

**THE ADVERSE CHILDHOOD EXPERIENCES OF ADULTS REGARDING THE
TRANSITION FROM FOSTER CARE TO CHILD AND YOUTH CARE CENTRES**

By

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Submitted in fulfillment of the requirement for the master's degree

MA Child and Family Studies



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January 2021

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ACKNOWLEDGEMENTS

All thanks to the Most High God for granting me the opportunity and all necessary means by which to complete my thesis.

I also acknowledge with great appreciation the following individuals and organizations who made this endeavour of mine possible

- Dr Shernaaz Carelse for her guidance and encouragement throughout the research process, even during those difficult times which I thought I would not get through;
- The Eastern Cape Department of Social Development (Nelson Mandela Bay District) for allowing me to conduct this research study;
- The manager of Erica Child and Youth Care Centre, Ms Carman Hearne, for the opportunity to recruit research participants from their archives;
- A very special thank you to all the participants for sharing their experiences and trusting me with sensitive information that made a significant contribution to the success of this study;
- To my colleagues Ms Asenathi Ndungane and Mr Nkosinathi Vetfuti for their constant support and all the dearly valuable research information with which they provided me;
- And finally, to my family for putting up with my involvement in this research study when they deserved my attention.

I dedicate this research study to my late aunt Nophiwe Mildred Bovu.

ABSTRACT

In South Africa family foster care is the first option of alternative care for children removed from their biological parents, adoptive parents or guardians, due to neglect, abuse or abandonment. Similar to international trends, South Africa prioritises family foster care. However, when the foster care placement disintegrates, children are generally placed in child and youth care centres (CYCCs) in accordance with the South African Children's Act 38 of 2005. This qualitative study aims to explain the adverse childhood experiences of adults regarding their transition from foster care to CYCCs, using family systems theory (FST) to contextualise these accounts. The population for this study was adults living in Nelson Mandela Bay (NMB), who were formerly moved to CYCCs after the break down of their family foster care placements. The sample was six male and six female participants who were purposively selected from the Department of Social Development (DSD) in NMB. Data was collected using semi-structured individual interviews and analysed using thematic analysis. Ethics approval to conduct the study was obtained from both the aforementioned DSD and the Humanities and Social Sciences Research Ethics Committee University of the Western Cape. Five main themes emerged, namely foster care placement, the breakdown of said placement, the effects of removal from foster care, the adverse experiences of transitioning to CYCCs, and the recommendations that transpired. The recommendations are mostly centred around improving social work intervention within the context of CYCCs.

ACRONYMS

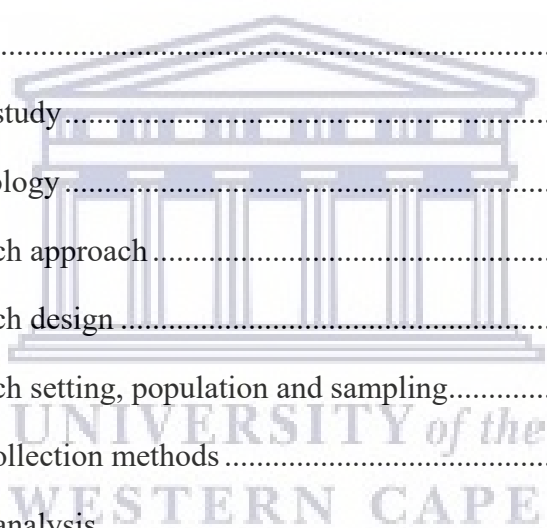
Child and youth care	CYC
Child and youth care centres	CYCCs
Child and youth care workers	CYCWs
Child Help International	CHI
Children's Court Inquiry	CCI
Department of Social Development	DSD
Family Systems Theory	FST
Foster Care Grant	FCG
Nelson Mandela Bay	NMB
Nelson Mandela Metropole	NMM
United Kingdom	UK
United Nations Convention on the Rights of the Child	UNCRC



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CHAPTER ONE: OVERVIEW OF THE RESEARCH STUDY

1.1 INTRODUCTION

Family foster care is internationally accepted as the main form of alternative care for vulnerable children after removal from the care of a person who is the biological parent, adoptive parent or legal guardian of the child (Perumal & Kasiram, 2008; Perry & Price, 2017). In line with international trends, the South African Children's Act 38 of 2005 (hereafter referred to as 'the Children's Act') prioritises family foster care over residential care in child and youth care centres, or CYCCs (RSA, 2005). In South Africa, CYCCs are non-profit and/or government facilities for the provision of residential care to children, suitable for their developmental needs, outside the child's family environment (RSA, 2005). A child is placed in foster care through the processes of a Children's Court Inquiry (CCI) if the child has been found in need of care and protection. A child in need of care would generally have had some form of adverse childhood experience. These traumatic experiences are strongly related to the development and prevalence of a wide range of biopsychosocial challenges throughout a person's lifespan (Elinore & McCance-Katz, 2018).

The focus of this research study is on young adults who were formerly placed in foster care and subsequently removed to CYCCs after their foster care placement disintegration.

Children whose foster care placement breaks down and/or is terminated, are placed in CYCCs in accordance with Section 46 of the Children's Act (38 of 2005) (RSA, 2005). The double trauma of initial removal from the family home, associated with Adverse Childhood Experiences (ACEs), and then subsequent removal from the foster care family, have an even greater adverse impact on the child's life (Perumal & Kasiram, 2008).

In South Africa, approximately 500 000 children currently live with foster parents and benefit from the foster care grant (FCG), while approximately 13 250 children reside in CYCCs (Gelders, 2011). There were 530 357 children in foster care in South Africa in May 2014, based on the number of foster care grants (FCGs) paid to foster parents during that period (SASSA, 2014).

There are many reasons for the breakdown of relationships in the foster family; among others, the foster child reaching puberty and struggling with identity issues, possible experimentation with drugs, and negative peer influences. Other reasons associated with the breakdown of the foster placement are the divorce of the foster parents or molestation of the foster child by one of the foster family members (Perry & Price, 2017). Like family dynamics generally, the reasons for a foster placement breaking down are vast and complex.

The trauma resulting from the disintegration of the family foster care placement is devastating to children who are removed and placed in CYCCs. The researcher is of the opinion that young adults (from 18 to 23 years old) formerly placed in family foster care and whose placements were terminated due to the disintegration of the foster parent-child relationship, would be in a position to provide a retrospective view of their experiences. Therefore, this study sought to explore and describe the perceptions of the adverse childhood experiences of young adults who were subjected to the transition from foster care to child and youth care centres, in retrospect. The study was conducted in the Nelson Mandela Bay Metropole (NMBM), where I am employed as a social worker in a CYCC.

1.2. PRELIMINARY LITERATURE REVIEW

Various literary sources were explored to provide a contextual overview of family foster care and child and youth care, both internationally and from a South African perspective.

This section will focus on literature on adverse childhood experiences of young adults regarding the transition from foster care to child and youth care centres as well as the theoretical framework that guided the study.

1.2.1 Foster care as an alternative placement for vulnerable children

Foster care is a form of statutory care within the context of a family setting for a child who cannot be cared for by his/her biological/adoptive parents in the short, medium or long term (Gelders, 2011; Perry & Price, 2017). Parallel with the foster care, placement services to parents are rendered with the purpose of restoring the child to their care within a specified period of time Child Care Act (38 of 2005) (RSA, 2005). The purpose of foster care is to create permanency in a child's life either by restoring them to parental care or by achieving continuity in the foster care placement.

In 2011, there were nearly 3.85 million orphans in South Africa including children without a biological mother or father or both parents which equivalent to 21 % of all South African children. The total number of orphans has increased substantially in September 2018; with an estimated 437, 283 million children in foster care, nearly 32% were in the care of relatives, 46% were in the care of non-relatives (Foster Care Statistics, 2018).

Bunkers & Kesharvazian (2015) in the United Kingdom (UK) suggest that children should only be placed in foster care when separation from family is necessary, and in the child's best interests, and when foster care is deemed to be the most appropriate form of alternative care for the child.

In determining whether a child should be placed in foster care as opposed to other forms of

alternative care such as residential care, it is important to firstly consider whether the child could be placed with kin/biological family other than the biological parents, instead of opting for foster care (Bunkers & Keshavazian, 2015). A child's needs can best be met in a family environment. In cases where children present with challenging behaviour or complex needs, these authors suggest that they may need a short period of time in a small-scale specialist residential care facility instead (Bunkers & Kesharvazian, 2015). Thus, decisions on placing children in foster care should be made carefully, and in full consultation with children, families, social workers and others. This process ought to take into consideration that all children should have care plans which should be reviewed frequently and clearly state the purpose of the foster care placement (Bunkers & Kesharvazian, 2015).

In the Netherlands, a study by Strijker, Knot-Dickscheit and Van Oijen (2010) found that the breakdown of foster placements is associated with increased problem behaviour in foster children. Strijker et al (2010) also indicated that there is a lack of research into the assessment of behavioural problems of foster children, some cases are linked to the change from one foster placement to a next. Such changes increase the risk of mental health problems in adulthood, such as depression, social phobia and panic attacks. The same study also found that such persons are at higher risk of economic vulnerability because they do not complete formal education and have to settle for menial jobs (Strijker et al., 2010).

In South Africa, the Children's Act (RSA, 2005) makes provision for the care and intervention relating to children in alternative care such as family foster care and in CYCCs. According to the Children's Act (RSA, 2005), a child is placed in foster care if the child has been entrusted to the care of a person who is not their parent or guardian, via the processes of a Children's Court. Foster

parents are expected to provide substitute parenting for other people's children and furthermore, they are expected to team up with the family of origin for the purposes of family reunification (Perumal & Kasiram, 2008). The Children's Act (RSA, 2005) makes explicit mention of the requirement that such alternative placements should respect and promote children and youth's cultural, religious and linguistic heritage, and that these children have the right to learn about their heritage. In the event of the foster care placement disintegrating, a child is often removed and placed in a CYCC in accordance with the Children's Act (RSA, 2005) if no suitable alternative is found such as placement with a family member or another foster family. However, in South Africa legislation and policies almost nothing specific to the provision of transitional support to those leaving alternative care (Dickens & Van Breda, 2016).

The placement of youth in alternative care has an entry and exit point, (Jamieson, January, Mahery & Scott, 2011). In terms of Section 180 – 190 of the Children's Act (RSA,2005) a child is entitled to stay in alternative care, of which foster care is one form, until the end of the time in which when he or she turns 18 years, but can apply to remain in alternative care until the age of 21 years (Jamieson et al., 2011).

Youth in foster care face a number of challenges as they transition from adolescence to young adulthood and this emancipation occurs between the ages of 18 and 22 during which those successful in this transition are expected to make good decisions and act in their own best interest (Gragg & Jones, 2012). Seemingly, youth leaving foster care between the ages of 18 to 21 experience a transition to adult life which is more complicated compared to those raised by their biological parents, the former have to take care of themselves independently earlier than their peers (Berg & Paulson, 2016).

Youth transitioning from foster care to CYCCs may avoid being close to people due to their negative experiences in relationships, youth in foster care value relationships if there is trust, honesty, longevity and consistency (Dallos, Hiles, Moss & Wright, 2013). Also, transitioning to adulthood is documented as a multidimensional phase of their personal development and is shaped by their past experiences of vulnerability, their personal strengths, the level of support they have received and possible problematic outcomes and challenges they face in becoming self-sufficient (Courtney, Hook & Lee, 2012).

The study by Cameron, Holligsworth, Schroer, Shcoon, Ristikari & Van Santen, 2018) argue that young adults formerly placed in foster care are poorer in education, employment, housing and teenage parenthood, than their counterparts, they suffer more often from mental health, behavioural problems, substance abuse and involvement in criminal activities (Cameron et al, 2018). Cameron et al (2018) further suggest that foster care based both on the child protection and family services approach should be further developed to better meet the foster child's complex support needs (Cameron et al, 2018). The process of young adults transitioning from foster care to CYCCs is described as unplanned and unfocused, with a marked lack of support from care providers, birth family and institutional bodies (Haggman-Laitila, Karki, & Salohekkila 2018).

People who volunteer to foster young adults had various motivations for undertaking this role. A review of the international research, especially from countries in US, Europe, and Australia, reveals that child-centred reasons rooted in altruism are usually the primary motivation for people who engage in fostering (Canali, Maurizio & Vecchiato 2016).

1.2.2. Child and youth care centres as alternative placement for vulnerable children

Globally, CYCCs play a significant role in accommodating children who are victims of abuse, neglect and abandonment. CYCCs are non-profit and/or government facilities for the provision of residential care to children outside the child's biological family environment (Perumal & Kasiram, 2008). Generally, children in the CYCCs come from a life of lack of appreciation, neglect, inadequate and destructive relationships, impaired communication and ill-treatment (Mudaly, 1985, cited in Perumal & Kasiram, 2008).

Fulcher and Islam (2017) indicate that European residential child and youth care facilities are seen as a place for children diagnosed as 'mad, bad or sad' and whose needs require therapeutic or trauma informed care. These authors further mention that over one million children are growing up in alternative care across Europe and hundreds of thousands are confined to institutional care – a type of residential care characterised by depersonalisation, rigid routines, closed doors and a lack of any warmth, love or affection. Most of these children have parents and their separation could have been prevented if appropriate services were in place to support vulnerable families. They also point out that children are housed in facilities known as institutions or orphanages in numbers running into hundreds in some cases (Fulcher & Islam, 2017). These large groups of children are supervised by child and youth care workers (CYCWs), are often stigmatised, isolated and discouraged from maintaining contact or reconnecting with their own parents and families (Haavind & Jansen, 2011).

Fulcher & Islam (2017) found that siblings are separated based on disability, gender and age, further eroding children's sense of identity and belonging to a family and a community. Children with disabilities are at the highest risk of being institutionalised throughout Europe due to the lack

of support to families and inclusive education in local areas. In Belgium, of children who enter public care, those with disabilities are among the categories most discriminated against. In Bosnia-Herzegovina, Greece and Serbia, children with disabilities live in the same institutions as adults, and those entering there might have to spend their whole lives behind closed doors as there are no opportunities for independent community living. Investment in prevention and support services at local level, including for vulnerable families or children with disabilities, lags behind (Fulcher & Islam, 2017).

Patel (2015) reported that there is alarming figures of children identified as needing protection and care by the children's court in one year to be approximately "88 600", in explaining the mentioned figure (Patel, 2015) pointed out that children left without care, with dead parents and those who have been abused make up for half of the children in CYCCs, while poverty and HIV/AIDS are the aggravating factors to these social issues (Patel, 2015).

There are many regulated child and CYCCs in South Africa, caring for vulnerable children needing care and protection (UNICEF, 2018). CYCCs provide nutrition, shelter, clothes, supervision, developmental programmes, rehabilitation, special needs programmes, therapeutic and educational programmes (Jamieson, 2013). Many children who are abandoned, neglected and abused find themselves placed in child and youth CYCCs. Statistics of children in institutional care are not complete, but it is known that there are 345 registered child and youth care centres in South Africa and that these look after 21 000 children (Mahery, Jamieson & Scott, 2011). These CYCCs seek to establish a system of specialised alternative childcare programs, with standards and governance structures which are in accordance with the stipulations of the Children's Act (RSA, 2005).

The Department of Social Development depends upon the CYCCs to provide residential care to children, to enable it to fulfil the terms and provisions of various laws governing the rights of children and the Children's Act in particular. Proudlock (2011), maintains that there are various constraints where the human resources required for the effective implementation of the Child Care Act (38 of 2005) (RSA, 2005). This shortage is further exacerbated by the discrepancies in salaries between the NGO and the government sectors, which results in the CYCCs being placed in a precarious position (Proudlock, 2011). According to Hansungule (2018) there have been reports pointing a lack of independent oversight and monitoring of child and youth care centres in South Africa, young adults were found to be living in alarming conditions and had received no education or developmental input, and that staff were not interested in caring for the various young adults (Hansungule, 2018).

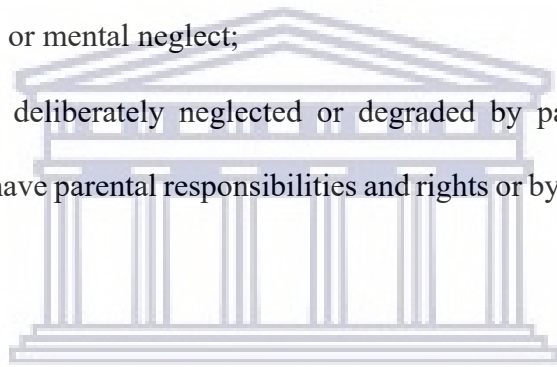
In working with children in South African Child and Youth Care Centres (CYCCs) it is apparent that there is a strong reliance on caregivers to promote not only the daily needs of these children, but also their psychosocial and developmental needs and this role is often complicated due to trauma experienced by the young adults prior to being placed in a CYCC (Fortune, 2015).

1.2.3 Alternative care placements within the South African context

In order to place children in alternative care in South Africa, they need to be found in need of care and protection, according to Section 150 of the Children's Act (38 of 2005) (RSA, 2005). In accordance with this section, children are in need of care and protection if they:

- have been abandoned or orphaned and without any visible means of support;
- display behaviour which cannot be controlled by parents or caregivers;
- live or work on the streets or beg for a living;

- are addicted to a dependence-producing substance and are without any support to obtain treatment for dependencies;
- have been exploited or live in circumstances that expose them to exploitation;
- live in or are exposed to circumstances which can seriously harm their physical, mental or social well-being;
- are at risk if returned to the custody of parents, guardians or caregivers and there is reason to believe that they will live in or be exposed to circumstances which can seriously harm their physical, mental or social well-being;
- are in a state of physical or mental neglect;
- are maltreated, abused, deliberately neglected or degraded by parents, caregivers, family members, persons who have parental responsibilities and rights or by persons who have control over them (RSA, 2005).



While South Africa has progressive policy and legislation in place pertaining to the rights of vulnerable children, the way in which these are translated in practice, remains a concern. A study on the experiences of young adults who transitioned to CYCCs after their foster care placement disintegration in South Africa conducted by Nadesan, Nurcombe-Thorne & Van Breda (2018) confirm that there seems to be limited research available which investigates the perspectives shared by young adults who were placed in CYCCs as children after the breakdown of the foster care placement. Redressing this oversight is important, because giving young people the opportunity to be listened to is a means to value, respect, and empower them through the healing process of telling their story (Haavind & Jansen, 2011). Furthermore, Holland, (2009), cited in Nadesan et al., (2018) argues that including their voices may provide different perspectives about their former caregivers,

practitioners, and policy-makers. Previous studies focused mostly on the experiences of foster care parents. There is thus a need to explore and describe the perceptions and experience(s) of the young adults most closely involved in the issue under investigation. There is very limited research in this regard in the South African context (Gomo, Motlounq & Raniga, 2017).

1.3. THEORETICAL FRAMEWORK

Family systems theory (FST), according to Bowen (1978), cited in McDonough, Schrenkel and Sutphin (2013), is employed to gain an understanding of the phenomenon under study. FST emerged from General Systems Theory von Bertalanffy, (1972) cited in Byrne, Howsare and Lander (2013) and is commonly used in social work (Byrne et al, 2013) to explain social phenomena. FST emphasises family dynamics, roles, communication patterns, and power relations (Hepworth, Rooney, Rooney, Strom-Gottfried & Larsen, 2013). Therefore, it was appropriate to apply it in an attempt to understand the dynamics, roles, communication and power relations involved in the disintegration of family foster care and the subsequent placement of a child in a CYCC. The theory would also be useful when explaining the dynamics associated with residential care offered by CYCCs. The staff and children in this alternative care setting can be regarded as a substitute family. Needless to say, there will be dynamics in terms of power relations, roles and communication patterns in and among individuals from different backgrounds and with different expectations. In this study, FST was used in focusing on the perceptions and adverse childhood experiences of young adults who experienced the transition from foster care to CYCCs.

1.3.1. Problem Statement

Current statistics indicate that South Africa has a foster care crisis (Fortune, 2016). It has been estimated that 1.7 million children were orphaned due to HIV/AIDS and were subsequently placed in foster care (Perumal & Kasiram, 2008). The current foster care system is failing to provide adequate support for vulnerable children (Perumal & Kasiram, 2008). In South Africa, unless an alternative foster care placement is secured, the natural progression when the foster care placement disintegrates, is alternative placement in a CYCC, in accordance with Section 171 of the Children's Act (38 of 2005) (RSA, 2005).

Most studies relating to the experiences of young adults formerly placed in alternative care, focus predominantly on the perceptions and experiences of foster parents and CYCWs, and not on the persons most affected by the issue, namely the young adults (Dube & Malatji, 2017; Gelders, 2011; Fulcher & Islam, 2017; Nadeson et al, 2018). Strijker et al (2010) suggest that to avoid the disintegration of the family foster care placement, problematic behaviour should be assessed from the perspective of a child and not the foster parent. Unacceptable behaviour presented by children in their custody is the most common reason why foster parents choose to terminate the foster care placement. Furthermore, it is usually the foster parents' views of the situation and not those of the children that are studied (Dube & Malatji, 2017; Nadeson et al., 2018; Strijker et al., 2010). Heymann & Morantz (2010) also indicated that very little is known about the viewpoint and negative experiences related by young adults who were moved in childhood from foster care to CYCCs.

From the review of the literature it is evident that there is very limited research in the South African context regarding young adults formerly placed in family foster care and subsequent CYCC as a result of the foster care placement disintegrating. Hence this study sought to get an insider perspective from young adults who found themselves in this position when they were children. The researcher is of the opinion that these young adults can offer a retrospective view of their experiences.

1.3.2. Aim of the study

The aim of the study was to gain an understanding of the adverse childhood experiences of adults regarding the transition from foster care to child and youth care centres.

1.3.3. Research question

The following research question guided the research:

What are the adverse childhood experiences of adults regarding the transition from foster care to child and youth care centres?

1.3.4. Objectives of the study

The objectives of the study were:

- to explore and describe the perceptions and experiences of young adults in respect of the disintegration of their former foster care placements and subsequent placement in child and youth care centres;
- to explore, from a family systems perspective, the perceptions and experiences of young adults regarding their transition from foster care to child and youth care centres;

- to make recommendations for social worker practice and policy regarding the transitioning of children from foster care to child and youth care centres.

1.3.5. Research methodology

The research methodology describes the approach, methods, techniques and tools that were used to conduct a study. These aspects are discussed in the subsections that follow.

1.3.6. Qualitative research approach

The qualitative research approach is selected for the study. A qualitative research approach, according to Babbie & Mouton (2016: 270), is defined as a process to study human action from the perspective of the social actors themselves, describing and understanding rather than just understanding human behaviour. The purpose of this study was to determine what the participants felt and thought about the particular phenomenon. Bless, Smith & Sithole (2013: 16) describe the qualitative research approach as an attempt to understand a particular phenomenon from the context of the participants. A qualitative approach was therefore suitable for this study as the researcher wanted to investigate the problem from the participants' point of view, conducted in their natural setting, to make sense of and interpret the phenomenon in terms of the meaning that participants bring. I chose this approach because a qualitative research approach as a type of scientific process seeks answers to a question, by systematically using a predefined set of procedures to answer the question, collect evidence, and produce findings that are not determined in advance (Guest, Namey, Mack, Macqueen & Woodsong, 2011; Bloomberg, 2011).

Also, a qualitative approach is considered more appropriate when a researcher, as in the case of the proposed study, wishes to explore the nature of a problem, issue or phenomenon. Thus, in line with the aim of the study and assertions by Delpont, De Vos, Fouché & Strydom, (2011: 65), a qualitative research approach was the preferred option because it allowed flexibility in all the aspects of the research process. In the light of the sensitive nature of the proposed study topic, it was appropriate then to gain the perspective of the young adults who had formerly been placed in family foster care and subsequently transitioned to CYCCs themselves, in describing and understanding their perceptions and experiences.

1.3.7. Qualitative research design

Delpont et al (2011: 307) refer to research design as involving the decisions the researcher makes in planning the study or structural framework of how he or she intends to conduct the research process in order to obtain the answers to the research question. A combination of an exploratory and descriptive design, as proposed by Babbie (2013: 94), was used for the study as this is an appropriate design to gain an understanding of the research problem. Babbie and Mouton (2016: 80) explain that an exploratory design satisfies a researcher's curiosity and desire for better understanding a phenomenon, to test the feasibility of undertaking an extensive study, to explain the central concepts and constructs of the study, and ultimately to determine priorities for future research – thus, by answering 'how' and 'why' questions. Descriptive design, according to Babbie (2013: 94), seeks to answer the question of what happened; where, when and how a particular phenomenon took place. The combination of exploratory (why) and descriptive (what, where, when and how) design assisted me in exploring and understanding the experiences and the

perceptions of young adults formerly placed in CYCCs after their foster care placement had disintegrated.

1.3.8. Qualitative research setting, population and sampling

The research setting was Nelson Mandela Bay Metropolitan area (NMBM). Babbie (2013) defines the population for a research study as that group about whom the researcher wants to draw conclusions. The population for the study was young adults living in the NMBM who were formerly placed in CYCCs because their foster care placement had disintegrated. Purposive sampling was used, which is described by Creswell (2013) as a process in which units to be observed are selected on the basis of a researcher's judgment about which participants would be most useful or representative. Permission was requested from the Department of Social Development (DSD) in the NMBM to access the files of former foster care and CYCCs young adults who met the sampling criteria in order to recruit participants. Social workers at the DSD were asked to identify potential participants who met the sampling criteria and I sent emails and/or posted letters to approach prospective participants. The criteria were that participants:

- Young adult males and females
- 18 years and 23 years old
- Residing in the Nelson Mandela Bay District (NMBM)
- were formerly in foster care for the duration of between 1 and 5 years at the age of 11 to 18 years;
- Formerly placed in a CYCC after their foster care placement disintegrated.
- Young adults, formerly placed in foster and transitioned to CYCCs before they reached 18 years

A total of 12 participants were recruited to participate in the study; 6 men and 6 women were selected to provide an equal amount of representation of the two sexes, however 2 women withdrew from participating in the study and the researcher managed to recruit 2 more males to reach 12 participants. The rationale for the age criteria as well as the duration in foster care and CYCCs was linked to the fact that these participants would have been in the child protection system at a specific time in which policy and procedures would have been characterised in a particular manner. As such, participants' experiences would have occurred during a similar timeframe.

1.3.9. Qualitative data collection methods

Various methods can be used for qualitative data collection, for example focus groups, interviews, and documented material (Hancock, Ockleford & Windridge, 2009). I made use of one hour-long individual semi-structured interviews, utilising an interview schedule. The interviews were conducted at the participants' place of residence or at my place of employment, depending on the participants' preference. Babbie (2013) explains that interviews make it possible for the researcher to have direct personal contact with participants. Semi-structured interviews, according to Bless et al (2013), are flexible and allow participants to express their views freely; they can expand on the topic as they see fit and they are able to relate their own perceptions and experiences. The interview guide consisted of a list of open-ended questions to guide the conversation. Participants had the choice to respond to the interview questions in isiXhosa and/or English as I am fluent in isiXhosa and English, which are two of the commonly spoken languages in the region (NMBM). The interviews were recorded on an audio-recorder with the permission of the participants. Twelve participants, 6 male and 6 female participants who met the sampling criteria were interviewed.

1.3.10. Qualitative data analysis

The eight steps proposed by (Tesch 1990, cited in Creswell, 2009) were used:

- Step 1: The researcher read through the transcriptions to get a feeling of the whole, while ideas that arose were formulated.
- Step 2: The researcher took one transcribed interview and read through it, while trying to establish the underlying meaning. All the thoughts that surfaced were noted in the form of memos.
- Step 3: This process was repeated with all 12 transcripts; then the patterns that emerged, were organised in themes and subthemes. Similar themes and topics were clustered together in columns and labelled as major, unique and leftover topics.
- Step 4: The data was revised in terms of the list of topics. Abbreviated codes were used for the themes that were written next to the appropriate text context. The researcher was continuously mindful of possible new themes that could emerge from the data.
- Step 5: The researcher decided on the most descriptive wording for the identified themes and subthemes, and categories which were organised in terms of these themes in order to reduce the total list of categories. Related topics were grouped together, while interrelationships were indicated.
- Step 6: Final decisions were made regarding the wording of the themes, subthemes and categories and where to place them.
- Step 7: The themes and subthemes were subjected to a literature control to support the patterns, themes and categories that were identified.
- Step 8: The researcher did not have to recode the existing data. He then started compiling the report on the research findings.

1.3.11. Qualitative data verification

Qualitative data verification ensures validity and trustworthiness (Creswell, 2009). Suggestions for trustworthiness from Guba (1990, cited in Creswell, 2009) were followed. To ensure credibility the researcher remained in the field until the data reached saturation. In addition, the researcher authenticated the available material (i.e. audio-recordings) to document the findings, and then went back to the participants to review the drafts of their transcripts for accuracy and feedback. To ensure transferability, the researcher gave an in-depth description of the research setting, the population, the case and the participants that were studied, in order for the readers and other researchers to decide whether the same methods could be transferred in other intended or future studies. To ensure dependability, the research supervisor read through the interview transcripts and research findings to make sure that there was consistency in the research instruments that were employed. To ensure confirmability, the research supervisor also acted as reviewer to verify that the findings were the product of the focus of the inquiry and not of the biases of the researcher.

1.4. ETHICAL CONSIDERATIONS

Ethical conduct requires of researchers to conduct and report on research projects as honestly as possible (Descombe, 2010). To conform to ethical standards, permission to conduct the study was requested from the Humanities and Social Sciences Research Ethics Committee at the University of the Western Cape. I submitted a written request to the management of the DSD in the NMBM to access former clients' case files to recruit participants. Social workers were asked to identify former clients who met the sampling criteria. Information letters were emailed or posted to prospective participants. Participants were assured that their participation was voluntary, and they were guaranteed anonymity as well as confidentiality of private and personal information. The researcher informed participants of their right to withdraw from the research study at any stage of

the process and that they would not be penalised in any way. The interviews were conducted in an office at the DSD in NMBM that ensured privacy. The researcher audio-recorded the interviews with the participants' permission. I transcribed the audio-recordings and stored them on a computer with a password-protected system to which only I had access. Only the research supervisor and the researcher read the transcripts. They were labelled in alpha numerical codes to protect the participants' identities. In the event of participants experience emotional discomfort, the researcher arranged for a professional counsellor to facilitate debriefing. The final research report or any publication that may emanate from the study will not contain any personal and/or private information of the participants.

1.5. LIMITATIONS AND SIGNIFICANCE OF THE STUDY

The research study followed a qualitative approach. It was conducted in a selected community in Nelson Mandela Bay at a selected organisation and in a specific province namely Eastern Cape Province. Therefore, a study in a different context will yield different results.

1.5.1 The study limitations were as follow:

The study was conducted in a small scale of participants in Nelson Mandela Bay, Eastern Cape Province. if the study was to be conducted in a large scale, there is the possibility that it would have produced several perceptions and insight with regards to young adults who transitioned from foster care to CYCC.

Even though 12 young adults, 6 females and 6 males were recruited initially to participate in the study from the Department of Social Development in the Nelson Mandela Bay District, two females pulled out of the study and the researcher deviated to recruit two more males who showed

interest in participating in the study, despite the stated limitations, the researcher was satisfied with the data

1.5.2 The significance of the study

The study findings provide valuable insight in terms of foster care and CYC for social welfare services professionals and policymakers in this field. The research may also contribute to indigenous knowledge and thus inform social welfare services in South Africa and similar departments globally to help plan prevention and intervention services in this field. The findings of the study will also provide the premise from which suggestions and recommendations may be made and forwarded to policy makers. The study will also contribute to the literature concerning care and protection for children, and it should provide information which could aid the further refining and reformulating of policy, in order to advance the best interests of the children placed in foster care and CYCC.

The next chapter (Chapter Two) presents the literature review on adverse childhood experiences of adults who were formally placed in foster care and whose foster care placement broke down, resulting in placement in a CYCC.

1.6 DEFINITION OF CONCEPTS

Adverse childhood experiences: stressful or traumatic events consisting of abuse and/or neglect, such as household dysfunction associated with domestic violence and/or substance abuse (Elinore & Katz - McCance, 2018).

Child and youth care centre (CYCC): a facility that provides residential care for more than six children who are not living with their biological families. Such placements cover not only children's homes but also places of safety, secure care centres, schools of industry, reformatories and shelters for street children (Mahery, Jamieson, Scott & January, 2011).

Child and youth care worker (CYCW): a person who cares for a child in temporary safe care, or a person working at a **child and youth care centre** Child Care Act (38 of 2005) (RSA, 2005).

Family foster care: when a child has been placed in the care of a person/family who is neither their parent nor guardian, as the result of an order from the Children's Court as described in Section 180 of the Children's Act (38 of 2005) (RSA,2005) . It is substitute care for children placed away from their parents or guardian and for whom the state has a placement and care responsibility Children's Act (38 of 2005) (RSA, 2005).

Foster parent: a person who has care of a child by order of the Children's Court. Foster parents provide a familial environment within their homes for children who are unable to live with their biological families as a result of neglect, abandonment, abuse, exploitation from and/or the death of their biological parent(s) (Blythe, Halcomb, Jackson, & Wilkes, 2012).

Residential care: alternative care in a facility outside the child's family environment that provides care for more than six children, in accordance with residential care programmes suited for children in such facilities Children's Act (38 of 2005) (RSA, 2005).

Vulnerable children: children, sometimes orphaned or abandoned, who are exposed to harmful environmental factors to their physical, mental and social well-being, and whose negative behaviour often cannot be easily controlled by their caregivers Children's Act (38 of 2005) (RSA, 2005).

Young Adult: is generally a person in age from their late teens or early twenties to thirties accordance with the stages of human development by (Erikson, 1995)

1.7 OVERVIEW OF THE DISSERTATION: CHAPTER OUTLINE

Chapter 1 provides an overview of the research study; consisting of an introduction to the topic and the theoretical framework, the researcher methodology and the ethics requirements set out by the university which guided the research process.

Chapter 2 presents the literature review that conceptualised the research study. International and local policy and legislation that serves as guidelines aimed at child and youth wellbeing were sources to provide background and context, as well as, literature relating to research studies on adults who have been in foster care and in child and youth care centres , focussing specifically on studies where the foster and CYCC placement broke down and the effects of such breakdown on the young person and later in their adulthood.

Chapter 3 presents the theoretical framework that was used to contextualise the research study. Family systems theory was selected as it was deemed suitable to understand the phenomenon of adverse childhood experiences of adults who were formerly placed in alternative care and the breakdown of such placement, as well as the effects of such breakdown on the individual.

Chapter 4 provides in in-depth discussion of the research methodology that was employed in this study. Selecting a qualitative approach, using a combination of an exploratory and descriptive research design, this chapter describes the research setting, population, sampling, data collection and analysis. This chapter also describes the methods that was used for trustworthiness and the ethical steps that was followed to give merit to the study.

Chapter 5 presents the findings of the study that emanated from the individual interviews with the participants. Five main themes, 11 subthemes and 4 categories emerged from the data analysis process. These are substantiated, compared and contrasted with relevant literature.

Chapter 6, is the final chapter in this thesis and presents the conclusions and recommendations for this research study.



CHAPTER TWO: LITERATURE REVIEW

2.1 INTRODUCTION

Abuse, neglect, abandonment and exploitation of children constitute a global pandemic. The scourge of this pandemic is worst in Africa, compared to the rest of the World Health Organization (WHO, 2019). According to the United Nations Convention on the Rights of the Child (UNCRC, 2011), children have the right to a family and to grow up in a secure environment and should be protected from harm. However, globally, many children are subjected to harmful childhood experiences, ranging from genocide to physical and sexual abuse and exploitation, to name a few Child Help International (CHI, 2014).

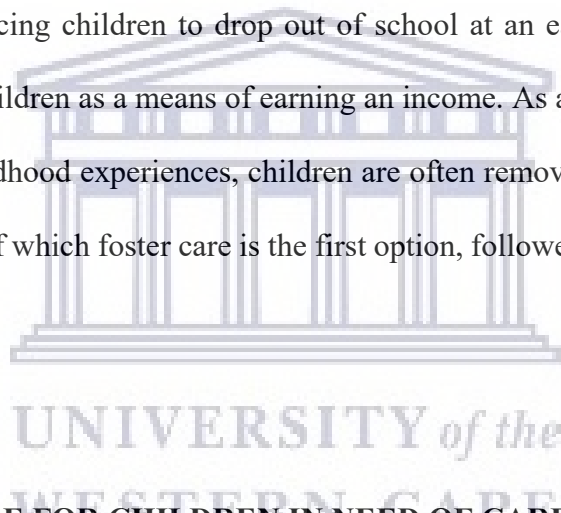
This chapter discusses the causes and effects of ACEs that are associated with children in need of care and protection. A review is presented of the literature on the causes and effects of the disintegration of foster care placements, as well as the causes and effects of children being placed in CYCCs and how changing from one placement to the other adversely affected their childhood.

2.2 ADVERSE CHILDHOOD EXPERIENCES

Globally, children are in danger of abuse, neglect, exploitation and violence in the home, schools and communities (CHI, 2014; Grugel, 2012). Socio-economic inequality is just one of the many causal factors for adverse childhood experiences. In South Africa, four main factors affect a child's well-being: social risk factors (physical harm, violence, substance abuse), psychosocial risk factors (a lack of or low stimulation and responsiveness), poverty (food insecurity, poor hygiene and sanitation) and biological risk factors (stunting and low birth weight; infant mortality) (Almeleh,

Giese, Hall, Mabaso, Sambu, & Proudlock, 2019). The dire conditions many South African children have to contend with, and the high levels of dysfunctional family systems can be traced and linked to the country's apartheid history. Under apartheid, families were separated due to the migrant labour system and influx control policies, which, among other forms of institutionalised separation of families, resulted in the disruption of family life and changing family structures (Dube & Malatji, 2017; Chiba, Hochfield, Luck, Patel & Ross .2019).

Poverty continues to be another major factor that often results in child neglect and abandonment as well as exploitation, forcing children to drop out of school at an early age and even worse, parents prostituting their children as a means of earning an income. As a result of these and many other forms of adverse childhood experiences, children are often removed from their parents and placed in alternative care, of which foster care is the first option, followed by placement in a CYC (Hope & Van Wyk, 2018).

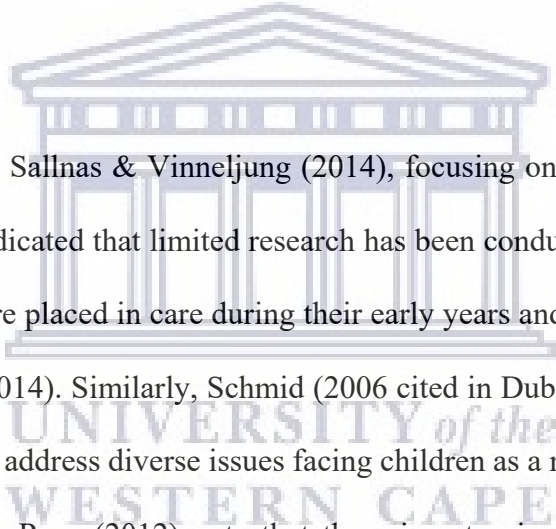


2.3 ALTERNATIVE CARE FOR CHILDREN IN NEED OF CARE AND PROTECTION

In order to place children in alternative care in South Africa, they need to be found in need of care and protection in agreement with Section 150 of the Children's Act (38 of 2005) (RSA, 2005). In accordance with Section 150 of the Children's Act (38 of 2005) (RSA, 2005).

A study on experiences of former looked-after children in South Africa conducted by Nadesan et al (2018) indicates that there seems to be limited research relating to the perspectives on the experiences of adults who transitioned from foster care to CYCCs after foster care disintegration. Redressing this oversight is important, because giving young people the opportunity to be listened

to is a means to value, respect and empower them through the healing process of telling their story (Haavind & Jansen, 2011). Furthermore, Holland (2009, cited in Nadesan et al. 2018) argues that including their voices may provide different perspectives on their former caregivers, as well as practitioners and policy makers. Most studies have focused on the perspective of foster care parents regarding the children in their care. There is thus a need to explore and describe the perceptions and experiences of the people most closely involved in the issue under investigation, adults formerly placed in child and youth care centres after the disintegration of their foster care placement. There is very limited research in this regard in the South African context (Gomo et al, 2017).



A Swedish study by Berlin, Sallnas & Vinneljung (2014), focusing on placement breakdown in long-term foster care has indicated that limited research has been conducted about the vulnerable subgroup of children who are placed in care during their early years and remain as such until late adolescence (Berlin et al., 2014). Similarly, Schmid (2006 cited in Dube & Malatji, 2017) makes an urgent call for CYCCs to address diverse issues facing children as a result of the breakdown of the family system. Dube & Ross (2012) note that there is extensive literature on children in residential care in South Africa but there seems to be a lack of research focusing on the experiences of adults who transitioned from foster care to CYCCs after the disintegration of such care. Therefore, this study sought to explore and understand the adverse childhood experiences of adults who transitioned from foster care to CYCCs.

- The United Nations Guidelines for the Alternative Care of Children (UN, 2009) suggest that while recognising that residential care facilities and family-based care complement each other in meeting the needs of children, where large residential facilities remain,

alternatives should be developed in the context of an overall deinstitutionalisation strategy with precise goals and objectives that will allow for their progressive elimination. States should establish standards to ensure quality of care and conditions conducive to the child's development, such as individual and small-group care, and should evaluate existing facilities against these measurements. Decisions regarding the establishment or permission to establish new residential facilities – whether public or private – should take full account of this deinstitutionalisation objective and strategy (UN, 2009).

2.3.1 Protection of children in alternative care

The Children's Act (38 of 2005) (RSA,2005) is a significant achievement in law reform, which takes South Africa into a new era of childcare and the protection of children (Juta Statutes of South Africa, 2008). South Africa is a signatory of the United Nations Convention on the Rights of the Child and is, therefore, required to measure progress towards securing the rights of children and to report to the United Nations Convention every five years. The specific provisions made for the rights of children in the South African Constitution are aligned with the United Nations Convention, which should be considered in interpreting the constitutional rights of children in South Africa (Juta Statutes of South Africa, 2008). Section 28 of the South African Constitution establishes a range of rights that provide additional protection for children, beyond the rights that apply to everyone in South Africa. Children are by nature more vulnerable than adults and require an additional set of rights tailored to their specific needs, over and above the constitutional rights children are entitled to as a South African ((Juta Statutes of South Africa, 2008).

Norms, Standards and Practice Guidelines for the Children's Act (38 of 2010) (RSA, 2010) on child protection suggest that institutions must take specific actions that are deemed necessary to protect the integrity and well-being of the child within the social context of the family and community. Protective services work towards having families, children and individuals living in a safe and nurturing environment where their rights are promoted, and their well-being ensured. Furthermore, the White Paper for Social Welfare (1997), cited in the Norms, Standards and Practice Guidelines for the Children's Act (38 of 2010) (RSA, 2010) emphasises that where the placement of children through family and community-based programmes is not appropriate in the circumstances, children may be placed in residential facilities as a last option. Section 70 of the Children's Act (38 of 2005) (RSA, 2005) suggest that the Children's Court can stipulate that a family group conference be arranged with parties involved in matters brought or referred to them, including other family members of the children in order to find solutions for problems involving these minors. According to Bosman-Sadie, Corrie & Swanepoel (2013), the use of this section is very appropriate in court matters related to children, because the retention of family ties is generally in the best interest of children (Bosman-Sadie et al., 2013). These authors indicate that the emphasis should fall on families as the people affected by conflict and they should be brought together in facilitated meetings where conflict can be resolved by offering solutions that can prevent future problems (Bosman-Sadie et al., 2013).

Section 71 of the Children's Act (38 of 2005) (RSA, 2005) states that, if circumstances permit it, children's courts can refer matters brought or referred to them, to appropriate lay forums (including traditional authorities) in an attempt to settle these matters by way of a mediation process out of court. Bosman-Sadie et al (2013) are of the opinion that this section is a dispute resolution

procedure, but a special provision is made to provide children's courts with the benefit of the age-old wisdom of traditional lay authority – children are viewed in the context of culture and religious affiliations resolved by offering solutions that can prevent future problems.

2.4 FOSTER CARE AS ALTERNATIVE CARE: PLACEMENT FOR CHILDREN WITH ADVERSE CHILDHOOD EXPERIENCES

The United Nations Convention on the Rights of the Child underscores the South African Children's Act that sets out the guidelines for the alternative placement of children. According to the United Nations Convention on the Rights of the Child (UNCRC, 2009) it is the responsibility of the state or appropriate level of government to ensure that development and implementation of coordinated policies regarding formal or informal care of all children who are without parental care, should be based on sound information and statistical data. Therefore, it is the responsibility of governments to define processes for determining who should have the responsibility for a child, considering the role of the child's parents or principal caregivers in his/her protection, care and development (UN, 2009).

Foster care occurs when a child has been placed in the care of a person or family who is not the parent or guardian of the child, as the result of an order of the Children's Court, as described in Section 180 of the Children's Act (38 of 2005) (RSA,2005). Foster care is therefore the substitute care for children placed away from their parents or guardian and for whom the State has a placement and care responsibility Children's Act (38 of 2005) (RSA, 2005). It is thus a form of statutory care within the context of a family setting for a child who cannot be cared for by his or her biological or adoptive parents in the short, medium or long term (Gelders, 2011). However,

foster care is developing slowly as a result of increasing interest in coping with the large numbers of children in need of alternative care, and growing concerns regarding residential care.

HIV/AIDS in sub-Saharan Africa remains the greatest cause of the necessity for children to be transferred to foster care. Delap (2011) suggests that there is a growing number of children outside of parental care, with most currently cared for by their extended families. In South Africa, the Children's Act provides for the care and intervention relating to children in alternative care such as family foster care. According to the Children's Act (38 of 2005) (RSA, 2005), a child is placed in foster care if they were entrusted to the care of a person, who is not the parent or guardian of the child, via the processes of a children's court. Foster parents are expected to provide substitute parenting for other people's children – and furthermore, to team up with the family of origin for the purposes of family reunification (Perumal & Kasiram, 2008). The Children's Act (38 of 2005) further makes it explicit that such alternative placements should respect and promote children and youth's cultural, religious and linguistic heritage, and that they should also have the right to learn about their heritage.

Foster care is generally considered an integral part of alternative care and provides for children in family-based settings. Furthermore, foster care(r)s require specific support and access to training and development to ensure that high-quality care for children is provided. To ensure that a proper quality of care is achieved, (UN, 2012) proposes the following, which should be addressed in South African policy on foster care, in order to ensure effective and efficient foster care:

- Promote awareness of the role of foster care in order to recruit new carers and highlight its contribution to the care of children.

- Ensure that foster care supports children's right(s) to participate in decisions that affect them.
- Recognise the diversity of foster care placements that should be available and ensure that they are appropriate for children with a range of needs.
- Provide appropriate support and training, which includes child development and attainment of children's rights and child well-being.

Children should only be placed in foster care when separation from family is necessary and, in the child's, best interest, when foster care is deemed to be the most appropriate form of alternative care for the child. In determining whether a child should be placed in foster care as opposed to other forms of alternative care such as residential care, it is important to first consider whether the child could be placed with biological family other than the biological parents, instead of opting for foster care with non-relatives (Bunkers & Keshavazian, 2015). The reason for the latter, according to (Cantwell, Davidson, Elsley, Milligan, & Quinn, 2012), is that a child's needs can best be met in a family environment. In cases where children present with challenging behaviour or complex needs, these authors suggest that they may need a short period of time in a small-scale specialist residential care facility instead, with the goal being to reintegrate such children as quickly as possible with their family. Thus, decisions about placing children in foster care should be made carefully, and in full consultation with children, families, social workers and others. This process ought to include that all children should have care plans which should be frequently reviewed and clearly state the purpose of the foster care placement (Cantwell et al., 2012). However, this is not always the case and children often end up in foster care for prolonged periods, frustrating the foster family who did not plan for the children to remain in their care for so long, and even worse, the

foster child feeling a sense of abandonment from the biological parents or family. The latter often results in the child acting out in negative ways to the frustration and sometimes anguish of the foster family.

2.4.1 The breakdown of foster care placements

The purpose of foster care is to protect and nurture children by providing a safe, healthy environment with positive support, to promote the goals of permanency planning, first towards family reunification or by connecting children to other safe nurturing family relationships intended to last a lifetime and to respect the individual and family by demonstrating a respect for cultural, ethnic and community diversity Child Care Act (38 of 2005) (RSA, 2005). Fernandez (2013) asserts that there are multiple factors that contribute to the decision by families to take a child into their care, such as wanting to protect the child against abuse, neglect and parental substance use. However, when children experience inadequate substitute caregiving, as is often the case in foster care where relationships between the foster child and foster family are strained, the risk of the foster placement disintegrating could be amplified (Baptista, Belsky, Corval, Mesquita, Soares & Oliveira, 2017). Thus, poor foster parent-child relationships, combined with insensitive caregiving, are associated with increased risk of foster placements disintegrating. In the event of such a disintegration, a child is removed and placed in a CYCC as an alternative placement, in accordance with the Children's Act (38 of 2005) (RSA, 2005).

The study by Dziro and Mhlanga (2018) indicate that young female adults formerly placed in foster care had the worst experience as most of the time they were deliberately forced to do household chores whereas biological children were seated doing nothing. the study further indicate that majority of households found it difficult to take care of foster children from other families, some

of the foster children were employed by their foster parents to do domestic chores without pay, (Dziro & Mhlanga, 2018).

The shift in economy in Zimbabwe has seen lot of young people who left kinship based foster care and were confronted with difficulties of lack of formal education, unemployment and poor relationships and instability (Chitamabara, Kanyenze, Kondo & Martens, 2011). Similarly, Abdullar, Chiu & Cudjoe (2019) suggests that many young adults with experience of foster care were cared by adults' grandparents who are poverty trapped, with limited resources and who have limited sources of employment (Abdullar et al, 2019). Van Breda (2015) cited that the journey for young adults emerging out of foster care is a major impediment for them, they navigate through making unwise decisions and challenges to establish where they should go and who are the appropriate people on whom they could depend on in times of need (Van Breda, 2015)

Many often struggle behavioural or emotional problems, many have histories of problems in school and the community and most families are unable and unwilling to provide the support that most families provide to their children during this transition, schooling for young parents, place to live during difficult times, some of these young adults are hampered by limited capacities, and difficulty in acquiring skills. The day to day responsibility of obtaining financial and residential independence can be daunting because of physical disabilities, chronic illnesses or intellectual disabilities (Courtney, Foster & Osgood, 2010).

The challenges these young adults encounter lead them to depend on public systems for many years, however, the transition to adulthood changes their established relationships with the system in a dramatic way (Courtney et al, 2010).

Many of the young adults transitioning from foster care to CYCC were in a position where a separation had already occurred from their biological parents and this constant movement and

change disrupted attachments and relationship formation and compromised their wellbeing (Barry & Steffe, 2012).

Children in foster care that experience family separations often entail the loss of their entire immediate and extended family, home, friends, community, everything familiar to them. They will often be placed with people they have never met and this transition in their life exacerbate previous trauma related to foster care experiences and decrease opportunities for the children to establish an attachment to caregivers or develop long term relationships with others, resulting in cumulative traumatic childhood experiences and interpersonal losses (Bruskas & Tessin, 2013)

The internalized emotional experiences or unresolved experiences of adversity associated with the social setting of foster care often further compound the pyramid of obstacles and challenges in young adults (Bruskas & Tessin, 2013).

Young adults ageing out of care often do not have parental, financial, or auxiliary and they turn to existing support while young adults with access to parental care are able to lengthen the transition, rely on their parents for financial support (Berrick & Lee, 2014).

Young adults exited foster care and CYCCs often demonstrate low levels of educational attainment, great economic and housing instability and poor adjustment (Berrick & Lee, 2014).

The study by Blakesless, Dohn, Fullerton, Geenen, Lavanditti, Nelson Oberweiser -Kennedy & Schmidt (2019) argues that young adults exited foster care are more likely than youth in general to be identified with disabilities and or mental health conditions, they are mostly likely associated with related histories of maltreatment, trauma, recurrent foster care, school placement changes and separation from family, furthermore, youth transitioning from care to adulthood face multiple disadvantages in transitioning to adulthood, they experience difficulties in financial and housing

insecurity, low expectations and stigma, educational and social restrictions that limit opportunities and limited support and care from adults (Blakesless et al, 2019).

Courtney & Hook (2011) argued that little is known about employment outcomes of young adults living the CYCCs, however, despite differences in policy, United States, United Kingdom, Australia and Canada have poor employment outcomes for youth exiting care (Courtney & Hook, 2011). Also, in British Columbia, only 38 percent of young adults reported earnings from employment as their main source of income within a year of exiting out of care (Provincial Advocate for Children and Youth, 2012).

Disability may interact with employment, in Ontario, 82% of young people transitioned to CYCC were diagnosed with special needs and 46% rely on psychotropic medications to help them to manage (Our Voice Our Turn, 2012). Adding to this, former foster youth are reported to be more likely than their peers to report being paid for sex (Geiger & Schelbe, 2014). For example, a study by Ahrens, Courtney, Katon, McCarthy & Richardson (2012) reveal that a history of sexual molestation and rape were correlated with increased likelihood of involvement in transactional sex, furthermore, former young adults transitioned from foster care to CYCCs are two or four times more likely to engage in transactional sex than peers in the general population (Ahrens et al., 2012).

An American study of former youth in care found some evidence that incidence of criminal conduct decreases with age when comparing 17 – 18 years old youth with 19 and 21 years young adults (Fields & McMahon, 2015). Similarly, Fields & McMahon (2015) discovered that young adults formerly placed in care who were involved with criminal conduct were more likely to have alcohol or drug dependency problem (Fields & McMahon, 2015).

The study in British Columbia discovered that women formerly in care were four times more likely to have been pregnant by the age of 19 years (Provincial Advocate for Children and Youth, 2012). Similarly, Courtney & Dworsky (2010) found that young adults that exited care in America Midwestern study were more likely to experience teenage pregnancy and have repeated pregnancies than their peers (Courtney & Dworsky, 2010). Geiger and Schelbe (2014) suggest that young people exited care might be in greater risk of maltreating their children due to prior abusive experiences in their childhood and lack of support and preparation for parenthood (Geiger & Schelbe, 2014).

In the Netherlands, the study by Strijker, Knot-Dickscheit and Van Oijen (2011) on the breakdown of foster care placements, revealed that this occurrence is associated with increased problem behaviour in young adults formerly under care. This study highlights the lack of research into the assessment of behavioural problems of former foster children and indicates that some difficulties experienced by these young adults are linked to the change from one foster placement to a next, which increases the risk of mental health problems in adulthood such as depression, social phobia and panic attacks. These researchers found that such persons are at higher risk of economic vulnerability because they did not complete formal education and had to settle for menial jobs (Strijker et al., 2010).

A Swedish study by Khoo & Skoong (2014) on foster parents' experiences of the events surrounding the unexpected ending of a child's placement in their care, indicates that the breakdown of foster care placement is a complex process rather than a single event. These authors posit that the process of disintegration starts in the inconsistency between the statutory obligations

of social services towards the foster family and the foster parents' perceptions of the kind of information and support they actually receive from social services. This study found that the reasons for placements breaking down include a lack of knowledge about the child's needs, insufficient understating of the placement processes, a difficult relationship with the social worker, and a lack of individualised service with the right support at the right time (Khoo & Skoong, 2014).

Behavioural challenges displayed by young adults formerly placed in foster care are associated with the significantly high prevalence of placement breakdown. Young people who age out of the foster care system (adolescents of 14-18 years old), have significantly worse outcomes in young adulthood than their peers in the general population, demonstrating low rates of educational attainment, employment and high rates of criminal involvement and homelessness (Fedoravicius, Havlicek, McMillen, McNelly, & Robinson, 2012). There is limited research on how best to manage placement transitions, especially for youth with psychiatric problems (Fedoravicius et al., 2012). A key source of information that has largely been missing from the literature on placement transition, is the perspective of the youth themselves. Little is known about how youth(s) experience the transition from foster care to residential care (Fedoravicius et al, 2012). This somewhat neglected aspect has been the motivation for this study.

A better understanding of youths' expectations and experiences of the process of being moved from foster to residential care can provide valuable information on how to manage changes in restrictiveness to ease these transitions and promote stability once again in the foster care placement (Fedoravicius et al., 2012). Children in the foster care system often express the desire to exercise control over their own lives and be free of the constraints of the foster carers that can provide critical support and assistance as they transition to adulthood (Goodkind, Shelbe & Shook, 2011).

According to Berridge & Cleaver (2010), most foster care breakdowns happened early in the placement, particularly if the child had suffered an early separation, if he or she was older, if the foster mother was under forty and if there was another child other than the foster child, of the same sex as the child. Regarding foster home breakdown, Berridge & Cleaver (2010) suggest that long-term foster placements last more than five years and they are more likely to be successful if the foster child had a previous successful foster or brief residential placement, if he or she was younger and did not present behavioural problems and if there were no foster children in care under five or of the same age of the foster child.

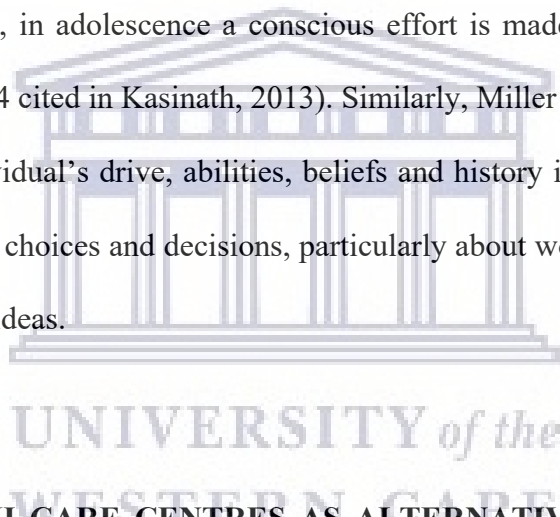
2.4.2 South African perspective on social work intervention when foster placements break down

According to Section 180 of the Children's Act (38 of 2005) (RSA 2005), a child is in foster care if they are placed in the care of a person who is not the parent or guardian of the child, after the Children's Court has issued an order in terms of Section 46 of Act(38 of 2005) (RSA, 2005).

Section 181 of the Children's Act (38 of 2005) (RSA, 2005) further indicates that the purpose of foster care is to protect and nurture children, by providing a safe and healthy environment with positive support. A social worker is any person registered as such under the Social Work Act (110 of 1978), or deemed to be so registered, and who is in the service of a state department or a provincial administration or a prescribed welfare organisation (Social Work Act, 110,1978).

In terms of Section 46 of the Children's Act (38 of 2005) (RSA, 2005), social workers are responsible for rendering statutory supervision and support services to foster children and foster families. While the DSD makes every effort, in accordance with the Children's Act (38 OF 2005)

(RSA, 2005), to ensure positive foster care placements, there seem to be a continued breakdown of such placements, especially during the time when the foster child is in the stage of adolescence. According to Erikson (1994 cited in Kasinath, 2013) adolescence is a stage associated with seeking and forming in the adolescent's search for identity, he or she passes through eight life stages, each of which involves a central crisis. In adolescence, the child develops capabilities for abstract thinking and understanding the perspectives of others. Physical changes also occur as the child approaches puberty; thus, with developing minds and bodies, young adolescents face the central issue of constructing an identity that will provide a firm basis for adulthood. Although a sense of self develops since infancy, in adolescence a conscious effort is made to answer the question, "Who am I?" (Erikson, 1994 cited in Kasinath, 2013). Similarly, Miller (2011) defines identity as the organisation of an individual's drive, abilities, beliefs and history into a consistent image of self that involves deliberate choices and decisions, particularly about work, values, ideology, and commitment to people and ideas.



2.5 CHILD AND YOUTH CARE CENTRES AS ALTERNATIVE PLACEMENT FOR VULNERABLE CHILDREN

Foster care is distinct from residential care in that it involves placement in the domestic environment of a family, in what is considered to be their natural home and not a home provided for the purposes of fostering. It is therefore important to distinguish between foster care and forms of residential care, such as small-group homes or children's villages where care is provided not in a natural family home, but in a specially designed or designated facility (Delap, 2011). Globally, CYCCs play a significant role in accommodating children who are victims of abuse, neglect and abandonment. They are non-profit and/or government facilities for the provision of residential care

to children outside the child's biological family environment (Perumal & Kasiram, 2008). Generally, children in CYCCs come from a life of lack of appreciation, neglect, inadequate and destructive relationships, impaired communication and ill-treatment (Perumal & Kasiram, 2008).

The Norms, Standards and Practice Guidelines for the Children's Act (38 of 2010) (RSA, 2010) state that residential child-care facilities should become centres where children, youth and families from the surrounding communities can access a variety of programmes and resources on a daily, weekly, or ad hoc basis. Such a residential care facility (both state and non-governmental) should clarify its core mission and purpose, its philosophy, its goals and objectives, be registered and competent to offer such a service and be held accountable for achievement of this purpose (Norms, Standards and Practice Guidelines for the Children's Act (38 of 2010) (RSA, 2010).

Young adults in residential care were exposed to experiences such as abuse, neglect, and exploitation, which may result in delayed cognitive functioning and emotional inadequacy (Dube & Malaty 2017). Children's Act (38 of 2005) (RSA,2005) mandates the CYCC to provide therapeutic, recreational and developmental programs to enhance children in order to be fully functional when they are re-unified within their communities Children's Act (38 of 2005) (RSA, 2005). Such programs are regarded as more effective towards building the resilience of any child in order to be empowered, independent, resilient and ambitious (Hlungwani, 2018).

Even though child and youth care centres provide educational, recreational and therapeutic programs for children in their care, seemingly care leavers are reported with poor outcomes associated with challenges of lack of employment, lack of accommodation, poor educational attainment and having to strive for sense of belonging which is associated with little preparation for leaving care (Dickens, 2017; Hlungwani, 2018).

Bond (2018), states that even though transitional programs which focus on life skills and independent living are identified as important towards building the resilience of a child in CYCCs, implementation of such programs is a discretion rather than instruction (Bond, 2018). CYCCs still face the challenges of a lack of resources, inadequate infrastructure, and inadequate funds to render programs and provide basic needs for children in the care leaving most children unprepared for transition out of care (Jameison, 2013; Molepo, 2014; Dube & Malatji, 2017)

Child and youth care workers struggled to relate with the youth under study placed in CYCCs, yet rarely reported to have a relationship with social workers as they perceive social work programs relevant for youth with behavioural problems (Nurcombe-Thone, 2014; Thessen, 2014; Islam, 2012).

Residential care has been blamed for damaging young adult's development and compromising their rights, weakening family ties, inadequate preparation of young people leaving care and transitioning towards independent living (Fulcher & Islam, 2017).

The study by (Kovarikova, 2017) urges that not all youth in care receive sufficient financial support to help them transition successfully to living independently, the study showed a dismal picture of after aging out of care compared to their same age peers in the general population, generally, the young people under study have experienced low academic achievement, unemployment, experience of homelessness, frequently involvement in criminal justice system, becoming parents early and deep loneliness (Kovarikova, 2017).

These adverse experiences not only make transition to adulthood much more difficult but have a harmful long-term effect by impacting the youth's ability to provide for themselves in early

adulthood and their ability to provide for their families and children in later adulthood (Dewar & Goodman, 2014).

Turner (2012) in Dickens & Van Breda (2016) conducted a study on the experiences and challenges faced by young people leaving care in the Western Cape, using a survey of children's homes and focus groups with care workers, youth in care and youth who have left care. Youth reported considerable challenges with accessing employment, skills/education and accommodation as well as ongoing family problems (Turner, 2012, in Dickens & Van Breda, 2016).

Fulcher & Islam (2017) note that European residential child and youth care facilities are seen as a place for children diagnosed as 'mad, bad or sad' and whose needs require therapeutic or trauma informed care. They mention that over one million children are growing up in care across Europe and hundreds of thousands are confined to institutional care – a type of residential care characterised by depersonalisation, rigid routines, closed doors and a lack of any warmth, love or affection. Most of these children have parents and their separation could have been prevented if the right services were in place to support vulnerable families. Fulcher & Islam (2017) further indicate that children are housed in facilities known as institutions or orphanages and that their numbers run into hundreds in some cases. These large groups of children are supervised by employed child and CYCWs; they are often stigmatised, isolated and discouraged from reconnecting with their own parents and families (Haavind, & Jansen 2011).

Fulcher & Islam (2017) also report that siblings are often separated based on disability, gender and age, further eroding children's sense of identity and feeling of belonging to a family and a community. Children with disabilities are at the highest risk of being institutionalised throughout

Europe, due to the lack of support to families and inclusive education in the local areas. In Belgium, children with disabilities are among the categories of those entering public care who are most discriminated against, while in Bosnia-Herzegovina, Greece and Serbia children with disabilities live in the same institutions as adults, and those entering such facilities might have to spend their whole lives behind closed doors as there are no opportunities for independent community living. Investment in prevention and support services at local level, including for vulnerable families or children with disabilities, is not sufficient (Fulcher & Islam &, 2017).

Regarding residential care for young people with complex needs, the (Penning & Wu, 2016) suggests that when caregivers can no longer care for these children in the home and the children are consequently placed in residential care, it is unlikely that they will transition back to the community or back to their homes. Fourteen percent of the total number of children in poor households in South Africa are infected with HIV/AIDS and there is an increased number of children who are abused, neglected, exploited and become victims of child trafficking. Due to such conditions and lack of support from their communities, those children are subsequently admitted in CYCCs where professionals like childcare workers and social workers are entrusted with fulfilling the responsibility of families, which include raising these children and meeting their basic needs (Dube & Malatji, 2017).

In a similar study on challenges faced by adolescents living in a CYCC, Dube and Ross (2012) state that many children in residential care facilities tend to develop long-standing emotional, behavioural and learning difficulties due to a distinctly weak human resource component that exists in residential care. However, Perumal and Kasirum (2008) point out that children who are

placed in CYCCs come from dysfunctional families, and suffer from a lack of appreciation, neglect and inadequate and destructive relationships. These authors further mention that those children may require emotional support which is not always available in residential care facilities.

Goodkind, Schelbe and Shook (2011) conducted a study applying in-depth interviews with young people 18 years and beyond, ageing out of care, the study suggests that, youth leave care because of misunderstanding and misinformation about requirements for remaining in care, as well as because of a desire for autonomy and independence. Unfortunately, these efforts to be independent often hinder youths' development of supportive relationships, which they reported to be one of the greatest challenges in their transitions to adulthood (Goodkind et al, 2011).

To conceive emerging young adulthood as new life phase is to reinforce neoliberal thinking of adulthood which equates financial independence with independent decision making and taking primary responsibility for one's actions (Goodkind et al, 2011).

Youth transitioning out of care lack safety nets since their transition is abrupt, with expectations for accelerated independent living and immediate transition into adulthood (Johnson, Mendes & Moslehuddin, 2011).

Mhongera & Lombard (2016) suggested, from the qualitative study conducted in Zimbabwe with 32 adolescent girls who had either or were transitioning out of CYCCs, that due to inadequate and fragmented services, the youth were subjected to increased poverty and negative livelihood outcomes (Mhongera & Lombard, 2016).

Stein (2012) urged that the ideal is to support the gradual transitions of care leaving that provide psychological space for the different stages of transition, common to emerging adulthood (Stein, 2012).

Dube & Malatjie (2017) suggest that many care leavers in South Africa, who raised in CYCCs with dominant Western values, are deprived of their cultural and linguistic heritage, which have negative implications for their reintegration into communities (Dube & Malatjie, 2017).

The period of transition from CYCC to young adulthood presents challenges with respect to education, employment, economic insecurity, sexual violent and delinquent behaviour (Barry & Steffe, 2012).

2.5.1 Social work intervention with children in residential care

According to Section 191 of the Children's Act (38 of 2005) (RSA, 2005), a child and youth care centre is a facility for the provision of residential care to more than six children outside the children's family environment. Such children are placed by the Children's Court in terms of Section 46 in accordance with residential care programmes suited for the children in the facility Children's Act (RSA, 2005).

Section 191 of the Children's Act (RSA, 2005) stipulates that the social worker in the child and youth care centre must offer a therapeutic programme or programmes designed for the residential care of children outside the family environment. The designed programmes may include the following:

- reception, care and development of children outside their family environment;
- the reception and temporary safe care of children pending their placement;
- early childhood development;
- reintegration of children with their families and communities.

Children who are placed in a child and youth care centre come from a background filled with lack of appreciation, neglect, inadequate and destructive relationships, impaired communication and even ill-treatment. Therefore, an urgent intervention is needed to address such a child's social development through specialised and professional interventions before irreparable damage is done.

2.6. CHAPTER CONCLUSION

This chapter presented the literature and research related to the nature and scope of foster care and residential care with specific reference to the South African context. It also highlighted research in the area of youth and adults' experiences relating to the breakdown of their foster placement when they were children. There is a significant gap in the literature for the voices and perspectives of those whose foster placement disintegrated.

The next chapter presents the theoretical framework that was used to explain the adverse childhood experiences of young adults formerly placed in foster care as children and whose foster care placement was terminated, resulting in placement in a CYCC.

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CHAPTER THREE: THEORETICAL FRAMEWORK

3.1 INTRODUCTION

The previous chapter provided a literature overview of the topic, namely adverse childhood experiences of adults regarding the transition from foster care to child and youth centres (CYCCs). This chapter presents the theoretical framework that was selected to understand and contextualise these adverse childhood experiences. The selected theory is FST. Therefore, this chapter presents the assumptions, principles and application of systems theory in relation to the research topic. The chapter also provides a case study to demonstrate the application of the theoretical framework in this thesis.

3.2 THE ORIGINS AND ASSUMPTIONS OF FAMILY SYSTEMS THEORY

FST emerged from general systems theory and is commonly used in social work to explain social phenomena (Byrne, Howsare, Lander, 2013). Von Bertalanffy (1972, cited in Byrne et al, 2013) developed the general systems theory and introduced its concepts to the psychological and psychiatric fields. FST was developed by a psychiatrist (Bowen, 1978), influenced by his wartime experience as a general medical officer in the United States Army from 1941–1945 (Byrne et al, 2013).

The work of Bowen (1978) was one of the first comprehensive models to focus on transgenerational patterns, messages and beliefs passed from one generation to the next and societal relationships as key elements of the systemic theory (Flaskas, 2010).

Bowen (1978) decided to specialise in psychiatry and began his formal training in that field in 1946 at the Menninger Clinic in Topeka, Kansas, focusing on enmeshed relationships between patients with schizophrenia and their mothers (Haefner, 2014). He transferred his research to the National Institute of Mental Health (1954–1959), where entire families lived in the ward with the patient, and his observation of relationship patterns of these families led to the development of FST (Haefner, 2014).

It was through this early work that Bowen (1978) began to focus on entire family systems, rather than just an identified patient, and the relational patterns of the family systems rather than individual pathologies to gain understanding into individual and family relational health (Chung & Gale, 2009).

Bowen (1978) conducted research on families with schizophrenic members at the National Institute of Mental Health in Rockville, Maryland. Emanating from the work with not these families, the fundamental premise of FST is that family is an emotional unit and any change in the emotional functioning of one member of the family unit is predictably and automatically compensated for by changes in the emotional functioning of other members of that family unit (Haefner, 2014).

FST places primary focus on exchanges of behaviour that take place in a given moment of interaction between members of the family. According to this theory, patterns of interaction between family members call forth, maintain, and perpetuate both problem and nonproblematic behaviour. Nonpathology-oriented FST seeks to identify and bring forth reconstitute behavioural

exchanges between family members. Emphasis is placed on identifying and interrupting repeated sequences of behavioural exchanges of which the problem behaviour is a part. When these problem-perpetuating patterns are successfully interrupted, the problem behaviour dissipates, and treatment is complete (Smith, 2016).

When using a systems approach to understanding family life, one must view the family unit as a whole and therefore not regard the individual as the primary focus of interest. One must also understand the relationships and interactions that occur within the family entity. Another way to say this, is that each role existing within the family is dependent on the others (Day, 2010).

The focus on the family, instead of the individual, provided a completely different dimension to the thought process. It became evident that a change in one family member would result in a change in another. Patterned interactions could be observed over and over. Once the family could be observed to function as a system, it became conceptually important to define what kind of system it was (Keller & Noone, 2020).

Bowen (1978) believed that, if a theory of human behaviour were to move toward science and have the capacity to integrate known facts of science, it would have to be based in evolution (Bowen, 1978). Keller & Noone (2020) believed that a theory of the family would have to be consistent with the facts of biology and the human as an evolved form of life (Keller & Noone, 2020).

Bowen (1978) believed that by developing a framework of understanding about an entire system, he could better explain the behaviour of individuals involved in any emotional classification (Titelman, 2008).

By looking at the family unit, (Bowen, 1978) was able to see the interlocking patterns of the family as emotional systems. From this beginning, he was able to expand his theory to view societal interactions as also being part of the emotional transmission process (Titelman, 2008).

Bowen's (1978) framework was one of the first comprehensive models to focus on transgenerational patterns, messages and beliefs passed from one generation to the next, and relationships as key parts of the systematic theory (Flaskas, 2010). FST has found application in the fields of psychology, medicine and industry (Bowen, 1978). Today, FST is still perceived as one of the more comprehensive psychological development theories because it does acknowledge both the systemic and the multigenerational nature of psychological development while neglecting the role of the individual in the process of personal responsibility (Flaskas, 2010).

This principle, according to Bowen, has two important implications: the emotional functioning of every family member plays a part in the occurrence of anxiety in one family member and treatment needs not be directed at the symptomatic person (Titelman, 2008).

Consequently, Haefner (2014) suggested that if one member of the family can change his or her emotional functioning, provided he or she is present and accounted for within the family, the whole family will improve its functioning in response to that one person's ability to change. Based on his

research, Bowen (1978) believed families, and later societal systems of individuals, or even system organisations, would handle anxiety in predictable and repetitive ways or patterns of adaptive behaviours that serve to reduce anxiousness (Chambers, 2009).

According to Bowen's theory, therefore, if family members do not have the capacity to think through their responses to relationship dilemmas, but rather react anxiously to perceived emotional demands, a state of chronic anxiety or reactivity may be set in place (Haefner, 2014). Therefore, the relationships between family members constitute a system in the sense that a reaction in one family member is followed by a predictable reaction in another, and that reaction is followed by a predictable reaction in another and then another, in a chain reaction pattern (Papero, 2014).

Bowen's FST is still viewed as one of the more comprehensive psychological development theories because it does acknowledge the familial systemic nature, the societal systemic nature, and the multigenerational nature of psychological development while not neglecting the role of the individual in the process (Flaskas, 2010). It is this acknowledgement of the individual's role across various systems that are all seeking to reduce emotional or psychological discomfort, that has allowed Bowen's theory to find a place of prominence within the third generation of systems theories (Doherty & McDaniel, 2010).

According to Connors (2011), Von Bertalanffy (1972) played an important pioneering role in the formulation of the theory, primarily through his work with children with chronic medical conditions such as diabetes, asthma and anorexia nervosa. He focused on the structure of the family, with its rules, boundaries, subsystems and its adaptation to inner and outer pressures

(Connors, 2011). FST applies systems thinking to family dynamics, problems and therapy (Connors, 2011). Yet years ago, primitive societies instinctively understood the dynamics of systems theory; for example, when a clan member became ill, it impacted on the whole community. It meant the loss of a worker, which affected the whole production system. It was in everybody's interest that the person regains health and his or her ability to function.

To see families as systems, one must see the family as a unit, with family boundaries, characteristics, energy and interaction patterns (Connors, 2011). As such, Von Bertalanffy (1972, cited in Thyer, 2008) applied concepts such as wholeness and differentiation, hierarchy and finality and equifinality to analysis of life forms as well as to symbolic systems such as the family, which he viewed as occupying the highest level of systems types.

FST also helps to inform researchers and clinicians about factors that influence the maltreatment of foster children. For example, among foster parents, factors such as parental psychopathology, alcohol and substance abuse and dependence, marital distress, psychiatric illness, and mental health problems all potentially contribute to foster child maltreatment (Hooper, 2007).

There is a link between ecological systems theory (EST) and FST. EST suggests that individuals, families and groups do not operate in isolation; they are influenced by the physical and social environment they live and interact with every day (Treater, 2014). These theories can also be used in conjunction with the circle of courage model, as well as with the strengths-based approach because they share principles such as the potential, capacities, environmental factors, and interrelatedness of subsystems. EST was developed based on the biological science of ecology,

which views all living organisms within their social and physical environments and examines the exchanges of people with their environments (Gitterman, 2009). Pattoni (2012) assumes that the strength-based approach concentrates on inherent strengths of individuals, families, groups and organisations, deploying personal strengths to aid recovery and empowerment (Pattoni, 2012).

Rapp, Saleebey & Sullivan (2008) offer six standards for judging what constitutes a strength-based approach:

- Through goal orientation, people set goals they would like to achieve in life.
- In strengths assessment: the primary focus is not on problems or deficits; the individuals are supported to recognise the inherent resources they have at their disposal, which they can use to counteract any difficulty or condition.
- Regarding resources from the environment, strengths proponents believe that in every environment there are individuals, associations, groups and institutions who have something to give that others may find useful, and that it may be a social worker's role to enable links to these resources.
- Explicit methods are used for identifying client and environmental strengths for goal attainment.
- The relationship is hope-inducing strengths-based approach aims to increase the hopefulness of the client.
- In exercising meaningful choice, strengths proponents highlight a collaborative stance where people are experts in their own lives and the social worker's role is to increase and explain choices and encourage people to make their own decisions and informed choices.

Perumal & Kasirum (2008) emphasise the ecological system approach when placing children in the CYCC. The ecological system's perspective recognises interaction between

people and their environment, and it focuses on wholeness, interdependence and complementarity in order to fully understand people (Perumal & Kasirum, 2008).

3.3 FOSTER FAMILIES IN THE CONTEXT OF FAMILY SYSTEMS THEORY

FST contextualises the foster child and the foster child's accompanying behaviour with reference to the broader family system. As such, behavioural concerns are tied to the current functioning of the entire foster family system and a shift in one part: that is, the foster child's behaviour symptoms are likely to have an impact upon other parts, namely the nature of the foster family relationships (O'Gorman, 2012).

Dore (2008, cited in Dulmus & Sowers, 2008) noted that although the early family theories added value in terms of enhancing understandings of the role and function of the foster family in society, they were limited in their ability to explain how families functioned over time. It was only with the development of FST that more comprehensive understanding of the cognitive, social, and emotional functioning of individuals in society began to emerge. FST considered the entire family unit rather than individuals or dyads, such as foster parent and foster child (Dore, 2008, cited in Dulmus & Sowers, 2008).

FST holds that the foster family functions as a system wherein each person plays a specific role and must follow certain rules. Based on the roles within the system, people are expected to interact with and respond to one another in a certain way. Patterns develop within the system, and each member's behaviour affects the other members in predictable ways. Depending on the specific

system, these behavioural patterns can lead to either balance or dysfunction of the system (Devlin, 2019).

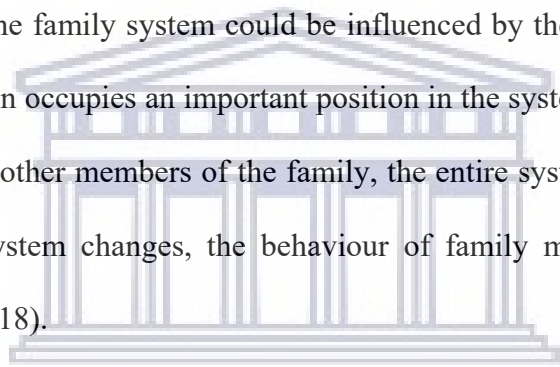
Bowen (1978, cited in Devlin, 2019) believes that humans evolved to be interdependent on family members, in order to promote cooperation among foster families, which is necessary for essentials like shelter and protection. However, in stressful situations, the anxiety that one person feels can spread among family members, and the interdependence becomes emotionally taxing, rather than comforting (Devlin, 2019).

Foster families are seen as systems that may become dysfunctional and that can return to a healthier state of functioning, referred to as homeostasis, by altering communication patterns and interactions, internal and external boundaries, or redefining or restructuring family roles and subsystems (McDonough et al., 2013). Understanding family problems requires the assessment of several patterns of family interactions in the context of their family system, with an emphasis on what is happening, rather than why it is occurring (Ubaidi, 2017).

The paradigm shift from individual thinking to family-systems thinking must occur at the level of educating foster parents to underline the importance of the foster child's advocacy through family-systems dialogue (Paylo, 2011). Foster families should move away from blaming one person, the foster child, for the dysfunctional dynamic, and attempt to find alternative solutions. Social workers should be able to identify and manage early signs of a dysfunctional foster family by focusing on those that are submerged in child abuse and neglect or domestic violence. However,

many families are reluctant to believe or accept that they are what is classified as a dysfunctional family (Ubaidi, 2017).

Furthermore, FST encourages people to think of issues such as marital conflict, addiction in foster children, acting out behaviour of these children, difficult relationships and loneliness in terms of a multigenerational family or a system. This approach encourages people to move away from blaming others, towards individual responsibility (Dore, 2008, cited in Dulmus & Sowers, 2008). According to FST, the individual is capable of self-regulation when important relationships are disturbed or unavailable. The family system could be influenced by the actions of an individual family member if that person occupies an important position in the system. If such a person stays in meaningful contact with other members of the family, the entire system could change or shift its functioning. When a system changes, the behaviour of family members changes as well (Ntshongwana & Tanga, 2018).



3.4 FAMILY SYSTEMS THEORY IN SOCIAL WORK PRACTICE

McDonough et al (2013) propose that the use of FST is motivated by its utilisation and applicability in social work research and practice. In social work, this theory is applied in three main ways (McDonough et al., 2013), as explained below.

FST applied to social work is based on the idea that behaviour is influenced by a variety of factors that work together as a system. These factors include family, friends, social settings, economic class, and the home environment. This theory posits that these and other factors influence how individuals think and act, and therefore examining and implementing these social structures to find

ways to correct ineffective parts or adapt for missing elements of a given system can have a positive impact on behaviour (Walker, 2019).

3.4.1 Family systems theory as a perspective

In the majority of articles, FST is reviewed as a perspective; the view is adopted that individuals in crisis should be evaluated within the family system and that interventions should involve the whole family in order to have any effect on the individual in question (McDonough et al., 2013).

3.4.2. Family systems theory as part of models used in therapeutic settings

FST is used in developing techniques and models applied in marriages and foster family therapy. It allows the family to be treated as a network of systems including the individuals, the family system, and the social system in which they live (McDonough et al., 2013). Thus, strategic family therapy uses aspects of FST by shifting the focus from the individual to the family and the role of the therapist in developing strategies to address the problem (McDonough et al., 2013).

3.4.3. Family systems theory to inform assessment tool

Asarnow, Berk & Baraff (2009) suggest the following assessment tools that may be used to identify and measure instantiations of important concepts in FST: the Family Systems Test (FAST), the Parent Adolescent Relationship Questionnaire/Inventory (PARQ), the Family Adaptability Scale and Cohesion Scales (FACES), and the Self-Report Inventory (SRI) (Asarnow et al., 2009).

Social workers have long been involved with foster families known to the child welfare system and have sought ways to intervene effectively with them to prevent foster child maltreatment and a poor psychosocial outcome for these children (Thyer, 2008). Removing children thought to be

at high risk of abuse or neglect from their families and subsequently place them in foster homes, was once considered standard child welfare practice (Dore, 2008, cited in Dulmus & Sowers, 2008).

Little effort has been made to maintain foster family ties and to help such families to overcome the problems that had contributed to the removal of children in their care. However, influenced by FST and the growing understanding of the importance of attachment and consistent caregiving in a foster child's life, increased efforts have been made to stabilise foster families in crisis and prevent out-of-home placement of children where possible (Thyer, 2008).

3.5 IMPORTANT CONCEPTS IN FAMILY SYSTEMS THEORY IN RELATION TO THE RESEARCH TOPIC

FST emphasises family dynamics, roles, communication patterns, and power relations (Hepworth, Larsen, Rooney, Rooney & Strom-Gottfried & 2013). Families are dynamic in nature and have patterns of rules and strategies that govern the way they interact. The dynamic nature of the family helps to ensure that it can meet the challenges associated with daily living and developmental growth its members. One of the central premises of the FST is that family systems organise themselves to carry out the daily challenges and tasks of life, while also adjusting to the developmental needs of its members. Family dynamics are the patterns of relating, or interactions between family members. Although each family system and its dynamics are unique, there are some common patterns.

Family dynamics can influence on the development of emotion in foster children and that can be seen in foster parenting practices, emotional family climate, and different emotional learning experiences particularly with supportive foster parents.

FST has at its core some basic concepts that give value to multigenerational transmission of messages and to an individual's ability to access emotions without being governed by those emotions at the expense of intellect. Those concepts are triangulation, differentiation of self, emotional cut-off, projection, sibling position, and the multigenerational emotional transmission process (Brown, 2013). A discussion of the aforementioned concepts follows below, as they relate to the research topic.

3.5.1 Triangles

A triangle is a three-person relationship that can stabilise a two-person system (dyad) experiencing anxiety. When tension develops between the foster child and the foster parent, anxiety can be relieved by bringing in a third person (social worker) (Haefner, 2014).

Haefner (2014) proposes that emotional forces within a triangle are constantly in motion as the triangle moves back and forth between dyads with one person as the outsider. Spreading the tension can stabilise the family system but does not resolve the source of the tension (Haefner, 2014).

A triangle is said to occur when the inevitable anxiety in a dyad (foster child and foster parent) is relieved by involving a vulnerable third party who either takes sides or provides a detour for the anxiety (Rabstejnek, 2008). An example of this pattern would be when a person A in a relationship

begins feeling uncomfortable with too much closeness to person B, he or she may begin withdrawing to another activity, which is work (the third point of the triangle) (Rabstejnek, 2008). As mentioned above, a triangle, according to the FST, is a three-person relationship and is considered a building block for larger systems. These relationships are seen as the most stable because a two-person relationship is too restrictive, and tension builds easily. With an additional person in the mix, the tension can be shifted around amongst three people, so none of the relationships become too volatile. While shifting tension can reduce stress and pressure on a relationship, it is important to note that nothing gets resolved, and thus tension continues to build (Devlin, 2019).

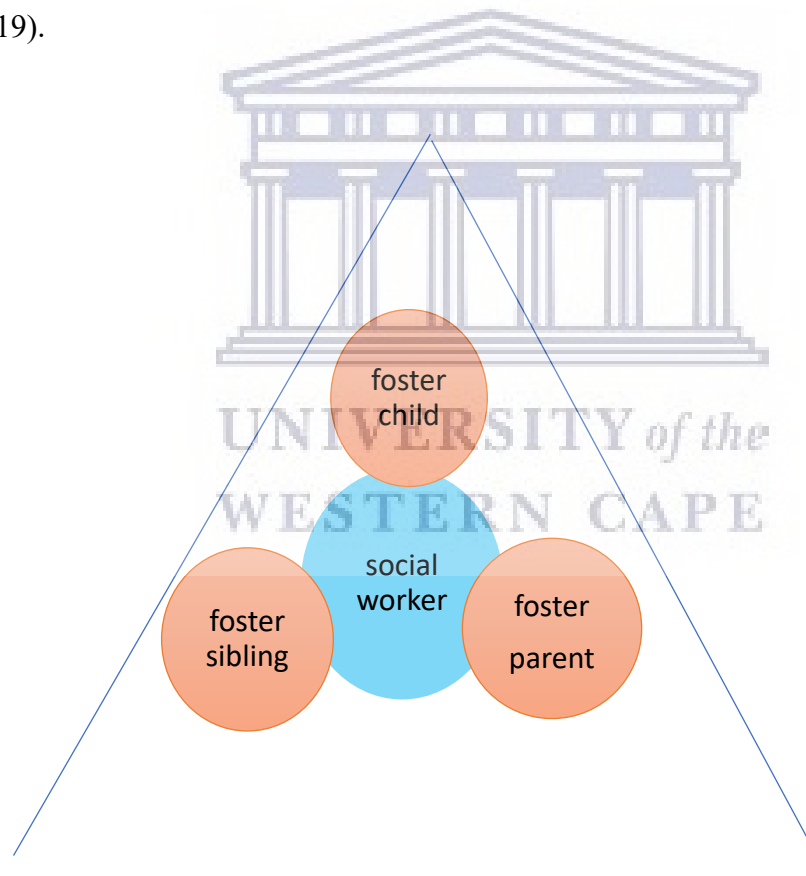


Figure 3.1: Triangles illustration (Source: Researcher’s own design)

A triangle (Figure 3. 1) demonstrate a three-person relationship system. Thus, people’s actions in a triangle reflect their efforts to assure their emotional attachments to important others, their

reactions to too much intensity in the attachments, and their taking sides in others' conflicts. The triangle establishes various patterns of closeness and distance that shift with the tension in the system. Predictable movements by each participant in the triangle reflect efforts to establish closeness or retreat from discomfort. The relationship patterns of the triangle repeat predictably, shifting the pattern with the shifts in tension. When the system is calm, one set of patterns prevails, but another set emerges as tension and stress mount (Papero, 2014).

The patterns in a triangle change with increasing tension. In calm periods, two people are comfortably close 'insiders' and the third person is an uncomfortable 'outsider'. The insiders actively exclude the outsider, and as the outsider works to get closer to one of them, someone is always uncomfortable in a triangle and keeps pushing for a change. The insiders solidify their bond by choosing each other in preference to the less desirable outsider. When someone chooses another person over oneself, it arouses particularly intense feelings of rejection (Rabstejnek, 2008).

If mild to moderate tension develops between the insiders, the most uncomfortable one will move closer to the outsider. One of the original outsiders is now an insider. The new outsider will make predictable moves to restore closeness with one of the insiders. At moderate tension levels, triangles usually have one side in conflict and two harmonious sides. The conflict is not inherent in the relationship in which it exists but reflects the overall functioning of the triangle (Rabstejnek, 2008).

Triangles contribute significantly to the development of relationship problems. For example, when the foster child is getting pushed from an inside to an outside position, it can trigger depression or perhaps even a physical illness. If two foster parents intensely focus on what is wrong with a foster

child it can trigger serious rebellion in the child. This can cause a breakdown in the foster care and subsequently the foster child being placed in a CYCC.

A social worker in a welfare organisation becomes involved when the foster family system has more stress than it can handle. An example of this in the current study would be in the pattern of the young adult feeling uncomfortable in the foster care placement, and consequently the social worker (third point of the triangle) is drawn in to play the role of mediator between the foster child and the foster parent.

Majority of young adults formerly transitioned from foster care to CYCCs expressed negative attitudes to experiences of social workers, they felt that social workers did not listen to them or acted in a manner that took into account of their views. They talked about social workers constantly unavailable to meet with them, aside from instances where young people were being disciplined or moved to another placement, they did acknowledge that social workers can be overburdened with caseloads (Martin, 2012).

Qualitative studies with youth in foster care and young adults leaving foster care have found themes of loss and loneliness as well as lack of sense of belonging due to placement disruptions (Gustavsson & Stott, 2010).

Young adults who were not staying with their biological parents ended having a feeling that they were not given what they expected as children because they were not biological children to caregivers in CYCCs, majority of caregivers were elderly women who failed to understand the needs of young adults, young adults became frustrated and looked for better places to stay, resulting in big challenges for the young adults (Dziro, 2020).

Youth transitioned to residential care as last resort, when all other options have been exhausted, including foster care (Dickens & Van Breda, 2016).

A United States organization's research highlights the negative effects of residential care on child development and adult productivity (Sachiti, 2011). The organisation further highlights the vulnerability of institutionalised children to medical and psychosocial hazards. Some of the challenges include lack of parental care, inadequate food and lack of resources for school and these challenges may affect their academic performance and socialization (Bardin, 2012).

Poor in care experiences compound the vulnerability of care leavers, as do experiences of being forced into adult- like roles before they are ready and the lack of ongoing support once they leave care (Johnson et al, 2011).

Transitioning from residential care placement to independent living can place increasing pressure on young people who are already determined as high risk or vulnerable (Williams, 2011).

Young people transitioning out of care require specialised support in order to cope with life beyond care, furthermore, discontinuing care at age of majority undermines the development that had taken place leading to that point (Koh & Testa, 2011).

3.5.2 Differentiation of self

A basic task in a young adult life is to differentiate a self in relation to the important relationships in one's life (Titelman,2008). Differentiation is an effort to become a mature human with the capacity to thoughtfully direct one's life in the face of the anxiety and emotion that permeate human relationships (Titelman, 2008). This self-formation starts in infancy and further develops in adolescence as the individual is developing identity and dealing with his or her parents' expectations and emotional investment in their children (Titelman, 2008). Differentiation entails

the variation among people in their ability to remain autonomous when under pressure to join with others. Bowen described people who are able to think and act according to their own values and beliefs as well differentiated (Kott, 2012).

Differentiated people respond better to life's stresses, and their adequate thinking controls emotionality, but still allows human emotions (Rabstojek, 2009). A well-differentiated self, while acknowledging the importance of family and social groups, is able to withstand conflict, rejection, and criticism and to separate emotionally and intellectually from the family of origin. Persons with low differentiation are less flexible and more emotionally dependent on others (Haefner, 2014).

Differentiation of self, according to Bowen, speaks to how much the person is able to be calm, and to make thoughtful decisions when in contact with emotionally reactive individuals and systems, when it is important not to react but first to take a deep breath and work to collect information in a calm and thoughtful way before making a decision (Kohli, 2017).

Fritzlan (2010) indicates that differentiation of self occurs in an individual and reflects the extent to which that person is able to distinguish between the intellectual process and the feeling process (emotions) he or she is experiencing. Thus, differentiation of self is related to the degree to which one is able to choose between having one's actions, relationships and life guided by feelings or thoughts (e.g. What part of me is running my life – my gut or my brain? Who is in charge – my feelings or my thinking?) (Fritzlan, 2010).

A differentiated self is described by Bowen (1978, cited in Rabstejnek, 2009) as the solid self, and a fused self is called the pseudo self. The solid self knows what it needs and desires, while the pseudo self-reacts to those around it. In an unhealthy relationship two pseudo selves come together and fuse into each other, one person losing and the other person gaining self. The solid self, however, maintains its individuality and does not merge. The solid self has beliefs, opinions, convictions and life principles (Rabstejnek, 2009).

The pseudo self operates by rules, customs and expectations, and does not know what it truly believes. It is a product of emotional pressure and every group in society exerts pressure on its members to conform. A pseudo self may belong to groups with inconsistent ideals, but does not know why it feels uneasy, being unaware of its own beliefs. A solid self may belong to the same groups but is aware of the contradictions and rationally chooses to belong (Rabstejnek, 2009).

Foster children with greater ability to differentiate between thinking and feeling have more tools to meet challenges effectively and efficiently. They are less dependent on the relationship environment for their sense of balance and well-being, and they can be responsible for themselves without having to retreat from the family during tense periods (Papero, 2014).

A foster child with a poorly differentiated sense of self depends so much on the acceptance and approval of others that they either quickly adjust what they think, say, and do to please others or they dogmatically proclaim what others should be like and pressurize them to conform. Therefore, a foster child with a well differentiated self, recognises his or her realistic dependence on others, but he or she can stay calm and clear-headed enough in the face of conflict, criticism and rejection,

to distinguish thinking rooted in a careful assessment of the facts, from thinking clouded by emotionality.

These early childhood experiences can lead to a young person developing internalising and externalising problems, such as low self-esteem, behavioural problems, poor academic achievement, post traumatic stress disorder (PTSD) and lowered expectations (Williams, 2011).

Studies indicate that if we make sure to listen to young people during the process of leaving care, it leads to better outcomes and contributes to experiences of agency, wellbeing and satisfaction (Backe - Hansen & Bakketeig, 2018). On the other hand, research demonstrates that the failure to provide such opportunities for participation has negative outcomes such as feelings of hopelessness, low self-esteem, and low confidence, emotional and behavioural problems and passivity (Harder, Kalverboer, Knorth, Post, & Ten Brummelaar, 2018).

A recent review concerning youth participation in decision-making during residential care suggests that young people usually experience only very limited opportunities to participate in the decisions that affect them. This includes, among others, decisions related to their transition out of care or discharge planning (Harder et al, 2018).

Brownell, Ekuma, Fransoo, Leclair, MacWilliam & Ross (2010) undertook a longitudinal study of all young adults who turned 18 years in Manitoba to compare the outcomes of risk factors and outcomes, young adults considered at high risk for poor outcomes included former youth in foster care and CYCCs, youth living in poverty or youth with a mother who was a teen at first child birth (Brownell et al, 2010).

All the above risk factors resulted in a high school drop out rate of 84 percent compared with youth with no risk factors (Brownell et al, 2010).

Every time young adults moves, they lose four to six months of academic progress due to the disruption and logistical coordination between academic and child protection institutions, approximately 54 to 58 percent of young adults who were in state care graduated high school by 19 percent compared to 87 percent of their peers (Day & Kirk, 2011).

Ultimately youth transitioned from foster to CYCCs struggled with school, have more special education needs, high absenteeism, are suspended or expelled more often, score 15 to 20 percent lower on standardized testing, are less likely to graduate, and repeat grades more frequently (Brownell et al, 2010).

3.5.3 Emotional cut-off

Family members unable to reduce or manage their unresolved emotional issues with parents or other family members totally cut off emotional contact by moving away geographically or rarely going home. These unresolved emotional issues generally centre on unresolved attachment and differentiation of self. Bowen asserts that running away does not indicate emotional independence but rather that this person tends to blame the parent rather than look for any fault in themselves (Haefner, 2014).

Emotional cut-off is an instinctive biological process that acts like an emotional safety valve in relationships (Metcalf, 2011). Bowen described cut-off as an immature separation of foster children from their foster parents, reflecting unresolved emotional attachment to these parents. Cut-off can be seen as the other side of the fusion coin, expressing an allergic reactivity to emotional closeness so that the runaway is as emotionally dependent as the one who lives next door to the parental unit (Metcalf, 2011).

In the face of emotional intensity in the foster family, people distance from one another. The distance can range from very slight to severe. In extreme forms, a foster child can distance or cut off all contact with his or her family of origin. Cut-off, both solves a problem and creates a problem: on the one hand, the use of distance provides immediate relief from difficult relationship intensity; on the other, the loss of contact appears to rigidify emotionally reactive processes between people (Papero, 2014). As such, emotional separation is expressed in internal process by denying the attachment, in external process by physical separation, or by some combination of the two (Metcalf, 2011).

Unresolved emotional attachments to past generations will continue to plague future performance. Rabstejnek (2009) believes that the person who runs away from his family of origin is as emotionally dependent as the one who never leaves home. The runaway needs emotional contact but negatively reacts to it. Running away will become a coping pattern in future relationships such as marriage. Bowen asserts that the more a nuclear family maintains some kind of contact with the past generations, the more orderly and asymptomatic the life process will be in both generations. Avoiding cut-offs is more in the area of therapy and will not be belaboured here (Rabstejnek, 2009).

Thus, in relation to the current study, emotional cut-off is one of the most significant aspects because when foster children feel ill-treated in the foster family or feel like outsiders and not really part of the family, they start to display negative behaviour that result in their being cut off from the foster family. This may also be fuelled by foster siblings who will feel threatened by the child's

presence within the family. Consequently, conflicts might emerge between the foster child and foster parents, which might lead to breakdown of the placement and subsequent transfer to CYCC.

3.5.4 Family projection process

Haefner (2014) describes family projection as a primary process during which foster parents pass along their emotional problems to the foster child. According to (Metcalf, 2011) foster parents scan a foster child for potential problems, diagnose the child's behaviour as confirmation that the problem exists. They then treat the child as though the diagnosis is accurate, shaping their development through the foster parents' undifferentiated projection lens.

Inherited problems that affect foster children mostly include (a) excessive need for attention and approval, (b) difficulty dealing with expectations, (c) blaming self or others for problems, (d) assuming responsibility for others' happiness or subjugating personal happiness to others, and (e) relieving anxiety by acting impulsively rather than tolerating anxiety while acting thoughtfully (Brown, Gabrielli, & Jackson, 2014).

The family projection, according to Haefner (2014), is described as three steps:

- The foster parent focuses on the foster child, fearful that there is something wrong.
- The foster parent interprets the child's behaviour as confirming this fear.
- The foster parents treat the foster child as if something is really wrong with them.

Brown et al (2014) describes family projection as occurring when a foster child responds anxiously to the tension in the foster parents' relationship, which in turn is mistaken for a problem in the child (Brown et al., 2014).

Foster youth inherit many types of problems through the relationships with their foster parents, but the problems they inherit that most affect their lives are relationship sensitivities such as heightened needs for attention and approval, difficulty in dealing with expectations, the tendency to blame oneself or others, feeling responsible for the happiness of others rather than responsible for one's own happiness, and acting impulsively to relieve the anxiety of the moment rather than tolerating anxiety and acting thoughtfully, thus, if the projection process is fairly intense, the foster child develops stronger relationship sensitivities than his or her foster parents. The sensitivities increase a person's vulnerability to symptoms by fostering behaviours that escalate chronic anxiety in a relationship system; hence, the concept of family projection is highly relevant in the current study because it clearly shows how foster parents can easily shift the blame from the entire foster family to the current foster child and former foster youth. In this context, the former foster youth are perceived as the reason for the differences between them and the foster parents and this may ultimately result in foster care disintegration and subsequent placement of the child in a CYCC. Current and former foster care youth are more likely to experience multiple and co-occurring forms of trauma and victimization prior to, during, and foster care placement when they compared to non-foster care peers (Ake, Briggs, Fairbank, Greeson, Kisiel & Layne, 2012).

Youth transitioned from foster care from 18 to 21 years experienced a transition to adult life which is more complicated than young people raised by their biological parents, the former young adults have to take care of themselves independently earlier than their peers (Haggman-Laitila, Karki & Saloekkkile, 2019).

Young adults formerly placed in foster care and CYCCs identified themselves as adult and were quite confident about their future and potential for independent living. They

had developed coping strategies and profiles, but often faced the same challenges in finding employment, education and having a person whom they could rely on. Among the factors that supported the transition to independent living were care leavers' personal characteristics, certain care-specific features, good education, sufficient prerequisites for a safe life and social support (Haggman-Laitila, 2019)

3.5.5 Sibling position

Haefner (2014) describes sibling position as follows: the oldest child tends toward the leadership position and the youngest child tends to follow. Eldest children are more likely to take responsibility and leadership, and younger siblings are more comfortable being dependent and allowing others to make decisions, while middle children are described as having more flexibility to shift between responsibility and dependence and only eldest children are seen as being responsible and having greater access to the adult world (Brown et al., 2014).

According to Crawford (2018), Bowen incorporated the research of the psychologist Toman (1961) as a foundation for the concept of sibling position. Bowen observed the impact of sibling position on development and behaviour in his family research and he found Toman's work so thorough and consistent with his ideas that he incorporated it into his theory (Crawford, 2018). Bowen (1978, cited in Metcalf, 2011) believed that knowledge of sibling position in past and present generations pointed to active differentiation level, projection process, and triangulated positions. He saw this information as a vital tool for understanding past generations in the absence of verifiable facts and as a predictive tool for understanding how foster children will react in foster care and in therapy (Metcalf, 2011).

Transition of foster children from their biological siblings to alternative care such as foster care or placement in a CYCC after a traumatic experience like death of both parents, deliberate neglect or abuse from their family of origin, can be a very traumatic experience for both foster child and their biological siblings. Young adults formerly placed in foster care went through adverse childhood experiences such as trying to accept the foster siblings as their own, and that created anxiety in the foster former youth. These young adults struggled to fit into the foster family dynamics and sibling position, and they felt more comfortable being dependent and allowing other foster siblings to make decisions on their behalf.

3.6 CASE STUDY ILLUSTRATION OF FAMILY SYSTEMS THEORY AS IT RELATES TO THE RESEARCH STUDY

The researcher developed the case study that follows to demonstrate the application of the Bowen (1978, cited in Brown et al., 2014) theory.

Case study:

Louis (16-year-old male) was removed from the care of his biological parents at the age of 10 years and was placed in foster care with Ms Gumede (56 years old). Ms Gumede is a widow with three children; Thembie (38 years old), Siphso (25 years old) and Thabo (18 years old) (**sibling position**). At the age of 15 years and after being in the foster care placement for five years, Louis exhibited behavioural problems within the foster family which involved the abuse of substances, absconding from school, house-breaking and aggressive behaviour towards the foster siblings and foster parent (**sibling position**). The social worker of the child, Ms Jonas, was informed about the behaviour of the foster child and the foster parent requested the social worker to intervene and

remove Louis from her care and place him in a CYCC (**triangle**). The foster parent, Ms Gumede, feared for her life and she also felt that her 18-year-old child is at risk of being influenced by the foster child's negative behaviours (**sibling position**).

The social worker, Ms Jonas, outlined her intervention strategy to the foster family. It would entail the emergency removal of the foster child, Louis, to a CYCC by means of Section 150(f) of the Children's Act (RSA, 2005).

The social worker discussed her intervention plan with Louis and explained the reasons behind her plan to remove him to a CYCC. During the interview with the social worker, Louis mentioned that he agreed with the social worker and he wants to leave the foster care placement. He stated that he was being physically and emotionally neglected by the foster parent; hence he had resorted to displaying negative behaviours (**emotional cut-off**).

Thembie, the eldest child of Ms Gumede, also influenced the social worker to speed up the process of removing the child from the foster care. She informed Ms Jonas that the behaviour of the child had affected her mother's health and she further felt that it would be in Louis' best interest to be removed from foster care and be placed in a CYCC (sibling position). Louis was immediately removed by the social worker and was placed at ECYCC. The application was sent to a rehabilitation centre because he was deeply involved in the abuse of substances.

At the age of 18 years Louis was discharged from the CYCC and was reintegrated back to the community. The young adult experienced some difficulties in adjusting in the community this is due to the fact that he was removed from his family at a very young age and his former foster family was no longer keen to look after him. In order to make ends meet Louis had to work as taxi

door operator and that was the only way he can survive because he had not formal tertiary education in order for him to obtain descent job.

The case study demonstrates the applicability of FST to social work services in relation to placement of children in foster care and subsequent CYCCs. From this case study it is evident that sibling positions and emotional cut-off appear to be the critical factors that can lead to the breakdown of the foster family.

3.7. CHAPTER CONCLUSION

The selected theoretical framework that guided this research was presented and a discussion on why it is relevant to this study was put forward in this chapter. This theoretical approach provided insight and understanding into the dynamics in a foster care placement that can lead to its breakdown and subsequent transfer of the child to a CYCC. The next chapter presents the research methodology that was followed in this study.



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CHAPTER FOUR: RESEARCH METHODOLOGY

4.1 INTRODUCTION

The previous chapter presented the theoretical framework that was selected to explain the adverse childhood experiences of adults regarding the transition from foster care to child and youth centres. This chapter will present the research methodology employed in this study.

4.2 METHODOLOGICAL APPROACH

This study was conducted using a qualitative research approach in order to gain in-depth information about the lived experiences of persons that were formerly placed in foster care and CYCCs after the placement with a family disintegrated. Qualitative research is concerned with gaining in-depth understanding of the research topic. Qualitative research also makes use of smaller samples and attempts to find information with rich and deep meaning, rather than large volumes of statistical data, as in the case of quantitative research (Delpont, Fouche & Shurink in Delpont, De Vos, Fouché & Strydom. 2011). Additionally, a qualitative research approach is described by (Babbie & Mouton, 2016) as a process to study human action from the perspective of the social actors themselves, describing and understanding rather than merely understanding human behaviour.

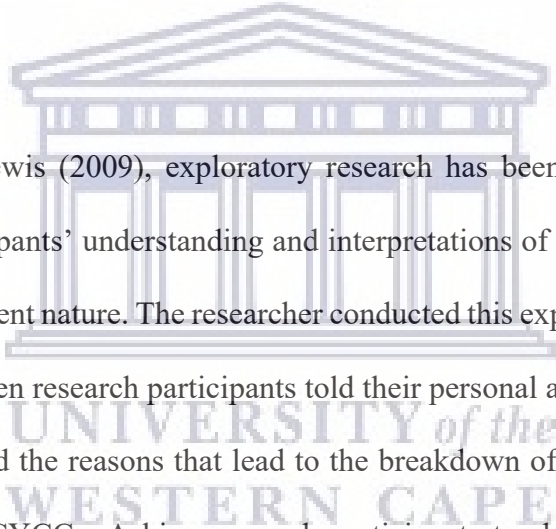
The focus of the study was to understand the participants' perceptions and experiences of the breakdown of their foster placement as children and the subsequent placement in CYCCs. This links with assertions made by Bless et al (2013), who describe qualitative research approach as an attempt to understand particular phenomena in the context of the participants' own experiences.

Similarly, Guest et al (2011) define a qualitative research approach as a type of scientific research that seeks answers to a question, systematically using a predefined set of procedures to answer the question, collect evidence and produce findings that are not determined in advance. This definition, together with the focus on understanding people and their worlds, are the reasons why this current was conducted using qualitative approach. This approach was therefore suitable because i investigated the problem from the participants' point of view.

In contrast, a quantitative research approach, according to Bless et al (2013), is a process where the researcher tends to follow the process adhered to by natural scientists. In other words, the researcher collects data according to a specific set of steps and in so doing attempts to remain as objective and neutral as possible. Guest et al (2011) further assert that a quantitative research approach is the process that seeks to confirm hypotheses about phenomena, uses a more rigid style of eliciting and categorizing responses to questions, employing methods such as questionnaires, surveys, and structured observation. A qualitative approach was considered to be more appropriate when a researcher explores the nature of a problem, issue or phenomenon, as in the case of the current study.

Bloomberg (2011) suggests that qualitative researchers should study people in their natural settings and attempt to make sense or interpret phenomena in terms of the meaning people bring to them. In line with the aim of this study and assertions by Delpont et al (2011), a qualitative research approach is the preferred option because it allows flexibility in all the aspects of the research process. In light of the sensitive nature of the proposed study, it is appropriate then to gain the perspective of the social actors themselves in describing and understanding their experiences.

One of the qualities of qualitative research approach is to explore the phenomenon, as experienced by the participants, in order to gain a deep and meaningful understanding of their experiences (Delport et al., 2011). In this study, a combination of exploratory and descriptive design was used. As such, an exploratory approach was taken, as the researcher was concerned with exploring the participants' lived experiences in foster care and subsequent placement in CYCCs after the disintegration of their placement with a family. This was in order to understand how they viewed and understood their experiences of foster and residential care, and the meaning that they attached to their experiences.

The logo of the University of the Western Cape is centered on the page. It features a stylized classical building with a pediment and columns, rendered in a light blue color. Below the building, the text "UNIVERSITY of the WESTERN CAPE" is written in a serif font, with "UNIVERSITY of the" in a smaller size and "WESTERN CAPE" in a larger size, all in a light blue color.

According to Ritchie & Lewis (2009), exploratory research has been described as seeking to explore and describe participants' understanding and interpretations of a social phenomenon in a way that captures their inherent nature. The researcher conducted this exploratory research through generated data, which is when research participants told their personal accounts of experiences of challenges in foster care and the reasons that lead to the breakdown of their foster placement as well as their transition to CYCCs. Asking research participants to share their personal stories (Guest, Namey, & Mitchell, 2013) offered them the opportunity to reflect back on their experiences and share their understanding thereof and the meaning it held for them. Providing the research participants with a platform to reflect back on their experiences and giving value to their stories through the individual interviews was the only time that some were asked to share their perspective; this in itself makes their input even more meaningful.

4.2.1 Research design

The study was informed by a combination of an exploratory and descriptive design as proposed by Babbie (2009), because the study focused on the experiences of the research participants and was a small, in-depth qualitative study.

Delpont et al (2011) refer to research design as the decisions the researcher makes when planning the study or structural framework of how he intends to conduct the research process, in order to obtain the answers to the research question. A combination of an exploratory and descriptive design, as proposed by Babbie (2009), was used for the study, as this was an appropriate design to gain an understanding of the perceptions and experiences of adults formerly placed in foster care and CYCCs after their foster care disintegration. Exploratory design, according to Babbie and Mouton (2016), satisfies the researcher's curiosity and desire for better understanding a phenomenon, to test the feasibility of undertaking an extensive study, and, to explain the central concepts and constructs of the study and ultimately to determine priorities for future research. Such a design thus helps researchers answer certain how and why questions. Descriptive design, according to Babbie (2009), seeks to answer the question of what happened, where, when and how a particular phenomenon took place. The combination of exploratory (why) and descriptive (what, where, when and how) design assisted the researcher to explore and understand the experiences and the perceptions of participants who were formerly, during their childhood, placed in CYCCs after their foster care disintegration.

4.2.1.1 Exploratory design

Babbie & Mouton (2016) describe the explorative research design as involving an explanation to the why and how of the situation. It does not only describe however; it also looks at the causes of the event (Babbie & Mouton, 2016). According to Diggens and Wiid (2013), the objective of exploratory research is not just to acquire or collect relevant data, but it also aims to develop insight and understanding of the phenomenon being studied. It is often used when information is needed about a problem. In this study, the interest was on the problem of the disintegration of foster care and subsequent placement into CYCCs. The researcher wanted to gain understanding of the phenomenon by collecting information that would explain factors contributing to the problem.

The explorative design used was appropriate, as it assisted the researcher to acquire the in-depth understanding needed. Again, the manner in which the interviews were conducted gave the opportunity to collect data that could be used to explain how the participants understood the disintegration of foster care and subsequent placement to CYCCs.

4.2.1.2 Descriptive design

Bhattacharjee (2012) defines descriptive research as attempting to describe a situation, problem, phenomenon, service or program systematically, or provides information about an area of research. Descriptive research's emphasis is on the in-depth description of the phenomenon under study (Diggines & Wiid 2013). It provides vital information that determines the extent of the particular problem (Babbie & Mouton, 2016). Using this method in the qualitative approach, gave rich descriptions of the phenomenon as will be seen in the next chapter on the findings of the study. Applying the descriptive design in this study was meaningful as it culminated in a description of

how the adults previously in foster care viewed the disintegration thereof and subsequent placement to CYCCs from their own experience, as well as how they described this phenomenon as a problem. Collecting data directly from the participants who had experienced foster care disintegration, gave the opportunity to obtain information that can be viewed as meaningful and factual.

4.2.2 Research strategy

The researcher has decided to conduct a case study which is, according to Creswell (2009), a strategy of inquiry in which the researcher explores in depth a program, event, activity, process, or one or more individuals, bounded by time and activity. In choosing a case study strategy, the researcher collected detailed information, using a variety of data collection procedures over a sustained period of time (Creswell, 2009). Additionally, Guest et al (2011) further assert that a case study strategy tends to produce complex explanations or interpretations in the form of an unfolding plot or narrative story about particular people or specific events: this makes the passage of time integral to the explanation of the phenomenon. The case in the current study is the issue of adverse childhood perceptions and experiences of adults formerly placed in foster care and CYCCs after such care disintegrated. In other words, the researcher explored and described the issue under investigation, as the case. As such, a comprehensive analysis of the experiences of the participants is presented in the following chapter, that speaks to the criteria in vast study designs of providing detailed description of the case being studied. Similarly, a comprehensive literature review was conducted and presented in Chapter Two, adding to the description of the phenomenon.

4.2.3 Population and sampling

The study was conducted in NMBM. Babbie (2013) defines the population for a research study as that group about whom we want to draw conclusions. Bhattacharjee (2012) gives the definition of a population as all people or items with the characteristics that one wishes to study, Forzano and Gravetter (2012) assert that it is the group that is of most interest to the researcher. The population for this study was young adults living in the NMBM who were formerly placed in CYCCs as result of their foster care placement disintegrating. The population for this research was chosen carefully according to various criteria, in order to ensure that the information gathered would make a meaningful and relevant contribution to the study. The population consisted of previous residents of CYCCs, who were placed there after their foster care arrangement was terminated, who were between the ages of eighteen to twenty-three at the time of data collection and who had left alternative care in the past two to five years. The reason for choosing recent leavers of alternative care was so that the research participants would be able to share experiences that were fairly recent, thus ensuring that the quality of data was trustworthy and contextually valid. Another important criterion was that the research participants should not have fallen under the case management of the researcher, as this would create room for bias and make the research vulnerable to subjectivity.

Babbie & Mouton (2016) describe sampling as the process of selecting a representation of the population that is knowledgeable regarding the issue under investigation. According to Diggins & Wiid (2013), it is not possible to interview the whole population and therefore one needs to select a sample. They define a sample as the number of persons selected from the population that represents a true reflection of the section that the researcher is interested in (Diggins & Wiid, 2013). Similarly, Forzano & Gravetter (2012) mention that populations are too large to reach as

they contain too many individuals, therefore the researcher must rely on the smaller group which he refers to as a sample. In defining the sample further, the authors state that it is “a set of individuals selected from a population intended to represent the population in a research study”. To obtain the sample, the researcher needed to choose a sampling method. Therefore, in the current study, the researcher used purposive sampling which is described by Creswell (2013) as a process in which units to be observed are selected on the basis of a researcher’s judgment about which research participants will be most useful or representative.

According to Dudley (2011), in this method the research participants are selected in terms of those who meet the criteria according to the purpose of the study. This method was used because the current study is interested in views, experiences of young adults or those with a certain status, diagnosis, experience or set of circumstances. This method operates on the basis that we can get the best information through focusing on a relatively small number of instances deliberately selected on the basis of their known attributes (Descombe, 2010). This technique was chosen in the current study as the most suitable for qualitative studies. Green & Thorogood (2014) mention that if the study aims to explore the phenomenon, the purposive technique is relevant as it selects the participants that are likely to generate appropriate and useful data sufficient to answer the research question. Diggins & Wiid (2013) refer to this technique as judgment sampling and describe it as a technique where the participants are subjectively and deliberately selected by the researcher to represent the population that he/she believes are knowledgeable and have experience of the research subject. This was the case in the current study because the researcher requested access to recruit participants from CYCCs, Child Protection Organizations and the DSD in the NMBM, using purposive sampling. The criteria for participants were that they had to be:

- Young adult males and females
- 18 years and 23 years old
- Residing in the NMBM
- were formerly in foster care for the duration of between 1 and 5 years at the age of 11 to 18 years;
- Formerly placed in a CYCC after their foster care placement disintegrated.
- Young adults, formerly placed in foster and transitioned to CYCCs before they reached 18 years

A total of 12 participants were recruited to participate in the study; 8 males and 4 females, in order to provide an equal amount of representation of the two sexes. According to Nicholls (2009), in qualitative studies, the sample should provide appropriate and sufficient insight into research participants' experiences, should use participants who will enrich the researcher's explanations and participants should represent a variety of human experiences. This was exactly the case in this study, wherein the participants were able to provide appropriate, sufficient and rich insight regarding their experiences as foster children, the challenges they faced when their foster placement disintegrated and how they felt about their transition to CYCCs.

The researcher works at Erica CYCC as a social worker and therefore did not want to make use of the children currently in the care of the organization. This decision was made to protect the children and not create false expectations. It may, for example, have misled some of the children into believing that the researcher may use the information gained to make changes at Erica CYCC. The research participants were therefore former residents of Erica CYCC and were informed of the fact that there was no benefit to them for participating in the research. It was hoped that their

participation in this study would help them to feel a sense of being heard and valued, but that no physical or financial compensation would be given. The participants were not resident at the CYCC at the time when the researcher was a social worker at the organisation. This was a deliberate choice of participants to ensure that they do not feel obligated to participate because they know the researcher.

To gain access to former residents of Erica CYCC, the researcher requested a list of names of all previous residents of the organization who fit the criteria mentioned above, from the manager and colleagues at Erica CYCC. The researcher was provided with access to the Erica CYCC database in order to access details of previous residents. The list that was given to him, consisted of fourteen names. The researcher contacted each name on that list. Firstly, he made telephonic contact with all the potential participants that were listed. After the first contact eight confirmed their willingness to participate in the study. The researcher followed up with more persons on the list he received and were able to recruit an additional four participants who met the sampling criteria in order to meet the sample size set out originally. The researcher planned to interview 6 males and 6 females, however only four females were interviewed as the other two declined. While the researcher tried to recruit another two females, his efforts were in vain and he ended up recruiting and getting two additional male participants. This unforeseen consequence allowed the researcher to spend enough and adequate time and care to analyse the data in order to ensure that the full meaning provided by the sample is understood. The fact that the sample is skewed in terms of gender impacted on the findings as there seem to be a marked difference in how boys and girls are raised generally in the South African society. Fortunately, data saturation was reached having interviewed the twelve participants who eventually formed the final sample, which consisted of

participants who were living in Nelson Mandela Bay and who were willing to participate in the study. The sample of twelve participants was adequate for a small, in-depth, qualitative study. Ritchie and Lewis (2009) argue that qualitative studies should make use of a small sample because the data is rich and complex and not for generalization.

4.2.4 Data collection

Data collection, according to Creswell (2009), include setting the boundaries for the study, collecting information through unstructured or semi-structured observations and interviews, documents, and visual materials, as well as establishing the protocol for recording information. Furthermore, focus groups, interviews and documented material are regarded as the main methods of collecting data in qualitative research (Hancock et al, 2009). Thus, the variety of methods that can be applied for qualitative data collection is purposefully done to help the researcher to understand the problem, the amount of data to be collected and the research question (Creswell, 2009). In this study, semi-structured individual interviews were used, making use of a semi-structured interview schedule that was based on the literature review and the theoretical framework.

4.2.4.1 Research tool

The researcher made use of an interview schedule to guide the semi-structured individual interviews (Greef, 2011). The tool was tested by way of a pilot study. In this instance the researcher interviewed one participant who met the sampling criteria and post the questions during hour long interview. There were not many changes made to the interview guide after the pilot test, but it did provide the researcher with the opportunity to be aware of how he poses the questions and to be

cognisant of providing the participants enough time to respond to the questions and also to refrain from interrupting them while they speak or while they gather their thoughts during the interview. Once the interview tool was finalised, the questions that were part of the tool, prompted the discussions and were not leading or direct, but open-ended. This allowed the participants the freedom to answer as they felt comfortable. Examples of the questions used by the researcher during the interviews included the following:

- How did you experience living with the foster family?
- What were some of the family dynamics in terms of relationships and belonging?
- Describe what your relationship with the foster parents was like?
- Describe what your relationship with foster siblings was like?
- What do you think was the cause of the breakdown of the foster placement and why do you think so?
- How would you describe your experience of living in a foster family?
- How did you experience the transition from family foster care to placement in the child youth care centre (CYCC)?
- How would you describe your experience of living in a CYCC?
- What recommendations do you have for foster care and residential care/CYCCs in the Nelson Mandela Bay/South Africa?

The questions facilitated the participants' honest and frank responses. The questions were based on the literature reviewed and the FST which framed the study. The combination of the literature review on the research topic and the FST proved to illicit the type of responses that facilitated the main research question and meeting the research objectives.

4.2.4.2 Individual interviews

The researcher made use of individual, semi-structured interviews, utilizing an interviewing schedule to guide the interview process. The individual interviews were semi-structured (Greeff, 2011) in order to allow the free flow of information from the research participants. This flexible structure allowed the researcher to explore the participants' personal accounts of their time in foster care and subsequently in a CYCC and how they experienced their time in alternative care (Greeff, 2011). During the interviews, the research participants were given the opportunity to share what they felt they were able to share openly.

The researcher made use of the first interview as a pilot study and made necessary changes in order to enhance the process of the remaining interviews. A pilot study, according to Delpont et al (2011), is an informal process with a few participants possessing the same characteristics as those of the main investigation, to test the interview instrument. The purpose of the pilot study is to determine whether the relevant data can be obtained from the participants. The researcher conducted a pilot study to test the interview schedule. For the purpose of the pilot study, the researcher interviewed two adults who were formerly placed in CYCCs, whose foster care placement broke down. The researcher made changes to the interview schedules based on the two interviews and the effectiveness of the interview tool.

Babbie (2013) asserts that interviews assist the researcher to have direct personal contact with participants. The researcher negotiated a suitable time, date and place to meet with the research participants, taking into consideration their situations, such school, work hours, place of residence, transport concerns, and financial ability to attend the interviews. The researcher made it as practical

as possible for the research participants to attend the interviews. The research participants were given the information letter and consent forms to read and sign, which contain all the information regarding the research study. By signing the consent letter, the participants were giving their permission and consent to participate in the study, and to be audio recorded during the session.

Before the interviews commenced, the researcher responded to questions the research participants had about the research, in order to put them at ease and ensure that the participants were comfortable. Each of the interviews was between 45 to 60 minutes long, depending on the time needed by the research participant to fully share their story with the researcher. The researcher did however set the time limit at 60 minutes, in order to ensure that the interview remained focused, did not lead into discussions that were not relevant to the research, or turn into a therapeutic session. Each individual interview was recorded so that the researcher could transcribe the interviews for easy and thorough analysis later. The research participants were aware of this, gave their consent for the interview to be recorded, and were reassured of anonymity and confidentiality. Before the participants left the interview session, the researcher ensured that they were informed of the access to counselling, should they require it as a result of participating in the study. Fortunately, none of the participants required counselling during or after the interviews nor at the final submission of the research report.

4.2.5 Data analysis

There are many ways to conduct data analysis and the method chosen usually aligns with the overall research approach and the reasons for conducting the research in the first place (Fouche, De Vos & Schurink, 2011). Furthermore, according to Marshall & Rossman (2010), data analysis

is a search for general statements about relationships and underlying themes in a research study. Data analysis is thus an ongoing process, involving continual reflection about the data, asking analytic questions and writing memos throughout the study (Creswell, 2009).

For the purpose of this study, where the goal was to gain an understanding of the adverse childhood perceptions and experiences of adults formerly placed in Child and Youth Care Centers after their foster care disintegration, the eight steps proposed by Tesch (1990, cited in Creswell, 2014) was used to analyse the qualitative data. In order to provide a systematic process to analyse the data, the steps were used in the following way:

Step 1: The researcher read through the transcriptions to get a feeling of the whole, while ideas that arose were formulated. The researcher selected the most interesting transcript first, as he was intrigued by the participant's responses during the interview.

Step 2: The researcher took one transcribed interview and read through it, while trying to establish the underlying meaning. All the thoughts that appeared were noted, which included the unsaid silences that emerged during the interviews.

Step 3: This process was repeated with the other documents and the thoughts were organized in themes and subthemes. Similar themes and topics were clustered together in columns as major, unique and leftover topics. This was a tedious process that lasted several weeks, as themes and subthemes were continuously changing as the researcher worked through all the transcriptions. It was helpful to have the research supervisor review the data analysis to look for bias, consistency

and accuracy. Also having two of the participants read through their own transcripts and providing a list of preliminary findings, assisted in ensuring authenticity and rigor in the analysis process.

Step 4: The data was then revised in terms of the list of topics. The researcher made use of abbreviated codes for the themes that were written next to the appropriate text context. Here again, asking the research supervisor to review the list of topics, themes and subthemes proved invaluable and moved the data analysis process along, as the researcher was at some point so emerged in the data analysis process, that he could no longer distinguish between similar themes and subthemes.

Step 5: The researcher was continuously watchful for possible new themes that could emerge from the data. This involved using an excel list of themes, subthemes, unique topics and leftovers. It was difficult for the researcher to leave out some topics that he felt was important but were not themes or subthemes, as only one or two participants would mention a particular matter. Here the guidance of the supervisor assisted in making the final decision on how many unique themes will be part of the final thesis. Thus, the objectivity of the supervisor was advantageous to keep such instances to a minimal, while at the same time giving autonomy to the researcher to make the final decision as to what is left out and what is included in the final findings.

Step 6: The researcher decided on the most descriptive wording for the identified themes and subthemes, and categories were organized in terms of these. In order to reduce the total list of categories, related topics were grouped together, while interrelationships were indicated with the help of the supervisor as an independent coder.

Step 7: Final decisions regarding the wording of the themes, subthemes and categories and where to place them, was made in consultation with the supervisor, having drawn on the feedback by the participants who facilitated member-checking.

Step 8: The obtained data was subjected to a literature control as an aid to support the patterns, themes and categories that have been identified. The literature control was based on the literature review and the FST, which is evident in the next chapter.

Grinnell & Unrau (2011) state that the purpose of analysing data in qualitative studies is to sift, sort and organize the mass of data acquired during data collection, in such a way that the themes and interpretations that emerge from the process, address the original research problems identified. Through this process, the researcher gathered data that addressed the original identified research problems.

4.2.6 Qualitative data verification

Grinnell & Unrau (2011, cited in Guba & Lincoln, 1985) define the trustworthiness of a study as finding it to be authentic enough to allow the researcher to act upon it with confidence. According to Marshall & Rossman (2011), trustworthiness refers to the trust we have in the study, how we evaluate it and what evidence supports the claims. Creswell (2009) concurs that qualitative data verification ensures validity and trustworthiness of the study and suggests the following strategies which the researcher selected:

- **Member checking**

Member checking, according to Creswell (2009), is when the researcher requests the participants to review the researcher's interpretations of their reality and meanings to ensure the truth value of the data. The researcher asked two participants who were willing, to examine drafts of their transcripts for feedback and accuracy.

- **Trustworthiness**

Babbie (2013) suggests that reliability and validity is the extent to which measures that represent a theoretical concept are accurate and furthermore validity concerns whether measurements actually measure what they are supposed to, rather than something else. Reliability on the other hand, according to Babbie (2013), refers to a technique being applied repeatedly to the same object, that yields the same results each time. The researcher evaluated the instruments that were used to collect data; furthermore, he also ensured that data collection procedures were adhered to and the instruments that were being used, were relevant to the data collected. This was done by conducting a pilot study and engaging in a meticulous process of working through the data and asking the supervisor to review preliminary findings. The supervisor also perused the data collected instrument prior to the researcher conducting the interviews, to check whether it was aligned to the literature reviewed and the theoretical framework selected.

The researcher made use of Guba's (1990) model of Trustworthiness of Qualitative Research (1990, cited in Krefting, 1991) in order to meet the required standards.

The four aspects of trustworthiness are: truth-value, applicability, consistency and neutrality and were addressed as follows:

- **Truth-Value**

To ensure confidence in the findings, the researcher ensured the credibility by the accurate description and interpretation of the experiences of the participants. Truth-value is established through the strategy of credibility. For this purpose, the researcher implemented various techniques, namely:

- Interviewing techniques such as listening, probing, reflecting, restating and clarification and summarizing in order to enhance credibility.
- Keeping a field journal to describe the daily schedules, logistics and methods applied, as well as the personal diary of the researcher's own thoughts, ideas and feelings about the research process in order to become aware of any bias and perceived assumptions coming from the researcher.

Triangulation (Krefting, 1991) was done, which is the comparison of more perspectives by using different means of data collection. For this purpose, the researcher interviewed adults formerly placed in CYCC after their foster care placements disintegration.

- **Applicability**

Applicability refers to the possibility that the findings can be applied to larger populations (Krefting, 1991). The applicability of the study will depend on future researchers wanting to use the same process in similar settings. Hence, we provide an in-depth description of the study setting, the sample and the research process followed, in order for future researchers to decide whether they could use the research process.

- **Transferability**

Guba (1990, cited in Krefting 1991) refers to transferability or fitness as the criterion according to which applicability can be assessed. Criteria for transferability are, according to Krefting (1991), a nominated sample, time samples and member checking, comparison of data to available demographic information and a dense background description of participants and research context. To address transferability, the researcher made use of social workers from EHCYC who render services to children at the CYC as a panel to nominate participants representative of the phenomena (Krefting, 1991). The researcher also provided a dense description of the research methodology setting and process in order to enhance transferability possibilities.

- **Consistency**

According to Krefting (1991), consistency refers to whether the findings, if repeated with the same subjects or in similar context, will be the same and not be altered. Consistency in qualitative research is defined in terms of dependability, because variability is expected in the qualitative process. Strategies for dependability, according to Guba (1990, cited in Krefting, 1991) are a dependable audit, a step by step replication technique, and a procedure of coding and re-coding, triangulation and peer examination. As such, the researcher provided accurate descriptions of all the research processes and procedures, and the supervisor reviewed the data analysis to check for inaccuracies and consistency in said procedure Member-checking in this instance also proved useful to ensure accuracy, which resulted in dependability of the findings.

- **Dependability**

In order to ensure dependability, the researcher applied triangulation of data resources and a dense description of the research process and methods in order to guarantee dependability and

consistency. The researcher also discussed and checked the research plan and its implementation with the study supervisor, an expert in qualitative research methodology, to enhance dependability.

- **Neutrality**

Neutrality refers to the absence of any bias and requires that the findings are solely those of the participants (Babbie, 2016). Neutrality is established through the strategy of conformability and by means of the following criteria: a conformability audit, triangulation of multiple methods, data sources and theoretical perspectives and reflexive analysis (Krefting, 1991). In this instance, the researcher implemented triangulation of data resources to enhance neutrality of the research findings, including asking two participants to review their transcripts for authenticity and accuracy of transcribed interviews.

4.3 ETHICS CONSIDERATION

According to Denscombe (2010), research ethics has to do with the ethical conduct of the researcher throughout the research process. Ethical conduct requires of researchers to conduct and report on research projects as faithfully and as honestly as possible, without allowing their investigations to be influenced by considerations other than what is the truth of the matter. Ethics considerations that were adhered to in the study included:

- Permission to conduct the study was requested from the UWC Senate Higher Degrees Committee.
- Written consent to recruit possible participants was requested from managers from CYCs in the NMBM in order to recruit participants who meet the purposive sampling criteria (Appendix A).

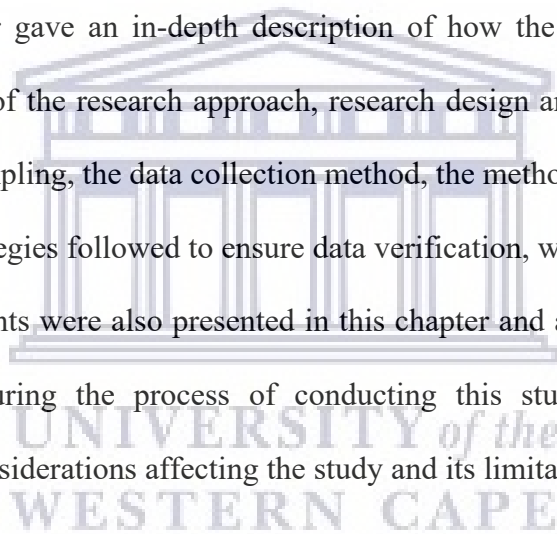
- Upon receiving consent from CYCs, written consent was requested from persons who were formerly placed at CYCCs in the NMBM after their foster care placement broke down (Appendix B). All participants signed a consent form (Appendix C) which will be kept by the researcher for a duration of 5 years, in accordance with UWC policy of storing and protection of data.
- Participants were assured that their participation is voluntary (Appendix B) and they were guaranteed anonymity as well as confidentiality with regard to private and personal information.
- Participants were informed of their rights to withdraw from the research study at any stage of the process and that they will not be penalized or any services or benefits due to them be infringed upon (Appendix B).
- Recorded and transcribed interviews were password protected on a computer to which only the researcher has access and stored in a lockable cabinet at the researcher's place of employment.
- Only the researcher and the research supervisor read the transcribed interviews.
- The final research report or any publication that may emanate from the study did not contain any personal and or private information about the participants and thus their identity was protected throughout the research process.
- Arrangements were made with a professional counsellor in the event that participants may have experienced emotional discomfort during or after the interviews. They were assured that they will be referred to a professional counsellor for debriefing services. Fortunately, this was not required as none of the participants requested such support at the point of final thesis submission.

- The raw data such as the audio-recordings, transcripts, signed consent forms, memos/notes and data analysis sheets will be kept for 5 years, after which it will be deleted and shredded. This is in accordance with the University of the Western Cape Humanities and Social Sciences ethical protocols and rules.

4.4 CHAPTER CONCLUSION

The chapter on research methodology highlighted the steps taken by the researcher to conduct the study. The methodology used was chosen in order to achieve the research aim and objectives. In this chapter, the researcher gave an in-depth description of how the study was conducted. A comprehensive discussion of the research approach, research design and research methodology, including techniques of sampling, the data collection method, the method implemented to analyse the data, as well as the strategies followed to ensure data verification, were included.

The challenges and highlights were also presented in this chapter and authentically reflected the researcher's experience during the process of conducting this study. The discussion also incorporated the ethical considerations affecting the study and its limitations



CHAPTER FIVE: RESEARCH FINDINGS

5.1 INTRODUCTION

This chapter presents the findings that were obtained from the individual interviews with the research participants. The goal of the study was to gain understanding of the adverse childhood experiences of adults formerly placed in child and youth care centres (CYCCs) after their foster care placement disintegrated.

Marshall & Rossman (2010), explain that the researcher's goal when analysing data is to search for general statements about relationships and underlying themes in a research study. In the previous chapter the eight steps proposed by Tesch (1990, cited in Creswell, 2014) were used to analyse the qualitative data. This chapter presents the research findings. The themes, subthemes and categories are compared to previous studies and contextualized using the theoretical framework of FST.

5.2 PROFILE OF THE RESEARCH PARTICIPANTS

The research was conducted with 12 research participants who are adults, formerly placed in a CYCC after their foster care placement disintegrated. Table 5.1 presents the demographic profile of the research participants.

TABLE 5.1 BIOGRAPHICAL DATA OF THE PARTICIPANTS

Participant	Sex	Race	Age	Employed	Studying
1	Male	Black	21		X
2	Female	Coloured	23	X	
3	Male	Black	20		X
4	Male	Black	21		X
5	Female	Coloured	21		X
6	Female	Coloured	20		X
7	Female	Coloured	19		X
8	Male	Black	19		X
9	Male	Black	19		X
10	Male	Black	22	X	
11	Male	Coloured	18		X
12	Male	Black	18		X

Table 5.1 indicates that all the research participants were eighteen and older, in line with the inclusion criteria for the study. There were four female participants and eight male participants. All the participants had completed grade 12 and two are working, while the rest were full-time students. seven participants were African males, one Coloured male and four were Coloured females.

When analysing the findings, the researcher organized the data in terms of themes and subthemes which is presented in Table 5.2.

TABLE 5.2 THEMES, SUBTHEMES AND CATEGORIES

Theme	Subtheme	Category
1. Foster care placement	1.1 Positive experiences of living in foster care 1.2 Negative experiences of living in foster care	1.2.1 Experiences of neglect and abandonment in the foster placement
2. Breakdown of foster care placement	2.1 Conflict in the foster parent-child relationship 2.2 Physical and emotional abuse from the foster parents contributed to the foster care breakdown. 2.3 Oppositional and defiant behaviour displayed by the foster child 2.4 Negative behaviour of the participants contributed to the foster care breakdown. 2.5 Substance abuse contributed to the foster care breakdown.	2.4.1 Inappropriate sexual behaviour contributed to the foster care breakdown. 2.4.2 Negative influence from their peers 2.5.1 Substance abuse as a form of defiance

3. Removal to a Child and Youth Care Centre	3.1 Experiences of living in a CYCC	
4. Social work intervention	4.1 The value of social work intervention 4.2 Experiences of social work intervention	
5. Recommendations for social work intervention	5.1 Recommendations for CYCCs	

The themes and subthemes presented in Table 5.2 are discussed next and confirmed with quotes from the participants' narratives during the individual semi-structured interviews.

5.3 DISCUSSION OF THE THEMES AND SUBTHEMES

5.3.1 Theme 1: Foster care placement

Chapter Two provided a comprehensive discussion on the criteria for foster care placement in terms of the Children's Act (38 of 2005) (RSA, 2005). All the participants were found to be in need of care in terms of the said Act and were subsequently placed in foster care (RSA, 2005). All the participants said that they were biologically related to the foster family. It is common in the South African context that children are placed in foster care with biological extended family members such as paternal and maternal grandparents, aunts and uncles (Gudula & Khanye, 2019).

According to Gudula & Khanye (2019), foster parents can be extended family members or persons unknown to the child. Section 180 of the Act (38 of 2005) (RSA, 2005) also suggest that a child

may be placed in foster care with a person who is a family member, who is not the parent or a guardian of the child (RSA, 2005).

In Sub-Saharan Africa, there was a perception that children do not just belong to their biological parents, but to the broader family and community, therefore most African children are raised among kin within the extended family (Kandiwa, 2010).

Participants in this study were all related to the foster family, however, they were joined to the foster family through the foster care system. All reported that their initial experience of the foster placement was positive and that they felt a sense of belonging and care.

Subtheme 1.1: Positive experiences of living in foster care

The participants in this study said that they wanted to become part of the foster family at the beginning of the foster care placement. All reported positive experiences at the initial placement.

The following quotes have reference:

I really had a good time with my foster mother at the beginning, we never went to bed without food. I had a freedom to do whatever i wanted to do in the house.

My foster mother used to buy me clothes more especially when she gets my Foster Care Grant. We used to go out on weekends to visit other family members and we will have good time like having a braai. On Sundays we used to go to church with my foster family.

My foster mother was my grandmother, so I grew up knowing her as my biological mother and she was taking good care of me.

Brown, (2014) strongly supports the notion that family environment and high-quality parenting is important for children's well-being, whereas the lack of stable and continuous parenting in institutional care appears to have a dramatic negative effect on the child's development and well-being. and that major delays found in institutionally experiences of structural neglect in the institution (Brown, 2014).

Section 181 of the (Act 38 of 2005) (RSA, 2005) states that foster care should protect and nurture children by providing a safe, healthy environment with positive support. Foster care should promote the goals of permanency planning, promoting family reunification and connecting children to other safe and nurturing family relationships intended to last a lifetime (RSA, 2005).

Every child and young person should live in a supportive, protective and caring environment that promotes his/her full potential. Children with inadequate or no parental care are at special risk of being denied such a nurturing environment (UN, 2010).

Raghallaigh, (2013) discusses the positive aspects of family care and indicates that foster children had created positive relationships with their current carers and that they became quite integrated into family life. They felt welcomed and included in the foster family, involved in family routines and activities, bringing them on visits to extended family members and making efforts to ensure that they could attend other events such as weddings (Raghallaigh, 2013).

Beesly, (2010) emphasizes the importance of the preparation stage of foster care and says it will help both the child and the foster parent to reflect on their needs and expectations. He further mentioned that foster parents and foster children must learn to cope with the reality of their

circumstances as frustration can damage the relationship and ultimately undermine the stability of the placement (Beesly, 2010).

A secure foster home helps youth to establish lasting relationships with caregivers and solid connections in their community (Devaney, McGregor, Moran & Reddy, 2016). Placement stability and a sense of belonging and connectedness to carers, when combined with social support and positive contact with one's biological family, were reported as contributing to positive outcomes in adulthood. Foster parents who supported and were involved at home in children's education, predicted academic achievement in foster youth. Indeed, stable care placements, foster and residential, where education is prioritized, are identified as considerably enhancing foster youth's life chances (Devaney et al., 2016).

McDowell (2013) wrote about the importance of hope and belonging for children; he indicated that foster children need to be able to hope that someone will love them, and that there will be someone to whom they can belong (McDowell, 2013). Simmonds (2010) identified foster carers as the immediate primary therapeutic agents for young people, highlighting how the use of relationship as a medium was central to meeting the young person's emotional needs and thus heightening placement stability. Simmonds (2010) also stressed the value of foster carers adapting their parenting approach to the emotional and behavioural survival strategies displayed by young people (Simmonds, 2010).

According to Connors (2011) on FST, the family is seen as the primary relationship context in which individual character traits and ensuring patterns of behaviour are learned and reinforced. To

see families as systems, one must see the family as a unit, with family boundaries, characteristics, energy and interaction patterns (Connors, 2011).

While all the participants had positive experiences of living in foster care during the initial placement, they all reported that the negative ones overshadowed the positive.

Subtheme 1.2: Negative experiences of living in foster care

Office of the Guardian for Children and Young People (2013) indicates that children and young people talked about the reason's placements did not work out, from their point of view. They felt that the people who were trying to take care of them did not know what to do or how to respond to their anger, grief or frustration. In their experience, foster placement disrupted more quickly than residential treatment places. Participants also spoke of the poor placement matches that they had experienced. They attributed these to generation gaps, differences in religious beliefs and practices, personality differences, and limited tolerance of the developmental experience of the adolescents (Office of the Guardian for Children and Young People, 2013).

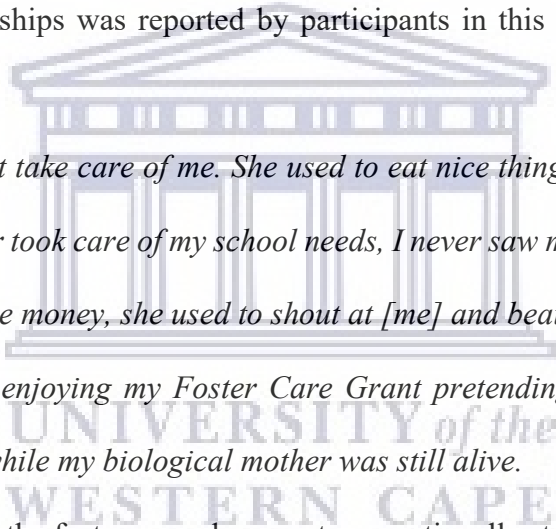
Instability in relationships has a direct negative impact on children, including low academic achievement, low self-esteem, drug use, incarceration and even behaviour problems unrelated to issues they experienced when the young person first entered foster care (Gustavsson & Stott, 2010).

The instability faced by children in foster care has a significant impact on their educational achievement; this was indicated by two of the participants in this research study. The number of

placements in which a young person has lived, is negatively correlated to their achievement in school (Stott & Gustavsson, 2010). Thus, some scholars advocate for stability in the educational process (Hayden, 2010; Mainwaring, 2014).

According to Allen & Vacca (2011), because many foster care children do not have a stable caregiver, they often do not have anyone who can truly advocate for them in school, anyone who really knows them and their past history (Allen & Vacca, 2011).

This complexity of relationships was reported by participants in this study, as the next quotes indicate:



My foster mother didn't take care of me. She used to eat nice things in front of me with her daughter. She never took care of my school needs, I never saw my foster care money, whenever I asked for the money, she used to shout at [me] and beat me.

My foster mother was enjoying my Foster Care Grant pretending that my biological mother was deceased while my biological mother was still alive.

Some participants described the foster care placement as emotionally straining because of the bad treatment that they received from the foster parent. The findings indicate that most of the negative experiences in foster care stemmed from conflict with their foster mothers in the sense that they felt uncared for, neglected and ill-treated.

The study by Biehal & Parry (2010) on maltreatment and allegations of maltreatment in foster care indicates a series of high-profile scandals about abuse in children's homes where a number of official enquiries were conducted into abuse in residential care. There has been far less attention

paid to the question of maltreatment in foster care, however, the review of safeguards for children living away from home did highlight the importance of awareness of abuse in that situation (Biehal & Parry, 2010).

Fisher & Healey (2011) assert that children entering foster care often bring with them varying degrees of stress and trauma. Many foster children struggle to adapt to their new surroundings and to the style of parenting practiced by foster carers (Fisher & Healey, 2011). Authoritarian and disciplinarian parenting styles are less likely to help children adjust to their new home and more likely to cause placement instability than nurturing parenting with firm but flexible family guidelines and arrangements (Blakey, Leathers, Lawler, Natschke, Strand, Washington & Walton, 2012; Crum, 2010).

Robberechts, Stroobants, Vanderfaellie, Van Hoen & Vanschoonlandt (2013) in their study of long-term foster care in Belgium, established that the use of negative or punishing methods of control by caregivers, resulted in adverse relationships and increased problem behaviour by children (Robberechts et al., 2013). Similarly, Hardnegard, Holtan & Thernblad, (2013) in their qualitative study with youths in foster care and young adults leaving foster care found themes of loss and loneliness, as well as a lack of a sense of belonging due to placement disruptions.

Similar to foster children feeling insecure and unsafe, the family projection concept in FST by Metcalf (2011) indicates that foster parents should scan a foster child for potential problems, diagnose the foster child's behaviour as confirmation that the problem exists, and then treat the foster child as though the diagnosis is accurate, shaping their development through the foster

parents' undifferentiated projection lens (Metcalf, 2011). As a result, the foster parent focuses on the foster child, fearful that there is something wrong. Foster parents then interpret the child's behaviour as confirming this fear and treat the child as if something is amiss with them (Haefner, 2014). Family projection is described by Haefner (2014) as a primary process where foster parents pass along their emotional problems to the foster child.

O'Gorman, (2012) reveals that behavioural concerns are tied to the current functioning of the entire family system and a shift in one part (the child's symptoms) is likely to impact upon other parts (the nature of family relationships), with the reverse also being true. Emerging from this position is an understanding that therapy can become stuck when caregivers become overwhelmed by the child's behaviour and respond by removing themselves, or limiting their involvement in the process of change, thereby effectively isolating the child or insisting that the child initiates and maintains change without adequate support (O'Gorman, 2012).

Category 1.2.1: Experiences of neglect and abandonment in the foster care placement

Most participants said, reflecting back on their childhood experiences in foster care, that they were neglected and their foster grant was exploited by the foster parents. They had the following to say in this regard:

I never enjoyed staying with my foster mother because my foster mother used to bring old food from her workplace and give to me and my little brother who was also in foster care with me. I started to get frustrated because my foster mother was receiving Foster Care Grant for me and my little brother, but she was using our money for her own needs.

For that period, I was in foster care I didn't go to school because my foster mother didn't care about me. My foster mother left me with another aunt and she went to live in another area with her boyfriend with my Foster Care Grant.

My foster mother used to leave me and my little brother with no food, we used to go around the community and ask for food from the community members. There were times that my foster mother would bring old food from her work and give it to us to eat.

I preferred to stay on the streets than with my foster mother because its where I was getting food.

The Children's Act 38 of 2005 (RSA, 2005) indicates that abandonment, in relation to a child, means a child who has obviously been deserted by the parent, guardian or care-giver, or who has, for no apparent reason, had no contact with the parent, guardian, or care-giver for the period of at least three months (RSA, 2005).

The Act goes on to state that care arrangements for children who have been orphaned, abandoned or who are vulnerable, need to be considered in the best interest of the child. These include kinship care, child headed households, formal foster care, cluster foster care and adoption (RSA, 2005).

The study by Thabane and Kasiram (2015) on child abandonment and protection of abandoned children in Lesotho, assumes that abandonment is a possible culmination of adverse social circumstances, including absence of support to carers. It is possible that carers are likely to be overwhelmed by their carer role, increasing the probability of maltreatment of their foster children prior to abandonment (Thabane & Kasiram, 2015).

Abandonment and maltreatment have negative effects on children; (Thabane & Kasiram, 2015) indicate that delinquent behaviour, incapacity to form effective bonds, stealing, egotism, socially unacceptable sexual behaviour, as well as poor cognitive development, were some of the developmental challenges noted among foster children who experienced poor or disrupted carer bonds (Thabane & Kasiram, 2015).

Henry (2017) on child neglect in Guyana, reveals that foster children have been housed like animals or often left without food for significant hours or days; forty percent of the reported cases of unsupervised children were as the result of the work of the parent or the caregiver. Some single foster parents are security officers, or work in jobs that require them to work at nights or leave very early in the morning; some foster parents work in the interior regions, leaving children unsupervised for days or weeks, as was observed in several reported cases (Henry, 2017).

Font, Gershoff & Sattler (2018) shared same sentiments regarding the above-mentioned category by revealing that children in foster care tend to be a sensitive as they have been found to experience more mental and physical health problems relative to other children. Receiving social welfare services, their life experiences and trauma exposure are nonnormative and potentially life threatening; by moving caretakers, their access to the same health care providers is likely inconsistent. Placement in foster care is often unstable, as a significant proportion of these youths move homes multiple times over the course of their childhood, a unique trauma exposure not captured by studies on community populations. Lastly, their lifetime exposure to trauma greatly exceeds what is typical, and their risk for poor health status currently and later in life is often quite

high, making the need to understand the factors that promote or increase the positive health outcomes paramount (Font et al., 2018).

Robberechts et al (2013) investigated the development of problem behaviour of forty-nine foster children on a case level and the association of global, contextual, familial and child factors with the increase or decrease of problem behaviour. An increase was related to the use of more negative parenting strategies by foster mothers whereas a decrease was related to the use of supportive parenting (Robberechts et al., 2013).

Hardnegard, Holtan & Thernblad (2013) also echoed the abovementioned category by citing that in respect of children and youth in the foster care, placement instability has been seen to have an impact on their self-esteem, increasing the likelihood of delinquency, educational achievement, behaviour problems, social disruptions and drug use (Hardnegard et al., 2013).

In terms of FST actions of a family member cannot be understood in isolation but must be examined within the context of the family. Many situations that take place within foster families lead to strong emotional stressors. Patterns that defuse anxiety are an area of focus of the FST. The perception of either too much closeness or too great distance in family relationships is the main trigger for anxiety. The level of anxiety in one family member will be determined by external stress levels and how sensitive one is to themes that have been handed down generations (Friedman, 2010).

According to Ntshongwana and Tanga (2018), the individual is capable of self-regulation when important relationships are disturbed or unavailable. The family system could be influenced by the actions of an individual family member if that person occupies an important position in the system. If that person stays in meaningful contact with other members of the family, the entire system could change or shift its functioning. When a system changes, the behaviour of family members changes as well (Ntshongwana & Tanga, 2018).

5.3.2 Theme 2: breakdown of foster care placement

Strijker et al (2010) found that most studies on the breakdown of foster care placements are done from the perspectives and experiences of the foster parents and not those of the children in foster care. As such these authors conducted a study investigating the level of agreement between foster parents and foster children about problem behaviour and how this is associated with the breakdown of a foster care placement (Strijker et al., 2010). Parallel to the current study, these authors conducted a qualitative study that consisted of sixty foster parents and the foster children in their sample were aged eleven to seventeen years. They concluded that the adolescents and the foster parents blamed one another for the breakdown, even though behaviour problems still remain the main reason for the foster placement breaking down (Strijker, 2010). All the young people positioned foster carers as the active agents in the ending process; according to their accounts, the context for the majority of placement breakdowns involved carers using physical interventions or setting unnecessary restrictive boundaries (Churchman, Larkin, Rostill-Brookes & Toms, 2011).

Subtheme 2.1 Conflict within the foster parent-child relationship

All the participants reported that they had good and bad experiences of their foster care placements. However, all reported being ill-treated in the foster home, emotionally and physically by their foster parents. Some participants also indicated that they contributed in the foster care placement breaking down because they were involved in negative behaviour such as substance abuse, engaging in inappropriate sexual behaviour and defying authority of the foster parents. The following quotes has reference:

My foster mother was that type who always shout and blame me always when there is something wrong. I used to fight a lot with my cousins [foster siblings] over small things but I understand [now]they were young and couldn't understand [then].

I never saw my Foster Care Grant, whenever I asked for the money my foster mother used to beat me or chase me out of the house. my foster mother was enjoying my Foster Care Grant and hiding information from me pretending that my biological mother is deceased while my biological mother was still alive.

*My foster mother used to take **care** of her children, sometimes she would lock me out of the house, and I would stay on the street and later at night she would open for me.*

The findings are similar to a study conducted by Churchman et al (2011), which suggests that the presence of foster parents' own child can have a negative impact on the course of the placement. The suggestion here is that the carer's own children may feel unsupported, alienated and resentful at having to share their parent's time and affection (Churchman et al., 2011). Similarly, Bravo, de Valle, Montserrat & Lopez (2011) also indicate that the presence of foster siblings in the foster family can lead to situations of jealousy and rivalry (Bravo et al., 2011).

Foster child's behavioural problems, conflict between birth children and foster parents and parenting problems of the foster parents were the main causes of placement disruption, furthermore, foster children who presented behaviour problems at admission, older foster children, and foster children who denied treatment were more at risk of breakdown (Carlier, Franssen, Holen & Vanderfaeillie, 2018).

Insufficient information about the foster child, foster parents often feel that they are not being given sufficient information about the child they have agreed to care for, or feel information is being withheld from them. Without sufficient information about the child, the foster parent may feel they are unable to effectively consider the child's needs while making parenting decisions (Hedin, 2015).

Briskman Joseph, Maughan, O'Conner & Scott, (2014) viewed attachments with birth parents affected by the attachment with foster parents, they found secure relationships with birth parents often led to secure attachments to foster parents, however, many former foster youth with insecure attachments with birthparents were also able to form secure relationships with their foster parents (Briskman et al, 2014).

Some factors that have been associated with an increased risk of placement instability or foster home breakdown included being an older child, the presence of behaviour problems, and previous moves within the foster care system (Khoo & Skoog, 2014).

In relation to FST, Papero (2014) cites that conflict between foster parent and foster child can lead to foster care breakdown. He argues that, in the concept of the nuclear family emotional system, as the tension increases, foster child and foster parent may engage in conflict, a process that ranges from bickering to full assault with expressed violence. They may also distance from one another, a pattern that can range from silence, preoccupation with an activity and non-responsiveness to

actual avoidance of one another, conflict and distance occurring alternately. In the conflict phase, foster child and parent are intensively involved with one another; sometimes a quiet and fairly pleasant interlude follows the conflict (Papero, 2014).

It is disconcerting that reasons such as physical and emotional abuse and neglect that brought children to be in need of care and protection, is continued in foster care. As for the participants in this study, they felt that the cycle of abuse and neglect continued.

Subtheme 2.2: Emotional and physical neglect and abuse by foster parents

All the participants reported that they suffered some form of physical and/or emotional abuse from their foster parents, which has led to the foster care breakdown and subsequent placement to a CYCC. Very few participants said that they had a good relationship with their foster parents. Most of them reported several incidents of emotional abuse from the foster parent which led to the breakdown of the placement.

Participants described their foster parents as being heartless and abusive. Some participants mentioned drastic measures involving role players other than social workers, having to intervene to rescue them out of the abusive foster care placement. The next quotes describe participants' experiences of emotional and physical abuse by foster parents:

My foster mother used to live me with her sister when she is going to the tavern and myself and her sister used to have arguments and she would chase me out of the house, and, there was this time i wanted to punch her (my foster mother's sister) on the face because she was always accusing me for things I didn't do.

The relationship between me and my foster mother started to change because there are times that we would have lot of arguments for silly stuff like not doing house chores. My foster mother used to take sides [with] her children when there is something wrong at the house.

My foster mother used to lock me outside the house if I went to play with the friends [leave me outside] until late in the evening.

Chekume, Chinyere, Elizabeth, and Gbenga (2013) suggest that childhood maltreatment entails neglect, physical or sexual abuse of children who have not attained puberty; it consists of any acts of commission or omission by a parent or caregiver resulting in harm, potential for harm or threat of harm to a child from birth to eighteen years of age, even if harm is unintentional (Chekume et al., 2013).

Neglect by parents and significant people in the lives of adolescents in their childhood in concert with other factors listed above, can induce depression in children which often results in stress on the academic achievement of a victim either in childhood, adolescence or adulthood (Chekume et al., 2013).

The World Health Organization (2010) reports that globally, twenty-five to fifty percent of children report being physically abused, implying that the mistreatment of children has become a global trend, albeit under reported and under researched. Effects of childhood maltreatment is lifelong and includes negative impact on cognitive, behavioural and effective development, and have negative health outcomes such as violent behaviour in foster children (Friedman, 2010). According to Friedman (2010), an estimated 800 000 children in the United States alone annually

fall victim to various forms of childhood maltreatment, including abandonment, neglect, all kinds of abuse and threat of bodily and emotional harm, (Friedman, 2010).

Harlow & Steen (2012) also reported that physical abuse increased the probability of the foster child experiencing three or more placements; they noted that in their study, one of the participants had the highest probability of placement instability due to physical abuse (Harlow & Steen, 2012).

Subtheme 2.3: Oppositional and defiant behaviour displayed by foster children

All the participants reported similar patterns of behaviour that the foster parents found intolerable and which they now in retrospect believe contributed to the termination of the foster care arrangement. This type of behaviour included substance abuse, inappropriate sexual behaviour and defying the rules set by their foster parents, particularly during adolescence. The participants have said the following regarding their defiant behaviour:

I remember I was in an argument with one of the children in the foster cluster home, my foster mother tried to stop me and I pushed her and she fell
At school I used to refuse to cooperate with the teachers.

I hated to be woken up early in the morning to go school, I used to get frustrated

I used to steal money from my foster parent sometimes I will sleep in the outside toilet while I was under the influence of substances.

I was believing in satanism religion and my foster parent was against that belief.

Basham, Mo & Moon (2010) also found adolescence to be a dynamic period of growth that can be perceived as enjoyable and enriching, tumultuous and challenging, or a combination of both for many teenagers (Basham et al., 2010). Similarly, Fox, Fung & Harris (2014) argue that aggression

and other negative behaviour can be observed in young children and often begin in the toddler- and preschool years. For most foster children, these types of behaviour are a part of their development and fade over time. But in ten to fifteen percent of these children the negative patterns continue and often escalate in elementary school (Fox et al., 2014).

Churchman et al (2010) identified in their empirical research the presence of challenging and violent behaviour as highly predictive of placement breakdown; social workers in their study characterized the young people as powerfully rebellious within the ending process, although they did not refer directly to an increase in the violent behaviour (Churchman et al., 2010).

Fox et al (2014) further state that these behaviour problems can lead to a negative impact on the foster child's social interactions, damage relationships between the foster child and their foster parents, prevent school readiness and increase the risk of abuse and neglect. Thus, these patterns of behaviour often engender future cycles of violence and abuse and negatively impact these foster children's long-term outcomes (Fox et al., 2014).

Children and youth in foster care may experience anxiety, stress and emotional trauma in response to frequent, sudden changes of the foster care experience. They may not get excited about upcoming events or school activities because they know they can be moved to another foster home without warning. As children in foster care grow older, some become detached and apathetic; when in a threatening situation, they may withdraw from caregivers or become unresponsive, which may be misinterpreted as defiance or oppositional behaviour (Mckeller, 2010).

Gustavsson & Stott (2010) state that older children sometimes feel that they do not want their original families replaced and they are therefore resistant to permanent care arrangements with other families (Gustavsson & Stott, 2010). Similarly, Biehal (2014) reveals that social, emotional and attachment difficulties due to neglect or abuse experienced before entry into care, may complicate bonding with foster carers for some children. Problems experienced in families of origin and in early placements may also make it more difficult for carers to establish relationships with children placed in their care (Biehal, 2014). This highlights the complexity of children's relationships with foster carers (and vice versa) and how emotional traumas experienced prior to care entry might affect the likelihood of placement breakdowns (Biehal, 2014).

Chekume et al (2013) conducted a research study on foster care breakdown; one hundred and seventy-nine participants were randomly selected who were twelve to thirteen years old, in non-kinship foster care. The aim was to examine the risk of placement breakdown among young people placed in foster care for a year or longer. Behavioural problems were identified as a key factor in disruption. However, the young person's integration into the foster family acted as a mitigating factor against breakdown, even when he or she was demonstrating difficult behaviour. The results indicated that, where the young person was considered, and felt part of the family, foster carers were committed to retaining him in the home. This sense of belonging may have influenced the way they viewed and understood the young person's behaviour (Chekume et al., 2013).

The literature confirms that behavioural problems, particularly aggression, causes higher levels of breakdown. During adolescence, these problems seem to be a predictor of foster care breakdowns. Participants' experiences with regards to defiant behaviour is discussed next in three categories.

Category 2.3.1: Substance abuse as a form of defiance

Six participants, one female and five males reported that they were using substances and their drugs of choice were dagga, tik and alcohol. The participants have indicated that the peer pressure from friends and lack of knowledge about drugs were the reasons that they were using substances. They further mentioned that the stress caused by the pressure their foster parents were placing on them, was another reason they resorted to using substances.

I was smoking weed with my friends and I used to disappear from home for many days and stay at my friend's house, we used to cook there and my friends had boyfriends they used to bring dagga and alcohol for us and sometimes they will take us out on weekends to the taverns.

My foster mother used to give me money and I will go straight to my friends and we will put the money together and buy a bottle of vodka Russian Bear and a box of wine. I would come back home in the middle of the night when my foster mother is fast asleep.

I was smoking dagga and tik, I used to stay in the tavern until the late hours of the night.

Office of the Guardian for Children and Young People (2013) asserted that emotional and behavioural difficulties did not, per se, significantly influence a family's ability to sustain a placement; rather, difficulties emanated from the cumulative impact of these negative kinds of behaviour. The impact of alcohol or drug misuse, namely depression and problems with concentration or distractibility, notably, the high prevalence of mental health disorder among looked after young people and the possible exacerbation of these conditions during the adolescent stage of development, were common risk factors leading to foster care breakdown (Office of the Guardian for Children and Young People, 2013). Complications most often seen in foster care

children who have experienced multiple placements include internalizing and externalizing problems. Internalized problems emerge from anxiety and depression while externalizing problems include hyperactivity, aggression and behavioural problems which lead to substance abuse among foster children (Brown, Gabrielli & Jackson, 2014).

Fratto (2016) indicates that childhood traumatic experiences are associated with serious and persistent long-term physical, psychological and substance abuse issues. In addition to adverse effects on physical health, his research indicates that early childhood trauma has particularly adverse effects on adolescent self-esteem, coping skills, school performance, self-regulation, critical thinking, self-motivation, and ability to build healthy relationships (Fratto, 2016). When foster children experience the above adverse childhood experiences, they resort to the use and abuse of drugs and alcohol. These problems have far-reaching consequences during the entire lifetime of the foster child. Based on research conducted, behavioural problems amongst foster care children have been attributed to foster care breakdown.

Khoo & Skoong (2012) indicate that children placed in state care generally come from socially vulnerable families and disadvantaged circumstances; they argue that greater understanding of family circumstances that lead children into care, are required in order to improve care planning practices. For example, in addition to abuse and neglect, children entering care have grown up in homes where substance misuse, involvement in crime and violence, and mental illness are often problems (Khoo & Skoong, 2012).

Hjern, Vinnerljung & von Borczyskowski (2013) indicate that adverse childhood experiences, such as abuse and neglect, but also single parenthood and divorce, as well as parental substance abuse, increase the risk of substance abuse in adulthood. These risk factors often accumulate in children that enter the child welfare system (Hjern et al., 2013). Similarly, Assante, Hills, Meyer-Weitz and Kwaku (2016) argue that alcohol and substance abuse is a way of coping and is very common in adolescents' lives (Asante et al., 2016).

Category 2.3.2: Inappropriate sexual behaviour which contributes to foster care dysfunction

There were two participants who alleged to have engaged in sexual activities. The one participant mentioned that she was sexually assaulted by an older man while she was under the influence of alcohol; although the foster parent was informed about the incident, no action was taken against the perpetrator. The participant mentioned that the foster parent blamed her instead for her uncontrolled behaviour. The other male participant confessed that when he was fourteen years old and in foster care, he was involved in a sexual relationship with a sixteen-year-old girl.

When I was in primary school, I was in a relationship with another girl that was bit older than me. My foster mother took my phone and she found out I was in a relationship with a girl. My social worker was informed by foster mother and my foster mother insisted that I must be removed from her care because I don't listen at home.

Makhitha (2013) indicates that most adolescents begin to experiment with sexual activity and gradually develop some comfort with their sexuality (Makhitha, 2013). Adolescence is a typical time for sexual awareness and sexual activity, therefore, foster carers should be in a position to supervise adolescents (Botha & Mnisi, 2016). Similarly, Coleman, Luke, Sebba, Solari, Solari and

Vellacott (2016) echo the aforementioned category, asserting that sexual development is a crucial feature of the teenage years for all teenagers, and nowhere more so than in the foster care situation. This is partly because young people in foster care may have experienced sexual abuse, sexual exploitation or other forms of inappropriate sexual encounters. In addition to this, however, what might be called normal sexual development may be derailed as a result of trauma, dysfunctional attachments or developmental delay (Coleman et al., 2016).

Not all sexualised behaviour displayed by former foster care youth is related to past abuse, some behaviours that appear sexual in nature (i.e. masturbation) can be related to the child's need to self soothe, and their inability to soothe in other ways (McLean, 2017).

Sometimes foster parents report they are not told whether or not sexual abuse has occurred or is suspected, in many instances, observing your child's behaviour may provide clues (McLean, 2017). Poor communication with foster former adolescent females about sexuality has been discovered to leave many youths with impaired psychological wellbeing because they were unable to take initiatives to access the clinics for birth control methods (Allison, 2012).

Inadequacies in the domain of health, economy and education may have had negative impact on the emotional wellbeing of, and depleted resiliency in young female adults formerly placed in foster care (Carseta, Pirttilia-Backman & Punamaki, 2016).

In this regard it is documented in the literature that, engagement in transactional sex by young female adults became inevitable due to range of needs from financial vulnerabilities, survival sex to material desires, counting high social status, jewellery and mobile phones (Hertinger-Saunders, Troutcaud & Matos-Johnson, 2017; Kidman & Palermo, 2016).

In contrast foster care dysfunction could have been prevented if the foster parents engaged young female adults in sex education and contraceptives (Geiger, Piet & Julian-Chinn, 2017).

Young adults in foster care both males and females were left unsupervised by their foster parents at night and they sneaked out to go to nightclubs (Alaii, Askew, Bartholomew, Juma & Van den Borne, 2014).

Foster parents at times did not report sexual abuse when it happened in the foster family for fear of being stigmatized, and very often the young female adults plunged into a state of hopelessness, post-traumatic stress disorder, impaired sense of the self (Comer, 2013).

The study conducted in Kenya by (Alaii et al, 2014) indicate that males are valued over females, being raised in poor households and feeling less valued due to discrimination forced young female adults formerly placed in foster care to enter into early marriage, resulted in school dropout, teenage pregnancy, HIV/AIDS because they were obliged to replace the widow who was married (Alaii et al, 2014).

in Nigeria the study conducted by (Aboki, Daniel, Folayan & Ogunlayi, 2014) indicate that, young female adults between 15 to 19 years, were reported to have experienced with sexual risk behaviours and a staggering 61.6 percent claimed to have experienced intercourse without using condom with multiple partners (Aboki et al, 2014).

Category 2.3.3: Negative influences from their peers

Feldman & Papalia (2011) argue that peers and friends are a source of emotional support during the transition of teenagers. Dishion & Tipsord (2011) defined negative peer influence as a mutual influence process that occurs between an individual and a peer and includes behaviours and

emotions that potentially undermine one's own development or cause harm to others (Dishion & Tipsord, 2011).

The influence of peers normally peaks at ages twelve to thirteen, and during this period, teenagers may engage in anti-social behaviour such as experimenting with drugs and also trying to prove to their peers how independent they are from their parents (Papalia & Feldman, 2011).

My foster mother was always shouting at me if I didn't do house chores, so I decided to leave, and I went to stay at my friend's place.

I used to bunk school, not sleep at home on weekends, stealing money, being around wrong friends and smoking dagga and tik contributed to my foster care breakdown.

Because I used to be around my friends mostly and drink alcohol, I used to be away from home for almost a week and I did not want to go to school.

I used to stay in the tavern with my friends at night play pool table and we used to smoke dagga and tik together.

Botha & Mnisi (2016) indicate that five out seven adolescents with behavioural problems were reported to be engaged in substance abuse; the four females and one male were mainly suspected of using alcohol, dagga and other substances, but they were never tested. Some foster parents blamed their peers, and others the history of the biological parents as well as their influence (Botha & Mnisi, 2016).

Foster Parents lack of skill to deal with young adult's deviant behaviour which could have emerged from influence of negative peers, contributed to their poor general health and ultimately resulted in foster care dysfunction (Ahrens, Albertson, Evans, Garrison & Moreno, 2017).

Negative peer influence connotes processes whereby risky to antisocial behaviours are modelled for and ultimately instilled in vulnerable youths by their risk-taking, delinquent to criminally antisocial peers. It often occurs in natural settings where teenagers are grouped (Osei, 2019).

The risky to antisocial behaviour of peers can influence well-behaved youth to smoke cigarettes, use drugs, abuse alcohol, be aggressive, become mean, even violent, and commit crimes, even violent ones (Dishion & Tipsord, 2011; Dishion, Ha & Kornienko, 2018).

Vulnerable young adults who are placed or associated with risk taking peers can potentially experience negative peer influence faster than those who do not. The level of maturity and or the sex of a youth may determine the nature and the process of the influence (Dishion & Tipsord, 2011).

Inference from available studies point to the fact that peer influence is a process that starts with contact among youth when they are placed in groups for treatment or intervention purposes, alternative education programs or when in a group for any other social activity (Osei, 2019).

Negative peer influences are often portrayed as infectious diseases, vulnerable young adults who come into contact with delinquent youths, for example, can be at risk of becoming infected with delinquency and or conduct disorders (Minger & Muller, 2013).

5.3.3 Theme 3: Removal to a child and youth care centre

The transition from institutional care to family foster care proved to be an effective intervention for children's cognitive and social – emotional development, although the experiences of early adversities during institutionalization had some long-lasting effects and resulted in a

developmental disadvantage for foster children compared to their never institutionalized peers (Brown et al, 2014).

Of children not living with their biological parents in South Africa, a majority of over nine hundred thousand are either adopted, living in a registered Child and Youth Care Facility (CYCC), in a child headed household, or on the streets. This represents approximately five percent of the total child population in South Africa (Mokomane & Rochatt, 2010).

Participants in this study acknowledged that removal to CYCCs was the last resort available after all other options to prevent foster care breakdown were explored by their case managers and were not successful. All the participants expressed their excitement when they were removed from foster care by the social workers and subsequently placed in the CYCC.

The participants saw it as a solution to the challenges they were facing in foster care placement. Some participants mentioned that the social workers did not explain the reasoning behind their removal from foster care to CYCC to them, but that it was a great relief. Some of the participants were thus not properly prepared for the transition, however, they saw it as a break from their foster carers.

The fact that all the participants transitioned from foster care to CYCC after the breakdown of their placement, shows that there are challenges in the foster care system that need to be addressed. All the participants experienced foster care breakdown before they reached the age of eighteen years which is an issue of great concern.

Subtheme 3.1: Experiences of living in a CYCC

Participants expressed positive and negative experiences of living in CYCCs after their foster breakdown. All the participants indicated that living in the CYCC was a great experience, despite the fact that it was a totally different environment and they did not have as much freedom as they had while they were in the foster care placement. Participants further mentioned that in the CYCC they had to adhere to the rules of the centre. They had to be inside the houses at 17h00 pm every day; they had to share the toothpaste, bath soap and other toiletries and they were not allowed to have cell phones in their possession, while other participants felt that CYCCs have played a significant role in shaping their lives.

The majority of young people entering residential care may have experienced multiple placement break downs and may only be entering residential care in their late teens, the early years of trauma that they have experienced is so deeply rooted in their lives, and the behaviours that the young people displaying are so concerning and having time to analyse that trauma is not always a luxury that the residential care worker have (Holt & Kennedy, 2020).

The participants have shared the following experiences in living in CYCCs:

Category 3.1.1 Positive experiences of living in a CYCC

I have learnt at ECYCCs, I used to be a person that would keep things to myself but now

I am able to express myself and how I feel.

I felt happy to be at ECYCC if I remained in the society, I was going to be sent into prison with the things I was doing like stealing from the community members and robbing people. The programmes that were at the centre helped to change me and my behaviour. It was amazing to be at [mentions the name of the CYCC], childcare workers cared about the children a lot, they treated us like their own children, the food was nice, we used to be taken out on weekends to the camps and hiking.

I enjoyed being at [mentions the name of the CYCC] we used to be taken out on weekends and we used to play soccer. The school was inside the premises, we didn't have to travel long distance for the school.

Despite the challenges I faced earlier, the childcare workers used to assist us [children] well with our homework's and schoolwork, they also took us out sometimes on weekends for hiking.

Everyday children who have problems attends therapy and there were programmes every day.

We had a good soccer team at [mentions the name of the place] and I was also part of the team and we were provided with soccer boots and soccer kit.

I was elected as a captain of the soccer team because I was a good soccer player.

The importance of a childcare worker's role in providing a platform for the children in care to experience stability, love, care and acceptance cannot be overlooked (Carter, 2011). The manner in which childcare workers treat the children in care, and the childcare workers' ability to work with the diverse needs and traumas is of utmost importance (Carter, 2011). Children in care who have often been rejected, struggle to trust and develop relationships. These types of children are not easy to form bonds and attachments with by the multidisciplinary team and can often display

challenging behaviour. Unfortunately, it has been discovered in the literature that children in care are at times further traumatized by the childcare workers while in care, and that there have also been incidents of abuse (Carter, 2011; Foltz & Quinsberry, 2013).

Dube & Malatji (2017) conducted a study on adolescent boys' reflection on living in the CYCC; twelve participants were interviewed, and each participant provided a different account of what makes him like being a resident at the centre. Three participants found living at this CYCC interesting because, according to them, the environment is good and nurturing; furthermore, three participants found living at this CYCC worthwhile because of the love and care they experience from staff members. One participant shared his appreciation for what these centres do for children who are destitute and without a home; the last participant indicated mixed feelings at being at the centre, he both liked and disliked his stay there (Dube & Malatji, 2017). Additionally, Doran, Fulcher and Smith (2013) argue that children adapt differently to residential care facilities; some find the adjustment easy, while others struggle to settle fully into residential facilities. Resource constraints make it challenging for some CYCCs to fulfil all the needs of the children (Doran, 2013).

The Children's Act (38 of 2005) (RSA, 2005), highlights that children should be allowed opportunities to be involved with the general community. From the responses of the participants, it was clear that the CYCCs were making an effort to enrich the experiences of the children in their care, as they were taken out on weekends for recreation, which helped to ease the process of reunifying and reintegrating the children with their families and their respective communities (RSA, 2005).

Category 3.1.2 Negative experiences of living in a CYCC

It was not a nice experience for me because at [mentions the name of the CYCC] we were a lot of children and there was no individual attention, no motherly love to the children.

I was not getting any visits from the family like other children.

I didn't really like it sometimes at [mentions the name of the place] because girls liked to gossip and steal the clothes of other girls and abscond from the centre.

I had a difficulty to be at [mentions the name of the CYCC], there were times that I would run away for a week from the centre and stay in the bush and come back to the centre when I'm not upset.

I didn't like to be at [mentions the name of the place], the officials did not treat us well.

They wanted us inside the houses very early, sometimes around 6 pm.

Johnson, Mendes & Moslehuddin (2011) indicate that in most countries, youth are brought into residential care as a last resort, when all other options have been exhausted, including foster care. Youth are usually removed and placed in care as a result of challenging circumstances at home, often involving abuse and neglect. Occasionally, poor in-care experiences compound the vulnerability of children, as do experiences of being forced into adult-like roles before they are ready and the lack of ongoing support once they leave care (Johnson et al., 2011).

It is unsurprising then, that children placed in CYCCs across most countries have been shown to have consistently poorer outcomes than the general youth population, including higher levels of unemployment, lower educational qualifications, early parenthood, homelessness, engagement in

criminal behaviour, proneness to substance abuse, and susceptibility to poorer physical and mental health (Dickens & Van Breda, 2015).

Similarly, Zastrow (2010) argues that it is important for residential care facilities to address the social stigma which is associated with living at such a facility. This finding indicates that young adults were vulnerable to differential treatment by virtue of being in residential care facilities (Zastrow, 2010).

The majority of young people in residential care do not feel safe and believe drastic changes need to be made to improve their safety (Williams, 2016).

According to Williams (2016) The Royal Commission into Institutional Responses to Child Sexual Abuse released the findings of a study on exploring the experiences of children and young people in residential care, according to the findings, most young people in residential care felt they were at risk of physical violence, sexual threats from their peers and from outsiders, and ongoing bullying and harassment, furthermore, the study also found out that children's experiences of harm were often underreported and that young people and children could provide unique observations on the experience of abuse in residential care as well as how best to support children and young people in care (Williams, 2016).

Foltz & Quisenberry (2013) indicate that youth in residential care are frequently emotional and behaviourally unpredictable; they require highly structured environments that are costly to run due to the increased need for safety precautions and adequate staffing (Foltz & Quisenberry, 2013).

CYCCs thus play a significant role in accommodating young adults who were victims of abuse, neglect and abandonment.

5.3.4 Theme 4: Social work intervention

Bravo et al (2011) describe breakdown of foster care as the situation in which one of the involved parties terminates the intervention before having achieved the goals established for the case plan. Prevention of breakdown and the study of the risk factors involved, should be a priority (Bravo et al., 2011). In understanding the perspectives and experiences of participants in the study, the researcher deemed it necessary to look at the attempts made to prevent foster care breakdown. The next section looks at the efforts made by the participants to prevent the breakdown of foster care.

Subtheme 5.1: The value of social worker work intervention

The prevention of the foster care breakdown relies on the support that can be provided by social workers. In terms of the Act 38 (RSA, 2005), social workers are mandated to be involved in order to monitor and render statutory services regarding the placement of children in foster care (RSA, 2005).

According to Section 46 of the Children's Act (38 of 2005), the social worker is responsible for rendering statutory, supervision and support services to the foster child and foster family (RSA, 2005). While Department of Social Development makes every effort in accordance with the Children's Act (38 of 2005) (RSA, 2005) to ensure positive foster care placements, there seems to be a continuous breakdown of such placement, especially during the time when the foster child enters the adolescent stage.

Chamberlain (2014) that trauma informed interventions by social workers are beneficial to the young adults who have been exposed to domestic violence, even if its not primary source of trauma, with consideration for multiple adversities that the young person may have experienced simultaneously (Chamberlain, 2014)

Knight (2015) argued that trauma informed practice by social workers does not automatically imply that any intervention professionals undertake will focus on treating childhood trauma, rather it refers to professionals being aware that young adults were victims of traumatic experiences and the behaviours they are displaying might be symptomatic to trauma (Knight, 2015).

given the above evidence regarding both the interventions and therapeutic contexts required to support young adults in developing coping strategies to reduce the effects of adverse childhood experiences, training and support for social workers are critical in supporting recovery (Humphreys, Jones, Sharp & Thiara, 2015).

Holt (2015) suggest that training of social workers need to place more emphasis on young adults' experiences of living with traumatic events rather than on educating social workers on how to notice the physical signs of abuse (Holt, 2015).

Hornor (2015) asserted that enhancing resiliency is important for all children and is crucial for young adults exposed to adverse experiences (Hornor, 2015).

The District Child Protection Unit or an NGO or social worker identified by the District Child Protection Unit must ensure that a visit is undertaken to each foster family at least once a week for the first month, followed by monthly visits for six months and thereafter bi- annually until foster care is no longer necessary. The records of the child must be maintained (UN, 2016).

The next subtheme explains participants' in this study's experiences of social work intervention aimed at preventing foster care placement disintegrating.

Sub-theme 4.1: Experiences of social work intervention

Participants expressed their own views on the intervention of social workers to prevent foster care disintegration and subsequent placement to CYCCs. Some felt that social work intervention was useful to them, while others felt that social workers could have done more to prevent foster care disintegration:

I felt that my social worker was taking part of the foster parent because she knew my biological mother was alive and she was hiding that information from me.

Whenever my social worker visited me and my foster mother, she used to always threaten me to remove me from my foster mother and place me in a children's home whenever there was an argument between me and my foster mother.

My social worker with the ward councillor removed me immediately from my foster mother after I informed her that my foster mother was illtreating me and she was misusing my Foster Care Grant.

When my foster mother didn't want me anymore social worker informed me that she is going to place me in a CYCC while she was busy tracing my real family.

My social worker just placed me at [mentions the name of a place] and never visited me after, I felt I was just dumped there.

My social worker was very supportive of me, she used to visit me in the foster care, sometimes I will meet her on the street and we will have a long conversation, she used to encourage me a lot.

When my foster mother didn't want me anymore, my social worker was there for me to give me support, she ensured that my Foster Care Grant is used for my needs, like she

used to buy me clothes out of my foster care grant and give me pocket money when I was placed at [mentions the name of the place].

Some of the participants perceived that their foster parents displayed favouritism towards their own children and therefore welcomed the intervention of the social workers to remove them and place them in the CYCC.

Voice (2015) reveals that the looked-after children in many studies expressed the desire to have positive long-term relationships with their social workers. In several studies, children stressed a need for more contact with their social worker. They wanted social workers to visit more often, turn up on time for meetings and to return their calls. Rather than rushing visits, these young people wanted their social workers to invest time in the relationship. Without this effort, children did not feel comfortable trusting their social workers with their personal, intimate thoughts and feelings (Voice, 2015).

Participants also recognized differences in the quality of social work support they received, stating that some social workers were more willing to effect change and did more to gain an understanding of their point of view. Staff changes were one of the main barriers in building long-term effective relationships with social workers. For example, in one study, a young person reflected on the loss they felt when social workers moved on: as soon as you were beginning to trust them (social workers), they moved on. Just as you were putting trust in them, if you did put trust in them, they were gone. Young people suggested that more could be done to retain social workers by improving their working conditions. It was also thought that more could be done to support young people

through staff changes, rather than them being informed haphazardly that they had a new social worker (Voice, 2015).

The profession of social work's goal is to assist societies in developing interventions to support vulnerable populations (National Association of Social Workers [NASW], 2017). Child welfare is a field of practice in the social work profession that aims to protect children and adolescents. In this area of practice, social workers support and protect youth from child maltreatment (NASW, 2017). One important intervention started in the child welfare system is foster care (Dulmus & Sowers, 2012). The current goal of foster care is to seek family reunification after a child has been removed from the home due to maltreatment. After youth are removed from their home, they are placed into a temporary home until they are reunified with their family, adopted by a foster family, or age out of care (Day, Michelson, Rock & Thomson, 2013). As such, social workers are needed within this field of practice to assist foster youth and their families in accessing resources and social supports (Fulcher & McGladdery, 2011).

Ntshongwana & Tanga (2018) also indicated that the training that is provided to foster parents and foster children is inadequate; they lack ongoing support throughout foster care placement. This may require that social workers frequently visit foster care homes to find out if all members of the foster family are still coping with the placement. There is a need to increase the level of communication in order to develop healthier relationships and a positive rapport. It is important for social workers to follow up with foster families whose foster children have been removed, to ensure their emotional and psychological well-being (Ntshongwana & Tanga, 2018).

The mission of the child welfare system is to focus on family reunification as a goal; however, statistics have shown that a large amount of foster youth experience foster care breakdown and eventually age out of care (Evangelist, Moore, Ryan, Perron & Victor, 2016). Further to this, Papero (2014) proposes a concept of triangling in the FST which, most relevant to the aforementioned subtheme, he suggests that any two-person relationship lies embedded in a network of emotional triangles - a foster child, foster parent and a social worker. The triangle establishes various patterns of closeness and distance that shift the tension in the system. The triangle is important clinically; when a tense two-person relationship comes into contact with the intervention of a social worker, who responds from a position of neutrality and objectivity, the tension between the foster parent and the foster child can be resolved (Papero, 2014).

McDonough et al (2013) also suggest that FST as a perspective, adopts the view that individuals in crisis should be evaluated within the family system and that interventions should involve the whole family in order to have any effect on the individual in question (McDonough et al., 2013).

5.3.5 Theme 5: Recommendations for social work intervention

Social workers should consult with children about placements and to ask for their opinions about important matters, such as family visitation and preferred school. The children stressed the importance of receiving information and also of being assured that their best interests were being considered (Mitchell, Kuczynski, Tubbs & Ross, 2010). Participants said the following regarding social workers:

More recently, research has shown that the assumptions and perspectives of all persons involved in the care placement (i.e. foster parents, children, social workers) should be aligned (Gustavsson

& Stott 2010). If such an alignment does not take place, there may be a mismatch in perception about what each person aims to achieve through the care placement, and most importantly, there may be differences in how social workers and caregivers interpret what is in the best interests of the child, and how their needs should be prioritized in a practical sense throughout the placement (Gustavsson & Stott 2010).

Subtheme 5.1: Recommendations for CYCCs

One million children are growing up in care across Europe and hundreds of thousands are confined to institutional care – a type of residential care characterized by depersonalization, rigid routines, closed doors and a lack of any warmth, love or affection (Fulcher & Islam, 2017).

Child and Youth Care Centers (CYCCs), which were previously known as children’s homes, were a response to the need for children to be protected and given a safe and secure environment. Children were placed in CYCCs if they could not be placed with family or in foster care where all their needs could be met, and which would enable them, hopefully, to reach their full potential. It is a child’s right to be placed in appropriate alternative care, if they need to be removed from their family situation for their protection and safety (Proudlock, 2014).

Fulcher and Islam (2017) also indicate that European residential child and youth care facilities are seen as a place for children diagnosed as mad, bad or sad and whose needs require therapeutic or trauma informed care. With regard to recommendations of how children should be treated in CYCCs, participants shared the following:

Children in the CYCC should listen to the officials because their primary needs are being met in the CYCC, it is therefore recommended by the young people who transitioned to

CYCCs that children should obey the officials in CYCC, appreciate the opportunities provided to them and adhere to the rules and regulations of the CYCC

Children are placed in CYCCs with different challenges or different needs i.e. physically, mentally or psychologically, CYCCs should consider accommodating every child's needs and children not to be grouped as one but to be treated differently based on their different needs.

The childcare workers working in the life space of children in CYCCs should treat all the children equal regardless of background or circumstances, bring harmony and unity among the children and not have favours. Children should not be treated based on their colour of their skin.

It is further recommended by the young adults that social service professionals and policy makers to strengthen and capacitate the CYCC practitioners to be able to deal with challenging behaviour presented by children that have transitioned from foster care to CYCCs and furthermore to assist them with skills and knowledge so that they are well prepared when they transitioned out of CYCC.

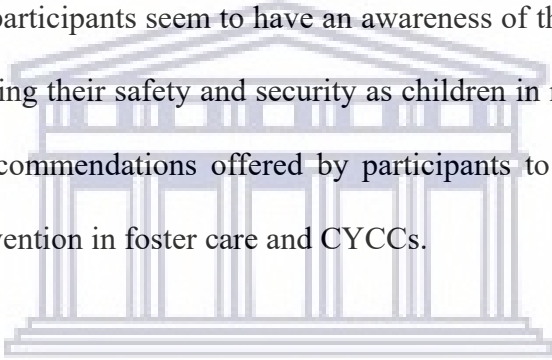
Children should be involved in programmes according to their different needs

Hay (2016) indicates that when caregivers do not respond reliably and appropriately, a child's brain development may be negatively impacted, low quality, stressful and chaotic caregiving environments impair development of optimal brain structure and generate a stress response in the child that, if it is persistent and unresolved, it can have long lasting physical and psychological consequences. Furthermore, children who were subjected to adverse childhood experiences such as physical abuse, sexual misconduct or neglect, are at high risk of mental health or substance abuse issues (Hay, 2016).

5.4 CHAPTER CONCLUSION

In this chapter, several factors that contributed to participants transitioned from foster care to CYCCs after their foster care disintegration, were identified from the perspectives and experiences of the adults. Participants were frank about the fact that their own behaviour (inappropriate sexual behaviour, involvement with substance abuse) was part of the reasons why their foster placement disintegrated. However, they were very vocal and reflexive regarding the abuse and neglect they suffered at the hands of the foster parents as contributing factors towards the termination of their foster care placement. The involvement of social workers to prevent foster care breakdown was a highlight in this chapter as participants seem to have an awareness of the role that social workers should have played in securing their safety and security as children in need of care. This chapter is concluded by way of recommendations offered by participants to social workers and with regards to social work intervention in foster care and CYCCs.

The next chapter presents the conclusions and recommendations of the study.



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CHAPTER SIX: CONCLUSION AND RECOMMENDATIONS

6.1 INTRODUCTION

The aim of the study was to gain an understanding of the perceptions and experiences of adults regarding their adverse childhood experiences of the transition from foster care to child and youth care centres. Therefore, Chapter One provided a contextual overview of the study, while Chapter Two reviewed literature on this problematic issue. Chapter Three presented the theoretical framework. In Chapter Four, the research methodology was discussed, while Chapter Five presented the study findings. In this final chapter, the main conclusions and recommendations for this study are presented.

6.2 CONCLUSIONS

Following the qualitative research conventions, employing a combination of exploratory and descriptive design the researcher has reached the conclusions discussed below.

6.2.1 Conclusions relating to the theoretical framework

Chapter Three introduced FST as theoretical framework to explain adverse childhood experiences of adults regarding the transition from foster care to child and youth care centres. The FST was the theoretical lens through which to view and understand the experiences of these adults. FST was an appropriate tool to facilitate an understanding of the dynamics, roles, communication and power relations involved in the disintegration of family foster care and the subsequent placement in a CYCC. The theory was also useful in this study to explain the dynamics associated with residential care offered by CYCCs.

6.2.2 Conclusions relating to the research methodology

A qualitative research approach was employed in this study because the researcher wanted to obtain rich narratives from the adults who transitioned from foster care and were subsequently placed in CYCCs. A qualitative approach was thus suitable for this study because the researcher wanted to understand the problem from the participants' point of view, conducted in their natural setting, to make sense of and interpret the phenomenon in terms of the meaning that participants bring. The qualitative approach is therefore considered more appropriate because the researcher was able to explore and describe the nature of a phenomenon. The qualitative research approach allowed flexibility in all the aspects of the research process. In light of the sensitive nature of this study topic, it was appropriate then to gain the perspective and experiences of the adults regarding their transition from foster care to child and youth care centres. Furthermore, this approach enabled the researcher to achieve an in-depth understanding of the phenomenon from the participants' own perspectives and their descriptive first-hand knowledge on the issue proved invaluable in this study. The exploratory-descriptive case study design facilitated an understanding of the context of the participants and knowledge about their world.

Adults living in the Nelson Mandela Bay (NMB) who transitioned from foster care to CYCC after their foster care disintegration were identified as the population and 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. The sample identified consisted of twelve participants, which is a small sample even for a qualitative study.

Semi-structured interviews enabled the researcher to get in-depth, descriptive narratives from participants and were therefore appropriate given the sensitive nature of the study. The pilot study was conducted with two participants who met the sampling criteria and was used to amend the interview schedule.

Data analysis was done using eight steps that resulted in four main themes and several subthemes and categories. Consequently, validity and credibility were ensured by various forms of data verification methods. The four aspects of trustworthiness as described by the model were: truth-value, applicability, consistency and neutrality.

Importantly, throughout the process of the study the researcher adhered to the ethical principles of anonymity and confidentiality, avoiding harm or deception of participants and informed consent.

6.2.2 Conclusions relating to the research findings

The conclusions are drawn from the themes, subthemes and categories that emerged from the semi-structured individual interviews with the participants and the observations made by the researcher.

6.2.2.1 Theme 1: Foster care placement

The findings in this theme demonstrate that each participant had his/her own unique understanding of what foster care is all about, depending on their own experiences and expectations from being placed with a foster family. All the participants were related to their foster parents. It appears that all participants were neglected as foster children and that their foster grant was exploited by the foster parents.

While there were overwhelming negative experiences of being in foster care, participants reported to have had positive experiences of foster care placement. Some had good relationships with the foster parents and families. It seemed that the negative experiences intensified when they entered puberty which is known to be the most challenging stage of growth and development of a child.

Some of the participants behaved in a manner that made it difficult for their foster parents to control and discipline them. The participants' behaviour disrupted the functioning of the foster family as well as the relationship with other family members. While they provided a candid account of the impact of their defiant behaviour, they maintain that they were misunderstood by the foster parents and could not fit in with the expected routine of the family. Their need to feel accepted by the foster parents as well as their family members seem to have left a void in their lives.

While foster and residential care are alternative placements perceived to be safe, this was not the experience for participants in this study. Incidents of physical and emotional abuse were reported by all participants. Alarming, emotional and physical abuse were perceived as forms of discipline.

According to the Children's Act, the purpose of foster care is to protect children by providing a safe environment for them while planning for the reunification with their families or providing an alternative nurturing, and hopefully permanent, family.

6.2.2.2 Theme 2: Breakdown of foster care placement

The breakdown of the foster placement was characterised by different variables relating to the foster child seeking his/her identity, defiant and disruptive behaviour on the part of the foster child and neglect and abuse by foster parents. Whatever the cause of foster placements disintegrating, being removed from one's family, especially during adolescence is traumatic. It is therefore important that social workers consult with the children about placements and ask for their opinions about important matters such as family visitation and the preferred school that the foster children wish to attend. It is important that adolescents feel that their opinions matter and to provide them with information to make informed decisions about their lives, while assuring them that their best interests are taken into consideration.

6.2.2.3 Theme 3: Removal to a Child and Youth Care Centre

The fact that all the participants transitioned from foster care to CYCC after their foster care breakdown, shows that there is a challenge in the system that needs to be addressed. All the participants experienced foster care breakdown before they reached the age of eighteen years old. The significance of the challenges in foster families starting during adolescence of the foster care child, raises questions about the parenting skills, support and intervention that may be lacking in foster care supervision provided by social workers. Legislation in South Africa provides guidelines for the fulfilment of children's needs by providing them with children's rights. This means that foster children in a South African CYCC have the right to respect, such as during their daily interactions with caregivers, and protection as well as promotion of their human rights.

6.2.2.4 Theme 4: Social work intervention

Social workers are responsible for rendering statutory supervision and support services to the foster child and foster family. The research done for this study shows that ongoing support and supervision is an area where improvement is needed in CYCCs. It seems that once the child is placed there, interventions for the re-integration of children living there, are neglected, leaving them to fend for themselves after they reach the age of eighteen, forced into the transition into adulthood, for which they are often ill-prepared.

6.2.2.5 Theme 5: Recommendations for social work intervention

Participants made the following recommendations regarding social work intervention:

- Social workers should be very supportive towards the foster children, I was happy how my social worker was doing things when my foster mother didn't want anything to do with me.
- Social workers to visit children at places like [mentions the name of the place] where I was placed by my social worker.
- Social workers should listen to the children, not only take the side of the foster parent all the time.

6.3 RECOMMENDATIONS

6.3.1. Recommendations for social work practice: Foster care

- Guidelines for screening and assessment of foster care parents in South Africa, particular in the Nelson Mandela Bay (NMB) should be drafted.

- Support and resources such as transport, computers, office space should be made available social workers to be able to assess and screen foster parents.
- Every child has a right to family care or parental care, or appropriate alternative care when removed from the family environment. Therefore, it is very important to place foster children in an environment that is conducive to their development.
- Adequate guidance of social workers by their supervisors in rendering developmental services to foster children, such as linking them with bursaries in higher education and private sector, and with learnerships within various government departments and with private sector.
- The DSD should provide a thorough induction of both supervisors and social workers to enable them to link foster care services with socio-economic development programmes.
- Social workers should conduct comprehensive screening of prospective foster care parents, ascertaining their long-term intentions, specifically when the grant lapses, before finalising the children's court inquiry to ensure that suitable prospective foster parents are appointed who will utilise the Foster Care Grant in the best interest of the child.
- The developmental dimension of social work education needs should be strengthened if social workers are to become effective and efficient in rendering the developmental programs sanctioned in the Children's Act.
- Ongoing monitoring and evaluation of foster care placement by social workers to ensure foster children settle very well within the foster care placement.

6.3.2 Recommendations for social work practice: CYCCs

- It is important for the social work managers at the Department of Social Development DSD, as a custodian of the CYCCs in South Africa, to ensure that centres comply with the Children's Act (2005). This could be ensured through regular spot visitations to such facilities.
- Being in a residential care facility should not be equal to being isolated; child and youth care workers in CYCCs should ensure that children are allowed to engage in activities which are taking place in their communities. This will ease the process of having to reintegrate them with their families or back into their communities.
- Social workers must ensure that an increase in contact of children in the CYCC with communities must take place, so that they can learn more about who they are, and in addition, be exposed to their own cultural backgrounds.
- Social workers are to ensure that they communicate with language that the child will understand.
- Social workers in the CYCCs should use the strength-based approach to identify strengths and build on these to uplift the self-esteem of the child.
- Social workers both in the CYCCs and those providing reintegration services should ensure that children have access to basic care in the form of food, clothing and shelter, medical care, education, emotional and spiritual counselling, opportunities to build their skills and talents, and sport and cultural activities which assist in their development.
- Social workers in CYCCs should ensure that children in the centres maintain contact with their external social workers to enable them to follow up concerning the prospects of reunification or reintegration back into their communities.

- Social workers should develop programs which will facilitate the foster parents' and foster children's developmental needs.
- It is important to ensure that there are plans in place to prevent a situation where children stay for longer than six months in the CYCC, as this is not in their best interests. The prolonged placement in the CYCCs compromises reintegration into the family and community, making it difficult for previously initialised youth to be productive adults once they leave CYCCs.
- Social workers in the CYCCs should ensure that children placed in the CYCCs have valid court orders at all times as negligence in this respect is the cause of children remaining in the system for prolonged periods.

6.3.3 Recommendations for CYCWs in CYCCs

- Child and youth care workers should ensure the provision of basic and developmental care of children and youth where their physical, emotional, spiritual, cognitive and social needs are protected at all times.
- The application of behaviour management and support techniques in routine child and youth care work practice is recommended.
- CYCWs should assist with the implementation of programs and activities for children and youth on the basis of their identified developmental needs.
- CYCWs should participate in the developmental assessment of children and youth in the residential care facilities.
- CYCWs should undertake administration roles such as writing progress reports, IDP and process notes of each child in the CYCC.

- It should be mandatory that CYCWs should participate in a multi-disciplinary team.
- CYCWs should be key role players in the implementation of life space work in the routine child and youth care work context.

6.3.4 Recommendations for future research

The research only focused on the perspective of the adults transitioned from foster care to CYCC after their foster care disintegration. It may be insightful to conduct a similar study with foster parents, social workers, children in CYCC and childcare workers working with children who transitioned from foster care to CYCCs after their foster care disintegration. By including all these role players as participants, one can look at the perspectives on foster care and CYCC living from various angles and provide details from all key role players, especially children who are still in care.

It would be beneficial to conduct more studies on the perspectives of foster parents and foster children that have lived through the experience of placement breakdown and subsequent placement to CYCC.

Another beneficial study would be the perception that foster parents have of the behaviour exhibited by foster children; in this study, children have indicated that inappropriate sexual behaviour, substance abuse, defiant behaviour and peer pressure have immensely contributed to the foster care breakdown.

6.4 CHAPTER CONCLUSION

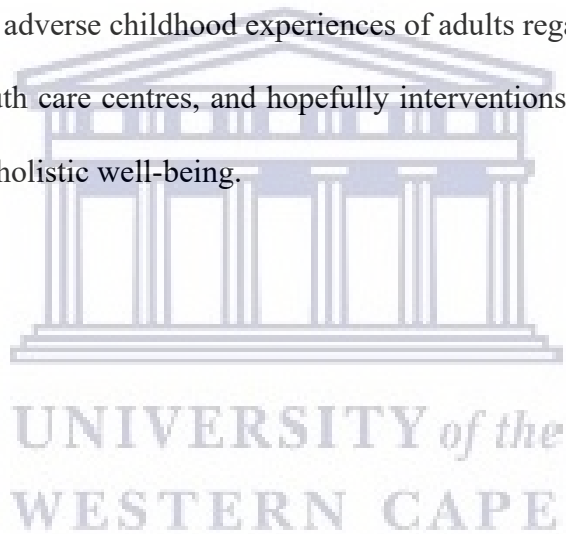
This chapter presented the conclusions and recommendations of the research study. By using a qualitative exploratory-descriptive case study design, the research aim was achieved, which was to understand the ACEs of persons whose foster care placement broke down and who were subsequently placed in CYCCs. Based on the understanding gained, the researcher is able to make recommendations for social work practice, policy and for future research in this field.

6.5 FINAL CONCLUSION

The aim of the study was to gain an understanding of the adverse childhood experiences of adults regarding the transition from foster care to child and youth care centres. The study aim and objectives were achieved through the use of a qualitative approach and employing an exploratory-descriptive design. Family systems' theory as a theoretical framework proved to be appropriate considering the nature and scope of the study. The findings point to several factors that contributed to participants transition from foster care to CYCCs after their foster care disintegration. several factors that contributed to participants transitioned from foster care to CYCCs after their foster care disintegration, were identified from the perspectives and experiences of the adults. Participants were frank about the fact that their own behaviour (inappropriate sexual behaviour, involvement with substance abuse) was part of the reasons why their foster placement disintegrated. However, they were very vocal and reflexive regarding the abuse and neglect they suffered at the hands of the foster parents as contributing factors towards the termination of their foster care placement. The involvement of social workers to prevent foster care breakdown was a highlight in this chapter as participants seem to have an awareness of the role that social workers should have played in securing their safety and security as children in need of care. This chapter

is concluded by way of recommendations offered by participants to social workers and with regards to social work intervention in foster care and CYCCs. These were identified from the perspectives and experiences of the experts, the adults who lived through these adverse circumstances as children. The researcher is grateful to the participants for their frankness about their experiences. This study also highlighted the role and responsibility of social workers in safeguarding children in foster care and CYCCs as they transition through life altering experiences.

The researcher hope that more South African studies will be done on this topic in order to illuminate the impact of the adverse childhood experiences of adults regarding the transition from foster care to child and youth care centres, and hopefully interventions for such persons will be developed to enhance their holistic well-being.



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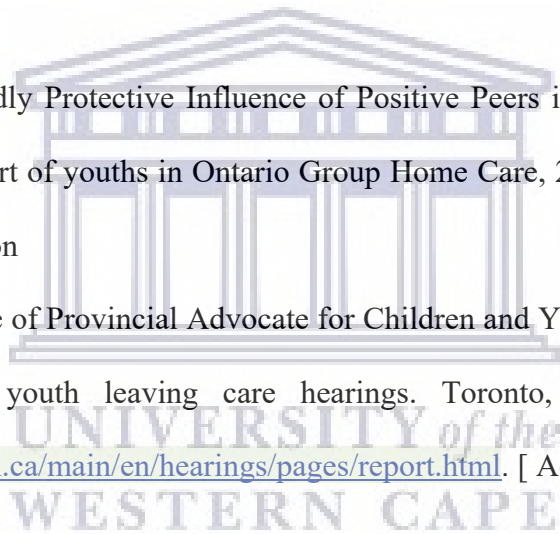
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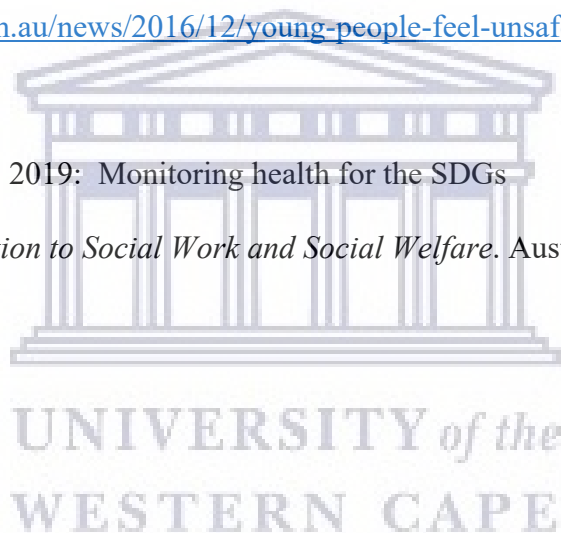
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Appendix A

University of the Western Cape
Community and Health Sciences Faculty
Private Bag X 17, Bellville 7535, South Africa
Email: scarelse@uwc.ac.za

REQUEST FOR PERMISSION TO ACCESS CLIENTS FOR POSSIBLE PARTICIPANTS IN RESEARCH STUDY

STUDENT:

I am a postgraduate student at the University of the Western Cape registered for the Master's in Social Work degree. My research project focuses on _____.

This study has been ethically approved by the Humanities and Social Sciences Research Ethics Committee at the university. To embark on data collection I am requesting your consideration to grant me access to your organisation to recruit participants for the study by disseminating information letters to staff at your organisation who meet the criteria for participation in this study. This information will be managed in a strictly confidential manner with access only by me and my study supervisor.

To assist you in reaching a decision, I have provided a copy of my dissertation proposal which includes the information letter and consent forms to be used in the research process, as well as a copy of the Ethics Approval letter which I received from the university's Senate Higher Degrees Committee.

If you have any further questions about the study please do not hesitate to contact:

Dr Marcel Londt

Head: Social Work Department

University of the Western Cape

Tel: 021 9592277 / Email: mlondt@uwc.ac.za



If you agree, kindly sign below and I will either collect this letter at the organisation or it can be emailed to me with your organisation's stamp acknowledging your permission for me to access your organisation.

Thank you for your time and consideration in this matter.

Yours sincerely

Approved by:

Print your name and title here

Signature

Date

Appendix B

UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21-959 2849 Fax: 27 21-959 2845

E-mail: scarelse@uwc.ac.za / 3817804@myuwc.ac.za



INFORMATION SHEET

Project Title: The adverse childhood experiences of adults regarding the transition from foster care to child and youth care centres

What is this study about?

The research project will be conducted by Kwandiwe Bovu, a Masters in Child and Family Studies student in the Social Work Department at the University of the Western Cape. We are inviting you to participate in this research project because you have been identified to fit as a relevant information source on the topic of adults formerly placed in child and youth care centres after their foster placement disintegrated. The purpose of this research project is to gain an understanding of this topic by asking you about your perception and experiences of your adverse childhood experiences of transitioning from foster care to a child and youth care centre. The study will help to create knowledge on this topic that can be used when planning and implementing appropriate interventions or policies.

What will I be asked to do if I agree to participate?

The researcher will conduct a one (1) hour interview with you on the topic. The interview can take place at the office of the Department of Social Development where the researcher is employed for security and privacy purposes. You will be asked to answer a few questions from your own perspective and experiences. There are no right or wrong answers; we just want your views on the topic. The interview will be audio-recorded only so that we do not lose all that you have discussed.

Would my participation in this study be kept confidential?

Information will be handled in a professional and confidential manner. The information obtained in the audio recording will be stored securely. Information will only be accessible to the researcher and supervisor of this study, and you, if you want to see it. Your names or identifying details will not be used; we will only use identification codes, such as male or female. All information will be stored on a computer and will be password protected. When writing up a report, your identity will be protected at all times.

There are however limits of confidentiality which is in accordance with legal requirements and professional standards, where information must be made available to appropriate individuals and/or authorities for example, when it comes to information about child abuse or neglect or potential harm to you or others.

What are the risks of this research?

There may not be physical risks but some risks can include emotional discomfort, emotional distress, or embarrassment during our discussion. Arrangements have been made with a professional counsellor at Erica Child and Youth Care Centre, 041 456 2112, should you need debriefing.

What are the benefits of this research?

The benefits to you may include a deeper understanding on the topic. The research study will also help produce information on adults formerly placed in child and youth care centres after their foster placement

disintegrated. The information from the study can also be used to help plan and implement appropriate services in the area as well as inform policies.

Do I have to be in this research and may I stop participating at any time?

Participation in the research is completely voluntary. This means that no one can force you and you can decide if you want to take part in the study. If you take part in the study and wish not to continue anymore, you may stop participating at any time. You will not be penalized.

Is any assistance available if I am negatively affected by participating in this study?

If you experience emotional distress during or after participating in the study, you will be referred and or may contact a counsellor at Erica Child and Youth Care Centre, 041 456 2112, for counselling if you feel the need for it.

What if I have questions?

This research study will be conducted by Kwandiwe Bovu of the Social Work Department at the University of the Western Cape. Should you have further questions about the research study itself contact Kwandiwe Bovu at: 078 652 6417 or email at 3817804@myuwc.ac.za. If you have any questions regarding this research study or your rights as a participant or want to report any problems please contact:

Dr Marcel Londt

Head: Department of Social Work

Faculty of Community and Health Sciences

University of the Western Cape

Tel: 021 959 3710

Email: mlondt@uwc.ac.za

Professor Anthea Rhoda

Dean of the Faculty of Community and Health Sciences

University of the Western Cape

Tel: 021 959 3662/2417

Email: chs-deansoffice@uwc.ac.za

Humanities and Social Sciences Research Ethics Administration

Research Office

New Arts Building,

C-Block, Top Floor, Room 28

University of the Western Cape
Private Bag X17
Bellville 7535
Email: research-ethics@uwc.ac.za
Tel: 021 959 2988



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ICANDELO: B

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INGCACISO NGESIFUNDO

Isihloko Sesifundo: Izimvo namava abantu abadala ababe bekwe kumaziko ogcina nokhusela abantwana emva koku rhoxa kwabazali abangengobabo ekubakhuliseni ngoku semthethweni

Lungantoni olufundo?

Oluphando likhokhelwa ngu Kwandiwe Bovu osuka kwiDyunivesiti yase Ntshona Koloni. Uyamenywa ke ukuba nawe uthathe inxaxheba koluphando, njengoko ke inolwazi ngentlalo yokuhlalo kukhuselelo yabantwana. Injongo yoluphando kokunika ingqwalasela kwindlela ezichaphazeleka ngayo iintsapho ezinamalungu athe efunyanwa sistrowuki.

Yintoni elindeleke ukuba ndiyenze xa ndinokuthi ndithabathe inxaxheba?

Ulindeleke ukuba uthathe inxaxheba kwimibuzo exhulumene nokuba isapho lakho liphila njani nelungu eline strowuki. Uhluwano ndlebe ke olo lingathatha imizuzu engama 30-60. Luphando lungenzeka kwikhaya lakho, ukuba awonwabanga koku ungabizelwa eDyunivesiti nemali yokuya khona izakufumaneka.

Ingaba ukuthatha kwam inxaxheba kolufundo luyakuba yimfihlo?

Njengokuba uvimile uthatha inxaxheba koluphando iinkcukacha eziquka amagama wakho, isaziso, indawu ohlala kuyo kunye neenombolo zakho aziyaku papashwa. Kuyakusetyenziswa inombolo endaweni yegama lakho ekekawulelemi nokhuseleko lwakho nelosapho lakho. Mnye umntu oyakuba nesandla kwii nkcukacha zakho, kwaye iyakuba ngumphandi losekhanyiwe.

Phofu lona ke uphando olu luyakuthi lishicilelwe kwaye lifakwe kwi nqhubo ye-computer enetixo samanani esiyimfihlo. Emva nje koba luphelile oluphando lona udliwano ndlebe lizakutshatyalaliswa. Njengandoko ke umphandi ebetshilo, uzakunikwa inombolo, undliwanondlebe lushicilelwe, nentetho leyo ke iyakuthi ize ibhalwe phantsi ukulungiselela izibhalo zomphandi.

Buyintoni ubungozi boluphando?

Ingaba khona imivuka enothi uvuselwe kukuthatha inxaxheba koluphando. Umphandi uyayazi imibuzo enothi ichukumise ngokomphefumlo kwaye uzakuzama ngako konke ekusemandleni ukuphepha kwezozinto. Ukuba kuye kwenzeka ukuba uchukumiseke kakhulu ngokwasemphefumleni uyakuthi uze uzanyelwe uncedo oluthile.

Yintoni endiyakuyizuzisa malunga nesisifundo?

Akuzubakho nzuzo ezakuza kuwe ngqo. Kodwa ke oluphando luzakuthi lithyilele umphandi ngendlela isikrowuki esithi sichaphazele ngayo iinkqubo zekhaya. Kuyathembakala ukuba oluphando nalo luzakuthi lincedisise kumanye amaphando obumila bunje ekongezeni ulwazi. Imiphumela yesisifundo inganceda abanye abantu nezinye iintsapho ezineceli ebumila ngoluhlobo.

Kunyazelekile ukuba ndithabathe inxaxheba kwesisifundo? Ndingakwazi ukurhoxisa nanina ngeemvakalelo nezizathu zam?

Ukuthatha inxhaxheba kwe isifundo akunyanzeliso, sisigqibo ozithathe sona ngaphandle koghroghriso. Umphandi kwesisifundo akakhange abone zinto zinokubeka lowo uyakuze athathe inxhaxheba kobaluphando, kodwa ke ukuba umthathi nxaxheba akaziva mnandi anarhoxisa nanina.

Ingaba lukhona uncedo endiyakulifumana ukuba kuyenzeka ndingancedakali sesisifundo?

Esisifundo sakuthi sizame ukuphepha ukuxhwalekisa ngokwase mphefumleni. Ukuba uthethe wakhathazeka ngenxa yoluphando uyakuthi ukhangelelwe uncedo lwabucala.

Ukuba ndinemibuzo ndingenza njani?

Oluphando luququzelelwa ngu Kwandiwe Bovu osuka kwi Dyunivesiti yase Ntsona Koloni. Yonke imibuzo oyakuthi uze ubenayo nxulumana naye kule nombolo 078 652 6417/ 3817804@myuwc.ac.za. Nge nkcukacha neminye ibuzo unga nxulumana naba bangezantsi.

Dr. M Londt

Head of the Department of Social Work

mlondt@uwc.ac.za

021 9592277

Prof Anthea Rhoda

Dean of the Faculty of Community and Health Sciences

University of the Western Cape

Private Bag X17

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APPENDIX C



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CONSENT FORM

Title of Research Project: The adverse childhood experiences of adults regarding the transition from foster care to child and youth care centres

The study has been described to me in language that I understand. My questions about the study have been answered. I understand what my participation will involve and I agree to participate of my own choice and free will. I understand that my identity will not be disclosed to anyone. I understand that I may withdraw from the study at any time without giving a reason and without fear of negative consequences or loss of benefits.

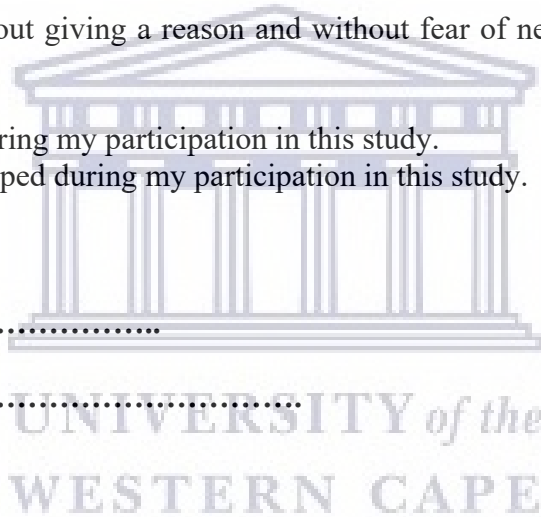
I agree to be audiotaped during my participation in this study.

I do not agree to be audiotaped during my participation in this study.

Participant's name:

Participant's signature:

Date:





ICANDELO C
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IPHEPHA MVUME LOKUTHABATHA INXAXHEBA

Isihloko sofundo: : Izimvo namava abantu abadala ababe bekwe kumaziko ogcina nokhusela abantwana emva koku rhoxa kwabazali abangengobabo ekubakhuliseni ngoku semthethweni

Ndicaciselwe ngeenjongo zoluphando ngolwimi endilwaziyo. Yonke imibuzo ebendinayo ngoluphando iphendulekile kwaye ndanelisekile. Inxaxheba endizakuyidala koluphando ndiyayazi njengoko bendicaciselwe. Kwaye ndixelelwe ukuba ii-nkcukacha ezingam, nezingosapho lwam zikufihlakala kuwonke-wonke. Ndixelelwe nokuba ndingarhoxa ekuthatheni inxaxheba koluphando ngaphandle koloyikiso nokunika izizathu. Ndixelelwe nokuba urhoxiso lam aluzukhatshwa luloyiko lwayiphi na ilahleko.

_____ Ndiyavuma ukuba udluwano ndlebe lungashicilelwa.

_____ Andivumi ukuba oludliwano ndlebe lungashicilelwa.

Igama lomthathi nxaxheba:

Intsayino gama:

Umhla wophando:



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APPENDIX D

Semi-Structured Interview Schedule

Research title: The adverse childhood experiences of adults regarding the transition from foster care to child and youth care centres

A. Demographic details

Alpha numerical code	
Male/Female	
Age	
Race	
Language	
Marital status	
Highest grade passed	
Qualifications	
Employed	
Age when 1 st placed in family foster care	
Duration in family foster care	
Age entered CYCC	
Duration in CYCC	

B. Open-ended questions

1. How did you experience living with a foster family?
2. What were some of the family dynamics in terms of relationships and belonging?
3. Describe what your relationship with the foster parents was like.
4. Describe what your relationship with the foster siblings was like.
5. What do you think was the cause of the breakdown of the foster placement and why do you think so?
6. How would you describe your experience of living in a foster family?
7. How did you experience the transition from family foster care to placement in the child and youth care centre (CYCC)?
8. How would you describe your experience of living in a CYCC?
9. What recommendations do you have for foster care and residential care/CYCCs in the Nelson Mandela Bay Metropole/South Africa?

Thank participant.

ICANDELO D

Udliwano ndlebe olunikeza ithuba lokubuza nokuphendula imibuzo ngokugabalaleyo

Isihloko sophando: Imbono namava wabantu abadala abahlale kwindawo zokugcina nokukhusela abantwana emva koku tshabala kolondolozo lwabo ngabazali abangengo babo.

A. Inkcukacha zomthathi nxaxheba

ikhowudi ebalulekileyo kwezezibalo	
indoda/ibhinqa	
Iminyaka	
Uhlanga	
Ulwimi	
Isini somtshato	
Amabanga aphezulu aphumelelweyo	
Amava onawo kwezemfundo	
Isini sengqesho	
Uqale uneminyaka emingaphi ukukhathalelwa nokukhuliswa ngumzali ongengo wakho ngokusemthethweni	
lixesha elingakanani owahlala ngolo kumzali lowo wayekukhulisa	
Iminyaka owaqala ngayo ukungena kwindawo ekulondolozwa kuyo abantwana ngokusemthethweni	
Ixesha uhleli kwindawo ekugcinwa nekukhathalelwa kuyo abantwana	

B. Imibizo egabalala

1. Khawusichazele ngamava akho okulondolozwa nokukhuliswa kwakho ngumzali ongengowakho?
2. Luthini uluvo lwakho malunga nesimo sobudlelwano nokuba yinxalenye kumzi lowo wawukhuliswa kuwo?
3. Khawusichazele ngobudlelwano phakathi kwakho nomzali wayekukhulisa ngokusemthethweni?
4. Khawusichazele ngobudlelwano phakathi kwakho nabantwana belokhaya wawukhuliswa kulo?
5. Ucinga yayiyintoni unobangela wokutshabalala kolondolozo nokukhuliswa kwakho ngumzali ngokwasemthethweni kwaye kutheni ucinga njalo?
6. Ungathini xa ubalisa ngamava akho, kusaph' othe walizuz'emveni kokuba wohlukene nolo lukuzalayo?
7. Luthini uluvo lwakho malunga namava onawo ngexesha lokusuka kumzali lowo wayekukhulisa usiya kugciniswa kwiziko eligcina nelikhathalela abantwana?
8. Ungasicacisela uthini malunga namava akho okuhlala kwiziko lukugcina nokukhathalela abantwana?

9. Zithini ingcebiso onazo malunga nolondolozo nokukhuliswa kwabantwana ngabazali ngokusemthethweni nangamaziko agcina, akhusele abantwana apha e Nelson Mandela Bay Metropole/South Africa?

Enkosi ngothatha inxaxheba



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WESTERN CAPE

05 March 2019

Mr K Bovu
Child and Family Studies
Faculty of Community and Health Sciences

Ethics Reference Number: HS18/10/33

Project Title: The adverse childhood experiences of adults regarding the transition from foster care to child and youth care centres.

Approval Period: 04 March 2019 – 04 March 2020

I hereby certify that the Humanities and Social Science Research Ethics Committee of the University of the Western Cape approved the methodology and ethics of the above mentioned research project.

Any amendments, extension or other modifications to the protocol must be submitted to the Ethics Committee for approval.

Please remember to submit a progress report in good time for annual renewal.

The Committee must be informed of any serious adverse event and/or termination of the study.



*Ms Patricia Josias
Research Ethics Committee Officer
University of the Western Cape*

PROOFREADING AND EDITING SERVICES

66 Crestview Villas
Avondale Road
Kabega Park
6025

Western Cape University

Department Social Work

25 October 2020

Dear Sir/Madam

The adverse childhood experiences of adults regarding the transition from foster care to child and youth care centres – Kwandiwe Bovu

It is hereby confirmed that the above thesis was proofread and suggestions for amendments and corrections forwarded to the student.

I trust that this is in order.

Regards



Selina Lötter

B A Hons (UPE)

0711038548

