

FACTORS CONTRIBUTING TO THE BREAKDOWN OF FOSTER CARE PLACEMENTS: THE PERSPECTIVES OF FOSTER PARENTS AND ADOLESCENTS

Rosina Mnisi, Petro Botha

This article describes the factors contributing to the breakdown of foster care placements of adolescents from the perspective of the foster parents and adolescents involved. It was found that all the placements in the sample were kinship foster care placements. Although similar factors were identified, the perspectives of foster parents and adolescents differed. Disruptive behaviour of adolescents, including substance abuse, inappropriate sexual behaviour and involvement in the occult were identified. Physical and emotional abuse by foster parents and the involvement of biological parents were also isolated as contributory factors. Recommendations for practice and further research were made.

bothap@unisa.ac.za

Ms Rosina Mmamokete Mnisi, Postgraduate student; Prof Petro Botha, Department of Social Work, University of South Africa, Pretoria, South Africa.

FACTORS CONTRIBUTING TO THE BREAKDOWN OF FOSTER CARE PLACEMENTS: THE PERSPECTIVES OF FOSTER PARENTS AND ADOLESCENTS

Rosina Mnisi, Petro Botha

INTRODUCTION AND PROBLEM FORMULATION

Gelders (2011:140) states that in South Africa one in five children has lost one or both parents. The HIV/Aids epidemic has had a huge influence on the growing number of orphans, thus creating a continued need for substitute care for children who require protection (Halkett, 2003:4). Foster care is seen as a very acceptable care model with the main aim of providing, as far as possible, a normal family life for the child and to promote his/her wellbeing, and for the child to develop successfully (Thomas, 2005:116; Thomas & Philpot, 2009:99).

The placement of children in alternative care has an entry and an exit point. Mahery, Jamieson, Scott and January (2011:42) refer to the Children's Act (Act No 38) of 2005 (2006: section 180-190), which states that a child is entitled to stay in alternative care, of which foster care is one form, until the end of the year in which he or she turns 18 years, but can apply to remain in alternative care until the age of 21 years.

Unfortunately, the ideal exit point from foster care is not always reached, because foster care often breaks down. Studies done indicate that foster care placements of adolescents are more likely to break down than those of younger children (Biehal, in Schofield & Simmonds, 2009:171-172; Boysen, 2006:20; Farmer, Moyers & Lipscombe, 2004:9). Various factors can contribute to the disruption in foster care, namely conduct problems, emotional difficulties, aggression, over-activity and inappropriate sexual behaviour (Farmer *et al.*, 2004:95-100; Sinclair, Wilson & Gibbs, 2005:152-154; Schofield & Simmonds, 2009:171-172).

They further state that different studies have reported the most common factor to be behavioural issues. Adolescents who experience difficulty in foster care often move to other alternative forms of care. Maluccio, Kermann and Freundlich (2009:92-93) refer to this movement as placement instability, which has a disruptive effect on the foster child as well as the foster family.

The research done so far on the breakdown of foster care of adolescents has mostly made use of questionnaires, surveys and the opinions of social workers, while little evidence is available of the experiences and perceptions of the foster child and family themselves (Nutt, in Van der Riet, 2009:6).

RESEARCH QUESTIONS AND GOALS

This research project originated in the researcher's practice as a social worker in the Desmond Tutu Child and Youth Care Centre and developing an interest in how the children enter and exit the child care system, and specifically in the breakdown of foster care placements of adolescents. This article presents the perspectives of adolescents and

their previous foster parents on factors contributing to the breakdown of foster care placements. The research questions, which flowed from the purpose of the research, were formulated and narrowed the focus of the study (Brink, 2006:80-81):

- *From the perspectives of adolescents previously in foster care, what are the factors contributing to the breakdown of foster care placements of adolescents?*
- *From the perspectives of previous foster parents, what are the factors contributing to the breakdown of foster care placements of adolescents?*

The goals of this study were as follows:

- To develop an in-depth understanding of the factors contributing to the breakdown of foster care placements from the perspectives of adolescents who were previously in foster care;
- To develop an in-depth understanding of the factors contributing to the breakdown of foster care placements of adolescents from the perspectives of their previous foster care parents.

RESEARCH METHODOLOGY AND ETHICAL CONSIDERATIONS

A qualitative approach was applied using the exploratory, descriptive and contextual research design to achieve an in-depth understanding of the phenomenon from the participants' own perspectives; a clear understanding of their experiences of foster care breakdown was sought, as well as their descriptive first-hand knowledge of the occurrence (Babbie & Mouton, 2001:80-81; Marshall & Rossman, 2011:69). The contextual design facilitated an understanding of the context of the participants and knowledge of their world (Kayrooz & Trevitt, 2005:10).

Two populations were identified, namely the adolescents who had been admitted to the Desmond Tutu Child and Youth Care Centre as a result of foster care breakdown, as well as the population of their former foster care parents. The probability sampling method, applying the purposive sampling technique, was used with the intention of reaching the sample that provided appropriate and adequate insight into experiences of foster care breakdown (Descombe, 2010:34-38; Dudley, 2011:144-146). As an insufficient number of participants was identified at the Desmond Tutu Child and Youth Care Centre at the time of the study, participants from the Ga-Rankuwa Rearabilwe Child and Youth Care Centre were also included in the study. The sample identified was based on data saturation – the point where new data only confirmed the existing themes and conclusions (Merriam, 2009:351); it consisted of 18 participants, namely eight adolescents who had experienced foster care breakdown and were now in a place of safety, as well as 10 of their former foster parents.

Data were collected using face-to-face semi-structured interviews, guided by two interview schedules, prepared in advance with questions open enough so that follow-up questions could be improvised during the interview, where necessary (Silverman, 2010:194; Wengraf, 2011:5). Adolescents involved in a foster care breakdown were asked to respond to the following:

- Tell me about your experience of foster care.
- What is your understanding of foster care?
- In your understanding, what were the causes for the foster care breakdown?
- If you were to improve anything about being in foster care, what would it be?
- If you were given the opportunity to return to the same family, what would you do differently?

The foster parents involved in a foster care breakdown were asked to respond to the following:

- What motivated you to become a foster parent/s?
- Tell me about your experience in fostering an adolescent.
- In your understanding, what were the causes for the foster care breakdown?
- What advice would you give to foster parents who still have children in their care who are growing to become adolescents?
- If you were to improve anything about the foster parenting experience you had, what would it be?

Data analysis was done using the eight steps of the data-coding method devised by Tesch (in Creswell, 2009:186). The questions in the interview guides assisted the researcher to identify topics after the data were transcribed. Themes, sub-themes, categories and subcategories were identified. Themes from data collected from both the adolescents previously in foster care and their foster parents were identified and compared with the literature. In order to ensure the validity and credibility of the study, data verification was done using Guba's model of trustworthiness as presented by Krefting (1990:214-220). The four aspects of *trustworthiness* described by the model were utilised, namely truth-value, applicability, consistency and neutrality. In order to ensure credibility, the researcher used triangulation of data sources by gathering data from the adolescents who had lived in foster care and experienced the breakdown of foster care breakdown as well as from the parents who fostered them. To further ensure credibility, an independent coder was involved.

Throughout the process of the study the researcher adhered to the ethical principles of informed consent, anonymity and confidentiality, and avoiding harm or deception of participants (Cone & Foster, 2002:335-343). Participants were provided with sufficient information about the study to allow them to decide to participate or not, and this was confirmed in writing. As minors, the adolescents gave their consent under the guidance of the social worker or the head of the centre. In the report pseudonyms were used to ensure anonymity. To avoid further harming the relationship between the adolescents and the foster parents, the researcher carefully explained the research aims and objectives to both sets of participants.

BIOGRAPHICAL DATA OF THE PARTICIPANTS

Table 1 gives a summary of the biographical data of the 18 participants, consisting of eight adolescents and 10 parents.

TABLE 1
BIOGRAPHICAL DATA OF THE PARTICIPANTS

Biographical data						
Adolescents interviewed		Parents interviewed				Period of foster care
Gender	Age Race	Name (pseudonym)	Gender	Age	Race	
Female	14 Indian	Mrs S	Female	52	Indian	12 years
Female	14 African	Mrs M	Female	68	African	13 years
Female	15 African	Mr P	Male	58	African	Less than a year
		Mrs P	Female	58	African	
Female	15 African	Mrs L	Female	43	African	12 years
Female	14 Coloured	Mrs A	Female	68	Coloured	12 years
Female	17 Coloured	Mr J	Male	47	Coloured	7 years
Male	16 White	Mr D	Male	56	White	5 years
		Mrs. D	Female	56	White	
Male	15 African	Mrs T	Female	69	African	10 years

The number of female participants was 13, consisting of six adolescents and seven parents. For three of the families, foster care lasted between five and 10 years; for four families, the period was 12 to 13 years; and in only one family did foster care last for a period of less than a year. With this particular family, the adolescent entered foster care while already in the adolescent stage. In the three families where foster care lasted between five and 10 years, the adolescents entered foster care in their toddler developmental stage; the others entered foster care when they were infants. All the adolescents were fostered by their families or relatives and thus in kinship foster care.

DISCUSSION OF FINDINGS

Table 2 provides a summary of the themes, sub-themes, categories and subcategories of the data analysis.

TABLE 2
SUMMARY OF THE THEMES, SUB-THEMES, CATEGORIES AND SUBCATEGORIES

THEMES	SUB-THEMES	CATEGORIES	SUBCATEGORIES
1. Family structure	1. The composition of the foster families and the relation to the foster child varied		
	2. All the adolescents were in kinship foster care		
2. Motivation of foster parents to foster a child			

THEMES	SUB-THEMES	CATEGORIES	SUBCATEGORIES
3. Experiences and understanding of foster care	3.1 Foster parents had positive and negative experiences of foster care		
	3.2 Foster parents provided reasons for foster care breakdown	3.2.1 Adolescents' behaviour in foster care contributed to the foster care breakdown	3.2.1.1 Adolescents' substance abuse and involvement in the occult contributed to the foster care breakdown
			3.2.1.2 Adolescents' inappropriate sexual behaviour contributed to the foster care breakdown
		3.2.2 Contact with biological parents or other relatives contributed to the foster care breakdown	
	3.3 Adolescents had positive and negative experiences of foster care		
	3.4 Adolescents provided reasons for the foster care breakdown	3.4.1 Their behaviour contributed to the foster care breakdown	3.4.1.1 Their inappropriate sexual behaviour contributed to the foster care breakdown
			3.4.1.2 Their involvement in substance abuse contributed to the foster care breakdown.
		3.4.2 Contact with biological parents or relatives contributed to the foster care breakdown.	
		3.4.3 Abuse in the foster family contributed to the foster care breakdown	

THEMES	SUB-THEMES	CATEGORIES	SUBCATEGORIES
4. Preventing foster care breakdown	4.1 Involvement of social workers can prevent foster care breakdown	4.1.1 Foster parents had a negative perspective on the involvement of social workers	
	4.2 Advice to other foster parents can prevent foster care breakdown		
4 Removal to alternative care			
5 Reunification			

For the purpose of this article the focus of the thematic discussion will be on the reasons provided by foster parents and adolescents for the foster care breakdown, and on suggestions on how foster care breakdown in placements with adolescents can be prevented.

THEMATIC DISCUSSION: FACTORS CONTRIBUTING TO THE BREAKDOWN OF FOSTER CARE PLACEMENTS FROM THE PERSPECTIVE OF FOSTER PARENTS AND ADOLESCENTS

Under theme 3 foster parents and adolescents' experiences and understanding of foster care were discussed. In sub-themes 3.2 and 3.4 participants provided reasons for the foster care breakdown.

Sub-theme 3.2: Foster parents provided reasons for foster care breakdown

Foster parents were of the opinion that the behaviour of the adolescents in foster care and contact with biological parents or other relatives contributed to the breakdown of foster care.

Category 3.2.1: Adolescents' behaviour in foster care contributed to the foster care breakdown

Foster parents reported that they could not manage the adolescents' behaviour, specifically the violation of routine, engagement in inappropriate sexual behaviour, involvement in the occult and substance abuse. All the foster parents in this study, except for one, reported that the children were fine until they entered adolescence. Only one parent did not report any behaviour problems.

Schofield and Simmonds (2009:170) mention that many adolescents in foster care have behavioural problems and that adolescence is a period when young people are at risk of involvement in substance abuse and offending behaviour. They mention that the carers find themselves having to manage difficult behaviour. Age is a very important factor and various studies have shown that the older the children are at the time of placement, the higher the probability is of a foster care breakdown (López, Del Valle, Montserrat & Bravo, 2011:3).

The two common behaviour patterns reported included involvement in substance abuse and the occult, and inappropriate sexual behaviour. These are discussed in detail in the next section.

Subcategory 3.2.1.1: Adolescents' substance abuse and involvement in occult activities contributed to the foster care breakdown

Five out of the seven adolescents with behavioural problems were reported to be engaged in *substance abuse*. The 4 females and the one male were mainly suspected of using alcohol, dagga and other substances, but they were never tested. Some foster parents blamed the peers, and others the history of the biological parents as well as their influence. Biological parents were reported to have exposed the adolescents to inappropriate behaviour. Some of them were alleged to have allowed the adolescents to use alcohol or cigarettes.

“She (the biological parent) comes to help me in the house and gives her (the adolescent) cigarettes. I asked her do you let her smoke and she tells the child I don’t like her.”

“But then we have another background. ... The social worker worked with them for a while, especially with the mother, because there was a lot of drinking. All three children are born with foetus alcohol syndrome.”

“Then I tell her (the biological mother) about the child coming home late and the child continued with the behaviour; running away to her mother and I also heard stories that she was drinking, smoking cigarettes and I could not take it any longer and I told her to make a plan.”

In their study Farmer *et al.* (2004:41-42, 112-113) found that 39% of the adolescents in foster care abused alcohol as reported by the carers, while only 17% of these adolescents admitted to substance abuse. According to Hill *et al.* (cited in Beihal, in Schofield & Simmonds, 2009:319), children in care are four times more likely than their peers to engage in substance abuse. Booysen (2006:67) also mentions the ongoing use of drugs and alcohol as one of the reasons for foster care breakdown as given by the foster carers.

Two female adolescents who participated in this study were alleged to have been involved in, or had contact with, *occult activities*. The parents reported according to what they had been told by the adolescents and the community and mentioned that the adolescents behaved in a strange manner at home and at school.

“The elder one alleged that they were involved in Satanism from this church. The behaviour of coming in late became worse. We used corporal punishment until we realised that it was not working. Then we requested the social worker to remove them. The elder girl was worse as she was in the adolescent stage.”

“With this sniffing she nearly burned the school; was swearing at the teachers; bunking classes and not doing her school work; bullying another child; and being involved in Satanism.”

Adolescents are at a stage when they may experience feelings of emptiness and alienation from friends, family and the community, and may be searching for an identity and a place to belong. Some adolescents find fulfilment by aligning with subcultures such as Satanists (Clark, 2007:461).

Subcategory 3.2.1.2: Adolescents' inappropriate sexual behaviour contributed to the foster care breakdown

Of the seven adolescents reported with behaviour problems, six were alleged to have engaged in inappropriate sexual behaviour. With one adolescent, the matter even went to court and, according to the foster parent, this was the main factor that made him and his wife decide that they had to finally terminate the foster care. The other male adolescent was found in the act with one of the little girls in the household. The other four adolescents accused of inappropriate sexual behaviour were females, but there were only allegations and suspicions. The one female was suspected of being a lesbian.

“We all went to the magistrate as I said and undid it [foster placement]. The reason was that the child did a very naughty thing with one of the boys. You see I have tenants on the farm and the tenant made a case against him.”

“It started when I noticed this two-year-old girl’s genitals being bruised. When I asked there was no explanation, until one day when there was a ceremony for one of my nieces here at home and I was called at the back to find that child F was accused of molesting the child.”

“This child became naughty. She started with relationship issues with girls; smoked and drank alcohol.”

According to Floresheim (cited in Makhitha, 2013:2), most adolescents begin to experiment with sexual activity and gradually develop some comfort with their sexuality. According to Farmer *et al.* (2004:166), adolescence is a typical time for sexual awareness and sexual activity; therefore, the foster carers should be in a position to supervise the adolescents. According to Farmer *et al.* (2008:101), adolescent girls are more likely to have tendencies of engaging in risky sexual behaviours.

Category 3.2.2: Contact with biological parents or other relatives contributed to the foster care breakdown

Contact and involvement with the biological parents, in the cases where they were still alive, was reported to be negative and disruptive in terms of the process of discipline and structure. Three of the adolescents still had one or more biological parents who were alive and the foster parents reported having had negative experiences with the biological parents. The foster parents reported that the adolescents did not fit in with their family structure because of the unstructured and distressed biological families characterised by, for example, the use of alcohol, domestic violence, exposure to pornographic material and a lack of discipline. Parents were either influencing the adolescents negatively or interrupting the foster care and interfering with the management of the foster care grant.

“The experience is that when you have children that were raised in a different environment where they are allowed to do anything by themselves, it becomes difficult to instil discipline on [in] them.”

“Unfortunate she is a bad influence. I mean she does not come around. All the years since their father’s death I think she has seen them only three times. Unfortunately those times they see her even with the girls; I don’t know if you understand Afrikaans. They say ‘Hulle koppe kom los hulle’. They present with a totally different behaviour. It is actually a peace of mind if we do not see her.”

“I used to buy clothes for everybody even her mother and father. I gave them money. When I gave the child money she [the mother] would take it from her and the child never told me.”

The foster parents acknowledged that the adolescents had the right to contact their parents; however, their way of living was contrary to the best interest of the adolescents. Sinclair *et al.* (2005:256) support the view that contact with birth families is vital; however, where there is a history of abuse, supervision is recommended. Farmer and Moyers (2008:172) received feedback from the foster parents that the children would be confused after contact with the birth parents, who promised that they would make sure that the adolescents would return to them.

Sub-theme 3.4: Adolescents provided reasons for the foster care breakdown

The adolescents in the study identified the same reasons for foster care breakdown as those discussed by the foster parents; however, the descriptions were different. The two groups agreed on the influence of the behaviour of the adolescents as the primary factor. The foster parents also identified involvement in occult activities, which the two adolescents implicated did not mention at all. A factor that was mentioned by the adolescents, but only by one parent, was abuse by a foster parent.

Category 3.4.1: The adolescents’ behaviour contributed to the foster care breakdown

Only two adolescents did not report their own behaviour as being a reason for the breakdown of foster care.

According to Kaye (2007:137), youths are developing their identity during adolescence and acquiring the life skills that will be necessary for their independence. At this life stage, acting-out behaviour is more severe than it is among younger children and can include delinquency, violence, running away, or destructive behaviour. He also mentions that adolescents who have been abused or neglected and placed in a substitute family face unique challenges to healthy development, including substantial risk factors and abnormal life circumstances. The following storylines give the views of the adolescents themselves about their behaviour.

“Because I used to go to the park and do things I must not do things that are not good. I did not want to go to school.”

“Hmm ok maybe for behaviour. I used to come home at 6. Used to help granny and not come back home straight after school.”

“When I came home late; do not do dishes or do drugs.”

Subcategory 3.4.1.1: Their inappropriate sexual behaviour contributed to the foster care breakdown

There were four adolescents who were alleged to have engaged in sexual activities. Two were boys and two were girls. The two male adolescents reported inappropriate sexual activities as the reason for the breakdown of foster care. The one girl admitted to lesbianism, which her foster parent did not approve of.

“They (uncle and aunt) were so upset. Fighting, I was I little bit naughty with boys.”

According to Farmer *et al.* (2004:101), in their study the majority of the foster care breakdowns were the result of adolescents' inappropriate sexual behaviour. They gave examples of young people masturbating openly; a 13-year-old who inappropriately touched a 4-year-old girl; and an account of the foster parent who had to accompany the adolescent to the police station as he was charged with sexually assaulting a 6-year-old.

Subcategory 3.4.1.2: Their involvement in substance abuse contributed to the foster care breakdown

Out of all the adolescents, four experimented with substances such as alcohol and dagga. The adolescents attested to this:

“I was naughty; doing drugs; smoking dagga, cocaine and so on. I was also skipping school and I was suspended for bullying other children.”

“Because I used to go to the park and smoke with friends; do things I must not do; things that are not good.”

“Look, I used to smoke with friends and they are not going to take me anywhere. Now I’m here and they are writing exams and don’t worry about me. See, when I come out; I want to be a better person.”

According to Papalia and Feldman (2011:459-460), peers and friends are a source of emotional support during the transition of adolescence. During this period adolescents may engage in anti-social behaviour, such as trying drugs. Thompson and Auslander (2006:61) found in a study conducted with 320 adolescents in foster care, aged 15 to 18 years old, that 40% of the participants used alcohol, 36% used marijuana and 25% used both. Kohlenberg, Nordlund, Lowin and Treichler (2002:7) conducted a study on substance use and risk factors in two groups of adolescents – those living in foster care and those living with their biological parents – and concluded that adolescents in foster care were more likely than adolescents living with their parents to be at high risk of substance abuse.

Category 3.4.2: Contact with biological parents or relatives contributed to the foster care breakdown

Compared to the foster parents, the adolescents did not view the extended families as a negative influence, but as a positive support. Some adolescents said that if they had options, they would even attempt to stay with the particular relative. In one case, the children even ran away to the extended families. The following comments indicate that the adolescents at times ran away or went and stayed with a relative:

“She is my mother’s aunt. We went to her on a Friday and she kept us for the weekend and took us to the social worker on Monday.”

“It was because my grandmother shouts at me. I did not want to go to school; I hated my grandmother and like that Wednesday when I went to my mother and I stayed two weeks not going to school at it became a problem. I don’t want to stay with my grandmother.”

Many “looked-after” children would like to maintain relationships with their family of origin, according to Goodyer (2011:145). Thomas (2005:101) claimed that, based on the attachment theory, it is vital for the children to keep contact with the family of origin. Thomas (2005:103) further mentions that contact arrangements should be formalised as they may otherwise create difficulties. He adds that the biological parents may sometimes be presented as harmful to the children. Farmer *et al.* (2004:188) support this statement by saying that the families and relatives may send unreliable, disruptive messages to the adolescents.

Category 3.4.3: Abuse in the foster family contributed to the foster care breakdown

All the adolescents reported to have suffered some kind of abuse by the foster parents, except two, who said their foster parents were good parents and that they would like to return to them. The others mentioned incidents of both physical and emotional abuse.

“Me and my grandmother use to have fun. We would go for shopping; but then she started to hit, make me, make me clean and she would shout at me.”

“Like we would wash curtains and her sister would watch TV and do nothing and the house was very big. I would polish the house you know; make the house to shine and after that she would want food. For a small mistake she would get a weapon to hit with. I used to have marks. I developed anger and started to hate her and I realised is time for me to go.”

There was one report of sexual abuse by a member of the foster family that was seen as a contributing factor to the adolescent’s inappropriate sexual behaviour, which also contributed to the foster care breakdown.

“He then raped the child when I was away on shopping, he was found by my son and according to the child he forced her; however, she was not screaming and did not show any sign that she was being forced.”

Farmer and Moyers (2008:20,175-176) report that there were allegations of physical and emotional abuse of foster children in the study they conducted. Based on a cross-section of children who were living in kinship and unrelated foster care placements, formal allegations of maltreatment were made against 12 kinship and six unrelated foster carers. Two of the unrelated foster placements and five of the kinship placements were terminated (Farmer & Moyers, 2008:169). According to Lipscombe (2004:101), an adolescent who displays inappropriate sexual behaviour stands the risk of being abused.

THEMATIC DISCUSSION: PREVENTING FOSTER CARE BREAKDOWN

Theme 4 focuses on efforts made as well as suggestions to prevent the foster care breakdown. Sub-theme 4.1 provides the perspectives of foster parents and adolescents on the involvement of social workers, and in sub-theme 4.2 advice is given to foster parents as to how foster care breakdown could be prevented.

Sub-theme 4.1: Involvement of the social worker can prevent foster care breakdown

The support from the Department of Social Development relies on the involvement of the social worker with both the foster parent and adolescent in foster care. With none of the foster care families in this study was foster care initiated by the social worker. In the long run the social worker had to be involved as foster care is a statutory service that is rendered and managed by a professional social worker.

“I had no other option. I was actually pleading. I went all over looking for social workers that can help me with this matter until I met woman called M. She introduced me to a social worker in Pretoria West. They were the ones that helped me.”

“Yes the social worker said that we needed to formalise it because of the grant and things like that. We went to court and things like that.”

In South Africa legislation of foster care is regulated by the Children's Act (Act No 38) of 2005 (2006: section 180-190). Section 184(1) of the Children's Act (Act No 38) of 2005 states that before the child can be placed in foster care the report of the social worker must be considered.

The foster parents and adolescents in foster care had different perspectives on their relationship with the social worker.

Category 4.1.1: Foster parents had positive and negative perspectives on the involvement of social workers

Only one parent reported having had support from the social services. From the input of the foster parents it seemed that the social worker was only involved when the families experienced problems, or by the time the problem had reached a point of no return. There seemed to be a lack of understanding of the role of the social worker. The parents were left with the child, with no skills to handle the challenges and no proper resources such as education or a psychologist for the child. In all the cases the foster parents were

the ones who requested removal. There was no indication that there had been proper and regular foster care supervision. The foster parents mentioned that if they had had timeous support, they would have handled the situation better.

“Yes the social worker. I did not like the fact that she interviewed the children separate from us. How could she just take their story from children? ... To me that is unprofessional. As a parent I needed to know what they were discussing with the children.”

“No foster parents can manage because most foster parents are not the elite. They are not the wealthy people; if they are they can, but we could not take the child for [to a] psychologist. It was a lot of finger pointing to the foster parents and at that time we experienced a lot of finger pointing, especially from the social workers in the area. We should have done this better. If you are not trained and not skilled to do that, it is very difficult. I mean because love is just so much...”

“I asked the social worker for help. She also did not want to be here as she [the adolescent] was thinking I was ill-treating her. We had so many social workers before. I think it was three or four before this one really helped us. They would come listen to the story and do nothing. This one really helped by removing the child. She can now realise that she needs to listen.”

Thomas (cited in Van der Riet, 2009:34) states that a good working relationship with the social worker is vital for successful fostering. Welfare organisations are obliged to monitor foster care placements. According to Thomas (2005:127), regular visiting and regular reviews are part of the social work processes to ensure that children and young people are being looked after. Beesley (2010:23) refers to supervision and stresses that it should not be seen as a luxury or something to offer as the need arises. He also suggests group supervision as a tool to offer support to foster parents.

Category 4.1.2: Adolescents had positive and negative perspectives on the involvement of social workers

The adolescents also had their own views on the intervention of social workers. There were those who thought that the intervention was useful to them and those who expressed the view that the intervention could have taken place earlier.

“Yes because the social worker could have talked to me to stop being naughty and listen to my granny and I would have done so.”

“Yes, the social worker assisted a little bit, but there was a time she was so sick and could not come to us, it was not good then. That is when I ran away to my mother’s house. She came there and talked to us and took me back to my granny.”

Like some foster parents, they referred to favouritism, but felt the social worker favoured the foster parents.

In the study by Farmer *et al.* (2004:113-114), the adolescents expressed dissatisfaction with the support of the social worker. Fox, Frasch and Berrick (2000:174) refer to adolescents in foster care expressing dissatisfaction with the intervention as well as the visits of social workers. They complained that social workers often miss appointments, change appointments, do not give adequate notice of appointments, do not call promptly or at all, are late, and terminate visits earlier than planned.

Sub-theme 4.2: Advice to other foster parents can prevent foster care breakdown

All the parents mentioned that they tried open communication with the adolescents; however, most of them implemented this at the time when the problem was at a peak. They should encourage the adolescents to be open with them about any issues which may be problematic to them and not resort to corporal punishment. Parents should have a meeting with the children to discuss the structure in the household, which should include setting out the rules with the children. Parents should help them deal with the loss of their biological parent(s), where applicable. Positive activities such as church attendance may also assist in instilling discipline and minimising the uncontrollable behaviour. Spending quality time and supporting the adolescent with school activities were also considered necessary. Foster parents indicated the importance of understanding the adolescents as well as their developmental stage. The adolescents mentioned the need to be recognised, to celebrate their birthdays, and to fit into the family by being treated the same as the other children in the family.

“To discipline them let them know that they need to listen and attend school for the future. They should be told what [is] not right. The parent must know that to hit them does not work. You must set the rules and regulation in the house. One needs to be patient with them. Do not count old mistakes each time the child makes one. Help them to realise what is wrong without using hurting words.”

“I may or not have an answer there, because one thing about children that are orphaned is that they are challenging, cheeky and never satisfied. They always use some defence that they do not have parents. I would say to the parent to have patience. You need to keep them in church to keep their minds clean from negative influence. I used to take them to church every Sunday but now I’m challenged with my eye sight. Keep them in the positive activities which will be the church and school.”

“You see the cell phones! I will start with that. They need to be monitored. The parent must know what the children are doing on the phones. That is where the problems come. They talk to friends and make appointments you don’t know. One needs to make rules. Be strict of what you want in the house.”

Thomas and Philpot (2009:118-119) suggest that it is vital to develop a healthy relationship between the foster parent and the adolescent by praising and acknowledging the adolescent for positive interaction, which promotes a sense of self-esteem and positive integration. The study undertaken by Farmer *et al.* (2004:9) was found that 43% of adolescents in foster care, who were encouraged by the foster parents to be involved

in positive activities or hobbies such as sports, did not do so, but those adolescents who did get involved had less time to become involved in anti-social behaviours. Those foster parents who were involved in the extra-mural activities of their adolescents were more aware of their activities outside the family and thus had more ability to supervise them (Farmer *et al.*, 2004:162).

LIMITATIONS OF THE STUDY

Flick (2002:91-92) explains the limitations of semi-structured interviews. He mentions the assumption that the participants will respond to the questions freely and openly. The impression is that not all participants disclosed the information as it actually was. For example, when talking about the behaviour of the adolescents, two foster parents mentioned involvement of the adolescents in occult activities, while the particular adolescents did not mention anything about that. All the adolescents referred to abuse by the foster parents, while only one parent mentioned abuse by his spouse. This could be because of the nature of the information and the participants not knowing what the researcher may do with the information.

CONCLUSIONS AND RECOMMENDATIONS

From the biographical details it was clear that all the placements that broke down were kinship foster care placements. Foster parents and adolescents mostly agreed about factors contributing to the breakdown of foster care, although their perspectives differed. Both groups indicated that the adolescents' disruptive behaviour was a very important factor. Both groups referred to substance abuse and inappropriate sexual behaviour, while foster parents also indicated involvement in the occult, which was omitted by the adolescents. The adolescents felt that physical and emotional abuse by the foster parents contributed to foster care breakdown, while only one parent acknowledged abuse by his partner. Foster parents saw the involvement of the biological parent(s) or family as a contributing factor, while adolescents had a positive view of the involvement of the biological family.

Based on the findings the following recommendations are made.

- Attention should be given to the process of kinship foster care and specific guidelines could be implemented when assessing the suitability of a foster care placement with relatives.
- The same social work services should be rendered to families involved in kinship foster placements as to families where the foster parents and children are not related. It should not be assumed that parents and children who are related do not need these services.
- The following programmes should be rendered to adolescents and foster parents in kinship foster care:
 - **Pre-fostering support programme:** Such a programme could prepare both the foster parent and the family for the new member. This programme may not be possible with all kinship foster placements as many are arranged without the

social worker. Therefore, a **debriefing programme** may also be incorporated through which both parties will be assisted to deal with the challenges already experienced.

- **Bereavement programme:** Where adolescents suffered some kind of loss, e.g. of a parent, bereavement counselling could be offered.
- **Parenting skills programme:** This should entail equipping the foster parents with skills that will assist them with managing children during different developmental stages. From the findings it was evident that foster parents experienced challenges managing the behaviour of the adolescents.
- **Substance abuse awareness and prevention programme:** From the findings it was evident that adolescents need to be made aware of the danger of substance abuse. This may include both the biological parents as well as the foster parents.
- **Sexuality programme:** This programme should be for both the foster parents and the adolescents. For the adolescents it should be a prevention programme as well as a self-awareness programme. They should be assisted with skills in handling the challenges of sexuality in relation to their developmental stage. For the foster parents, it should be incorporated into parental skills.
- Further research could include a survey to establish why many kinship foster care placements in South Africa are not legalised. Further research can also be undertaken to ascertain when foster care or when residential care is the best form of alternative care.

REFERENCES

BABBIE, E.R. & MOUTON, J. 2001. **The practice of social research** (2nd ed). Wadsworth: Oxford University.

BEESLY, P. 2010. **Making good assessment: a practical resource guide**. London: British Association of Adoption and Fostering.

BEIHAL, N. 2009. Foster care for adolescents. In: SCHOFIELD, G. & SIMMONDS, J. **The Placement Handbook Research, policy, and practice**. London: BAAF Adoption and Fostering, 159-177.

BOOYSEN, S. 2006. **Exploring the causal factors of foster placement breakdown**. Pretoria: University of South Africa.

BRINK, H. 2006. **Fundamentals of research methodology for health care professionals** (2nd ed). Cape Town: Juta & Co. (Pty) Ltd.

Children's Act (Act No 38) of 2005, see SOUTH AFRICA, 2006.

CLARK, C.M. 2007. Clinical assessment of adolescents involved in Satanism. **Adolescents**, 29(114):461-468.

CONE, J.D. & FOSTER, S.L. 2002. **Dissertation and thesis from start to finish: psychology and related fields**. Hyattsville: PAD.

CRESWELL, J.W. 2007. **Qualitative inquiry and research design: choosing among five approaches** (2nd ed). London: Sage Publications.

CRESWELL, J.W. 2009. **Research design: qualitative, quantitative and mixed methods approaches**. London: Sage Publications.

DESCOMBE, M. 2010. **The good research guide for small-scale social research projects** (4th ed). New York: Two Pen Plaza eEducation.

DUDLEY, J.R. 2011. **Research methods for social work** (2nd ed). Boston: Pearson Education.

FARMER, E. & MOYERS, S. 2008. **Kinship care, fostering effective family and friends placements**. London: Jessica Kingsley Publishers.

FARMER, E., MOYERS, S. & LIPSCOMBE J. 2004. **Fostering adolescents**. London: Jessica Kingsley Publishers.

FLICK, U. 2002. **An introduction to qualitative research** (2nd ed). London: Sage Publications.

FOX, A., FRASCH, K. & BERRICK, J.D. 2000. **Listening to children in foster care: an empirical based curriculum**. Berkeley: University of California.

GELDERS, B. 2011. **South Africa's children: a review of equity and child rights design and typesetting: South Africa handmade communications**. South African Human Rights Commission, South Africa: UNICEF.

GOODYER, A. 2011. **Child-centred foster care: a rights-based model for practice**. London: Kingsley.

HALKETT, R. 2003. **Enhancing the quality of life for children without parents in the South African context**. South Africa: National Council for Child and Family Welfare.

KAYE, S. 2007. **Internalizing and externalizing behaviours of adolescents in kinship and foster care: findings from the national survey of child and adolescent well-being**. College Park: University of Maryland.

KAYROOZ, C. & TREVITT, C. 2005. **Research in organisations and communities: tales from the real world**. Australia: Allen University.

KOHLENBERG, E., NORDLUND, D., LOWIN, A. & TREICHLER, B. 2002. **Alcohol and substance use among adolescents in foster care in Washington State: results from the 1998-1999 adolescent foster care survey**. Washington: Washington State Department of Social and Health Services.

KREFTING, L. 1990. Rigor in qualitative research: the assessment of trustworthiness. *The American Journal of Occupational Therapy*, 45(3):214-222.

LIPSCOMBE, J. 2004. **Testing the limits of foster care: fostering as an alternative to secure accommodation**. London: John Wiley & Sons Ltd.

LÓPEZ, L.M., DEL VALLE, F.J., MONTSERRAT, C. & BRAVO, A. 2011. Factors affecting foster care breakdown in Spain. *The Spanish Journal of Psychology*, 14(1):111-122.

MAHERY, P., JAMIESON, L. SCOTT, K. & JANUARY, K. 2011. **Children's Act guide for child and youth care workers** (1st ed). Cape Town: University of Cape Town.

MAKHITHA, T.S. 2013. **Sexual activities at school: teenagers' experiences and social work support**. Pretoria, South Africa: Unisa.

MALUCCIO, F.A., KERMAN, B. & FREUNDLICH, M. 2009. **Achieving permanence for older children and youth in foster care**. New York: Columbia University.

MARSHALL, C. & ROSSMAN, G. 2011. **Designing qualitative research** (5th ed). California: Sage Publications.

MERRIAM, S.B. 2009. **Qualitative data analysis: an expanded sourcebook** (2nd ed). CA. Thousand Oaks: Sage Publications.

PAPALIA, D.E. & FELDMAN, R.D. 2011. **A child's world infancy through adolescence** (12th ed). New York: McGraw-Hill.

SCHOFIELD, G. & SIMMONDS, J. 2009. **The child placement handbook**. London: Great British Athenaeum Press.

SILVERMAN, D. 2010. **Doing qualitative research: a practical handbook** (3rd ed). London: Sage Publications.

SINCLAIR, I., WILSON, K.G. & GIBBS, I. 2005. **Foster placements: why they succeed and why they fail**. London: Jessica Kingsley.

SOUTH AFRICA. 2006. Children's Act (Act No 38) of 2005. **Government Gazette**, 492(28944), June 19:1-217.

THOMAS, N. 2005. **Social work with young people in care: looking after children in theory and practice**. New York: Palgrave Macmillan.

THOMAS, M. & PHILPOT, T. 2009. **Fostering a child's recovery: family placement for traumatized children**. London: Jessica Kingsley.

THOMPSON, R.G. & AUSLANDER, W.F. 2006. Risk factors for alcohol and marijuana use among adolescents in foster care. **Journal of Substance Abuse Treatment**, 32:61-69.

VAN DER RIET, K.E. 2009. **Foster care: the experiences of birth children**. Pretoria: University of South Africa.

WENGRAF, T. 2011. **Qualitative research interviewing** (1st ed). London: Sage Publications.

Ms Rosina Mmamokete Mnisi, Postgraduate student; Prof Petro Botha, Department of Social Work, University of South Africa, Pretoria, South Africa.