discourses the various players involved in the submission and approval of cluster foster system placement.

2.10.1 Social Worker

Social workers conduct an assessment on the first day that a client (potential foster parents) presents a case about a kid in need of care and protection. This occurs when information about the kid's background and circumstances is evaluated to determine whether the child is eligible for foster care. During this step, the social worker evaluates potential foster parents' health, environment, income, and family composition. Following the assessment, the social worker must reach an educated decision regarding whether the kid requires carefulness and protection under the Children's Act. If the social worker determines that the child need care and protection, appropriate measures will be implemented to ensure the child's safety. According to the Children's Act No. (38 of 2005), as modified (SA, 2005), if a child's circumstances indicates that they require care and protection, social workers must place them in an environment that meets their health, educational, and social needs. The social worker is then in charge and must write a report outlining the child's status in collaboration with the prospective foster parents. This is what's known as a screening report. The report is then submitted to the courts, who decide whether to accept the social worker's recommendations and issue a legal court order placing the child in the care and protection of appropriate foster parents under section 156 of the Children's Act No. (38 of 2005), as amended. If the presiding officer of the children's court accepts the social worker's recommendation that the child be placed in foster care, the child is placed with the foster parent who is deemed fit and suitable by the court.

According to the study, social workers perform thorough investigations to ensure that the child's best interests are met. Section 46(f) of the Children's Act (38 of 2005), as

amended, requires social workers to offer supervision services to the affected family when the child is placed in foster care. Supervision includes establishing the relationship between the foster parent and the child, as well as whether the child's environment is responsive to the child's educational, health, and social needs. When foster children achieve the age of majority (18 years) while still in school, Section 176 of the Children's Act (38 of 2005), as modified, reviews the order and grants the kid a placement until the age of 21, allowing him or her to complete his or her education. If the social worker learns that the designated foster parents are not caring for the child in compliance with the Act, the social worker must file a report under Section 171 to transfer the foster child from their current foster placement to the care of another person or placement. It is worth noting that social workers produce different reports based on the child's situation. These reports include when the social worker determines that the prospective foster child requires an HIV test, as well as when the child has absconded from foster care.

2.10.2 The Department of Justice and Constitutional Development

The Department of Justice and Constitutional Development is in charge of confirming that children's rights to protection from abuse, neglect, and exploitation are realised through administration. This is where a presiding officer, interpreters and clerk court come into the picture of playing a major role regarding vulnerable children. The implementation of the following Acts: The Domestic Violence Act (No. 116 of 1998), the Criminal Law (Sexual Offences and Related Matters) Amendment Act (No. 32 of 2007), and the National Register for Sex Offenders were all passed to stress the necessity of foster care placement and child welfare protection. The social workers are in charge of investigating the children's well-being so that the court can alter the court orders to the appropriate cluster foster parents. According to Ngwabi (2014), if the social worker determines that the child needs care and protection, the reports are handed to the presiding officer. The presiding officer issues an order to place the child in foster care under Section 155 (8) of the Children's Act (38 of 2005), as amended. Similarly, Sibanda and Lombard (2015)

proved that presiding officers are accountable for the prolongation of placement orders, as provided under sections 159 and 186 of the aforementioned Act. According to Loffell (2011), previously, social workers were in charge of extending orders. The operation of the Children's Act delegated authority to presiding officers. The magistrates perform all of their functions in partnership with court clerks, interpreters, and social workers (Guidelines for Effective Management of Foster Care in South Africa, 2010). Children's courts must be presided over by a trained and empathetic presiding officer who is conversant with the applicable legislation, in this case, the Children's Act (38 of 2005) as amended. According to the Child Protection Indicators (Dawes, Willenberg & Long, 2006), there is a lack of presiding officers who have received any type of training on childcare and development, and family matters or have years of experience as presiding officers in children's courts. In this regard, the presumption is that magistrates of children's courts must have certain expertise and qualities to deal with children's difficulties. In addition to the aforementioned statement, Sibanda and Lombard (2015) revealed that social workers deal with presiding officers who are unfamiliar with the Children's Act (38 of 2005), as amended, and lack experience working with children. Consequently, recommendations from social workers are ignored by the courts. According to the researcher, presiding officers in children's courts should attend workshops and training on issues concerning children in need of care and protection to be on par with social workers. Therefore, this will further assist cluster foster parents in understanding the protocols and procedures of foster care placement. All difficulties falling under the jurisdiction of children's courts must be brought to the children's court clerks, according to the Children's Act (38 of 2005). Court clerks are also in charge of ensuring that files are properly consolidated and ready for court. Similarly, clerks ensure that any court orders supplied by the presiding officer are placed in the appropriate files of various applicants.

2.10.3 The South African Police Service

The South African Police Service (SAPS) is in charge of protecting children from assault, abuse, neglect, and exploitation. They also investigate such offences. For this honour, SAPS collaborates closely with the Department of Social Development, for example, in joint investigations of cases.

2.10.4 South African Social Security Agency

The South African Social Security Agency is responsible for systematically screening, identifying, and referring vulnerable children to appropriate service providers for access to care and protection services, as well as providing social grants and social relief of distress (SRD) to all eligible children and carers. According to Ngwabi (2014), once the magistrate makes the court order recognising the child's need for care, the social worker would notify South African Social Security Agency practitioners, who will manage the child's award. During this time, the cluster foster parent applies for a foster grant, which is a monetary contribution from the state that helps foster parents meet the child's criteria under Sections 8(a and b) of the Social Assistance Act 13 of 2004. Following a ruling by the children's court, a grant application is sent to the South African Social Security Agency (SASSA) offices, along with a court order. SASSA assures that the grant will be given to the appropriate cluster foster parent. The social worker must ensure that the award benefits the child identified as in need of care and protection (DSD, 2016). The researcher discovered that SASSA had a significant impact on foster grant applications. However, if the foster grant is not beneficial to the children who require care and protection, social workers will take appropriate procedures to defend their best interests in accordance with Section 7 of the (Children's Act 38 of 2005), as modified.

2.10.5 Department of Education

The Department of Basic Education is in charge of systematic screening, identification, and referral of vulnerable children to appropriate service providers for access to care and protection services, as well as establishing and maintaining school-based surveillance and monitoring systems that enable vulnerable children to be identified, tracked, and supported via the Education Monitoring and Information System (EMIS). Everyone has the right to a basic education under Section 29(1)(a) of the South African Constitution (1996). According to Section 29(1) (b) of the Constitution, everyone has the right to higher education. The state is intended to gradually make this provision available and accessible through the Department of Education. The South African Constitution requires the Department of Education to provide education at every level. The Department of Education, in partnership with the Department of Social Development (social workers), plays an important role in the lives of foster children and the Care and Support for Teaching and Learning programme. According to Darling-Hammond and Cook-Harvey (2018), because emotions and relationships have a significant impact on learning and are influenced by how foster children are treated at school, at home, and in their communities, a positive school environment is critical for a successful education. This can include, but is unlimited to, policies that support successful school transitions, policies that ensure immediate enrolment even if required documents for the child are missing, policies that expedite convening a special education meeting if the child requires services immediately and policies about information-sharing that clarify what information about the child can be shared and with whom.

2.11 THE EXPERIENCES OF CLUSTER FOSTER PARENTING

In South Africa, there have been various experiences with cluster foster parenting. This section will critically examine the experiences of cluster foster parenting in South Africa.

2.11.1 Lack of support and inadequate training for cluster foster parenting

Sibanda and Lombard (2015) discovered that social worker's assistance is required in areas such as foster care. Foster care legislation and policies do not provide adequate monitoring and training for both seasoned and newly established foster parents. McKendrick (2001) states that social workers must be skilled and knowledgeable in all methods of social work, such as community work, group work, and casework. According to the study, when cluster foster parents obtain proper training and seminars on foster care, they will be well-informed and competent, and the issue of parenting skills will be used correctly. Without proper supervision and training, foster parents are likely to forfeit their mandatory and the best interest of children will be compromised. Debatably, a few authors (Ngwenya, 2011; Sibanda & Lombard, 2015) recognise the need for cluster foster parenting training on the Children's Act (38 of 2005), as some of them find it difficult to perform their functions. September and Dinbabo (2008), show that a paradigm change is required, realising that traditional methods of doing things may not be optimal. According to Patel (2005), the transition from old to new methods of doing things is usually challenging and perplexing. As a result, proper training is necessary for adjustment.

2.11.2 Poor cooperation of cluster foster parents

Aside from the examples provided above, research in South Africa has uncovered more instances of poor cooperation among cluster foster parents. Foster parents expressed their dissatisfaction with the system, as well as the bureaucratic barriers that placement agencies face when negotiating services such as health care, education, and grant applications. (Hlabiyago and Ogunbanjo, 2009; Hearle and Ruwanpura, 2009; Kiggundu and Oldewage-Theron, 2009; Kuo and Operario, 2010; Tanga, Khumalo, and Gutura, 2017). Previous research has identified institutional difficulties in Kenya (Kinyua, 2013:8) and Australia (Blythe et al., 2013; du Preez, Richmond, & Marquis, 2015). South African research has identified the causes of these human and institutional difficulties. According to studies, these institutional challenges are caused by a significant gap between policy aims and practice, as well as a lack of people and physical resources (Proudlock & Debbie, 2011; Strydom, 2010; Sibanda & Lombard, 2015). In this regard, human and physical resource limitations included social workers, safe havens, children's courts, children's court magistrates, labour inspectors, and adequate government funding. High staff turnover rates led to high caseloads (Manukuza, 2013; Strydom, 2010; Sibanda & Lombard, 2015), insufficient social worker training (du Plessis, 2015; Sibanda & Lombard, 2015), and large backlogs (Ngwenya, 2011).

2.11.3 Shortage of resources

There is a severe shortage of crucial resources in social workers' workplaces. This is supported through the Portfolio Committee on Social Development's Report (2009) and Sibanda and Lombard's (2015) findings. One of the most significant issues facing the Department of Social Development is a lack of resources. According to Dhludhlu and Lombard (2017), the department must invest in resources to assist social workers in completing their daily activities on schedule. Computers, transportation for house visits, and phone lines are all valuable resources in this regard. The issue of resources is

unlimited for statutory social workers. According to Alpaslan and Schenk (2012), infrastructure is critical in any department. The government should make sure that there is enough space for offices, electricity, bathrooms, and customer waiting area.

2.12 CONCLUSION

Children in South Africa are particularly susceptible. The state's ability to provide for its children is critical to civilization's success. Caring for foster children, on the other hand, assesses the effectiveness of pertinent information while keeping the child's best interests in mind, as required by Section 7 of the Children's Act. In this study, the social development approach was utilised to investigate cluster foster parents' human rights and dignity, as well as to provide them with the essential skills. In addition, the dynamics of foster care in South Africa, the background of foster care in South Africa, the pieces of legislation in child protection in South Africa, the theoretical framework, the alternative care strategies for children in need of care and protection, the stance of cluster foster parents, the role-players in cluster foster parents and the experiences of cluster foster parenting in South Africa were discussed. The next chapter focuses on the research methodology.

CHAPTER 3 RESEARCH METHODOLOGY

3.1 INTRODUCTION

This chapter provides a detailed discussion of the research methods that were used in this study. Research methodology involves social contexts, logical assumptions, moral standards and political concerns which are linked with social research (Neuman, 2006). All research techniques that were utilized under this study were also discussed in this chapter. The basis of research techniques is that they specify how the researcher may go about researching what he or she feels is acknowledged (Durrheim in Terre Blanche, Durrheim & Painter, 2006). This study aimed to explore the lived experiences of cluster foster parents in Mhluzi in Middelburg, Mpumalanga Province, South Africa.

To achieve the aim of the study, the following research methods were used.

3.2 RESEARCH APPROACH

A qualitative research approach was followed in this study. Creswell (2014) states that a qualitative research approach is in pursuit of understanding a person's life involvements from their point of view. The researcher used qualitative research to explore the lived experiences of cluster foster parents in Mhluzi in Middleburg, Mpumalanga Province, South Africa. This research approach supported the researcher in comprehending the nature of cluster foster parenting by engaging with cluster foster parents on a face-to-face value. According to Durkheim and Painter (2006), in qualitative research, the researcher gathers data in the form of written or spoken language, or observations recorded in language, to analyse the data by finding and categorising themes. De Vos et al. (2011) add that qualitative researchers seek a better understanding of complex situations. In addition to this, qualitative researchers are more concerned with observation than controlled measurement, and understanding rather than explanation (Fouché & Schurink, 2011).

3.3 RESEARCH DESIGN

A research design is a strategy for how the study will be carried out (Babbie & Mouton, 2011). In divergence, Alston and Bowles (2003) define a research design as the method for collecting, analysing, and disseminating data. Wiid and Diggenis (2013) argue that exploratory research aimed to achieve a complete understanding of the topic under study, rather than only collecting pertinent data. It is frequently used to obtain information about a situation. This study was explorative within the ambit of a phenomenological research design. Scwandt (2007) states that phenomenology emerged from the work of Schutz (2019), who explained how the life world of subjects is developed and experienced by them. The phenomenological research design in this study enabled the researcher to investigate the lived experiences of cluster foster parents from their point of view.

3.4 POPULATION AND SAMPLING

3.4.1 Population

According to Strydom (2011), a population refers to persons who acquire specific characteristics of the study. In addition to this, according to Explorable (2020), a population is the total number of research elements that participated or did not participate in a study. The population of this study was drawn from cluster foster parents in Mhluzi in Middelburg, Mpumalanga Province. The population of this study consisted of fifteen (15) cluster foster parents aged between 25-60 years and older who lived in Mhluzi area. Therefore, the researcher chose cluster foster parents residing in Mhluzi area for participation in the study.

3.4.2 Sample and sample size

Sampling refers to a convenient method which is grounded on the selective population preferred by the researcher (Frey, Botard & Gray, 2000). Since the participants of this study were unknown, a non-probability sampling method was employed wherein a

purposive sampling technique (Bryman, 2012) was followed. In purposive sampling, by De Vos, Strydom, Fouche and Delpont (2011), a specific issue is selected to illuminate practices that are a concern in a specific study. This sampling technique is also referred to as judgmental sampling, wherein the choice of participants is based on the judgement of the researcher. In light of the above, the researcher selected cluster foster parents purposefully to follow the aim of this study. The researcher selected 15 cluster foster parents because they were relevant to the topic of the study.

- **Inclusion**

Cluster foster parents (CFP) who are caring for foster children through the authority of the children's court and those who live in Mhluzi in Mpumalanga Province contributed to the study. The researcher included participants who had been cluster foster parents for three years and above. Those chosen cluster foster parents were amid the ages of 25 years and above. Only foster cluster parents who were appointed through the children's court who spoke English and isiZulu formed part of the study. Furthermore eight (8) participants were interviewed in English language whereas seven (7) participants in IsiZulu language.

- **Exclusion**

Cluster foster parents (CFP) who did not possess three years of experience in foster care parenting and were illegally endorsed by the children's court did not form part of the study. Cluster foster parents who were aged 24 years and below were also excluded in this study. Besides, foster cluster parents who did not speak either English or isiZulu and not recognized by children's court were excluded from this study.

3.5 DATA COLLECTION METHODS

Bhattacharjee (2011) states that data collection is a systemic gathering of information in a study. According to Creswell (2014), in qualitative research, there are three methods of data collection such as focus group interviews, observation of participants and semi-structured interviews. The researcher used semi-structured interviews, which allowed

probing questions to collect data for the study, thereby getting relevant information from participants. According to De Vos et al. (2011), qualitative studies typically employ semi-structured interviews in a formal setting. The researcher was led by an interview schedule with open-ended questions to guarantee that the interviews remained appropriate to the aim and objectives of the study. Greeff (2011) avers that in-depth interviews are beneficial because they allow participants to explore topics while preventing the researcher from controlling the flow of remarks. Moreover, audiotape recordings were used during the interviews after getting verbal agreement from the participants. A tape recorder, according to Rubin and Babbie (2005) and Greeff (2005), is useful as it helps the researchers remain focused and ensure that all data provided by the participants are thoroughly collected. The researcher conducted individual interviews with participants lasting between thirty (30) minutes to (40) minutes. Data was collected for approximately a period of one month. However, interviews were determined by data saturation to a point whereby sufficient information had been obtained and the researcher could no longer proceed. Data saturation is defined by Strydom and Delport (2011) as accumulating data until a sense of closure is achieved because additional data gives duplicate evidence. The above instruments were useful in allowing the researcher to focus on the interview and afterwards transcribe data for analysis.

3.6 DATA ANALYSIS METHODS

Data analysis and interpretation refers to an interpretive viewpoint which is based on important and figurative content of qualitative data (Neuman, 2014). Study by Schurink, Fouche, and De Vos (2011) postulate that qualitative data analysis entails analysing the mass data obtained and finding the data that will be useful in achieving the study's objectives. Not all data collected is necessary as some may be eliminated. In this study, the researcher employed thematic data analysis through the assistance of the Nvivo software which helped to organise and manage data. Braun and Clarke (2006) proposed a six-phase paradigm for performing theme analysis as follows:

- **Step 1: Become familiar with the data**

The initial intention of any qualitative analysis is to study and understand the transcripts. The researcher familiarised himself with the views of the participants after the tape recording. This phase involved reading and rereading transcripts. The researcher read to comprehend the information gathered.

- **Step 2: Generate initial codes**

Based on this step, the researcher organised data in a meaningful and systematic way. Botma, Greef, Mulaudzi and Wright (2010), and Schurink, Fouché and De Vos (2011) recognised the following data analysis standards, which were also followed in this study:

- All the data was transcribed.
- An external worker who transcribed the data ensured the transcripts' correctness, which the researcher checked.
- Enough room was provided on both the left and right margins during transcribing to allow the researcher to add notes during analysis.
- Where translation was required, the information was validated by a third party.
- All topics were coded.

- **Step 3: Search for themes**

According to Braun and Clarke (2006), there are no immediate rules about what makes a theme. For this study, the researcher examined the views of the participants and turned them into themes. The Nvivo software assisted in organising the themes. The following eight themes were coded;

- (a) Experiences of cluster foster parents fostering children with special needs,
- (b) Encounters faced by cluster foster parents in fostering children with special needs,

- (c) Knowledge received by cluster foster parents in caring for foster children with special needs,
- (d) Measures taken in preparing cluster foster parents caring for children with special needs,
- (e) Feelings of being a cluster foster parent,
- (f) Financial aspects in catering the basic needs of children with special needs,
- (g) Kind of support received by cluster foster parents in caring for foster children,
- (h) Coping mechanism in caring for foster children with special needs in your capacity as a cluster foster parent.

- **Step 4: Review themes**

In this phase, the researcher reviewed and developed introductory themes that had been recognized in Step 3. To do this, the researcher followed Bree and Gallagher's (2016) guidelines stating that the qualitative data analysis software (NVivo) makes this process quicker and easier.

- **Step 5: Define themes**

Braun and Clarke (2006) explained that this is the final refinement of the themes, whose main aim is to identify the essence of what each theme is about.

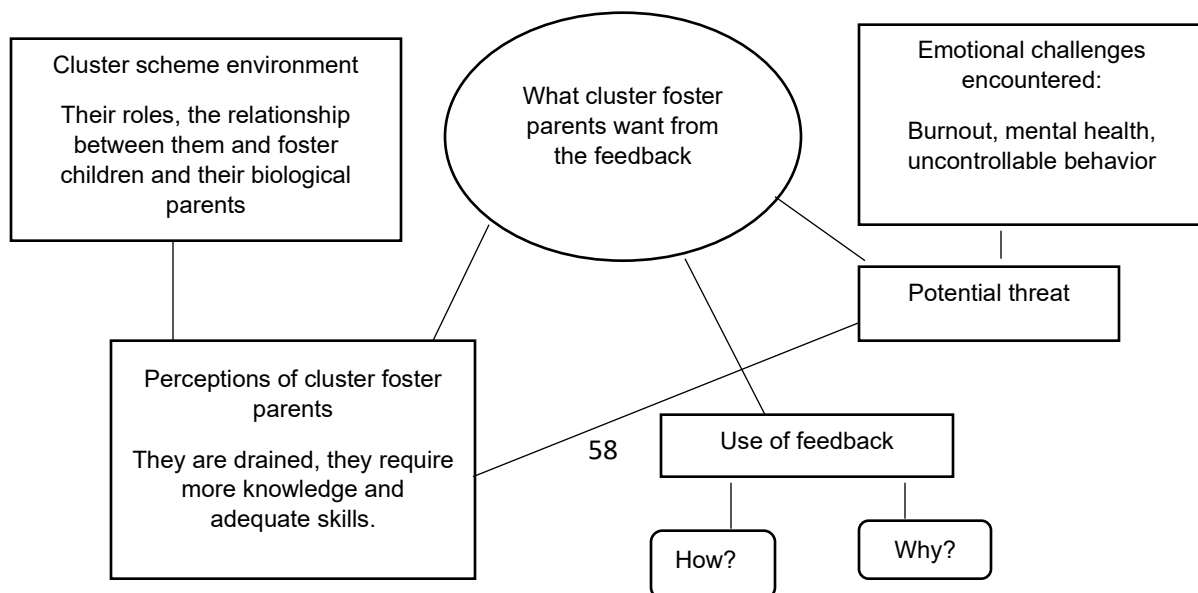


Figure 3.1 Thematic map

- **Step 6: Write-up**

This is the last step, which involves report writing. In this study, the qualitative approach helped the researcher to split and categories data into several themes and subthemes. All transcripts were constantly read to ensure that all collected data were correctly collected, captured, and organised. The external transcriber signed a confidentiality agreement. The accuracy of the collected data was determined through discussion with participants. All these processes assisted the researcher in writing this research report.

3.7 QUALITY CRITERIA

The issue of trustworthiness is completed in terms of how much trust can be ensured in the investigation procedure and conclusions (Bless, Higson-Son & Sithole, 2013). Credibility, transferability, dependability, and conformability are the four determinants of trustworthiness that were followed to assess the quality of the findings of this research.

3.7.1 Credibility

Credibility is about proving that the results illustrate the reality of the findings or checking if the findings make sense (Bless et al., 2013). Through this study, credibility was resolute after the gathering of the data by the researcher, and confirmation by the respective supervisors. The researcher ensured credibility through prolonged engagements, persistent observation of participants during data collection and member checking.

3.7.2 Transferability

This concept defines as the amount in which the outcomes of qualitative research can be simplified or assigned to other situations or backgrounds. It involves the study participants offering comprehensive explanations of the perspectives in which data were accumulated, about the researcher as an individual, and interactions with the participants.

The evidence permits other researchers to evaluate and measure the comparisons among those situations and additional backgrounds or circumstances constructed on the transferability of the conclusions (Bless et al., 2013). As a result, the findings of this study were drawn from the sample selection method to determine the saturation of the data through the lived experiences of cluster foster parents. Moreover, the researcher conducted semi-structured interviews to yield rich data.

3.7.3 Dependability

Dependability occurs when the researcher explains exactly how data will be stored, encrypted, and analysed (Bless et al., 2013). According to Royse (2004), dependability is the criteria for determining if a study is rational, properly recorded, and audited. In this study, the researcher audited the data by using audiotape recording. Data were coded as well. In addition to this, the researcher urged the participants to be flexible in sharing their views as they were regarded as experts in the study.

3.7.4 Conformability

The researcher is expected to make a significant estimation of the methodology used. Conformability is also about other researchers being able to duplicate their work in other contexts (Bless et al., 2013). Conformability was demonstrated by making field notes available for auditing. In this case, the researcher looked at the background to see how this influenced the research process. During data collection, the researcher kept a notebook to record his assumptions, thoughts, and sentiments that could impact and jeopardise the research findings.

3.8 ETHICAL CONSIDERATIONS

Research ethics are decent guidelines that have been recruited through proficient organisations that regulate intellectual research within the branch of learning (Creswell, 2014). The ethical issues in this study were as follows:

3.8.1 Permission to conduct a study

In conducting the study, the researcher attained approval from the University's Research Ethics Committee (TREC) to collect data. Furthermore, the researcher requested an entry or permission from the Suid- Afrikaanse Vroue Federasie for cluster foster parents to partake in the interview process.

3.8.2 Informed consent and voluntary participation

Every participant has the right to understand what the research is about, how it will effect them, and the risks and advantages of participating. Participants have the choice to opt out at any time. (Bless et al. 2013). To participate in this study, the researcher received an informed consent form. During the interview, the researcher gave the cluster foster parents letters of agreement in which they could individually provide their consent to participate after reading and understanding the research methodology. Furthermore, the research process was outlined, and respondents were asked to sign a consent form if they wanted to continue (Neuman, 2014). The informed consent letter was structured as follows: The title of the research project; a brief description of the purpose and process of the research study; the length of the study; and a statement emphasising that participation was voluntary and could be terminated at any time without being questioned. The researcher did not push any cluster of foster parents to take part in the study.

3.8.3 Confidentiality, Privacy, and Anonymity

Confidentiality refers to the moral obligation in maximum research. Information that is offered by participants, especially sensitive and personal information, should be secured and not accessible to the public. Therefore, data from various participants were secured safely. The researcher protected the information of the participants gathered for confidentiality.

Regarding privacy and anonymity, the researcher made use of numbers to ensure that participants' identities were protected. Similarly, participants had the precise to choose whether to join a research study or not, chiefly the right to privacy (Bless et al., 2013). In applying this ethical issue, the researcher assured them that the information gathered would be made available to the public but used for study only. The participants were named as respondents A, B, C, and so forth during the exploration of their experiences, views, and opinions.

3.8.4 Protection from harm

The essential moral rule of collective research is that it should not pose danger or any harm towards the participants (Babbie, 2007). Therefore, the researcher avoided causing harm to the participants by protecting them from any danger. The researcher was sensitive and careful during the process in terms of maintaining the above ethical roles.

3.8.5 Deception of the participants

Deception refers to intentional misconceptions' members have approximately the main purpose of the research and other information that may be a threat to the outcomes (Struwig & Stead, 2001). According to Neuman (2000), deception takes place when the researcher is dishonest and deliberately confuses participants throughout the interview. The researcher briefed the participants about the purpose of conducting the research and did not withhold any information from them.

3.8.6 Publication and release of findings

The publication of research results is very important as it is a way of connecting the results with the scientific community. Therefore, participants' names must not be mentioned before the research results are released. Publication credit must be given to all individuals who have contributed to the study, either in the form of authorship or acknowledgement (Bless *et al.*, 2013). The discoveries of the research must be submitted to the learning society in a recorded form (De Vos *et al.*, 2013). The researcher confirmed that the names of participants were unpublished. The researcher will avail the findings to cluster foster parents. Articles from this project or study will be published in peer-reviewed publications accredited by the Department of Higher Education and Training (DHET).

3.8.7 Risks to the participants

This study concerned a sensitive issue and as such, participants such as cluster foster parents could be vulnerable to emotional injury and show some signs of depression during the interviews. In this study, psychological risks included the emergence of negative affective states such as anxiety, despair, guilt, shock, loss of self-esteem, and changed behaviour. The more delicate the study material, the more care must be taken in gathering, processing, and keeping data. To reduce the danger of losing confidentiality, the researcher should acquire merely personal information that is strictly necessary for

the study activity (Babbie, 2010; Kumar, 2011; Neuman, 2014; Yegidis, Weinbach & Meyers, 2012). If this occurred, the researcher was ready to recommend to approved personnel such as social workers or psychologists for further intervention. The study intended to benefit both the researcher and the participants by providing previous cluster foster parents with additional information about their lived experiences. The study closed the existing gaps in the studies of the lived experiences of cluster foster parents. The study will also help policymakers and programme developers enhance service delivery in the management of foster care placements. The cons in this study did not outweigh the benefits.

3.9 CONCLUSION

This chapter described the research methodology that was followed to understand the lived experiences of cluster foster parents in Mhluzi in Middelburg, Mpumalanga Province, South Africa. A thorough description of the research approach and design, subject selection, and instruments was provided. The research procedure explained how research data were collected, analyzed and interpreted based on the findings from the participants. The next chapter focuses on qualitative data presentation, analysis, and interpretation.

CHAPTER 4 QUALITATIVE DATA PRESENTATION, ANALYSIS AND INTERPRETATION

4.1 INTRODUCTION

This chapter provides the presentation, analyses, and interpretation of the empirical qualitative findings of this study which sought to explore the lived experiences of cluster foster parents in Mhluzi in Middelburg, Mpumalanga Province, South Africa. A semi-structured face-to-face interviews from a sample of fifteen (15) cluster foster parents were conducted. These cluster foster parents were purposively chosen based on their experiences in cluster foster care placement. NVivo software was used to manage and organise data that was analysed thematically as presented in this chapter.

4.2 BIOGRAPHICAL DETAILS OF CLUSTER FOSTER PARENTS

To comprehend the participants, the demographic factors comprising age groups, gender, and years of experience of cluster foster parents, and their qualifications were characterised as follows:

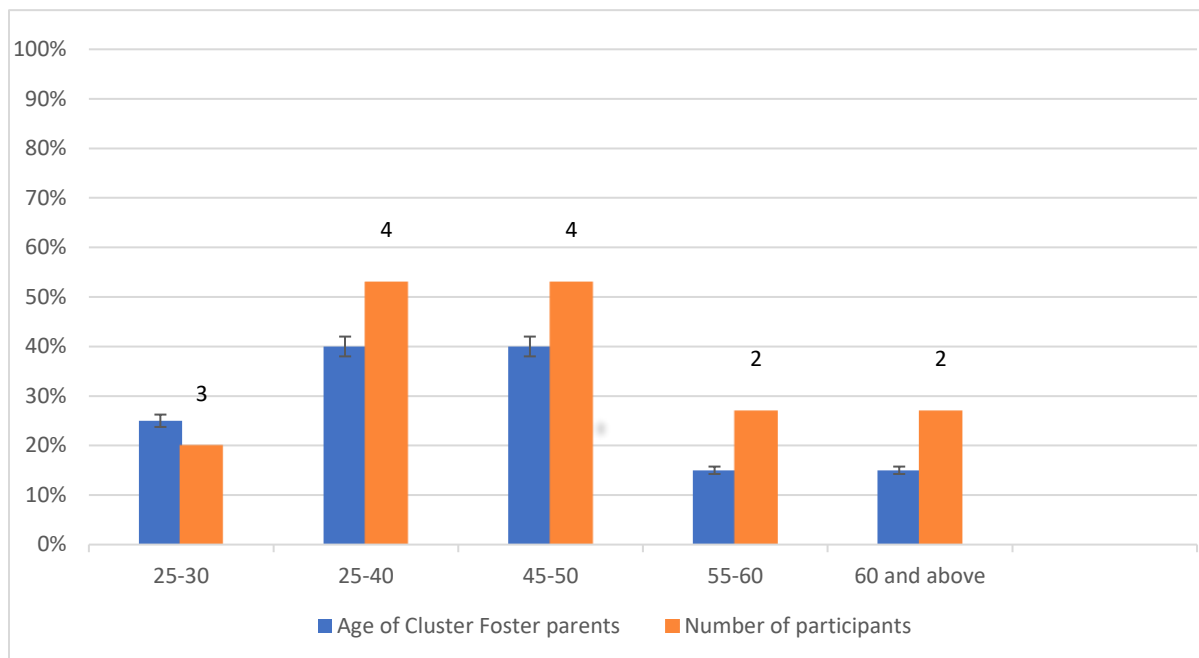


Figure 4.1 Age of Cluster Foster parents

4.2.1 Age of cluster foster parents

The above graph illustrates that most participants were between the ages of 25 to 50 as they were eight (8) in number added together and made up 53% of the sample representation. In the same breath, three (3) participants were aged between 25 to 30 years and made up 20% of the sample representation. Four (4) participants were between the ages of 55 and above and made up 27% of the sample representation.

4.2.2 Gender of Cluster Foster Parents

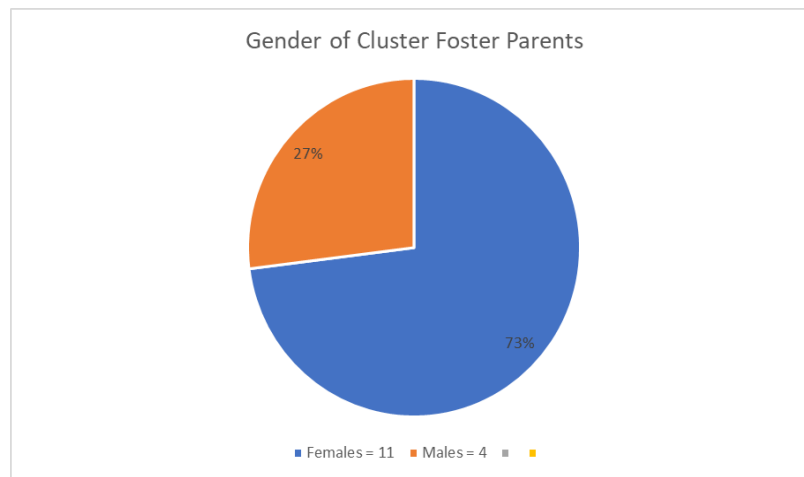


Figure 4.2 Gender of cluster foster parents

The above-mentioned figure illustrates that the study comprised eleven (11) females who made up 73% of the sample representation and four (4) male participants who made up 27% of the sample representation. In his practice, the researcher as a designated social worker detected that the majority of foster parents in South Africa are females than males, which could be a possible why more females participated in this study compared to males. This can also be substantiated by the national demographics. According to previous studies conducted in Africa, several African societies have traditionally been characterized by large extended family networks, specifically comprising females who would take on the task of caring for children in need within the community (Kuo & Operario, 2010; Kiggundu, Oldewage & Theron, 2009).

4.2.3 Highest qualifications of cluster foster parents

Table 4.1 Highest qualification cluster foster parents

Qualification	Female	Male	0%
BA in Social Work	0	2	13%
Bachelor of Education	1	0	7%
Bachelor of Commerce	1	0	7%

Grade 12	6	2	53%
Grade 11	3	0	20%
Total	11	4	100%

The table above shows that the two male participants interviewed are qualified social workers who made up 13% of the sample representation and have obtained a Bachelor of Arts in Social Work. One female participant holds a Bachelor of Education and made up 7% of the sample representation whereas the other female participants hold a Bachelor of Commerce and made up 7% of the sample representation respectively. Eight (8) participants (Females=06 and Males=02) obtained Grades 12 and made up 53% of the sample representation. The other three females made up 20% of the sample representation and they possessed Grade 11. The researcher believes that being a cluster foster parent does not necessarily require a specific qualification.

4.2.4 Years of experience of cluster foster parents in foster care

Table 4.2 Number of experienced cluster foster parents

Years of experiences	Female	Male	%
3-8	5	0	33%
9-12	3	3	40%
13-16	1	0	7%
17 and above	2	1	20%
Total	11	4	100%

The above table illustrates that all participants have above three (3) years of experience in foster cluster parenting. However, their years of experience vary as follows: five (5) females who made up 33% of the sample representation have between 3 to 8 years of experience in cluster foster parenting, while three (3) males and three (5) females with 40% the sample representation have between 9 to 12 years of experience. One (1) who made up 7% of the sample representation had 13 to 16 years of experience in cluster foster parenting. The other three (3) participants (Females=2 and Males=1) have 17 years

of experience and above in cluster foster parenting and have made up 20% of the sample representation.

4.3 DISCUSSION OF THE FINDINGS

The researcher applied a semi-structured interview schedule aided by open-ended questions to collect data from cluster foster parents (participants) in Mhluzi in Nkangala District, Middelburg, Mpumalanga Province, South Africa. The following findings that emerged from the study are presented thematically.

Table: 4.3

THEMES	SUB-THEMES
Theme 1: Experiences of cluster foster parents fostering children with special needs	Sub-theme: 1. Uncontrollable behaviours by foster children with special needs. Sub-theme: 2. Worry and stress of cluster foster parents. Sub-theme: 3. Lack of cooperation from children with special needs families. Sub-them: 4. Lack of preparedness before caring for children with special needs. Sub-theme: 5. Lack of preparedness before caring for children with special needs. Sub-theme: 6. Foster children defaulting on medical treatment. Sub-theme: 7. Lack of health awareness in looking afterf foster children with chronic illnesses. Sub-theme: 8. Poor academic performance.

4.3.1 THEME 1: Experiences of cluster foster parents fostering children with special needs

This study found that cluster foster parents experience several problems while fostering children with special needs. Some of the emerging challenges include, but are unlimited to, children displaying uncontrollable behaviours, worry and stress of cluster foster parents, a lack of cooperation by foster children's families, a lack of preparation of cluster foster care placement, isolationism of foster children, sexual misconduct of teenage foster children and their silence withdrawal signs.

4.3.1.1 Sub-theme 1: Uncontrollable behaviours by foster children with special needs

Most of the participants showed that foster children usually display uncontrollable behaviours, such as being over-clingy, withdrawn, and disobedient. However, Octoman and McLean (2014) postulated that challenges with uncontrollable behaviour do not only occur in children with special needs but also with other normal children who are catered to alternative foster care. This is evident that cluster foster parents, like all foster parents, need support from all relevant stakeholders, including social workers in raising foster children. One cluster foster parent indicated that, in her case, the foster children whom she cares for were abused by their relatives during school holidays, which affected their behaviours. The responses from the participants were as follows:

***Participant D:** "I am very stressed with one of my foster children for anything you tell him to do; he just opposes it without even thinking whether it is right or wrong."*

***Participant A:** "My foster child used to cling to me excessively to such an extent that I ended up disciplining him because I even found it difficult to do other things or help other children."*

Participant I: *“It’s just a behavioural problem, and you must know how to deal with it. Most of the time, you need to pay special care and attention to how they wake up in the morning and you know how to treat them for the rest of the day. They will have certain things like we have one boy who cries a lot.”*

In a similar breath, the other participant echoed that:

Participant G: *“My two foster children are beginning to show less interest in me every time I communicate with them and at a later stage, their case manager (Social Worker) indicated that this child was sexually abused by family relatives and there is an investigation going on.”*

The above findings show that some foster children with special needs display uncontrollable behaviours in their foster homes. However, according to the findings, it must be noted that some of these uncontrollable behaviours are possibly caused by certain incidents that children went or go through, for instance, abuse that children experience from their relatives during their early developmental stage of childhood upbringings. This is in line with Warwick (2016), who says that foster children with special needs present uncontrollable behaviours such as swinging moods daily because of abuse. Similarly, Corso (2008), Draper, (2008) and Gould (2012) posit that abuse which includes physical, sexual, psychological, and neglect, has a wide variety of harmful impacts on physical and mental health in children. The researcher believes that any type of abuse has the potential to impact children negatively at any developmental stage. In the same manner, findings further show that foster children cling excessively with foster parents on daily basis. Bowlby, (1979) defines an attachment as a strong, caring tie that exists between a parent and their child, which includes emotional engagement and cognitive development.

4.3.1.2 Sub-theme 2: Worry and stress of cluster foster parents

Most of the participants revealed that foster parenting is a difficult task because foster children usually display various behavioural problems such as fighting, truancy, disappearing from the house, and even bunking classes from school. Roughly certain cluster foster parents showed that the status of children, particularly those who most of the time are isolated at home worries and stresses them in that they wonder if they are meeting all the needs and/or expectations of raising them or not. As such, these leave the cluster of foster parents worried and stressed. This concurs with several studies (Brown & Rodgers, 2009; Neaves, 2009; Madlala, 2012; Shaik, 2012) whereby it was found that foster parents caring for children with various special needs have encountered stress and burnout. This is supported by Barlow et al. (2006) who discovered that most cluster foster parents reported significant stress and sentiments of anger, shock, melancholy, denial, and guilt. These are some of the responses echoed by the participants:

***Participant M:** “Sometimes when you talk to some of the foster children, they just look at you without any responses, and this shows that the child intentionally wants to hurt you. As such, this increases stress and worry in life.”*

***Participant G:** “In fact, I get stressed and become worried and lose it if my foster child is crying all the time without a valid reason. I am constantly worrying about what is happening to him and constantly wonder if I am providing the necessary help to him.”*

***Participant B:** “I do not want to mention her name, but she always stays alone or isolates herself, and this causes a lot of stress in my life.”*

The findings revealed that cluster foster parents live with worry and stress most often because they spend most of their time caring for children with behavioural problems. Cluster foster parents may be dealing with a particular number of children with various special needs who may exhibit unethical or ill-disciplined behaviour that has a detrimental

influence on them (Hlabiango & Ogunbanjo, 2009; Tanga, Khumalo & Gutura, 2017). This may lead to the parents developing tension and worry, damaging their mental health. The researcher believes that the cluster foster parents are worried because they do not want their foster children to be at risk because of their misbehaviour.

4.3.1.3 Sub-theme 3: Lack of cooperation from children with special needs families

Some of the participants revealed that dealing with the families of foster children with special needs who make frequent calls, undermining visitation hours, and having poor communication breakdown can be a tremendous challenge. Participants specified that the family members of these foster children are uncooperative and are too demanding, intimidating and/or insulting at times. Bengtsson and Karmsteen (2021) indicate that even though maximum children growing up in family foster care, maintaining contact with their family members has been largely ignored. Therefore, it can be noted that unhealthy communication between cluster foster parents and foster children's families leads to a lack of cooperation and collaboration altogether. The authors further mentioned that most of the family relatives were unaware of any breakdown of communication between them and cluster foster parents that may have occurred without their awareness. These are some of the participants' responses:

***Participant C:** "My experience has been difficult because working with biological parents or family relatives can become so stressful. They complain too much and insult us over the phone."*

***Participant B:** "The family relatives make frequent calls and sometimes it disturbs me emotionally. They also influence this foster child negatively on the phones."*

The findings reveal cluster foster parents battle with connection challenges with family members of foster children who do not cooperate with them. This is in line with what Kiraly and Humphreys (2013) who found that conflicts between cluster foster parents and foster

children's families arise when biological parents and such families must contact their children daily. This becomes evident that there is a need for the expansion of social work guidelines in monitoring and supervising cluster foster care placements.

4.3.1.4 Sub-theme 4: Lack of preparedness before caring for children with special needs

Some cluster foster parents indicated that they were unprepared thoroughly to care for foster children before the placement and that this makes their lives difficult, for example, when a transition occurs about a foster child being transferred from his or her current respective home into a new cluster placement home. Patel (2005) demonstrates that most cluster foster parents face difficulties in caring for foster children because of variety of factors, including inadequate preparation to care for such children, resulting in negative placement outcomes. In addition to this, cluster foster parents may encounter challenges of foster children with conditions such as being physically and cognitively challenged, children being rejected by family members or those who have speech delays (Children's Institute, 2015). Some of the participants claimed that:

***Participant B:** "Being a cluster foster parent requires social workers to explain to us the backgrounds of these children. We need to understand the needs of such children. At times, they don't listen; you cannot talk to them as they act strangely. I have to take them as my children."*

***Participant F:** "I encountered too much confusion because it is difficult to deal with these children. We need preparation and understanding of how we can assist or respond to their actions. These children give us tough times indeed."*

The findings of this study reveal that cluster foster parents find it difficult to care for foster children with special needs due to a lack of preparation by social workers. If prospective cluster foster parents could have a background of the prospective foster child, then it would enable the prospective cluster foster parents to prepare in advance and

adequately- care for such children. It is challenging for cluster foster parents to satisfy the needs of foster children while also ensuring their well-being and healthy growth (Hlabiango & Ogunbanjo, 2009; Tanga, Khumalo & Gutura, 2017). In line with the above authors, Schofield and Ward (2008) concur that social workers should be engaged in the placement of children in foster care up until the foster child reaches the age of majority. Social workers should not close the chapter of placement after the presiding officer/magistrate has issued a court order to the cluster foster parents but should continue providing support to the approved cluster foster parent and the children concerned.

4.3.1.5 Sub-theme 5: Foster children defaulting on medical treatment

Dealing with children who have chronic illness has an impact and it compels an adult to be emotionally intelligent and aware of the child's condition. Some of the participants have identified that foster children with special needs do not cooperate in receiving medical treatment daily as prescribed by medical experts. These participants indicated that they look after children with special needs who are diagnosed with HIV, Asthma, or Ulcers, and some are mentally challenged, while others are in wheelchairs. Lauver (2008) reveals that most foster children with special needs have behavioural, developmental, medical, or physical issues, many of which are chronic. These are some of the responses from the participants:

Participant E: *“When I want guidance and provide medication, they do not cooperate, and this is very stressful and worrying.”*

Participant L: *“I am working with children who are on medical treatment. We do get a lot of challenges because at times, they do not want to take their medication and you have to convince them. Sometimes they have tantrums, I am dealing with children who are 16, 17 and 18 years olds. The one who is 17 years, he is on medication, and he once asked me why taking those medications. The child has HIV/AIDS and I sit him down and explain why he is taking this medication. He did not have any problem after that. He is not a troublesome*

child, he will always come and say mama, it is time for my medication. The other child is 10 years, and he refuses to take medication. It is difficult to work with children.”

Participant H: *“One of the breaking challenges is their sickness, “baya gula” (which means they are very sick) and this illness is not the same. We deal with kids who have Asthma, Ulcers and HIV. Dealing with chronic diseases is heartbreaking.”*

The findings indicate that foster children with special needs who are diagnosed with various chronic illnesses make cluster foster parents' lives difficult as some of these children default from taking medication as prescribed by medical practitioners. From his experience as a social worker, the researcher observed that most cluster foster parents, due to the sensitivity of fostering children, particularly those with special needs, are more uncomfortable reprimanding such children and that becomes more challenging when such children default from taking medication as prescribed by their medical practitioners.

4.3.1.6 Sub-theme 6: Lack of funds to care for foster children with special needs

Most of the participants stated that financial constraints are concerning for them in that they are unable to perform their parental role in caring for their foster children with special needs. The Department of Social Development in South Africa only provides foster grants that amount to R 1050.00 for each foster child every month at the time of writing. According to the participants, the grants are insufficient to enable them to meet the essential needs of children such as food, clothing, and transportation of children to school (Mabusela, 2010). The cluster foster parents further indicated that their stipend for fostering these children is not enough to meet the basic needs of foster children with special needs. Some of the participants explained that:

Participant E: *“My experience with children with special needs is a challenge because you find that a child needs a lot of attention, the time you must spend with that child and at the end of the day, it depends on the nature of the disability. You find that you have 5 children*

who need your attention too. For instance, a child will request a lot of medication, and money to cover such expensive medication.”

Participant O: *“Children with special needs will tell you that they need extra special care, need good nutrition, need for collecting their medication from the hospitals because of their disorders, and their moods and behaviours change frequently. We also have children with mental disorders. Some have autism, bipolar.”*

The findings reveal that cluster foster parents encounter financial difficulties in raising foster children with special needs in that they are unable to meet all the basic needs of such children and their needs as persons. This is in line with the finding that a lack of funding brings confusion to cluster foster parents as foster children usually require specialised service care (Mire & McNaughton, 2018). It can be deduced from the finding that due to such financial difficulties; cluster foster parents are more likely to use their funds to raise foster children and that is equally most likely to compromise the well-being of their households. This can demotivate cluster parents who are needed when such cases arise.

4.3.1.7 Sub-theme 7: Lack of Health Awareness in caring for foster children with chronic illnesses

Parenting children with special needs can be so demanding and overwhelming. Some participants reported that they are caring for children who suffer from chronic diseases, which ultimately make them children with special needs, however, they lack health awareness in terms of caring for such children. This renders cluster foster parents to bear the risk of catching some infectious diseases. One of the participants claimed that:

Participant I: *“The challenge is that we did not get proper guidance; some of these children are sick; they are infected with HIV. We are at risk as cluster foster parents. But, we cannot run away from that because when they see us, they see hope, as we are all that they need.”*

The findings show that a lack of guidance on how to care for children with chronic diseases may endanger the lives of cluster foster parents as they are in contact with foster children most often. A study by Spurr, Danford, Roberts, Sheppard-LeMoine, Machado Silva-Rodrigues, Darezzo, Rodrigues Nunes and Somanadhan (2023) reveals that children with chronic health disorders are becoming more common around the world, which can alter family roles, relationships, function, and parental involvement in family caregiving. It is thus imperative that families with such children are conscious of how to care for such children to ensure that their health is a priority.

4.3.1.8 Sub-theme 8: Poor academic performance

The other participants indicated that some foster children with special needs do not function normally like others. It was indicated that some foster children with special needs are struggling and experiencing learning difficulties, and this could result in emotional expressions. For example, a child who is mentally challenged, or a slow learner may encounter obstacles in acquiring information like other intellectual children, to an extent that they may feel unnecessary in the classroom or school lessons. This is further highlighted by Zeidner (2007) who suggested that the overall impact of these emotions on performance is likely to be unfavourable. These are some responses shared by the participants:

***Participant K:** “There are many challenges, including learning problems. Some of them are not doing well in academics. They adapt slowly, as such, they are unable to remember numbers or words, and they lack concentration and are unwilling to work out their schoolwork. They are unable to do mathematics.”*

***Participant N:** “The other thing is that the children would not return home when they go to school. They will go to a location with their friends. For instance, once the child goes home for holiday visitations, when he comes back, it would be as if you did not do enough to discipline him; you have to start from scratch with lessons.”*

The findings revealed that some foster children with special needs do not perform as well as those without special needs. Inclusive education has been incorporated into the South African education system, although there are challenges of capacity in rolling out programmes at school that would respond to the needs of learners with special needs. This is supported by Section 29(1) (b) of the Constitution, Bill of Rights, which stipulates that everyone, including children with special needs, has the right to education.

4.3.2 THEME 2: Knowledge of cluster foster parents in caring for foster children

Having an adequate and comprehensive knowledge of fostering children is very important as it can prevent several challenges and misfortunes in the fostering journey. The participants indicated that they received training through the Trust Based Relational Intervention (TBRI) programme on parenting skills, effective communication, first aid and anger management, although some indicated that this training did not adequately meet their expectations and needs as cluster foster parents. However, some participants indicated that they had never received any training.

Table: 4.4

THEME	Sub-themes
THEME 2: Knowledge of cluster foster parents in caring for foster children	Sub-theme 1: Knowledge of parenting guidance and Trust Based Relational Intervention (TBRI) Sub-theme 2: Knowledge of effective communication of cluster foster parents. Sub-theme: 3 Knowledge of First Aid Sub-theme 4: Knowledge of anger management of cluster foster parents.

4.3.2.1 Sub-theme 1: Knowledge of parenting guidance and Trust Based Relational Intervention (TBRI)

Most of the participants indicated that they received training on parenting guidance through the Trust Based Relational Intervention programme offered by Christelike Maatskaplike Raad (CMR). This programme equipped them with skills in caring for foster children although some participants indicated that it did not satisfactorily meet their expectations. Some participants asserted that:

***Participants J, A and B:** “We were trained, namely the TBRI which is a training that equipped us as foster parents to be able to understand the behaviour of the children who are under our care and how to have a healthy relationship with them as well as a training on parenting guidance.”*

***Participant C:** “Yes, we were given parenting skills training on how to treat these children. We have also gained certain parenting skills on how to deal with their behavioural problems.”*

***Participant J:** “I did not receive enough information in training because it was more theoretical level than practical. Afterwards, I felt like I was not enlightened enough.”*

The findings revealed that some of the cluster foster parents were well prepared before they became cluster foster parents. The above-mentioned training, TBRI, has appeared very useful in action because the majority of cluster foster parents have expressed their significance in dealing with foster children. This is supported by Manukuza (2013) who stated that foster parents should receive training related to their responsibilities and roles before they start to work. According to Miller, Benner, Pope, Dumas, Damron, Segress, Slone, Thrasher and Niu (2017), constant capacity development is essential for cluster foster parents to refresh their present abilities and learn new ones to deliver the necessary quality care to foster children. These authors further revealed that such developmental programmes, which include parenting styles, behaviours, mutual mentorships, and

regular meeting dates, have a positive impact on cluster foster parents. The researcher maintains that if cluster foster parents are poorly equipped to assist them in caring for foster children, they will be unable to effectively do so since they will be lacking in information.

4.3.2.2 Sub-theme 2: Knowledge of effective communication of cluster foster parents.

Generally, communication is key in every situation. Most of the participants specified that they received training on how to communicate effectively with foster children with special needs. This training is useful to equip cluster foster parents with skills on how to communicate effectively with such children as their behaviours vary, depending on the type of challenges they have. Some participants expressed that:

***Participant G:** “Well, we were given training on effective communication that equipped us as foster parents to be able to understand various ways of communicating with children with special needs.”*

***Participant M:** “We have gained certain communication skills on how to communicate with children with special needs who display various behavioural problems.”*

These findings reveal that some of the cluster foster parents were imparted with communication skills to communicate effectively with children with special needs. Some were well prepared before they became cluster foster parents. This is supported by Manukuza (2013) who stated that cluster foster parents are unwilling to be able to care for foster children unless they have been empowered with effective communication skills. The researcher posits that effective communication with foster children makes cluster foster parents perform their duties easily daily.

4.3.2.3 Sub-theme: 3 Knowledge of First Aid

All the participants highlighted that they received training on First Aid to approach foster children and how to deal with the behaviour according to their ages. They indicated that this helped them a lot in coping with minor incidents faced by foster children with their day-to-day challenges. This is supported by Makoe et al. (2008) who indicated that cluster foster parents are expected to be well-versed in first aid principles since they care for children who are prone to injuries. The researcher postulates that knowledge of First Aid compels the cluster foster parents to act effectively in times of need and injuries that occur to these children.

***Participant A:** “I have received training in first aid and Child and Youth Care Training. We were taught about how we should approach the foster children and how to deal with the behaviour according to their ages.”*

The findings reveal that adequate information through training was provided to some of the participants positively. It appeared that the training was useful because cluster foster parents have an idea of how to look after any child who might be injured or harmed. In line with this, Mitchell, Curtis and Foster (2018) shared that although foster children’s injury may affect them and their families, cluster foster parents may treat them with knowledge and care that were provided during training. The researcher avows that it becomes easier for cluster foster parents to be mindful of first aid operations if one child gets injured.

4.3.2.4 Sub-theme 4: Knowledge of anger management of cluster foster parents.

Most of the participants specified that they received training on how to control their emotions when dealing with foster children. This training helps cluster foster parents with anger management skills, particularly in caring for foster children. One participant stated that:

Participant J: *“Well, we were trained on anger management and that equipped us to be able to contain our anger as we deal with foster children.”*

The findings reveal that some of the cluster foster parents were imparted with anger management skills when working with foster children. This is supported by Manukuza (2013) who states that foster parents will not be able to care for children with special needs unless they have been empowered with anger management skills. The researcher claims that any course available relating to anger management may reduce a lot of stress from cluster foster parents when dealing with foster children. The researcher adds that cluster foster parents have their differences and imbalanced emotions, which need an intervention before any attempts or continuation of fostering.

4.3.3 THEME 3: Mental health issues encountered by cluster foster parents caring for foster children

The participants have expressed feelings of happiness and unhappiness, exhaustion and stress, self-confidence and pleasure, and as well as feelings of helplessness about caring for foster children. Most participants have encountered exciting and upsetting moments in caring for foster children. This is supported by Kadungure (2017) who stated that cluster foster parents working with foster children with various special needs can also suffer burnout, but the level at which they experience it may differ.

Table: 4.5

THEMES	Sub-themes
THEME 3: Mental health issues encountered by cluster foster parents caring for foster children	Sub-theme: 1 Expression of happiness from cluster foster parents. Sub-theme: 2 Expression of unhappiness from cluster foster parents. Sub-theme: 3 Exhaustion and stress

4.3.3.1 Sub-theme: 1 Expression of happiness from cluster foster parents

Although foster parenting can be overwhelming, some of the participants expressed feelings of happiness to take care of and provide guidance to foster children. Participants demonstrated feelings of being the contributors to making a change in society by protecting a child who needs care and protection. Hornby (2005) utilised the word “altruism” as prioritising the needs and pleasures of others before one's own. Some cluster foster parents are passionate about caring for foster children. These statements were echoed by some of the participants:

Participant O: *“It makes me feel very happy since I have been working with a lot of children until they passed Grade 12. Most children that I have worked with have done well in life and some do come back to say a word of gratitude. Some call me and wish me a happy birthday; others take me out for lunch as a token of appreciation. This made me realise that I have done my work very well.”*

Participant F: *“It makes me feel happy to see them happy because it is something I wanted to do. Sometimes it can be overwhelming, and you feel like you can run away but we have someone who helps us with our challenges. To me, it's being mindful again to remember why you are doing it.”*

Participant B: *“Eey!! It makes me feel like I am the hero because it always gives me pleasure to provide a home to a child who was abused. At the end of the day, a child turns out to be a normal child under my care.”*

Participant M: *“I feel like I am their mother because I take this kid as my family. I took them as part of my family. They call me and my husband, mom and dad.”*

It is evident based on the above findings that cluster foster parenting is overwhelming even though such parents are happy to be change-makers in society. These findings show that most cluster foster parents become fulfilled by the fact that they have protected a vulnerable child. This is in line with Osei-Hwedie (2007) who asserted that the African

Zulu phrase "Ubuntu," which recognises that a person is a person through other people, has so much impact on humanity. The researcher believes that self-contentment plays a huge role within some cluster homes.

4.3.3.2 Sub-theme: 2 Expression of unhappiness from cluster foster parents.

Some of the participants expressed feelings of unhappiness in caring for foster children. This is because some of these children's behaviours are inappropriate and for some cluster foster parents, they have never taken care of children before cluster foster parenting. Some participants highlighted that foster children demand a lot and sometimes they are unable to meet their expectations. Warwick (2013) indicates that due to burnout symptoms, cluster foster parents may consciously show their unhappy expressions, a loss of interest, a lack of motivation to work, a lack of job satisfaction, being late and ignoring chores, and a loss of sensitivity while dealing with foster children. The following statements were detailed by some of the participants:

***Participant N:** "It is difficult, and I am not happy I don't want to lie because the children want the same attention even though you realise that not all of them need that because of their behaviour. You are forced to be their parents to them even though you are not their biological one."*

***Participant H:** "Personally, it's fulfilling. I feel like I am closing a gap in these children's lives. I am addressing a need that they have but it is quite overwhelming because as a young man who is not a parent, I have never had a child before. It's an overwhelming environment to be a father to these children and children who come from different backgrounds and they have a lot of demands. It's quite demanding but fulfilling."*

The findings uphold that some cluster foster parents encounter difficulties in fostering children in a cluster-setting environment. This factor of unhappiness normally causes some cluster foster parents to experience a lack of enthusiasm, motivation, helplessness, hopelessness and frustration (Primo, 2007). This is supported by Giese (2008) who

reveals that, for many potential foster parents, the notion of becoming a foster parent might be intimidating and depressing. The researcher believes that if cluster foster parents are confronted with such difficulties, they may become ineffective in performing their tasks well.

4.3.3.3 Sub-theme 3 Exhaustion and stress

Several participants indicated that caring for foster children is physically, psychologically and emotionally demanding as they perform different tasks in caring for foster children. Therefore, they become exhausted, which is emotionally and physically draining. A study conducted by Akintola (2006) outlined that the process of caring for foster children may cause cluster foster parents to affect their mental and physical health. One of the participants said:

***Participant D:** “Ummm, okay, first, the experience is not a bad thing at all, but it's emotionally draining because, with disabled kids, it's a different need. Disabled kids need special attention, as dealing with them can be very emotional. We are not used to these kids, but we get used to them because we work with them every day. We are not able to meet all their needs.”*

The findings reveal that caring for foster children has implications for the mental well-being of cluster foster parents. This is supported by Akintola (2006) who asserts that much research on the process of caregiving demonstrates that the cluster foster parents' physical and mental health suffers as a result of the load of exhaustion, stress and overwhelming. The researcher believes that this implication on cluster foster parents' mental health makes them overwhelmed. Some participants indicated that due to insufficient funds to care for foster children, they end up getting stressed and depressed, particularly when they are unable to meet the needs of such children. Although the Department of Social Development provides foster care grants for a foster child every month, the grant is not enough to meet the needs of the children, particularly those with

special care. Most of the participants stated that financial problems were the worst challenge to performing their parental roles in caring for their foster children. These are some of the responses from the participants:

***Participant B:** “The foster grant is not enough to meet the basic needs of the child. It should be taken into consideration that the more we are unhappy, the more we will be unhappy with our performance in assisting children with special needs.”*

***Participant G:** “We need more resources, and we are struggling to meet the basic needs of our foster children and ourselves. We depend on donors and we do not know when the donor will come and help us. The financial difficulties of working in an under-resourced environment for a very small salary add to the stress of working for long hours”.*

These findings highlight that foster parents encounter financial difficulties in assisting the basic needs of foster children which has an impact on their mental health. In support of this, Mabusela (2010) indicates that cluster foster parents encounter financial struggles to fulfil essential needs such as food, and clothing, for their foster children and transportation of children to school. The researcher postulates that money plays an integral role and when is found insufficient by cluster foster parents, then the motivation for any task performance also decreases.

4.3.4 THEME 4: Support systems for cluster foster parents

Most of the participants receive support from placement social workers, religion (church) and family members, the Department of Social Development and NGOs. The majority of the participants indicated that social workers, religion, family, NGOs and the Department of Social Development frequently provide various kinds of support services in assisting the cluster foster parents with the placement process of foster children.

Table: 4.6

THEME	SUB-THEMES
THEME 4: Support systems for cluster foster parents	Sub-theme 1: Support from social workers. Sub-theme 2: Support from the church. Sub-theme 3: Support from the Department of Social Development and NGOs. Sub-theme 4: Personal coping mechanism through various activities. Sub-theme 5: Family support

4.3.4.1 Sub-theme 1: Support from social workers

It was revealed that social workers provide guidance and facilitation about the aspects of the foster care placement process, and they also monitor the development of children every month. This is indicated in the following quotation from one of the participants.

Participant N: “Our area social workers visit us every month to provide us with guidance and counselling, as well as behaviour modification of children who display uncontrollable behaviour.”

These findings detail that it is the responsibility of social workers to create rapport with cluster foster parents and conduct home visits frequently or quarterly to monitor the placement and provide a support structure. Statutory social work intervention focuses on, among other things, supporting and strengthening individuals (cluster foster parents) who require residential or alternative care (Republic of South Africa, 2006). The researcher urged that when social workers constantly pay regular visits to respective and mandated

cluster foster parents, this appears as a sign of a support system on a professional and development level.

4.3.4.2 Sub-theme 2: Support from church

All of the participants highlighted their respective religious gatherings which helped them a lot in coping with their day-to-day challenges. Churches were considered the most helpful form of support and comfort among cluster foster parents. In line with this, a corresponding study conducted by Makoe et al. (2008) shows that religion is one of the most used coping mechanisms that cluster foster parents depend on. It can be noted that religion has a significant impact on caring experiences. Any support system like prayer which emerges from religious organisations towards foster parenting is particularly viewed as a strong coping mechanism. The researcher believes that the term “prayer” is regarded as a powerful spiritual tool used by cluster foster parents to exercise spiritual matters that produce a long-suffering, patient and coping ability to cluster parenting. Therefore, churches play an important role in foster care placements. The following quotations were outlined by the participants:

Participant A: *“When I am going through tough times, I invite my church pastor to come and pray for me and usually, the situation changes for the better after praying to God.”*

Participant F: *“I pray daily when I wake up and ask God to help me face the challenges boldly because I know that no weapon formed against me will prosper.”*

Participants O, N, K and J: *“Things have changed; we no longer receive enough support. It happened previously. We used to get it from various churches. Recently, we had support from social workers but is not enough, sometimes I can see that those social workers may be too busy. I just think that some social workers do not do enough, or maybe it’s because of their management rules or authorities.”*

According to a Canadian study by Daniel (2011), foster parents are highly motivated to care because of empathy and personal experiences with alternative care. In a similar study by McDermid, Holmes, Kirton and Signoretta (2012) in the United Kingdom, it was found that cluster foster parents believed they had something to offer youngsters in comparable situations since they had encountered such conditions themselves. However, one of the participants mentioned that they no longer receive support or prayer as a strength-giving tool, unlike previously. Rodlach (2009) affirms that studies in African contexts, such as in Zimbabwe, found that cluster foster parents are highly driven by a religious value mostly reflected in the need to care for the poor and less fortunate, as well as by personal experiences. Even in severely stressful situations, religion can bring a sense of relaxation and calm (Aldwin, 2007). The researcher adds that choice of religion has an impact on cluster foster parents and most children who grew up in cluster placements at some point had better results because of the religious value system.

4.3.4.3 Sub-theme 3: Support from the Department of Social Development and NGOs

Most of the participants indicated that they receive support from NGOs and the Department of Social Development. The Department of Social Development provides foster grants every month as well as blankets and food parcels occasionally.

The following extracts were echoed by the participants:

***Participants C and D:** “We depend on NGOs for support, including resources such as toys, books, bottles, blankets, and food.”*

***Participants E, I, F and L:** “We try to get support from different companies, sponsors, government, and private institutions time and again. We really appreciate their assistance.”*

The findings indicate that all the above support systems, including social workers, the Department of Social Development, NGOs, private sectors and churches, should be used

holistically as they all have a positive impact on cluster foster parents as far as support is concerned. Martin (2010) agrees that community committees are community-based institutions that focus on the needs of the community's people and ensure that those needs are met. The researcher believes that all these different support systems should be used frequently to motivate cluster foster parents, hence improving the quality of cluster foster care.

4.3.4.4 Sub-theme:4 Personal coping mechanism through various activities

It was revealed that various coping strategies were put in place in caring for foster children. These strategies include personal coping mechanisms through various activities and the role played by the family. Most of the participants indicated that they put into practice personal coping mechanisms that include engagement in activities loved by the cluster foster parents, and exciting activities with foster children. The following quotations were noted by the participants:

Participant A: *“When children are at school, I keep myself busy with needlework and sewing to relieve myself from the worry and stress I encounter daily.”*

Participant O: *“When the foster children are asleep or at school, I listen to the gospel to relieve myself to cope with this stressful life job of caring for foster children in cluster foster care scheme.”*

Participant G: *“I sometimes get myself involved in social activities such as singing with foster children.”*

Participant B: *“Okay, I use prayer as a coping mechanism because I have recently endorsed myself for a family therapist whom I consult now and then if I am having challenges. I try as much as I can because the bible says that every person belongs to God and every heart belongs to God. We rely on the Creator for these children.”*

The findings detail those social activities, recreation, and any form of intertwinements play an important role in assisting cluster foster parents to cope successfully in caring for foster children. Some participants disclosed that they debriefed themselves through counselling engagement for the copying mechanism. According to Primo (2007), a variety of coping methods, such as chatting, and discussing feelings and concerns with other carers or professionals, might help one cope better with work-related issues. The researcher avows that engaging in various social activities and consulting therapists, at times, make cluster foster parents able to cope with their job descriptions.

4.3.4.5 Sub-theme 5: Family support

Most of the participants mentioned that their family members play an important role in helping them cope with behavioural problems that are presented by foster children. One participant mentioned that she regards her biological mother as a pillar of strength because she can bottle out whenever she has stress. When cluster foster parents encounter challenges, family members such as siblings' or parents' assistance may be critical in child-raising (Scott, Malde, King, Phiri Chapota, Kainja & Vera-Hernandez, 2018). Some participants quantified that:

***Participant J:** “When I am undergoing a lot of stress, I usually call one of my family members to talk to me, either telephonically or in person, and after that, I usually feel relieved from stress and worry.”*

***Participant K:** “I regard my mother as my pillar of strength because I sometimes share with her when I experience challenges.”*

***Participant H:** “The only support that I receive is from home because sometimes I just feel like giving up and my biological mother will encourage me to go back to work.”*

***Participant C:** “I do get support from one of my colleagues. Even though some days I feel like I don't wanna go to work, I have to. My whole family supports me, and I feel so spoiled.”*

The findings reveal that family members play an important role in helping cluster foster parents cope and debrief when dealing with challenges presented by foster children in cluster foster care schemes. According to Roux, Bungane and Strydom (2010), cluster foster parents receive assistance from their family members through helping with children's school and homework, paying bills, purchasing food, and caring for children when foster parents are unavailable. The researcher believes that family members help the cluster foster parents to release the stress they encounter when caring for foster children.

4.4 CONCLUSION

This chapter forms the basis of the research study as it represents the findings of the research project. The findings of this chapter highlighted the demographic profile of the participants. It also discussed the experiences, knowledge, mental health issues and support as well as the coping mechanisms of cluster foster parents holistically. The following chapter will focus on the summary of the major findings, conclusions and recommendations.

CHAPTER 5

SUMMARY OF MAJOR FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

The main purpose of this chapter is to present a summary of empirical findings, conclusions, and recommendations. The study sought to explore the lived experiences of cluster foster parents in Mhluzi in Middelburg, Mpumalanga Province, South Africa. The findings of the study reveal that cluster foster parents have encountered parenting difficulties amongst foster children they care for, including have insufficient training and knowledge to care for foster children, and worry and stress, which ultimately affect their mental health burnout and they lack a solid support system. Therefore, it can be noted that cluster foster parents are confronted with a severity of challenges which affect and overwhelm their mental health. This chapter further presents a re-statement of the research problem and, a re-statement of the aim and objectives of the study. In this study, feedback on the theoretical framework guided by this study was presented.

5.2 RE-STATEMENT OF THE RESEARCH PROBLEM

Ideally, in the cluster foster scheme, there is a higher expectation to secure vulnerable children by offering a harmless and favourable environment through positive support in terms of Section 181 of the Children's Act (Act 38 of 2005), as amended. Contrary to this notion, the researcher observed that cluster foster parents are struggling to live up to this expectation. In addition to the above, several studies (Patel, 2005; Shaik, 2012; Warwick, 2013; Du Toit, 2013; Phethlu & Watson, 2014) show that most cluster foster parents face difficulties in caring for foster children due to several factors such as inadequate preparedness to care for such children, resulting in negative placement outcomes. For example, foster parents may find it difficult to care for foster children with chronic illnesses, those who are physically and mentally challenged, those who have been rejected by family members and those who have speech delay (Children's Institute, 2015). Based on these predicaments, cluster foster parents caring for needy children experience high

levels of stress, burnout, anxiety, and a financial burden (Warwick, 2013; Mabusela 2010). This has been confirmed by other researchers, who indicated that the absence of emotional support, a lack of guidance, role vagueness and inadequate training hurt cluster foster parents as they are taking care of children (Shaik, 2012; Warwick, 2013; Patel, 2005; Du Toit, 2013). This study argued that despite the dynamics associated with foster parenting, debatably, there is very little literature on cluster foster parenting in South Africa. Thus, this study sought to explore the lived experiences of cluster foster parents in Mhluzi area in Middelburg, Mpumalanga Province, South Africa.

5.3 RE-STATEMENT OF THE AIM AND OBJECTIVES OF THE STUDY

5.3.1 Aim of the study

The study aimed to explore the lived experiences of cluster parents in Mhluzi area in Middelburg, Mpumalanga Province, South Africa.

5.3.2 Objectives of the study

The following objectives became critical to achieving the study's goal:

- To assess the experiences of cluster foster parents in caring for children with special needs.

This objective has been achieved. In Theme One, the findings pointed out that uncontrollable behaviour may be induced by certain experiences that children have experienced or are experiencing, such as maltreatment from relatives or biological parents throughout their early developmental stages of childhood parenting. However, further experiences such as a lack of cooperation from foster children's families, a lack of preparedness, a lack of funds, medical treatment default, poor academic performance and a lack of health awareness led to a greater struggle. As a result, such experiences may leave the cluster foster parents with worry burnout and stress.

- To assess the knowledge that cluster foster parents possess in caring for foster children.

This objective has been achieved. In Theme Two, the findings reveal that becoming a cluster foster parent requires comprehensive preparations in advance. Some cluster foster parents receive training through programmes such as the TBRI although some cluster parents indicated that that was not enough to assist them. Training has shown itself to be highly effective in practice, as the majority of cluster foster parents have emphasised its importance in dealing with both foster children and foster children with special needs. The findings showed that a lack of knowledge on effective communication, anger management, and first aid may engender the lives of foster children and also impact negatively cluster foster parents in caring for foster children's work activities.

- To determine mental issues encountered by cluster foster parents caring for foster children.

This objective has been achieved. In Theme Three, the findings pointed out that some cluster foster parents expressed sentiments of happiness and unhappiness contentment and sadness, worry, and stress, self-confidence and pleasure, and feelings of helplessness in caring for foster children. The findings further reveal that a lack of funds to care for foster children causes cluster foster parents to become worried and devastated, especially when they are unable to meet the needs and demands of such children. As such, this compromised their mental health capacity altogether.

- To identify support systems for cluster foster parents.

This objective has been achieved. In Theme Four, the findings reveal that various support systems such as social workers, church, the Department of Social Development, NGOs and family members play a crucial role in assisting cluster foster parents to cope, debrief and be able to carry their mandatory roles as cluster foster parents daily.

5.4 THEORETICAL FRAMEWORK OF THE STUDY

The Social Development Approach, as best described by Midgley (1995), Midgley and Sherraden (2000), Midgley and Tang (2001), and Patel (2016), served as the foundation for this study. The approach's primary premise is that social development is a deliberate process of social transformation, and it emphasises the utilisation of indigenous practices and local talents to foster the development of local communities (Du Toit, 2013). The theoretical framework played a significant role in investigating the lived experiences of cluster foster parents, which was relevant to this research study. According to this chosen theory, it can be deduced that cluster foster parenting, unlike institutionalisation of children in need of care and protection, serves as the best social development approach in mitigating foster care placements in South Africa.

Also, it was perceived in this study that social workers and cluster foster parents do not receive enough support, and cluster foster parents do not receive adequate training in caring for foster children. The findings have shown that a lack of training on cluster foster parents hurts caring for foster parents. Although the social development approach is first perceived as a pro-poor approach that promotes socially excluded persons to participate in development activities to achieve social and economic justice, human rights, social solidarity, and active citizenship, Patel (2005) explains that the social development approach focused on developing cluster foster parents who play an important role in providing regular care for these foster children. It is important to note that cluster parenting is an ongoing process involving a variety of collaborations of stakeholders such as social workers, SAPS, SASSA, DSD, Home Affairs Department, Department of Education, Department of Justice and Correctional Services constitutional development, and medical practitioners in implementing, developing and protecting the lives of vulnerable groups. As a result, if one of the associated role-players fails to perform, then cluster settings become meaningless.

5.5 SUMMARY OF MAJOR FINDINGS

The following is a summary of the major findings of the study from qualitative data:

5.5.1 Experiences of foster parents in caring for fostering children with special needs.

- The findings reveal that worry and stress, a lack of cooperation from foster children's families, a lack of preparedness, a lack of funds, medical treatment default, poor academic performance and a lack of health awareness led to a greater struggle towards cluster foster parents.
- The findings have shown that foster children and children with special needs and uncontrollable behaviour make the cluster foster parents' lives difficult as they develop stress and burnout. Warwick (2016) asserted that because of maltreatment, foster children with special needs exhibit unpredictable tendencies such as fluctuating moods daily.
- The study found that cluster foster parents struggle in caring for foster children since some of them have never cared for children before. This impacts cluster foster parents negatively because it strains them and they are unable to adapt to their mandate as per descriptions.
- It was further found that a lack of funds has compelled most of the cluster foster parents to use their finances to assist the needs of the foster children although it was insufficient. The findings have shown that the grants are insufficient to satisfy foster children's basic requirements such as food, clothing, and transportation to school (Mabusela, 2010).

5.5.2 Knowledge of cluster foster parents in caring for foster children with special needs.

- The study found that a lack of enough preparation for training, a lack of effective communication, a lack of anger management and a lack of knowledge on first aid for training could put the lives of cluster foster parents and foster children at risk and affect their mental health. It was discovered that foster parents caring for foster children with diverse special needs require more knowledge to avoid confusion, stress and burnout (Brown & Rodgers, 2009; Neaves, 2009; Madlala, 2012 Shaik, 2012).
- The findings reveal that although some of the cluster foster parents have received training, some of them did not benefit from it as expected.
- The findings have shown that training was more theoretical than practical. Cluster foster parents should undergo relevant training related to their responsibilities and roles before they start working.
- It was revealed that dealing with chronically unwell foster children has an impact, and it requires cluster foster parents to be emotionally knowledgeable and mindful of the child's situation. According to Lauver (2008), most foster children with special needs have behavioural, developmental, medical, or physical challenges, many of which are chronic and need more knowledge and attention.

5.5.3 Mental health issues encountered by cluster foster parents in caring for foster parents

- The findings reveal that cluster foster parents have encountered both expressions of unhappiness and happiness, and exhaustion and stress which contributed to their mental health although at times it was overwhelming.
- The findings reveal that when cluster foster parents face such challenges, they may become ineffective in doing their duties. Although at times it was

overwhelming, they coped and carried on with their mandate. According to Akintola (2006), the process of caring for foster children may have an impact on the emotional and physical health of cluster foster parents.

5.5.4 Support systems for cluster foster parents

Cluster foster parents' coping strategies of caring for foster children:

- In this study, it was found that a variety of support systems, including social workers, churches, the Department of Social Development, non-governmental organisations, and family members, play an important role in supporting cluster foster parents cope, debrief, and carry out their daily obligations.
- Apart from the above-mentioned findings, several confirmations from cluster foster parents indicate that religion provides a sense of peace even in the most stressful conditions (Aldwin, 2007).
- The findings have shown that social events, recreation, and any sort of intertwinement play a significant part in supporting cluster foster parents in successfully caring for foster children. Some of the cluster foster parents revealed that they debriefed themselves through counselling involvement for the goal of duplicating mechanisms. According to Primo (2007), several coping mechanisms, including conversing with other carers or professionals and sharing feelings and worries, may help one cope better with work-related challenges.

5.6 RECOMMENDATIONS:

- Cluster foster parents should be provided with parental ongoing training in capacity building by DSD.
- Apart from training cluster foster parents, a more integrated, interdisciplinary approach should be strengthened and promoted by the Department of Social Development. This will ensure effective collaboration between the role-players and

cluster foster parents for the benefit of foster children and children with special needs.

- Supervision of cluster foster parents should be monitored by designated social workers at least on a monthly basis to ensure that they perform the required suitable services to foster children.
- An effective monitoring and evaluation tool should be developed and implemented by the DSD to determine the level of success and the effectiveness of cluster foster parents provided to foster children.

5.6.1 Recommendations for the policy

- The policy on cluster foster parents exists as indicated in the Children's Act No. (38 of 2005), as amended. However, the responses from the participants did not elucidate the integration of these policies in the provision of services, and therefore the researcher recommends that:
- The DSD should continuously monitor and evaluate the implementation of this policy to determine its effectiveness in dealing with experience challenges faced by cluster foster parents when providing service to foster children.

5.6.2 Recommendation for education

As such, the researcher recommends that:

- Cluster foster parents who render services to foster children should be continuously selected for developmental programmes and parenting styles programmes by the DSD.
- Peer education should be promoted by designated social workers to equip the cluster foster parents.
- In-service training should be encouraged by the assigned experts to add knowledge and for intellectual growth towards cluster foster parents.

5.6.3 Recommendations for further research

- The researcher recommends mixed-methods research to gain an in-depth understanding of the experiences of cluster foster parents.
- More participants should be included in future research for researchers to be able to generalise the findings to a large population.
- There is a need to investigate and explore cluster foster parents' needs and to empower social workers to support and provide guidance and accurate knowledge around sexuality which some foster children have encountered. This will ensure that cluster foster parents will be the primary sources of information regarding the study.
- The government should provide financial support to its employees such as social workers at their respective welfare organisations and there is a need for financial support for further research in this area.

5.7 CONCLUSIONS

The following conclusions were drawn from the above findings:

- Cluster parenting can be so challenging, particularly when cluster foster parents care for foster children with special needs and who are displaying constant uncontrollable behaviour.
- Cluster foster parents caring for foster children should receive continuous professional development (CPD) training monthly in order to improve their performance at work and boost their confidence.
- For cluster foster parents to cope while caring for foster children, they depended on their belief systems and family members. For example, most of them use God as a coping mechanism and use prayer as a powerful tool for comfort.
- Lack of adequate preparations has an impact on the lives of foster children and children with special needs.

- Cluster foster parents were confronted with numerous challenges which affected their mental health daily.
- Support systems and relevant various stakeholders have a greater role to play in promoting the best interests of the foster children in terms of Section 7 of the Children's Act (38 of 2005), as amended and the well-being of cluster foster parents.

In conclusion, the research study commenced with a general orientation to the study which integrated an introduction and background, rationale for the study, problem statement, and an introduction to the research process. This was followed by the process of data collection and a review of the literature on the lived experiences of cluster foster parents in Mhluzi, Mpumalanga Province, South Africa. Particular attention was given to a social development approach utilised within the South African context. This chapter is a culmination of the research report and presents summaries and conclusions based on the themes, sub-themes and categories.

REFERENCES

- AECF. (2017). Kids Count Data Center. The Annie E. Casey Foundation <http://datacenter.kidcount.org>.
- Akhmedov, B. A. (2021). Innovative cluster model for improving the quality of education. *Academic Research in Educational Sciences*, 2(3), 528-534.
- Akintola, O. (2006). Gendered home based care: More trouble for the troubled. *African Journal of Aids Research*, 5(3), 237-247
- Aldwin, C. M. (2009). *Stress, coping, and development: An integrative perspective*. Guilford Press.
- Alpaslan, A. H. & Mabutho, S. L. (2005). Caring for Aids Orphans: The Experiences of Elderly Grandmother Caregivers and Aids Orphans. *Social Work/ Maatskaplike Werk*, 41(3), 276-295.
- Alpaslan, N., & Schenck, R. (2012). Challenges related working conditions experienced by social workers practising in rural areas. *Social Work/Maatskaplike Werk*, 48(4), 400-419.
- Alston, M., & Bowles, W. (2003). *Research for social workers: An introduction to research methods*. 2nded. London: Routledge.
- Anney, K. V. (2014). Ensuring the quality of findings of qualitative research: looking at trustworthiness criteria. *Journal of Emerging Trends in Educational Research and Policy Studies*, 59(2), 272-281.
- Aschkenasy, M., Arnold, K., Foran, M., Lippert, S., Schroeder, E. D., Bertsch, K., & International Emergency Medicine Literature Review Group. (2011). International emergency medicine: a review of the literature from 2010. *Academic Emergency Medicine*, 18(8), 872-879.
- Awaliyah, N. (2013). The Use of Cambridge Dictionary Software for Successful Pronunciation Teaching and Learning Process. *Proceedings of ISELT FBS Universitas Negeri Padang*, 1, 206-213.
- Babbie, E., & Mouton, J. (2011). *The practice of social research*. Cape Town: Oxford University Press.
- Babbie, E. (2007). *The practice of social research*. 11th ed. Belmont: Thompson Wadsworth.
- Babbie, E. (2010). *The practice of social research-12*. Belmont: Wadsworth.
- Ball, B., Sevillano, L., Faulkner, M., & Belseth, T. (2021). Agency, genuine support, and emotional connection: Experiences that promote relational permanency in foster care. *Children and Youth Services Review*, 121, 105852.
- Barlow, J. Powell, L., & Gilchrist, M. (2006). The influence of training and support programme on self-efficacy and psychological wellbeing of parents of children with disabilities: A controlled trial. *Complementary Therapies in Practice*, (12), 55-63.
- Bear, T., Diehl, F., Le, M. T., & Knoll, A. (2019). Guessing smart: Biased sampling for efficient black-box adversarial attacks. In *Proceedings of the IEEE/CVF International Conference on Computer Vision*, (pp. 4958-4966).

- Bengtsson, T. T., & Karmsteen, K. (2021). Recognition of parental love: Birth parents' experiences with cooperation when having a child placed in family foster care in Denmark. *British Journal of Social Work*, 51(6), 2001-2018.
- Bhattacharjee, A. (2012). *Social science research: Principles, methods, and practices*. USA.
- Bless, C., Higson-Son, C., & Sithole, S. L. (2013). *Fundamental of social research methods: An African perspective*. 5th edition. Lansdowne: Juta.
- Blythe, S.L., Wilkes, L., & Halcomb, E. D. (2013). The Foster Carer's Experience: *An Integrative Review. Collegian*, 21, 21-32
- Botma, Y., Greeff, M., Mulaudzi, F. M., & Wright, S. C. D. (2010). *Research in health sciences*. Cape Town: Heinemann, Pearson Education South Africa.
- Bower C. (2014). The Plight of Women and Children: Advancing South Africa's Least Privileged. *The Annals of the American Academy of Political and Social Science*, 652(1), 106-126
- Bowlby, J. (1979). The bowlby-ainsworth attachment theory. *Behavioral and Brain Sciences*, 2(4), 637-638.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101.
- Breen, N. (2015). Foster care in South Africa: where to from here? *Johannesburg Child Welfare Brief*.
- Briggs, L. (2012). *Somebody's children: The politics of transracial and transnational adoption*. Duke University Press.
- Brook, J., McDonald, T. P., Gregoire, T., Press, A., & Hindman, B. (2010). Parental substance abuse and family reunification. *Journal of Social Work Practice in the Addictions*, 10(4), 393-412.
- Brown, J. D., & Rodger, S. (2009). Children with disabilities: Problems faced by foster parents. *Children and Youth Services Review*, 31(1), 40-46.
- Brown, J. D., Sintzel, J., Arnault, D. S., & George, N. (2009). Confidence to foster across cultures: Caregiver perspectives. *Journal of Child and Family Studies*, 18, 633-642.
- Bryman, A. (2012). *Social research methods*. 4th edition. Oxford University Press.
- Chataika, T., Mckenzie, J. A., Swart, E., & Lyner-Cleophas, M. (2012). Access to education in Africa: Responding to the United Nations convention on the rights of persons with disabilities. *Disability & Society*, 27(3), 385-398.
- Cheung, C., Lwin, K., & Jenkins, J. M. (2012). *Helping youth in care succeed: Influence of caregiver involvement on academic achievement. Children and Youth Services Review*, 34(6),1092-1100.
- Cheung, C., Lwin, K., & Jenkins, J. M. (2012). Helping youth in care succeed: Influence of caregiver involvement on academic achievement. *Children and Youth Services Review*, 34(6), 1092-1100.
- Children's Act 38 of 2005 as amended. Pretoria, South Africa: Government.*

- Children's Institute. (2015). *The foster care systems is failing a million. Orphans, child rights NGO's call for kinship grant*. Press Released by Children's Institute: University of Cape Town.
- Ciarrochi, J., Randle, M., Miller, L., & Dolnicar, S. (2012). Hope for the future: Identifying the individual difference characteristics of people who are interested in and intend to foster-care. *British Journal of Social Work*, 42(1), 7-25.
- Clarke, V., & Braun, V. (2006). Teaching thematic analysis: Overcoming challenges and developing strategies for effective learning. *The Psychologist*, 26(2), 120-123.
- Clarke, V., & Braun, V. (2013). Successful qualitative research: A practical guide for beginners. *Successful Qualitative Research*, 1-400.
- Clarke, S. (2008). Culture and identity. *The Sage handbook of cultural analysis*, 510-529.
- Corso, P. S., Edwards, V. J., & Fang, X. (2008). Health-related quality of life among adults who experienced maltreatment during childhood. *American Journal of Public Health*, 98, 1094-1100.
- Creamer, J., & Mohanty, A. (2019). U.S. poverty drops to 11.8% in 2019. <https://www.census.gov/library/stories/2019/09/poverty-rate-for-people-in-female-householder-families-lowest-on-record.html>
- Creswell, J. W. (2014). *Research design: Qualitative and quantitative approaches*. Thousand Oaks, CA: Sage.
- Dahl, B. (2009). The "failures of culture": Christianity, kinship, and moral discourses about orphans during Botswana's AIDS crisis. *Africa Today*, 56(1), 22-43
- Daniel, E. (2011). Fostering Cultural Development: Foster Parents' Perspectives. *Children and Youth Services Review*, 33(11), 2230-2240.
- Darling-Hammond, L., & Cook-Harvey, C. M. (2018). Educating the Whole Child: Improving School Climate to Support Student Success. *Learning Policy Institute*.
- Das, M., Spowart, K., Crossley, S., & Dutton, G. N. (2010). Evidence that children with special needs all require visual assessment. *Archives of Disease in Childhood*, 95(11), 888-892.
- Dawes, A. (2009). The South African Children's Act. *Journal of Child and Adolescent Health*, 30(10), iv-vi.
- Dawes, A., Willenberg, I., & Long, W. (2006). Indicators for child protection.
- De Vos, Strydom, H., Fouche, C.B., & Delpont, C. S. L (2011). Ethical aspects of research in the social sciences and human service professions. *Research at grass roots for the social sciences and human service professions*, 4, 113-129.
- Department for Education. (2011). *Children's Homes: National Minimum Standards*. London, Department for Education.
- Department of Education. (1996). The South African Schools Acts No 84 of 1996. {Online} Available at: <http://www.info.gov.za.acts/1996/a84-96pdf> (Accessed: 20 July 2023).

- Department of Social Development (DSD). (2022). *Child protection statistics*. Pretoria: Department of Social Development.
- Department of Social Development. (2006). *Integrated service delivery model towards improved social services*. Pretoria: Government Printers.
- Department of Social Development. (2009). *Guidelines for the effective management of foster care in South Africa*. Pretoria: Department of Social Development.
- Department of Social Development. (2010). *Annual Performance Plan 2011-2012*. Pretoria: Government Printers
- Department of Social Development. (2010). *Guidelines for the effective management of foster care in South Africa*. Pretoria: Department of Social Development.
- Department of Social Development. (2011). *Monitoring and Evaluation Framework for Services to Families*. Pretoria: Department of Social Development.
- Department of Social Development. (2019). *National child care and protection policy: working together to advance the rights of all children to care and protection*. Cape Town. Available: https://www.gov.za/sites/default/files/gcis_document/202102/national-child-care-and-protection-policy.pdf [Accessed: 13 February 2022].
- Dhludhlu, S., & Lombard, A. (2017). Challenges of statutory social workers in linking foster care service with socio-economic development programmes. *Social Work Journals*, 53(2).
- Draper et al., (2008). Long-term effects of childhood abuse on the quality of life and health of older people: Results from the depression and early prevention of suicide in general practice project. *Journal of the American Geriatrics Society*, 56, 26
- Du Toit, W., van der Westhuizen, M., & Alpaslan, N. (2016). Operationalizing Cluster Foster Care Schemes as an Alternative Form of Care. *Social Work/Maatskaplike Werk*, 51(1), 391-413.
- Du Toit, W. J. (2013). *The operationalization of foster care schemes: a social development perspective*. Unpublished doctoral thesis. University of South Africa Pretoria.
- Durrheim, K. (2006). Research design. (In Terre Blanche, M., Durrheim, K. & Painter, D. *Research in practice*. Applied Methods for the Social Sciences. 2nd ed. Rondebosch, Cape Town: University of Cape Town Press.
- Ellingsen, I. T., Shemmings, D., & Størksen, I. (2011). The concept of 'family' among Norwegian adolescents in long-term foster care. *Child and Adolescent Social Work Journal*, 28(4), 301-18.
- Emovon, S. O. (2019). *Experiences of foster cluster parents caring for nonrelated foster children in Gauteng Province, South Africa*. PhD thesis. University of Zululand.
- Ending, A. I. D. S. (2017). Progress towards the 90–90–90 targets—*Global AIDS update*. Geneva: Joint United Nations Programme on HIV. *AIDS*.

- Engelbrecht, L. (2014). Revisiting the esoteric question: Can non-social workers manage and supervise social workers? *Social Work/Maatskaplike Werk*, 51(3), 311-331.
- EveryChild. (2011). *Fostering better care. Improving foster care provision around the world.* Chloe Hall/EveryChild (accessed: 5 October 2022).
- Fitzpatrick, C., & Simmons, P. (2013). *The impact and experience of moving while in care. Government of South Australia, Office of the Guardian for Children and Young People.* Adelaide.
- Fortune, I. C. (2017). *An overview of the foster care crisis in South Africa and its effects on the best interest of the child principle: A socio-economic.* South Africa: Western Cape.
- Fouché, C. B., & De Vos, A. S. (2011). Formal formulations. In De Vos, A.S., Strydom, H., Fouché, C.B. & Delpont, C.S.L.). *Research at grass roots: for the social sciences and human professions* (p. 89-100). Pretoria: Van Schaik Publishers.
- Freeman, M., & Nkomo, N. (2006). Guardianship of orphans and vulnerable children. A survey of current and prospective South African caregivers. *AIDS Care: Psychological and Socio-medical Aspects of AIDS/HIV*, 18(4), 302-310.
- Frey, L. R., Carl, H. B., & Gary, L. K. (2000). *Investigating communication: an introduction to research methods. 2nd ed.* Boston: Allyn and Bacon.
- Gallinetti, J., & Sloth-Nielsen, J. (2010). Cluster foster care: a panacea for the care of children in the era of HIV/AIDS or an MCQ? *Social Work/Maatskaplike Werk*, 46(4), 486-492.
- Gandiya, B. T. (2015). *Challenges faced by lecturers in implementing inclusive education in tertiary education.* Botho University Francistown, Botswana: Faculty of Business and Accounting.
- Garfat, T., & Van Bockern, S. (2010). Families and the circle of courage. *Reclaiming Children and Youth*, 18(4), 37-39. Available: <https://search-proquest-com.ez.sun.ac.za/docview/852771460/fulltextPDF/13CCD12002E84465PQ/1?accoun tid=14049> [Accessed: 13 April 2022].
- Giese, S. (2008). Setting the scene for social services: The gap between service need and delivery. Edited by Proudlock, P, Dutschke; M, Jamieson; L, Monson, J; and Smith, C. *South African Child Gauge.* Cape Town: Children's Institute, University of Cape Town.
- Gilbert, N. (2008). *Researching Social Life.* 3rd ed. Thousand Oaks: Sage.
- Gould, F., Clarke, J., & Heim, C. (2012). The effects of child abuse and neglect on cognitive functioning in adulthood. *Journal of Psychiatric Research*, 46, 500-506.
- Greeff, M. (2011). Information collection interview. (In De Vos, A.S., Strydom, H., Fouché, C.B. & Delpont, C.S.L. eds. *Research at Grassroots: For the social sciences and human service professions.* Pretoria: Van Schaik. p. 341-375).
- Gresham, F. M., Hunter, K. K., Corwin, E. P., & Fischer, A. J. (2013). Screening, assessment, treatment, and outcome evaluation of behavioral difficulties in an RTI model. *Exceptionality*, 21(1), 19-33.

- Grimes-Vawters, J. (2016). *Identify future effective foster parent characteristics: using the Casey foster family assessment*. Nevada, Walden University (PhD Thesis).
- Hall, K., & Sambu, W. (2016). Demography of South Africa's children. *South African child gauge*. 2016. Cape Town. Children's Institute.
- Hall, K., & Sambu, W. (2014). Demography of South Africa's children. In K. Hall, L. Richter, Z. Mokomane & L. Lake (Eds.), *South African Child Gauge 2014* (pp. 132-136). Cape Town: Children's Institute, University of Cape Town.
- Hall, K., & Sambu, W. (2019). Demography of South Africa's children. *South African Child Gauge*, 216-220.
- Hagerup, A., Wijk, H., Lindahl, G., & Olausson, S. (2024). Toward a Future Orientation: A Supportive Mental Health Facility Environment. *HERD: Health Environments Research & Design Journal*, 19375867231221151.
- Hanson, G. H. (2012). The rise of middle kingdoms: Emerging economies in global trade. *Journal of Economic Perspectives*, 26(2), 41-64.
- Hearle, C., & Ruwanpura, N. (2009). Contentious Care: Foster Care Grants and the Caregiver-Orphan Relationship in KwaZulu Natal Province, South Africa. *Oxford Development Studies*, 37(4), 423-437.
- Hlabyago, K. E., & Ogunbanjo, G. A. (2009). The experiences of family caregivers concerning their care of HIV/AIDS orphans. *South African Family Practice*, 51(6).
- Hong, J. S., Algood, C. L., Chiu, Y., & Lee, S. A. (2011). An ecological understanding of kinship foster care in United States. *Journal of Child and Family Studies*, 20(6), 863- 872.
- Hornby, A. S. (2005). *Oxford Advanced Learner's Dictionary of Current English*. Oxford University Press.
- Jackson, C.R. (2007). *Professional Nurse Perceptions of the role of home-based carers providing care to the community in the Capricorn District of the Limpopo Province*. Unpublished master's dissertation, University of South Africa, Pretoria
- James, S. (2004). Why do foster care placements disrupt? An investigation of reasons for placement change in foster care. *Social Services Review*, 12, 601-627
- Kadungure, T. P. (2017). *Experiences of care-giver caring for children with different special needs in a cluster foster care village in KZN*.
- Kangethe, S. M., & Nyash, K. (2014). Pitting non-relative cluster foster care against the best interest of the child. *Mediterranean Journal of Social Sciences*, 54(14), 554-559.
- Kiggundu, E., & Oldewage-Theron, W. (2009). Coping: a challenge for guardians of children orphaned by HIV/AIDS in a South African township. *Development Southern Africa*, 26(3), 383-397.
- Kiraly, M., & Humphreys, C. (2013). Family contact for children for children in kinship care: a literature review. *Australian Social Work*, 66(3), 358-374. DOI: 10.1080/0312407X.2013.

- Koh, E., Rolock, N., Cross, T. P., & Eblen-Manning, J. (2014). What explains instability in foster care? Comparison of a matched sample of children with stable and unstable placements. *Children and Youth Services Review*, 37, 36-45.
- Kumar, R. (2011). *Research Methodology: A step-by-step guide for beginners*. 3rd Ed. London: Sage.
- Kuo, C., & Operario, D. (2011). Health of adults caring for orphaned children in an HIV pandemic community in South Africa. *AIDS Care*, 23(9), 1128-1135.
- Kuo, C., & Operario, D. (2009). Caring for AIDS-orphaned Children: A Systematic Review of Studies on Caregivers. *Vulnerable Children and Youth Studies: An International Interdisciplinary Journal for Research, Policy and Care*, 4(1), 1-12.
- Kuo, C., & Operario, D. (2010). Caring for AIDS-orphaned children: an exploratory study of challenges faced by carers in KwaZulu-Natal, South Africa. *Vulnerable Children and Youth Studies*, 5(4), 344-352.
- LaLiberte, T., Crudo, T., Kovan, N., & Watson, C. (2012). *A comprehensive look at a prevalent child welfare issue: Using a developmental approach in child welfare practice*. Minneapolis: Centre for Advanced Studies in Child Welfare, University of Minnesota.
- Lauver, L. S. (2008). Parenting foster children with chronic illness and complex medical needs. *Journal of Family Nursing*, 14(1), 74-96.
- Leathers, S. J. (2006). Placement disruption and negative placement outcomes among adolescents in long-term foster care: The role of behavior problems. *Child Abuse & Neglect*, 30(3), 307-324.
- Leatt, A., Shung-King, M., & Monson, J. (2006). Healing inequalities: The free health care policy. *South African Child Gauge*. Cape Town: Children's Institute, University of Cape Town.
- Loffell, J. (2011). Interview with Jackie Loffell, a social policy expert who was involved in drafting the Children's Act 38/2005 (as amended). [Transcript]. 17 August. Johannesburg.
- Lombard, A., & Klein, W. C. (2006). Statutory Social Services: An Integral Part Of Developmental Social Welfare Service Delivery. *Social Work/Maatskaplike Werk*, 42(3/4), 213-233.
- Lombard, A. (2014). A Developmental Perspective in Social Work Theory and Practice. In Spitzer, H., Twikizire, J.M. & Wairire, G.G. (eds). *Professional Social Work in East Africa: Towards Social Development, Poverty Reduction and Gender Equity*. Australia: Fountain Publishers.
- Lune, B. (2012). *Qualitative research methods for the social sciences*. USA: Pearson Education, Inc.
- Lunga, N. R. (2009). Challenges experienced by grandparents raising their grandchildren in Utrecht in KwaZulu Natal, University of Zululand (MSc Dissertation)
- Mabusela, M. D. (2010). *An investigation of challenges and coping mechanisms of homebased caregivers for parents of patients living with HIV patients in Mamelodi*. Unpublished thesis, UNISA. Maltreatment Study. Cape Town: HSRC and WHO.

- Madlala, N. P. (2012). *African primary caregivers' understanding and experience of having a child with autism* (Doctoral dissertation).
- Makgato, M. J. (2010). *Challenges faced by the grandparents in caring for AIDS orphans in Koster* (Doctoral dissertation, North-West University).
- Makoe, M., Roberts, H., & Ward, C. L. (2012). *Child Maltreatment Prevention Readiness Assessment: South Africa. Report Submitted to the World Health Organization's Department of Violence and Injury Prevention and Disability, Geneva. HSRC. Cape Town, South Africa*
- Manukuza, K. B. (2013). *Legal placement of orphaned children in related foster care: The perspectives of social workers*. Johannesburg: University of the Witwatersrand. (MA Mini-Dissertation).
- Martin, P. (2010). *Government-funded programmes and services for vulnerable children in South Africa*. New York: UNICEF.
- Martin, P., Hall, K., & Lake, L. (2018). Supporting families in South Africa: A policy map. *Children, Families and the State*, 113.
- Mathambo, V., & Gibbs A. (2009). Extended family childcare arrangement in a context of AIDS: Collapse or Adaptation? *AIDS Care*, 21(1), 22-27.
- Matthews, L. M., Matthews, R. L., & Sarstedt, M. (2017). PLS-SEM or CB-SEM: updated guidelines on which method to use. *International Journal of Multivariate Data Analysis*, 1(2), 107-123.
- Matthias, C., & Zaal, N. (2009). *The child in need of care and protection*. Child Law in South Africa. Cape Town: Juta Publishers.
- McDermid, S., Holmes, L., Kirton, D., & Signoretta, P. (2011). *The Demographic Characteristics of Foster Parents in the UK: Motivations, Barriers and Messages for Recruitment and Retention*. Childhood Wellbeing Research Centre. United Kingdom.
- McKendrick, B. W. (2001). The promise of social work: directions for the future. *Social Work-Stellenbosch*, 37(2), 105-112.
- Meintjes, H., Moses, S., Berry, L., & Mampane R. (2007). *Home truths: The phenomenon of residential care for children in a time of AIDS*. Cape Town: Children's Institute, University of Cape Town & Centre for the Study of AIDS
- Metz, L. M., Li, D. K., Traboulee, A. L., Duquette, P., Eliasziw, M., Cerchiaro, G., ... & Yong, V. W. (2017). Trial of minocycline in a clinically isolated syndrome of multiple sclerosis. *New England Journal of Medicine*, 376(22), 2122-2133.
- Midgley, J. (1995). *Social development: the developmental perspective in social welfare*. London, GBR: SAGE Publications Ltd.
- Midgley, J., & Tang, K. L. (2001). Introduction: Social policy, economic growth and developmental welfare. *International Journal of Social Welfare*, 10(4), 244-252.

- Miller, J. J., Benner, K., Pope, N., Dumas, T., Damron, L.J., Segress, M., Slone, M., Thrasher, S., & Niu, C. (2017). Conceptualizing effective foster parent mentor programs: A participatory planning process. *Children and Youth Services Review, 73*, 411-418.
- Mires, C. B., Lee, D. L., & McNaughton, D. (2018). "Every child that is a foster child is marked from the beginning": The home-school communication experiences of foster parents of children with disabilities. *Child Abuse & Neglect, 75*, 61-72.
- Mitchell, R. J., Curtis, K., & Foster, K. (2018). A 10-year review of child injury hospitalisations, health outcomes and treatment costs in Australia. *Injury Prevention, 24*(5), 344-350.
- Mnisi, R., & Botha, P. (2016). Factors contributing to the breakdown of foster care placement: the perspectives of foster parents and adolescents. *Social Work, 52*(2), 227-244.
- Modise, L. J. (2018). The role of the church in socio-economic transformation: reformation as a transformation process. *Studia Historiae Ecclesiasticae, 44*(3), 1-16.
- Moestue, H. (2016). *Data Collection on Children in Alternative Care in Eastern Europe and Central Asia. Summary Report on TransMonEE 2014 Country Analytical Reports on Children in Alternative Care. Final Draft.* UNICEF. {Online} Available at: transmonee.org/wp-content/uploads/2016/12/CAR_analysis_synthesis_report_FINAL_draft.pdf. {Accessed: 20 May 2022}.
- Moorley, C., & Cathala, X. (2019). How to appraise qualitative research. *Evidence-based Nursing, 22*(1), 10-13.
- Murray, L., Tarren-Sweeney, M., & France, K. (2011). Foster carer perceptions of support and training in the context of high burden of care. *Child & Family Social Work, 16*(2), 149-158.
- Naidu, N. (2005). *Experiences of caregivers working with children living with HIV/AIDS* (Doctoral dissertation).
- National Data Archive on Child Abuse and Neglect. (2016). *AFCARS foster care file code book*. Cornell University.
- Ncube, M. (2019). Conceptualising social development supervision in social work. *Social Work, 80*(1), 31-45.
- Neave, E. H. (2009). *Modern financial systems: Theory and applications* (Vol. 183). John Wiley & Sons.
- Neuman, W. L. (2014). *Social research methods: Qualitative and quantitative approaches*. 7th ed. Boston: Allyn and Bacon.
- Neuman, W. L. (2000). *Social research methods: Qualitative and quantitative approaches*. Boston: Allyn & Bacon.
- Neuman, W. L. (2006). *Social research methods: qualitative and quantitative methods*. (6th Ed.). Boston: Pearson Education Inc.
- Ngwabi, N. T. (2014). *Barriers in implementing foster care services within a developmental approach in Nkangala District, Mpumalanga* (Doctoral dissertation, University of Pretoria).

- Ngwenya, P. M. (2011). Factors contributing to the foster care backlog: *service providers' perspective and suggestions* (Doctoral dissertation).
- Non-Profit Organisation Act 71 of 1997
- Octoman, O., & McLean, S. (2014). Challenging behaviour in foster care: what support do foster carers want? *Adoption & Fostering*, 38(2), 149-158.
- Olafson, K. M., & Ferraro, F. R. (2001). Effects of emotional state on lexical decision performance. *Brain and Cognition*, 45, 15-20.
- Oxford South African School Dictionary. (2010). 3rd Edition: Cape Town, South Africa.
- Parsons, T. (1951). *The social system*. London: Routledge & Kegan Paul.
- Parsons, T. (1977). *Social Systems and the evolution of action theory*. New York: Free Press.
- Patel, L. (2005). *Social Welfare and Social Development in South Africa*. Southern Africa: Oxford University Press.
- Patel, L. (2015). *Social welfare and social development in South Africa*. Cape Town: Oxford University Press.
- Patel, L., & Schmid, J. (2016). The interaction of local and international child welfare agendas: A South African case. *International Social Work*, 59(2), 246-255.
- Pendukeni, M. (2004). *The impact of HIV/AIDS on health care provision: Perceptions on nurses currently working in one regional hospital in Namibia* (Doctoral dissertation, University of the Western Cape).
- Phetlhu, D. R., & Watson, M. (2014). Challenges faced by grandparents caring for AIDS orphans in Koster, North West Province of South Africa: HIV/AIDS management and care. *African Journal for Physical Health Education, Recreation and Dance*, 20(sup-1), 348-359.
- Petersen, N. (2011). The representation of children and childhood in the Children's Amendment Act (41 of 2007).
- Pezer, M. (2018, May). Maternity support policies: a cluster analysis of 22 European Union countries. In *Proceedings of the ISCCRO-International Statistical Conference in Croatia ISSN* (Vol. 1849, p. 9872).
- Primo, M. W. (2007). *Caring for the caregiver in HIV and AIDS programmes* (Doctoral dissertation, University of South Africa).
- Prinsloo Mrs, T., & Ntondini, S. (2018). The exploitation of South African Social Security Agency grant recipients' data.
- Proudlock, P., & Debbie, B. (2011). *Implementing the Children's Act: Analysis of human resource capacity and constraints*. Cape Town: Children's Institute, University of Cape Town.
- Rankopo, M. J., & Osei-Hwedie, K. (2011). Globalization and culturally relevant social work: African perspectives on indigenization. *International Social Work*, 54(1), 137-147.

- Reilly, T., & Platz, I. (2004). *Post adoption service needs of families of special needs children: use, helpfulness, unmet needs*. *Journal of Social Service Research*, 30(4), 51-67.
- Republic of South Africa. (1996). *Constitution of the Republic of South Africa*. Government Gazette, 378(17678).
- Republic of South Africa. (1998). *Domestic Violence Act No 116 of 1998*. Pretoria. Government Printers. {Online} Available at: www.gov.za/documents/domestic-violence-act {Accessed: 20 October 2022}
- Republic of South Africa. (2007). *Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 of (2007)*. Pretoria. Government Printers. {Online} Available at: www.gov.za/documents/sexual-offences {Accessed: 20 October 2022}.
- Republic of South Africa. (2008). *Children's Amendment Act, no 41 of 2007*. Government Gazette, 513 (30884). Pretoria: Government Printers.
- Ringer, N., Wilder, J., Scheja, M., & Gustavsson, A. (2020). Managing children with challenging behaviours. Parents' meaning-making processes in relation to their children's ADHD diagnosis. *International Journal of Disability, Development and Education*, 67(4), 376-392.
- Roby, J. (2011). *Children in informal alternative care*. NY UNICEF Child Prot Sect.
- Rodlach, A. (2009). Home-based Care for People Living with AIDS in Zimbabwe: Voluntary Caregivers" Motivations and Concerns. *African Journal of AIDS Research*, 8(4), 423-431.
- Roestenburg, J. (2011). *Ecometrics in social work*. Johannesburg: Afri. Yze Publishing.
- Roux, A., Bangana, X., & Strydom, C. (2010). Circumstances of Foster Children and Their Foster Parents Affected by HIV and Aids. *Social Work/Maatskaplike Werk*. 46(1), 44-56.
- Royse, D. D. (2004). *Research methods in social work*. Pacific Grove, CA: Brooks/Cole-Thomson Learning.
- Rubin, A., & Babbie, E. (2005). *Research methods for social work*. Australia: Thomson Brooks/Cole.
- Salas Martínez, M. D., Fuentes, M. J., Bernedo, I. M., & García-Martín, M. A. (2016). Contact visits between foster children and their birth family: The views of foster children, foster parents and social workers. *Child & Family Social Work*, 21(4), 473-483.
- Scharer, K. (2005). Internet Social Support for Parents: The state of Science. *Journal of Child and Adolescent Psychiatric Nursing*, 18(1), 26-35.
- Scharein, M. (2023). Social workers' perspectives on the support needs of foster parents in cluster foster care schemes in South Africa. University of Stellenbosch.
- Schoeman, J. F., Janse van Rensburg, A., Laubscher, J. A., & Springer, P. (2011). The role of aspirin in childhood tuberculous meningitis. *Journal of Child Neurology*, 26(8), 956-962.
- Schofield, G., & Ward, E. (2008). *Permanence in foster care*. London: BAAF Publishers
- Schutz, A. (2019). *On Phenomenology and Social Relations*. Chicago: The University of Chicago Press.

- Schwandt, T. A. (2007). *The dictionary of qualitative research*. 3rd ed. Thousand Oaks, CA: SAGE.
- Scott, M., Malde, B., King, C., Phiri, T., Chapota, H., Kainja, E., & Vera-Hernandez, M. (2018). Family networks and infant health promotion: a mixed-methods evaluation from a cluster randomised controlled trial in rural Malawi. *BMJ open*, 8(6), e019380.
- Sen, R., & Broadhurst, K. (2011). Contact between children in out-of-home placements and their family and friends networks: A research review. *Child & Family Social Work*, 16(3), 298-309.
- ASen, R. (2010). Managing Contact in Scotland for Children in Non-Permanent Out-of-Home Placement. *Child Abuse Review*, 19(6), 423-437.
- Shaik, S. (2012). *An exploratory study of the experiences of care-givers of children with autism in KwaZulu-Natal* (Doctoral dissertation).
- Shaw, M., Steyn, M., & Simeon, E. (2020). The need for preparing youth ageing out of foster care for independent living in South Africa. *Children and Youth Services Review*, 109, 104681.
- Sibanda, S., & Lombard, A. (2015). Challenges Faced by Social Workers Working in Child Protection Services in Implementing the Children's Act 38 of 2005. *Social Work/Maatskaplike Werk*, 51(1), 332-353.
- Simula, K. (2016). *Developing an evidence-based foster mother screening tool for cluster foster care in the Western Cape, South Africa* (Master's thesis, University of Cape Town).
- Sloth-Nielsen, J. (Ed.). (2016). *Children's rights in Africa: a legal perspective*. Routledge.
- Smart, R. (2003). Planning for orphans and HIV/AIDS affected children. In Uys, L. & Cameron, S. (Eds.) *Home-based HIV/AIDS care*. Cape Town: Oxford University Press.
- Snyder, M. (2012). Building kinship and community: relational process of bicultural identity among adult multi-racial adoptees. *Family Process*, 49(1), 26.
- Sorbring, E. (2001). *Children's Conceptions of the Importance of Gender in Parenting Discipline Methods in Transgression Situations* (Doctoral dissertation, Göteborg: University.).
- South Africa. (2009). *Portfolio Committee on Social Development. Report of the Portfolio Committee on Social Development: Oversight visit at Mpumalanga Province*. Pretoria: Government Printers.
- South Africa. Department of Social Development. (2005). *Children's Act 38 of 2005*. Pretoria: Government Printer.
- South African Government. (2016). *Foster care*. <http://www.gov.za/services/adopt-child/foster-care> Date of access: 3 November 2016.
- South African Police Service Department. (2014). *Police clearance certificates: applying for a police clearance certificate*. http://www.saps.gov.za/services/applying_clearance_certificate.php Date of access: 3 November 2016.

- Spurr, S., Danford, C. A., Roberts, K. J., Sheppard-LeMoine, D., Machado Silva-Rodrigues, F., Darezzo Rodrigues Nunes, M., & Somanadhan, S. (2023). Fathers' Experiences of Caring for a Child with a Chronic Illness: A Systematic Review. *Children*, 10(2), 197.
- Statistics South Africa. (2017). *Quarterly labour force survey*. Statistics South Africa.
- Steels, S., & Simpson, H. (2017). Perceptions of children in residential care homes: A critical review of the literature. *British Journal of Social Work*, 47(6), 1704-1722.
- Struwig, F. W., & Steadd, G. B. (2001). *Planning, designing and reporting research*. Cape Town: Pearson Education.
- Strydom, H. (2011). *Ethical aspects of research in the social sciences and human professions*. (In De Vos, A.S., Strydom, H., Fouché, C.B. & Delpont, C.S.L., eds. *Research at grass roots: For the social sciences and human services professions*. 4th ed. Pretoria: Van Schaik. p. 113-132.).
- Strydom, M. (2010). The Implementation of Family Preservation Services: Perspectives of Social Workers at NGOs. *Social Work/Maatskaplike Werk*, 46(2), 192-208.
- Tanga, P. T. (2017). The impact of dealing with extended family support system on the education of orphans in Lesotho. *African Journal of AIDS Research*, 12(3), 173-183.
- Tanga, P. T. Khumalo, P., & Gutura, P. (2017). Three decades of HIV/AIDS pandemic: challenges faced by orphans in Tembisa. *South Africa. INTECH*, 67-80.
- Tétreault, S., Freeman, A., Carrière, M., Beaupré, P., Gascon, H., & Marier Deschênes, P. (2014). Understanding the parents of children with special needs: collaboration between health, social and education networks. *Child, Care, Health and Development*, 40(6), 825-832
- Thomas, G. (2011). *How to do your case study: A guide for students and researchers*. London: Sage Publication.
- Treasury, G. (2019). *Estimates of provincial revenue and expenditure*. Gauteng Province Treasury.
- Triegaardt, J. (2009). Pursuing a social development agenda in the context of globalisation: A South African perspective. *Social Work/Maatskaplike Werk*, 44(1), 38-42.
- Tulberg, T. L. (2023). Supporting Foster Parents in Order to Prevent Burnout.
- Turner, F. J. (2011). An interlocking theoretical perspective for treatment.
- UNAIDS, W. (2017). Global AIDS monitoring. Geneva: UNAIDS.
- UNICEF. (2006). *The State of the world's children 2007: women and children: the double dividend of gender equality* (Vol. 7). Unicef.
- UNICEF. (2011). *Children in Informal Alternative Care. Discussion Paper*. Child Protection Section. New York. UNICEF. {Online} Available at: [www.unicef.org/protection/informal-care-discussion-paper-final\(1\).pdf](http://www.unicef.org/protection/informal-care-discussion-paper-final(1).pdf). {Accessed: 12 May 2023}.

- USDHHS. (2017). *Child Welfare Outcomes Report Data." Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services.* <https://cwoutcomes.acf.hhs.gov/cwodatasite/byState2014/10/20>. www.unaids.org/sites/default/files/media_asset/Global_AIDS_update_2017_en.pdf. {Accessed: 12 May 2023}.
- Van der Riet, K. E. (2009). *Foster care: the experiences of birth children* (Doctoral dissertation).
- Van Deventer. C., & Wright, A. (2017). The psychosocial impact of caregiving on family caregivers of chronically ill aids and/or HIV Patients in home-based acer: A qualitative study in Zimbabwe. *South African Journal of HIV Medicine*, 18(1), 1-7.
- Van Dyk, A. (2001). *HIV/AIDS Care and Convening: A Multi-Disciplinary Approach*. Cape Town: Pearson Education.
- Van Dyk, A. (2012). *HIV and AIDS education, care and counselling*. 4th ed. Cape Town.
- Vecchi, V. (2010). *Art and creativity in Reggio Emilia: Exploring the role and potential of ateliers in early childhood education*. New York: Routledgeown.
- Waldfoegel, J. (2009). Prevention and the child protection system. *The Future of Children*, 195-210.
- Warwick, J., & John-Langba, J. (2016). Support mechanisms and needs of foster parents of children living with HIV in South Africa. *Maternity Complications and Women's Health Journal*, 1, 1-6.
- Warwick, J. (2013). *An exploratory study of the experiences and needs of foster carers of HIV-positive children in Western Cape*. Unpublished Master's Thesis, University Cape
- Waters, L., Loton, D. J., Grace, D., Jacques-Hamilton, R., & Zyphur, M. J. (2019). Observing change over time in strength-based parenting and subjective wellbeing for pre-teens and teens. *Frontiers in Psychology*, 10. <https://doi.org/10.3389/fpsyg.2019.02273>
- Weerawardena, J., McDonald, R. E., & Mort, G. S. (2010). Sustainability of nonprofit organizations: An empirical investigation. *Journal of World Business*, 45(4), 346-356.
- Whitaker, D. J., Self-Brown, S., Hayat, M. J., Osborne, M. C., Weeks, E. A., Reidy, D. E., & Lyons, M. (2020). Effect of the SafeCare© intervention on parenting outcomes among parents in child welfare systems: A cluster randomized trial. *Preventive Medicine*, 138, 106167.
- White Paper for Social Welfare. (1997). Principles guidelines, recommendation, proposed policies, and programmes for developmental social welfare in South Africa.
- Wiid, J. & Diggins, C. (2013). *Marketing research*. 2nd ed. Cape Town: Juta & Co
- Winokur, M., Holtan, A., & Batchelder, K. E. (2014). Kinship care for the safety, permanency, and well-being of children removed from the home for maltreatment. *Cochrane Database of Systematic Reviews*, (1).
- Woodgate, R. L., Gonzalez, M., Demczuk, L., Snow, W. M., Barriage, S., & Kirk, S. (2020). How do peers promote social inclusion of children with disabilities? A mixed-methods systematic review. *Disability and Rehabilitation*, 42(18), 2553-2579.

Woolf, G. D. (1990). An outlook for foster care in the United States. *Child Welfare*, 75-81

Yegidis, B. L. Weinbach R. W., & Meyers, L. L. (2012). *Research methods for social workers*, 4th edition. Boston: Allyn & Bacon.

Zeidner, M. (2007). Test anxiety in educational contexts: Concepts, findings, and future directions. In *Emotion in education* (pp. 165-184). Academic Press.

Zetlin, A. G., Weinberg, L. A., & Shea, N. M. (2006). Improving educational prospects for youth in foster care: The education liaison model. *Intervention in School and Clinic*, 41(5), 267-272.

ANNEXURE A: INTERVIEW SCHEDULE

SECTION A: BIOGRAPHICAL DETAILS OF PARTICIPANTS

1. AGE OF CLUSTER FOSTER PARENTS

AGE	
25-30	
25-40	
45-50	
55-60	
60 AND ABOVE	

2. GENDER OF CLUSTER FOSTER PARENTS

Male	
Female	
Prefer not to say	

3. YEARS OF EXPERIENCE IN CLUSTER FOSTER PLACEMENTS

Specify.....

4. ORGANISATION UNDER SUPERVISION

DSD	
SAVF	
Other (Specify)	

5. HIGHEST QUALIFICATION

Specify.....

SECTION B: EXPERIENCES OF CLUSTER FOSTER PARENTS IN CARING FOR CHILDREN WITH SPECIAL NEEDS

1. Share your experiences in caring for foster children with special needs (disabled)

.....
.....
.....

2. What other challenges are you facing in fostering children as a cluster foster parent?

.....
.....
.....

SECTION C: KNOWLEDGE OF CLUSTER FOSTER PARENTS

3. Tell me about the training you received in caring for foster children. (Probe)

.....
.....
.....

4. How were you prepared to care for foster children?

.....
.....
.....

SECTION D: MENTAL HEALTH ISSUES

5. How does being a cluster foster parent make you feel? (probe)

.....
.....
.....

6. Tell me about the financial aspects of meeting the basic needs of the children you are fostering. (probe)

.....
.....
.....

SUPPORT SYSTEMS FOR CLUSTER FOSTER PARENTS

7. Tell me about the support you receive in caring for foster children.

.....
.....
.....

8. How do you cope with caring for foster children in your capacity as a cluster foster parent?

.....
.....
.....

Thank you for participating in this study

UHLELO LOKUBONANA NABANTU

SECTION A: IMVELAPHI YOMHLANGANYELI

1. UKUHLELEKA KWEMINYAKA YOMHLANGANYELI

Umnyaka	
25-30	
25-40	
45-50	
55-60	
60 futhi aguphezulu	

2. UBULILI LEQOQO BABAZALI BOKUTHOLWA

Isilisa	
Isifazana	
Ngikhetha ukungasho lutho	

3. IMINYAKA YESILPILIYONI KWI QOQO LABAZALI BOKUTHOLWA

Hlukanisa kucace

4. INHLANGANO ENGAPHANSI KOKUGADWA

DSD	
SAVF	
Lokunye kucacisa	

5. IMFUNDO EPHEZULU KAKHULU

Hlukanisa kucace

SECTION B: OKUHLANGENE NAKHO EKUNAKEKELeni KWEZINGANE EZINEZIDINGO EZIKHETHEKILE

1. Chaza kabanzi ngalokho ohlangene nakho ekunakekeleni kwezingane ezinezidingo ezikhethekile
.....
.....
.....

2. Chaza ngezinsesele enihlangana nazo njengeqoqo labazali bokutholwa ekunakekeleni kwezingane ezinezidingo ezikhethekile
.....
.....
.....

SECTION C: IZIMO ZEMPILO YENQONDO

3. Uzizwa kanjani ukuba ingxenye ye qoqo labazali bokutholwa (Ukubuza ngokujulile)
.....
.....
.....

4. Chaza kabanzi ngizidingo zemali onazo ekunakekeleni kwezingane zokutholwa

.....
.....
.....

SECTION D: UKUGEGESHA KWE QOQO LABAZALI BOKUTHOLWA

- 5. Chaza kabanzi ngenqeqesho oyitholile ngokunakekela izingane zokutholwa (Ukubuza ngokujulile)

.....
.....
.....

- 6. Chaza ngohlelo lwakho olusebenzisile ukuzilungisa ekunakekeleni izingane zokutholwa

.....
.....
.....

SECTION E: UHLELO LOKUSEKELA KWE QOQO LABAZALI BOKUTHOLWA

- 7. Chaza kabanzi ngokusekelwa okutholayo ekunakekeleni kwe ngane yokutholwa

.....
.....
.....

- 8. Chaza ukuthi ubhekana kanjani nezimo ezilikhunu ekunakekeleni kwezingane nje ngo mzali wokutholwa

.....
.....
.....

Siyabonga kakulu ngokubamba iqhaza ocwaningweni!!!!

ANNEXURE B: CONSENT FORM FOR CLUSTER FOSTER PARENTS

Title of research project: The lived experiences of cluster foster parents in tMhluzi area in Middelburg, Mpumalanga Province, South Africa.

I am a social work master's student from the University of Limpopo, I intend to research the lived experiences of cluster foster parents in Mhluzi area in Middelburg. Throughout my research, Prof. SF Rapholo and Mr TP Singwane will supervise me. The following is information about the study so that you can make an informed decision.

1. PURPOSE OF THE STUDY

To explore the lived experiences of cluster foster parents in Mhluzi in Middelburg, Mpumalanga Province, South Africa.

2. PROCEDURE

If you agree to participate in this study the following procedures will be followed:

- A suitable place and time for interviews will be discussed with you. It will be in an office where confidentiality will be possible.
- Written consent will be obtained from you after the study has been explained to you to be part of this research.
- The interview will be recorded. Written permission to tape-record the interview will be asked from participants.
- The interview will last approximately one hour.

3. CONFIDENTIALITY

Special care will be taken to work ethically. All tape-recorded materials and completed interview schedules will be safely stored in a locked cabinet in the researcher's office. All recorded material will be stored in a storeroom at the Department of Social Work at the University of Limpopo, prohibiting all people, including the researcher and study leader from having access to the material. Interviews will be held with each participant separately in a quiet, private office, to avoid interruptions. Each participant will be allocated a number beforehand, such as participant 1, participant 2, et cetera, to maintain confidentiality. I as a researcher will maintain anonymity as far as possible during the research process. Participants will be informed of the confidentiality that would apply regarding their identity. Information provided will remain

confidential and the identity of participants will be reported anonymously to protect the identity of participants.

4. INFORMED CONSENT

For the study, the relevant information will be provided by the researcher using an interview with you as the interviewee regarding the expected duration of involvement, procedures that will be followed, confidentially and voluntary participation and self-termination. An adequate opportunity will be provided for questions before the study commences.

5. VOLUNTARY PARTICIPATION

Written permission will be obtained from the social workers, and it will be made clear that participation is voluntary. The researcher will ensure for the study that all parties are aware that no one is obligated to participate. Non-participation in the study will not be disadvantaged in any way.

6. DECEPTION OF PARTICIPANTS

You as cluster foster parents will be briefed about the aim of the research and no information will be withheld from you to allow you to make an informed decision regarding your participation in the research and to ensure no deception.

7. BENEFITS AND RISKS

- The information gained from the research can assist social workers and courts to be experts in the foster care system.
- It can also add to the existing body of knowledge regarding the foster care system.

8. COSTS

There will be no cost to you as a result of your participation in this study.

9. PAYMENT

You will receive no payment for participation.

10. QUESTIONS

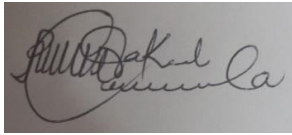
You are welcome to ask any questions to the researcher before you decide to give consent. You are also welcome to contact my study leader or me as a student if you have any further questions concerning your participation in the study.

Cell no: Mr N.P Manamela (076 112 7400)

Cell no: Prof S.F Rapholo (079 970 7404)

11. FEEDBACK OF FINDINGS

The findings of the research will be shared with you as soon as it is available if you are interested. You are welcome to contact us regarding the findings of the research. I want to thank you for your kind consideration of my request.



.....

Mr. N.P Manamela

Master's student: Social Work: Statutory Practice

.....

Prof SF Rapholo

Study Leader

PARTICIPATION IN THIS RESEARCH IS VOLUNTARY

You are free to decline to be in this study or to withdraw at any point even after you have signed the form to give consent, without any consequences.

Should you be willing to participate you are requested to sign below:

I _____ hereby voluntarily consent to participate in the above-mentioned study. I am not coerced in any way to participate, and I understand that I can withdraw at any time should I feel uncomfortable during the study. I also understand that my name will not be disclosed to anybody who is not part of the study and that the information will be kept confidential and not linked to my name at any stage. I also understand that I might benefit from participation in this project and am aware of the possible risks. Should I need further discussions someone will be available to assist me.

Signature of participant

Date

Signature of the person obtaining

the Date

ANNEXURE C: REQUEST LETTER TO SAVF- SOCIAL WORK SERVICES MIDDELBURG



UNIVERSITY OF LIMPOPO

Turfloop

SAVF-SOCIAL WORK SERVICES MIDDELBURG

52 Walter Sisulu Street

Middelburg

1050

Dear Sir/madam

**RESEARCH PROJECT: MR MANAMELA N.P, MASTERS-STUDENT IN SOCIAL
WORK**

I am Manamela N.P., a Master's student in the Department of Social Work at the University of Limpopo. In the fulfilment of requirements for the Master's degree, I have to undertake a research project titled "**The lived experiences of cluster foster parents in Mhluzi area in Middelburg, Mpumalanga Province, South Africa**".

As you are well informed about the topic, I request the SAVF- Social Work Services to grant me the permission to conduct this study on your premises. My target population is cluster foster who have experience in placing children in foster care.

The purpose of this research is to explore the lived experiences of cluster foster parents in Mhluzi area in Middelburg, Mpumalanga Province, South Africa.

Data Collection:

For the purpose of this study, the qualitative way of data collection by means of semi-structured face-to-face interviews will be utilised. Semi-structured face-to-face interviews will be conducted in order to explore the lived experiences of cluster foster parents.

Benefits of the research:

The findings of this study will help the Department of Justice and Constitutional Development, and the Department of Social Development to make proper recommendations in placing children in cluster foster care. The findings will also help social workers and other academics in the field of foster care to close the gap through empirically scientific evidence on contributing factors to cluster foster parents lived experiences as well as developing ways to deal with this problem. The study will also be of benefit to policymakers and programme developers to improve the service delivery regarding the management of foster care placement.

Confidentiality:

The data will be completed anonymously. The researcher will allocate a number to each respondent beforehand which will be named in the document such as participant 1, participant 2 and so forth. No names of respondents will thus be disclosed.

Consent:

It will be explained to each respondent that their participation is completely voluntary and withdrawal at any stage would be allowed, without it impacting on service rendering. Written consent will be obtained from the respondent after he/she has been informed about the research in a transparent manner. Attach the protocol of this research.

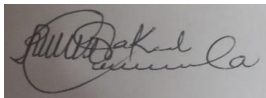
If there are any questions the following persons can be contacted:

Study Leader: Prof S.F Rapholo (079 970 7404)

Researcher: Mr Manamela N.P (076 112 7400)

I want to thank you for your kind consideration of my request.

Kind Regards



.....
Mr Manamela N.P

Master of Social Work Student

ANNEXURE D: CONSENT TO CONDUCT RESEARCH PROJECT WITH CLUSTER FOSTER PARENTS AT SAVF MIDDELBURG OFFICE



**SAVF MPUMALANGA
PROVINCIAL OFFICE
PROVINSIALE KOMITEE**

NPO REGISTRATION:
220-073 NPO

Henriette Van Staden
Regional manager
Mpumalanga
Cell / Sel: 076 663 9008
Office no: 013 282 4413
E-mail :/ e-Pos:
hvstaden@savf.co.za

UNIVERSITY OF LIMPOPO

DATE: 02 February 2023

Dear sir/madam

RE – CONSENT TO CONDUCT RESEARCH PROJECT WITH CLUSTER FOSTER PARENTS AT SAVF MIDDELBURG OFFICE

I hereby give consent that Mr NP Manamela can conduct a research project with foster parents at SAVF Middelburg social work office. The necessary Popi consent forms will be undersigned by the participants.

Regards

Mrs H Van Staden
Regional manager
SAVF Mpumalanga

ANNEXURE E: ETHICAL CLEARANCE CERTIFICATE



University of Limpopo
Department of Research Administration and Development
Private Bag X1106, Sovenga, 0727, South Africa
Tel: (015) 268 3935, Fax: (015) 268 2306, Email: anastasia.ngobe@ul.ac.za

TURFLOOP RESEARCH ETHICS COMMITTEE ETHICS CLEARANCE CERTIFICATE

MEETING: 29 November 2022
PROJECT NUMBER: TREC/605/2022: PG
PROJECT:

Title: The lived experiences of cluster foster parents in Mhluzi area in Middelburg, Mpumalanga Province, South Africa
Researcher: N.P. Manamela
Supervisor: Prof SF Rapholo
Co-supervisor: Mr. TP Singwane
School: Social sciences
Degree: Master of Social Work

PROF D MAPOSA
CHAIRPERSON: TURFLOOP RESEARCH ETHICS COMMITTEE

The Turfloop Research Ethics Committee (TREC) is registered with the National Health Research Ethics Council, Registration Number: **REC-0310111-031**

Note:

- i) This Ethics Clearance Certificate will be valid for one (1) year, as from the abovementioned date. Application for annual renewal (or annual review) need to be received by TREC one month before lapse of this period.
- ii) Should any departure be contemplated from the research procedure as approved, the researcher(s) must re-submit the protocol to the committee, together with the Application for Amendment form.
- iii) PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES.

Finding solutions for Africa

ANNEXURE F: SCHOOL APPROVAL OF PROPOSAL AND RECOMMENDATION FOR APPROVAL OF ETHICAL CLEARANCE



University of Limpopo
Faculty of Humanities
Office of the Director
School of Social Sciences
Private Bag X1106, Sovenga, 0727, South Africa
Tel: (015) 268 2683, Fax: (015) 268 2230, Email: sello.sithole@ul.ac.za

21 September 2022

NAME OF STUDENT: Mr NP Manamela
STUDENT NUMBER: 201301339
DEPARTMENT: Social Work
SCHOOL: Social Sciences
QUALIFICATION – MA in Social Work (MSW)

Dear Student

SCHOOL APPROVAL OF PROPOSAL AND RECOMMENDATION FOR APPROVAL OF ETHICAL CLEARANCE

It is a pleasure to inform you that in its meeting of 21 September 2022, the School of Social Sciences Research & Ethics Committee recommended the approval of your application for ethical clearance. Without delay please apply directly with TREC in order for a certificate to be issued.

Your title was approved as follows:

The lived experiences of cluster foster parents in Mhluzi area in Middelburg, Mpumalanga Province, South Africa

Note the following:

Ethical Clearance	Tick One
In principle the study requires no ethical clearance, but will need a TREC permission letter before proceeding with the study	
Requires ethical clearance (Human) (TREC) (apply online) Proceed with the study only after receipt of ethical clearance certificate	<input type="checkbox"/>
Requires ethical clearance (Animal) (AREC) Proceed with the study only after receipt of ethical clearance certificate	

Yours faithfully



Prof SL Sithole Director: School of Social Sciences

Supervisor: Prof SF Rapholo

Co-Supervisor: Mr TP Singwane

ANNEXURE G: EDITORIAL LETTER

Registered with the South African Translators' Institute (SATI)

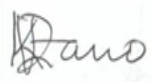
Reference number 1000686

11 March 2024

***THE LIVED EXPERIENCES OF CLUSTER FOSTER PARENTS FOSTERING CHILDREN WITH
SPECIAL NEEDS IN MHLUZI AREA IN MIDDELBURG, MPUMALANGA PROVINCE, SOUTH
AFRICA***

This confirms that I edited substantively the above document, including a Reference list. The document was returned to the author with various tracked changes to correct errors and clarify meaning. It was the author's responsibility to attend to these changes.

Yours faithfully



Dr. K. Zano

Ph.D. in English

kufazano@gmail.com/kufazano@yahoo.com

+27631434276

ANNEXURE H: TURN IT IN REPORT

Manamela NP

ORIGINALITY REPORT

SIMILARITY INDEX **9%** **9** INTERNET SOURCES% **2** PUBLICATIONS% **5%** STUDENT PAPERS

PRIMARY SOURCES

1 ulspace.ul.ac.za Internet Source **5%**

2 Submitted to University of Zululand Student Paper **4%**

Exclude quotes On

Exclude matches off

Exclude bibliography On

Manamela NP

PAGE 1

PAGE 2

PAGE 3

PAGE 4

PAGE 5

PAGE 6

PAGE 7

PAGE 8