CHALLENGES CAREGIVERS EXPERIENCE WHEN TRANSITIONING TO KINSHIP FOSTER CARE IN LOW-INCOME FAMILIES IN SOUTH AFRICA

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ABSTRACT

The literature on post-kinship foster care placement indicates the psycho-social and economic challenges of foster parents in kinship foster care. However, the resilience of foster parents in negotiating complex challenges after kinship foster care placement is often overlooked in the literature. Using a focus group discussion, this qualitative study used a descriptive research design to explore the challenges that caregivers experience when they transition to kinship foster care in low-income families in the Amajuba District Municipality in KwaZulu-Natal province, South Africa. Nine foster parents were purposively sampled to participate in the study and data were analysed through the method of thematic analysis. Using family resilience theory, this paper presents three themes: resilience in dual caregiving, negotiating complex child residency disputes, and the personal meanings of fostering children. The findings highlight the resilience and adaptability of foster parents as they navigate challenges in the process of transitioning. This paper recommends that social workers should acknowledge the capabilities and resourcefulness of foster-care parents, leveraging these qualities to enhance early interventions that support kinship foster care, particularly during the transition process.

Keywords: kinship foster care; low-income families; orphaned children; resilience; transitioning

INTRODUCTION

Foster care is among the key strategies to provide care and protection to children in need of care and protection around the world (Masha & Botha, 2021; Mnisi & Botha, 2016). Section 181(a) of the Children's Act 38 of 2005 (Republic of South Africa [RSA], 2006) indicates that foster care aims to protect and nurture children by providing a safe, healthy environment with positive support. In South Africa, foster-care placement is a crucial component of the child protection system, designed to provide a safe and nurturing environment for children who cannot live with their biological parents. This situation often arises as a result of circumstances such as neglect, abuse, abandonment or parental death (Ariyo et al., 2019; Manthosi, 2020). The process begins with a thorough assessment by designated social workers to determine the child's needs and the suitability of potential foster parents. Prospective foster parents must undergo a comprehensive screening process, which includes background checks, home visits and interviews. Section 150 of the Children's Act 38 of 2005 (as amended) (RSA, 2006) pertains to the psychosocial reports required in child-protection matters. These reports are essential in assessing the circumstances and wellbeing of children who may require care or protection. They provide a comprehensive evaluation of a child's physical, emotional, social and psychological needs, as well as the conditions in their home or caregiving environment. These reports play a critical role in informing decisions about the child's best interests, particularly in cases of abuse, neglect or other risks. Designated social workers are mandated to assess and submit a report within a stipulated timeframe of 90 days. Foster care is often crisis-led; grandparents, aunts and other members of the extended family usually step in and take over parental responsibilities (Hearle & Ruwanpura, 2009; Linsk & Mason, 2014; Madhavan, 2004). In this paper this arrangement is referred to as kinship care. The uncertainty, trauma and conflict that often emerge in families during and post-crisis and their impact on the kinship transitioning process are often overlooked in the literature (Rutman & Hubberstey, 2018). Kinship foster care represents a significant transition aimed at ensuring that children are raised in a familiar, safe and nurturing environment, where strong relationships and bonds can be strengthened and maintained (Wu et al., 2023). However, this transition often comes with its own set of challenges.

According to Font (2015), the bond, history, culture and tradition shared by the child and foster parent play a significant role in the transition into kinship foster care. Manthosi and Carelse (2022) aver that the bond, in the form of blood ties and culture, between the foster parent and child is essential in kinship foster care. Kinship foster care is often a desirable option because of its potential to provide stability in the life of the foster child (Schiller & Strydom, 2018). Foster parents play a significant role in providing care, support and protection – and ensuring the holistic development of foster children (Ntshongwana & Tanga, 2018). Section 188 of the Children's Act 38 of 2005 (RSA, 2006) states that foster parents are responsible for and have the right to ensure that the home environment is conducive to the child's growth and development. In order to assume these parental responsibilities and rights effectively, kinship foster parents must adjust psychologically and financially (Masha & Botha, 2021). Despite the existing blood relations in kinship foster care, child residency conflict, poverty and inadequate finances complicate this transition in families (Gable et al., 2024; Nkosi, 2020). Given the complex nature of kinship foster care and the challenges faced by low-income families, this

study aimed to explore the challenges and experiences that caregivers encounter during the transition to kinship foster care in low-income families in KwaZulu-Natal (KZN), Amajuba District Municipality.

BACKGROUND

An overview of kinship foster care in South Africa

More than 300,000 children have no living parent and receive the state foster-care grant (FCG), the majority being in kinship foster care (South African Social Security Agency, 2022). For centuries, African families have informally arranged for the placement and care of orphans and vulnerable children with relatives such as grandparents, older siblings, uncles or aunts (Ariyo et al., 2019). Kinship foster-care research from developed countries suggests that foster parents tend to be older females, less educated and with a lower socio-economic status than those involved in non-kinship foster care (Cuddeback, 2004; Hearle & Ruwanpura, 2009; Hunter, 2010; Jiménez & Espinosa, 2007; Ntshongwana & Tanga, 2018; Palacios & Jimenez, 2009). It is also common in South Africa that grandparents, more especially grandmothers, provide care and protection to their grandchildren before and after the formal foster-care placement. Mkhize et al. (2023) noted that grandparents are left with grandchildren while young women, often single parents, migrate to cities or urban areas for education and job opportunities. This living arrangement shows the power and importance of extended family members in caring for and protecting children. Although not all foster-care placements result from this living arrangement, in most cases the kinship family is a cornerstone of support, and grandparents usually step in as primary caregivers in the absence of parents or when the parents have died.

Challenges faced by kinship families

The transition to kinship foster care is often complex, especially given the psychosocial and economic pressures that affect the ability of kinship foster parents to adequately care and protect foster children. Kinship families in low-income settings face a multitude of challenges, many of which stem from the intersection of poverty and intricate social or family dynamics (Beasley et al., 2022). A South African study conducted by Emovon et al. (2019) corroborates the view that the capacity of kinship families to provide care and protection to foster children is significantly impacted by several factors, including financial and emotional demands. Furthermore, other studies indicate interconnected challenges faced by kinship families, such as caregivers' emotional and psychological strain, parenting stress, family fights and complex family relationships (Denby et al., 2015; Foluso et al., 2023; Klein-Cox et al., 2024). In the face of these challenges, kinship families shoulder immense responsibilities to provide for the physical, emotional and educational needs of foster children, while navigating financial, psycho-emotional and family circumstances. When family members take on the responsibility of caring for children who have been abandoned or whose parents are deceased, they are required to apply for a Child Support Top-Up Grant for the child(ren) under their care. Kinship families demonstrate remarkable resilience and resourcefulness, drawing strength from their bonds as well as social and community support (Wu et al., 2023). Against this background, this paper sought to answer the following research question: What challenges do caregivers

experience when transitioning to kinship foster care in low-income families in Amajuba District Municipality in KwaZulu-Natal, South Africa?

THEORETICAL FRAMEWORK

Family resilience theory was used to provide a theoretical grounding for the study. Family resilience has become a universal and topical issue as families strive to remain functional following life changes (Zhang et al., 2023). This theory provides a framework for research and practice to understand how people mobilise and access resources to adapt and function effectively despite any changes (Henry et al., 2018; Masten, 2018; Masten & Cicchetti, 2016). The family resilience theory acknowledges that families inevitably transition from one situation to another, and they use their strengths and available resources to recover and adapt positively to the transition. Foster care is a result of change on its own, and it requires effective transitioning to be in the best interest of the foster child. According to Kim and Rose (2014), families inherently strive for stability, homeostasis or equilibrium; however, internal and external events often challenge this stability. In the context of kinship foster care, death or parental illness and the movement of children can significantly threaten the stability or equilibrium of a family. This transition may provoke resistance from different family members, causing the family to function sub optimally during this period. Therefore, restoring stability requires the acceptance of change.

Raniga and Mthembu (2017), in their study of family resilience, identified key factors that strengthen resilience in low-income families. These include positive family ties, established networks in the community and self-efficacy, all of which enable these families to rise above the harsh economic and social conditions associated with poverty. In other words, families are not defined and limited solely by their socio-economic circumstances; rather, they draw strength from the bonds they share with each other. This point resonates with one of the core notions of family resilience theory that families always possess an innate ability to adapt, innovate and even thrive in the face of adversity (Maurović et al., 2020; Walsh, 1996). Because of their natural connectedness, families are able to put their differences aside and find common ground in order to come together and make the best decisions (Isaacs et al., 2018). From another perspective, Gomo and Raniga (2017) argue that despite living in economically deprived circumstances, foster parents attribute their ability to cope through the love they have for children and support such as grants and community resources. This underscores the significance of both internal factors (e.g. love) and external factors (e.g. family, community and support from government) in facilitating the transitioning process to kinship foster families. Family resilience theory provides a valuable theoretical lens for understanding the experiences of foster parents during the transition to kinship foster care in low-income families.

RESEARCH METHODOLOGY

This study adopted a qualitative research approach that allowed for an in-depth understanding and exploration of participants' subjective lived experiences (Creswell, 2013). The study focused on the challenges and experiences caregivers encounter when they transition to kinship foster care in low-income families in KwaZulu-Natal province, South Africa. Given the focus of the study, a descriptive research design was selected as it enabled a concentration on

obtaining detailed descriptions of participants' perceptions and experiences (Creswell, 2013). The study was conducted in the Amajuba District Municipality, one of the eleven districts of the province of KwaZulu-Natal. Three Department of Social Development service offices are located within the Amajuba District, namely Osizweni, New Castle and Danhauser. The participants in this study were recruited from an existing database of 176 foster-care parents from the three service offices.

Purposive sampling was implemented to recruit participants who would be best suited to provide the information that was needed for the study. Marlow (2023) describes purposive sampling as a non-probability sampling technique that is used to select participants who possess specific characteristics that are relevant to the research. In that regard, the following sampling criteria were applied to select participants: a minimum of two years of being a kinship foster-care parent; must have attended a parenting programme rendered by a social worker; must be a resident in the Amajuba District; must be caring for a child or children younger than 18 years; and must have been on the database for a minimum of five years. Kinship foster-care parents who did not meet these sampling criteria were excluded. A total of 15 kinship foster-care parents met the sampling criteria and were telephonically approached for recruitment into the study. However, of the 15 who were approached telephonically, six declined to participate for personal reasons; of the remaining nine foster care parents, three were from the New Castle Service Office and six from the Danhauser Service Office. Participants were given the informed consent letter to read and sign prior to data collection.

To solicit the views and experiences of the participants, a focus group discussion was held as a method of data collection. Silverman (2011) describes a focus group discussion as a method of data collection in a qualitative research study where a small group of individuals engages in an informal discussion that is centred on a specific topic. The aim of the focus group discussion was to gather shared insights and experiences of the participants regarding their transition from kinship caregivers to foster parents. Since the participants shared similar characteristics as outlined in the sampling criteria, a focus group discussion was particularly effective in fostering an interactive and engaging environment. Given the open nature of the focus group discussions (Silverman, 2011), a semi-structured discussion guide was used to ensure that key research themes were addressed during data collection.

Considering that participants came from two different service offices, a central location – the Osizweni Service Office – was used as a venue to conduct the focus group discussion. Before commencing with the focus group discussion, the researcher and participants introduced themselves. Then the informed consent letter and form were read and explained by the researcher; this process was done in isiZulu because the participants were isiZulu speaking. Permission to audio record was sought. All participants signed the informed consent forms. Ethical considerations were discussed, particularly the data-collection process, the importance of maintaining confidentiality and the availability of counselling after data collection.

Recognising that the participants were not familiar with each other and the research process, the researcher initiated the discussion with open-ended questions that focused on less sensitive topics to build rapport. Gradually, more specific questions were posed to encourage participants to reflect on their experiences of transitioning into kinship foster care. This

approach allowed the participants to engage with each other's experiences and share similarities and differences, while also providing valuable insights into how they navigated their challenges.

The duration of the focus group discussion was approximately 120 minutes, with a 10-minute break to allow the participants to freshen up. The break also allowed the researcher to review the guide and ascertain some areas that needed further clarity and exploration. After delving into those areas, the researcher believed that the data saturation point had been reached as there was no prospect of obtaining new data. Therefore, it was concluded that one focus group discussion sufficed.

The study manually applied thematic analysis as described by Braun and Clarke (2017); it consists of five rigorous phases: familiarisation with the data, generating initial codes, searching for themes, reviewing potential themes, defining and naming themes, and lastly reporting. Familiarisation with the data involves immersing oneself in the information collected, which began during the transcription process when the audio recordings were transcribed verbatim; this entailed listening and transcribing word for word and at times the researcher would play back sections to ensure that what participants narrated was captured correctly. After that the transcriptions were translated into English, given that participants had responded in both isiZulu and English. This process enabled greater familiarity with the data; repeatedly reading the translated transcripts in line with original transcripts ensured that meaning was not lost in translation. The transcripts were reviewed by another researcher to confirm the accuracy of the data. The finalised transcripts were read, key points highlighted and additional notes on the data added.

This study ensured the trustworthiness of its findings by adhering to the four key criteria: credibility, confirmability, transferability, and dependability. Credibility was achieved by allowing participants to openly share their experiences while audio recording, ensuring the study accurately reflected their realities; this according to Stahl and King (2020) makes a study deemed to be credible. In addition, prolonged engagement with participants during focus group discussions resulted in data clarity and saturation. Also, referential adequacy ensured that the study was credible by documenting the findings in different ways such as audio recordings and transcripts. Peer reviewing and checking of the translated transcripts by another researcher to ensure that the translation did not affect meaning ensured that the study's data were dependable (Stahl & King, 2020). To achieve confirmability, data transcription was done by the researcher, who was proficient in isiZulu and English; the translated transcripts were reviewed by another researcher to ensure that the meanings were not affected. The study used detailed descriptions of the methods followed in order to ensure transferability. Stahl and King (2020) assert that a detailed description of the study design, sampling and data-collection process ensures that the study can be transferred to other contexts.

ETHICAL CONSIDERATIONS

Ethical clearance to conduct this study was obtained from the University of KwaZulu-Natal's Humanities and Social Sciences Research Ethics Committee (HSSREC): Protocol reference number: HSS/0569/017M. Gatekeepers' permission to access the participants was obtained from the KwaZulu-Natal Department of Social Development.

In qualitative research involving human participants, it is important to conduct research in a way that upholds the dignity and respect of the human participants. One of the important research ethical principles is informed consent, which denotes that the participants of the study are provided with clear and full information about the study, its possible risks and benefits, confidentiality and voluntary participation (Sindhuri & Dongre, 2023). Participants were informed about the study telephonically and they gave verbal consent to participate in the study. The researcher then met with the participants face to face to explain the study in more detail, and to explain the potential risks and benefits of participating in this study prior to participants' signing the informed consent. The participants were informed that participation was voluntary, and they could withdraw from participating at any point should they decide so. Padgett (2016) emphasises the principle that participants can withdraw from a study without facing any form of prejudice or penalty. To ensure confidentiality and privacy, participants' real identities were not revealed, and each participant was instead assigned a unique identification number. This process was well explained in IsiZulu, the participants' first language, before they signed the informed consent form.

Participants were informed that access to data would be restricted to the researcher, with all data securely stored in password-protected cloud storage. Given the potential disclosure of challenging experiences regarding the services received by kinship foster-care parents, there was concern about possible repercussions should such information be revealed. Therefore, addressing issues of confidentiality and privacy was crucial in enabling participants to openly share their experiences. This reassurance enabled participants to provide a detailed account of their interactions with service offices; this might not have been possible without an explicit guarantee of confidentiality (Padgett, 2016).

EMPIRICAL FINDINGS

Biographical profile of participants

Table 1 below provides the biographical profile of the participants and the number of foster children under the care of each foster parent. To contextualise each participant, their respective family contexts are summarised in Table 1 below and subsequently described in narrative form.

Table 1: **Biographical profile of the participants**

Particip ant no	Age	Gender	Education level	Marital status	Employment status	Source of income	Number of children in foster care	Years as a foster parent	Relationship with the child
1.	54	Female	Grade 8	Single	Unemployed	Foster care grant only	1	10	Grandmother
2.	44	Female	Grade 12	Single	Employed	Salary and Foster care grant	1	5	Aunt
3.	38	Female	Degree	Single	Employed	Salary and Foster care grant x 2	2	6	Aunt
4.	24	Female	Grade 12	Single	Unemployed	Foster care grant x 4	4	6	Aunt
5.	30	Male	Grade 11	Single	Unemployed	Foster care grant x 5	5	7	Brother
6.	62	Female	Grade 5	Widowed	Unemployed	Old age grant and Foster care grant x 4	4	8	Grandmother
7.	56	Female	Grade 8	Married	Unemployed	Foster care grant x 2	2	3	Grandmother
8.	54	Female	Grade 7	Married	Unemployed	Foster care grant x 2	2	5	Grandmother
9.	33	Female	Grade 9	Engaged	Employed	Salary and Foster care grant x 2	2	4	Aunt

Description of participants' profiles

This study included eight females and one male as participants, reflecting the gendered nature associated with caregiving. Educational attainment among the participants is varied, with most having a basic education (Grade 5 to Grade 12) and only one participant having a degree. Despite limited formal education, foster parents are often committed to providing care and support to foster children. Of the participants, two of the foster parents were aged 24-30 years, three were 31-43 years old, three were 50-59 years old, and one was 62 years old. This age distribution indicates that both younger and older family members are stepping up to care for foster children and taking on significant responsibilities at different stages of their lives. Despite grandparent relationships dominating child-carer relations, all were of working age, except the 62-year-old. Of the nine participants, five were unemployed. However, all the participants received the FCG, regardless of their employment status. The 62-year-old participant was in receipt of the old-age pension in addition to the FCG. To qualify for the older person's grant, one has to be 60 years and above in South Africa. The employed participants supplement their income with foster care grants, which confirms the critical role the grant plays in supporting foster parents to exercise their responsibilities. Of the participants, two were married, and one was engaged and residing with her fiancé. Among the participants, one was

a widower and five were single and had never been married. All the participants cared for children who were placed through the children's court.

THEMES

The discussion of the empirical findings highlights three related but distinct themes that emerged from the data analysis of the experiences of foster parents on the transition to kinship foster care in low-income families; these were the resilience of foster parents during dual caregiving; negotiating complex child residency and parental responsibilities and rights disputes; and personal meanings associated with fostering. The themes highlight the complex challenges that kinship foster parents face and their resiliency leading to the finalisation of foster care placement.

Theme 1: The resilience of foster parents during dual caregiving

The biographical information of the participants indicates that women are key role players in caregiving. In the care of eight grandmothers or aunts were eighteen children, while five children were looked after by an older male sibling. We explored the circumstances within which caregiving responsibilities were taken. Prior to parental death, most parents provided a certain level of care and support for the deceased parent and, by extension, cared for the children. We refer to this arrangement as dual caregiving, a situation in which a relative is providing care to parents and their biological children simultaneously. These dual caregiving roles show the resilience of foster parents who remain committed to providing care and support despite different circumstances; this is in line with the emphasis in resilience theory on the capacity to mobilise internal and external resources in responding to adversity. In the case of the participant below, the deceased's daughter had migrated to the city of Johannesburg and later came back ill with four children, including a very young child:

> *My daughter left me with four children. I never knew the different fathers of my grandchildren. She came back home from Johannesburg with the fourth child, and she was already sick. We did not have enough time to talk about the children's fathers because she passed away in the third week, leaving the fifth child at the age of a few months.* (Participant 6)

As a result of poverty and unemployment, it is common for young women and men from rural areas to migrate to cities such as Durban and Johannesburg in search of employment (Antobam, 2016; Mulcahy, 2015). Sometimes extended periods of time pass without them visiting home, and in some cases, individuals may be compelled to return home only when they are severely ill. The participant shared that the deceased mother did not disclose any information regarding the fathers of the children, and possibly the father may not have had information about the children's whereabouts. These findings highlight the complexities around undisclosed fathers after maternal death.

Similar to the case above, the foster parent cared for the child born out of wedlock and simultaneously she became the caregiver to the mother too:

> *I treated my niece as my own child from birth. Her mother, as my younger sister, was also my responsibility. At the time she became sick, her child became mine on a full-time basis.*

We already had a bond and we became close as we continued to spend days and nights together while my sister was hospitalised. Sometimes their clinic appointments would be on the same date, and then I would carry her child and ask for assistance from strangers to bring her [referring to the mother]*, along as she could not walk properly.* (Participant 2)

In most African families, the extended family have traditionally nursed its sick and absorbed the orphans without formalising the process legally (Alpaslan & Mabutho, 2005). The participant's narrative describes the perceived duty to care and absorb motherly responsibilities 'on a full-time basis'. Similar to the assertion by participant 2, other participants described the dual responsibility of taking care of the sick parent and young children:

I took care of her as well as the children and this became hard for me as her illness became worse. (Participant 1)

As illness continues and you can see that she deteriorated, you get worried but remain positive for the sake of children. (Participant 9)

The participants' narratives reflect mental health challenges linked to the dual responsibilities of caregiving for both a sick parent and a child. In their effort to shield their children from emotional distress, parents would conceal their own feelings of pain and fear. This behaviour is unsurprising as parents tend to prioritise their children's wellbeing and may refrain from discussing difficult feelings and events, such as illness and death with them (Wray et al., 2022).

Despite foster parents' determination to care for their loved ones, the painful memories of seeing their loved one deteriorate lingered for a long time. For some, these memories became a life-long mental image, as reflected by this participant in their final remarks:

I still see her wasted body as no clothes could fit her. She eventually died after a week in hospital. (Participant 2)

Clearly, what the foster parents are alluding to are contextual psycho-social factors leading to fostering their children. The accounts also shed some light on the complexities of dual caregiving in low-income families and the mental and physical impact of this on parents. Considering that most child residency battles started shortly after parental burial, clearly most parents were still grieving the loss and recovering from the stress of caring for the deceased. The findings further indicate possible barriers to unmarried fathers' involvement in parenting, if paternal information is not disclosed to the maternal families. Despite the overwhelming emotional and mental strains, foster parents demonstrated resilience in providing care for children and their parents without stable external support.

Theme 2: Negotiating complex child residency disputes

Previous empirical data revealed that disputes over child residency and parental responsibilities and care often ensue when maternal and paternal families disagree about child custodial rights (Ansell & Van Blerk, 2004**).** In African families, the payment of damages (*Inhlawulo*) to the maternal family is a cultural practice for admitting paternity for a child born out of wedlock (Hunter, 2010; Madhavan, 2010). With the 32% unemployment rate, many men are unemployed and therefore unable to afford *Inhlawulo* (Statistics South Africa, 2022).

As indicated below, child residency discussions between paternal and maternal families were marred by the use of violence and force.

> *The paternal family appeared after the funeral. They made their demands and forced the child to visit them. The child's father made a number of promises that he would fulfil, if the child would come and stay with him. He promised to pay damages to my family, which he never did, so that he could change the child's surname claiming that he has all the rights as the only surviving parent… they caused a serious fight claiming that their son does not afford to pay since he is unemployed.* (Participant 1)

Similarly, the participant's account below indicates the use of power and force in child family disputes. The use of words such as 'force, gunpoint and demand' convey a sense of violence as opposed to a humane family dialogue that prioritises the child's needs. Furthermore, the participant' narrative underscores that under such circumstances the forceful removal of a child is not in the best interest of the child and it may be harmful.

> *My sister was married and stayed with her husband and their two children (boy and girl). Before she died, she called me and gave me some documents which I could not understand at that time and asked me to take care of her children. She died first and her husband died after her. Immediately after the burial of the children's father, the paternal family came and demanded every document that was available, forcefully took the children and sold their parents' belongings including the house; they even left school. They did everything at gunpoint. Unfortunately, I was the only person available from the maternal side… they were taken to an unfamiliar place with no nearest schools around. The death of their parents created a dispute between paternal and maternal families, and it negatively impacted on the children's lives.* (Participant 3)

The narratives further indicate a sense of vulnerability during child residency disputes, as evidenced by the participant below, who described a sense of "helplessness, no power and no elder support".

> *You become so helpless when a group of men come to you violently so and have demands over your late sister's child. My parents passed away a long ago, I am the only surviving child with no elder support, I just had no power.* (Participant 2)

Considering that most participants were women, the use of power, intimidation and force during child residency disputes show the complexity and difficulties surrounding child residency. In addition, these actions were commonly taken shortly after the burial, when foster parents were vulnerable. The participant below also shared her child residency dispute experiences, which occurred after foster care placement had been finalised in court.

> *I applied for a foster care grant; relatives came forward and put ideas into the children's minds about who can take good care of them. The children were influenced in such a way that the elder child attempted to leave home in order to stay with another relative who had claimed to be the elder within the family clan and has the right to their residency.* (Participant 5)

The comment clearly indicates that the timing of these disputes is never final – even after finalising the placement, challenges can still arise. Here, similar to the other narratives, a subtle technique to 'discredit' foster parent was used to influence children to change their minds about their foster parent. Whilst force and violence were not used, the impact was potentially detrimental to the stability of the kinship foster care. In this case, the foster parent cared for five children and the elder child attempted to leave the younger siblings and reside with a relative without a mutual family agreement, but later she came back. Similarly, the participant below shared how the challenges arose after finalisation of the placement. The designated social worker intervened and these issues were resolved amicably.

> *After the burial ceremony for their father, their mother also left to live her life without them and later was reported to have passed on. The children were later placed in my care. We went to court; after that the extended family wanted to take them away claiming that I could not take them to my fiancé's home. The social worker spoke to them and the children remained in my care.* (Participant 9)

Clearly, the sentiments shared by the foster parents reveal the nature and extent of child residency disputes after parental death. A study conducted by Ansell and van Blerk (2004) in Lesotho and Malawi on child migration as a child protection strategy indicates that disputes over a child in families are not uncommon and they tend to arise between maternal and paternal families.

The participants spoke about the different strategies to resolve or regain child residency. The participant below shared how she regained child residency after a forceful removal.

> *I visited the children without notifying the paternal aunt or uncle… when I arrived I was attacked by the paternal uncle asking why I did not give a notice for my visit. I was not welcomed and I was not allowed to see the children. I persevered with all the insults from the uncle and requested a chance to talk to children at least. Later that night I was able to see the children and talk to them. They indicated to her that they would like to go back with her but could not give tangible reasons since they were being monitored. The youngest child (girl) was able to sneak in the letter they had prepared for their maternal aunt to read when she got home … . In the letter they indicated how they were being maltreated in the paternal family, the elder child (boy) was no longer schooling as he was expected to look after the cows, goats, etc. The other child (girl) would attend school sometimes and when there is no transport fee she would not go to school for days.* (Participant 1)

After the children had disclosed this information, the matter was escalated to the elders on the maternal family side, and they agreed to communicate with the paternal side, who later agreed to release the children. Similarly to the case above, children played a critical role in stating their preferred foster parent when there were disputes in the family, as this participant indicated:

> *I have a half-sister who was employed in Johannesburg who used us during the year and December holidays. She later badmouthed me to the children. Upon realising that she could not take them away, she left her job in Johannesburg and came back to reside full-time in the same area where we lived with the children. She would come with different gifts or*

including branded clothing, and children always appreciated gifts from her since she used to work in the city. She told people in the community that I was misusing the children's money. ... a meeting was held with elders and the half-sister where children had to speak up on what they wanted to do. All four children said they wanted to stay with me. (Participant 2)

Although the negative interference from other family members can contribute to conflict about the child's residency and parental responsibilities and rights and, at times, a breakdown of relationships, persistence from the foster parents and the children's active participation can lead to the challenges being resolved successfully.

Theme 3: "I cannot consider them (children) a burden"- personal meanings of fostering

The common thread among the participants' narratives reflects a double view of the children's lives as both resourceful contributors to the household yet in need of support. According to Abebe and Aase (2007), the media and the literature on childhood often refer to orphan children as "ticking time", or as a lost generation who have been robbed of their childhood, essentially reflecting a childhood crisis. Abebe and Aase (2007) argue that such constructions are based on assumptions that orphans are simply a burden. However, participants did not consider their responsibility to care for their children as a burden. The participant below could not relinquish what he considered to be his duty to another person.

We struggled without social assistance, but I could not leave my siblings with another person, I cannot consider them as a burden. Now that they are in receipt of a foster care grant and I am able to meet their basic needs, our lives changed for the better. (Participant 5)

There is a plethora of literature on the material and social vulnerability of caregivers of orphaned children in kin families (Brunissen et al., 2020; Mokone, 2014; Poitras et al., 2017). The elderly carers are mostly vulnerable because of ill health and old age.

In South Africa the value of *ubuntu* supports the key principle of the developmental approach to welfare where communities and families hold each other accountable to provide care and protection to orphaned children. The value of fostering included the opportunity for emotional reciprocity between children and their foster parents, while sharing the pain of loss and healing collectively.

Today I can sit down with my siblings and share memories of our parents. I am able to share with them the little we can afford with the foster care grant, and they show appreciation. (Participant 5)

You could see his face when we look at the old faded album with black and white photos of his parents and other family members. (Participant 1)

Sharing memories brings healing and comfort to family members by keeping the memories of the deceased alive and children learn about their parents from relatives who knew them well. In addition, fostering gave the foster parents another parenting opportunity to instil good values.

I am raising my grandchildren without my daughter, that makes me a mother all over again. Maybe I will get a chance to teach them one or two things about life before my days are over. (Participant 6)

Looking after my sister's child is giving me an opportunity to spare another life. She will live longer than her mother if she takes care of herself as I advise her. (Participant 2)

The findings from the participants reflect common themes of a sense of duty to care for children, fostering as mutually beneficial and an opportunity to make a meaningful contribution to a child's life, on the basis of the African value of *ubuntu*. However, this was not a deterrent to care for their children nor were they motivated by monetary incentives to assume child caregiving responsibilities. A sense of duty to care driven by a strong relationship was the greatest motivator in kinship foster care.

DISCUSSION

In this study we explored how kinship foster parents transitioned to the role of fostering after children's parental deaths. The research has consistently indicated that kinship foster care provides stability and care for children; however, most parents in the Global South face chronic and acute adversities because of ill health, death and socio-economic challenges (Hendricks, 2021; Ntshongwana & Tanga, 2018). The findings suggest that in pre- and post-parental death, foster care parents navigate complex family and poverty-related challenges. The intensity of battles over residency and caregiving responsibility in foster-care families is evidence of this. Resilience theory emphasises the adaptive capacities of individuals and families to recover and maintain functionality in the midst of adversity. Women often carry the mental and physical burden of caring for their loved ones when they are sick, and in foster-care families this role often extends to caring for the children at the same time, but with minimal external support (Yakubu & Schutte, 2023). The findings indicate that most foster parents perceived taking on these roles as their responsibility. However, this entailed bearing emotional, physical, social and financial burdens, which made the experience stressful. Similar studies have reported the need for social workers to prioritise the assessment of mental health functioning as well as grief and bereavement in foster care families (Mnisi & Botha, 2016). Although this is necessary throughout the foster care period, it may be particularly critical when foster parents transition to the role of fostering.

The intensity of battles over child residency and parental responsibilities and rights in kinship foster care and its toll on children and foster parents negatively affected children and foster parents, which increased the risk of child abuse and neglect. As reported by the participants, the children's own participation and voices were critical to eventually resolving some of the battles. However, it is important to note that only older children may have the verbal and writing skills to disclose or communicate their preferences, unlike younger children, whose developmental stage often makes it difficult for them to express their views (Elnes et al., 2024). Nonetheless, the active involvement of children in the decision-making process can provide valuable insights into their needs and preferences, helping to shape outcomes that are more aligned with their best interests (Jamieson, 2017; Johannisen et al., 2023). Active involvement and participation of children in decisions that affect them align with the determinations of the

United Nations Convention on the Rights of the Child (CRC), the African Charter on the Rights and Welfare of the Child, Constitution of the Republic of South Africa, and Children's Act 38 of 2005 to ensure that the human rights of children are safeguarded.

The findings further demonstrate participants' strong sense of duty and responsibility to their families. The participants never perceived children as a burden or the decision to care for them as regrettable. Others perceived their role as an act of *ubuntu*. This African belief system and worldview is aligned with what Van Breda (2019) describes as a "duty to kin where care for the extended family is akin to the next of kin". *Ubuntu*, as a principle emphasising interconnectedness and mutual care, is closely aligned with the focus of resilience theory on relational strength. Caregivers framed their roles as extensions of *ubuntu*, drawing on the shared cultural and familial bonds that resilience theory identifies as critical for navigating challenges and maintaining stability. Such strong beliefs contribute to resilience in kinship foster care families.

LIMITATIONS

Data were collected through a single focus group discussion with nine participants. Triangulating the focus group with individual interviews could have provided adequate depth and a better understanding of the phenomenon being studied.

CONCLUSION

Based on the findings presented and discussions of the challenges experienced by caregivers as they transition to kinship foster care, it is clear that this is an ongoing process that requires a lot of support. This is especially evident when extended family members come to claim that they are in the best position to take on the care and responsibility of the child(ren) involved. Although most participants demonstrated resilience in negotiating these complex disputes, for older foster-care parents and those with limited social support and women, it may be difficult to resolve them successfully. Transitioning to foster care is, therefore, a complex process and it requires attention from the social workers.

RECOMMENDATIONS

Based on the findings of the study, the following recommendations are made:

The study recommends that social workers should be provided with the necessary support and resources, as providing timely social work intervention would minimise the impacts of some of the challenges that foster parents experience. The Department of Social Development can achieve this through recruiting and retaining more qualified social workers to address the high caseloads that often delay service delivery. Without timely professional intervention and support, foster parents are left to navigate the challenges largely on their own.

We also argued in this paper that battles over residency and parental responsibilities and rights have serious implications for children and foster parents. Therefore, social workers should devote greater attention to these challenges to ensure that the best interests of the children are prioritised and that foster parents receive the necessary support to manage these conflicts effectively.

Social workers should constantly equip foster parents with knowledge and resources to navigate legal processes, resolve conflicts and advocate for children's rights.

Early interventions for parents such as parenting programmes, should include child residency plans in the event of parental death to minimise conflicts and harm to children.

It is further recommended that longitudinal studies in foster care be conducted to ensure that contemporary trends inform interventions and support for foster parents. There is also a need for studies that explore children's perspectives, particularly younger children, to ensure their needs and preferences remain central in decision-making processes.

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