

Social work and informal alternative care: An exploratory study

S. Heyman

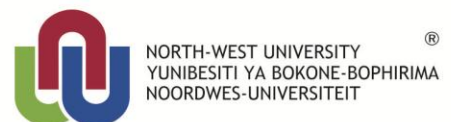
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Dissertation submitted in *partial* fulfilment of the requirements for the degree *Magister Scientiae* in Social Work: Child Protection at Potchefstroom Campus of the North-West University

Supervisor: Dr Hanelie Malan

November 2016

It all starts here TM



DECLARATION OF LANGUAGE EDITING



I, Mari Grobler, hereby declare that I have edited the research study with the title:

Social work and informal alternative care: An exploratory study

for **Shaheeda Heyman** for the purpose of submission as a dissertation.

Changes were suggested and implementation was left to the discretion of the author.

Should there be any questions, please do not hesitate in calling me.

Yours sincerely

Mari Grobler

SATI membership no: 1002808

DEDICATION

This study is dedicated to all the children in informal alternative care arrangements. The aim is to understand these types of placements and to come up with guidelines in order to improve their living conditions for them to flourish.

ACKNOWLEDGEMENTS

I would like to express my heartfelt gratitude towards the following people:

- ❖ The almighty heavenly Father for His courage, strength and wisdom to begin and finish this study.
- ❖ My study leader, Dr Malan, for her support and perfect guidance.
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- ❖ The Department of Social Development for their financial support and permission to conduct the research.
- ❖ The participants who made the study possible.
- ❖ To my sister Glenda La Vigre who provided technical support and assistance.
- ❖ To my mother, Ria Adams, who always believe in my abilities to succeed.
- ❖ To my aunt Alida Derbyshire for her interest, prayers and continual support towards my studies.

STATEMENT

I, Shaheeda Heyman, hereby declare that the manuscript with the title: **Social work and informal alternative care: An exploratory study**

is my own work.

S. Heyman

Date

ABSTRACT/SUMMARY

TITLE: Social work and informal alternative care: An exploratory study

Key words: informal foster care arrangements, informal kinship care, informal alternative care, foster care, children, practice guidelines

In South Africa, informal alternative care is not regulated by the Department of Social Development. The amended Children's Act (38 of 2005) serves as the ideal legislative guidance tool for social workers in South Africa with the aim of protecting children. Alternative care is covered in the Children's Act (38 of 2005), but "informal alternative care" is not mentioned – even though this type of placement of children is happening on a continual basis. It is evident from the research done that this kind of placement is happening with and without the involvement of social workers.

Literature on informal alternative care in South Africa is limited and may leave a gap with regard to the protection of children. This literature gap in informal alternative care can lead to a gap in legislative and practice guidelines as well as informal alternative care is not being given the necessary attention. The study, therefore, sought to develop insight into what constitutes informal alternative care; to explore the views of social workers concerning the elements, strategies and actions associated with interventions that best support informal alternative care; and to improve informal alternative care by making recommendations for possible practice guidelines regarding informal alternative care.

A qualitative research methodology was utilised by the researcher to explore informal alternative care. Data were collected through the use of two focus groups. The sample consisted of social workers with a working experience of at least three years in informal and formal alternative care and was identified through the use of purposive sampling. The researcher used an interview schedule with pre-selected questions to explore the views of the participants with regard to interventions on informal alternative care. The researcher manually analysed the transcribed data from the focus groups and made use of Tesch's eight steps in the coding process. The findings revealed five themes, which involved the concepts of informal alternative care, risk factors in informal alternative care, positive aspects of informal alternative care, challenges in informal alternative care; and regulations and legislative support in informal alternative care. This study, therefore, makes a contribution towards the knowledge and understanding of informal alternative care.

Section A (Part 1) of the dissertation focuses on the orientation of the research, which encompasses the aim of the research, the problem statement, the research methodology and ethical implications. Section A (Part 2) contains the literature review of the study, which focuses on informal alternative care in South Africa, but informal alternative care in other countries also receives attention. This section also focuses on the amended Children's Act (38 of 2005) and other legislative protection for children in South Africa. Focus was also given to formal foster care in order to draw a comparison between informal alternative care and formal foster care. Section B is presented in the form of an article. This section is the crux of the study as the findings of the study are discussed. Section C focuses on the critical evaluation of the study, limitations, recommendations and the conclusion.

The results of the study suggest that social workers and families dealing with informal alternative care arrangements need support and guidance. Social workers are in need of practice guidelines in order to assist families and children in the best possible way. Possible practice guidelines are, therefore, proposed in order to assist social workers, children and families.

OPSOMMING

In Suid-Afrika word informele alternatiewe sorg nie deur die Departement van Maatskaplike Ontwikkeling gereguleer nie. Die gewysigde Kinderwet (38 van 2005) dien as die ideale wetgewende riglyn vir maatskaplike werkers in Suid-Afrika met die doel om kinders te beskerm. Alternatiewe sorg word in die gewysigde Kinderwet (38 van 2005) gedek, maar daar word geen melding gemaak van “informele alternatiewe sorg” nie alhoewel kinders op ‘n deurlopende basis in hierdie soort sorg geplaas word. Dit is duidelik, soos aangedui in die navorsing, dat hierdie soort plasinge gebeur met of sonder die betrokkenheid van maatskaplike werkers.

Literatuur oor informele alternatiewe sorg in Suid-Afrika is beperk en kan dalk ‘n gaping veroorsaak wat die beskerming van kinders betref. Dié literatuurgaping oor informele alternatiewe sorg kan dalk ook lei tot ‘n gaping in wetgewende en praktykrylyne as informele alternatiewe sorg nie die nodige aandag verkry nie; daarom was dit die studie se doel om insig oor informele alternatiewe sorg te verkry; die menings van maatskaplike werkers te verken ten opsigte van elemente, strategieë en aksies wat verband hou met intervensies wat die beste ondersteuning bied vir informele alternatiewe sorg en om informele alternatiewe sorg te verbeter deur aanbevelings te maak vir moontlike riglyne met betrekking tot informele alternatiewe sorg.

Kwalitatiewe navorsingsmetodologie is deur die navorser gebruik om informele alternatiewe sorg te verken. Data is ingesamel deur van twee fokusgroepe gebruik te maak. Die steekproef het bestaan uit maatskaplike werkers met ervaring van ten minste drie jaar in informele en formele alternatiewe sorg. Die deelnemers is geïdentifiseer deur die gebruik van doelgerigte steekproefneming. Die navorser het ‘n onderhoudskedule met voorafbepaalde vrae gebruik om die menings van die deelnemers met betrekking tot intervensie in informele alternatiewe sorg te verken. Die navorser het die getranskribeerde data van die fokusgroepe met die hand geanaliseer en het gebruik gemaak van Tesch se agt stappe in die koderingproses. Die bevindings het vyf temas aan die lig gebring wat die volgende behels: konsepte van informele alternatiewe sorg; risiko’s verbonde aan informele alternatiewe sorg; positiewe aspekte van informele alternatiewe sorg; uitdagings van informele alternatiewe sorg; en informele alternatiewe sorg-regulasies en wetgewende ondersteuning. Dié studie maak ‘n bydrae tot die kennis van en ‘n begrip oor informele alternatiewe sorg.

Afdeling A (Deel 1) van die verhandeling fokus op die oriëntering van die navorsing wat die doel van die navorsing, probleemstelling, navorsingsmetode en etiese implikasies behels. Afdeling A (Deel 2) behels die literatuurstudie van die studie en fokus op informele alternatiewe sorg in

Suid-Afrika, maar kyk ook na informele alternatiewe sorg in ander lande. Hierdie gedeelte fokus ook op die gewysigde Kinderwet (38 van 2005) en ander wetgewende beskerming beskikbaar vir kinders in Suid-Afrika. Formele pleegsorg met die doel om 'n vergelyking tussen formele pleegsorg en informele alternatiewe sorg te tref, het ook aandag geniet. Afdeling B word in die vorm van 'n artikel aangebied. Hierdie afdeling is die kern van die studie aangesien die bevindings van die studie hier bespreek word. Afdeling C fokus op 'n kritiese evaluering van die studie, die beperkings, aanbevelings en slotopmerking.

Die bevindings van die studie stel voor dat maatskaplike werkers en families wat blootgestel word aan informele alternatiewe sorg, ondersteuning en leiding benodig. Maatskaplike werkers het praktykriglyne nodig ten einde families en kinders op die bes moontlike manier te help. Die studie beveel moontlike praktykriglyne aan om maatskaplike werkers, kinders en families te help.

FOREWORD

This article format was chosen in accordance with Regulation A.7.2.3 for the Degree M in Social Work: Child Protection. The article complies with the requirements of the journal, *Social Work/Maatskaplike Werk*.

INSTRUCTIONS TO THE AUTHORS

SOCIAL WORK

The journal publishes articles, brief communications, book reviews and commentary articles already published from the field of Social Work. Contributions may be written in English. All contributions will be accepted or rejected by the editorial committee. All refereeing is strictly confidential. Manuscripts may be returned to the authors if extensive revision is required or if the style of presentation does not conform to the practice. Commentary on articles already published in the Journal must be submitted with appropriate captions, the name(s) and address(es) of the author(s), preferably not exceeding 5 pages.

The entire manuscript must be submitted, plus one clear copy as well as a diskette with all the text, preferably in MS Word (Word perfect) or ASCII. Manuscripts must be typed, doubled spaced on the one side of the A4 paper only. Use the Harvard system for references. Short references in the text: When word-for-word quotations, facts or arguments from other sources are cited, the surname(s), year of publications and the page number(s) must appear in parenthesis in the text. More details concerning sources referred in the text should appear at the end of the manuscript under the caption "References". The sources must be arranged alphabetically according to the surnames of the authors.

DEFINITIONS

Informal foster care arrangements

Informal care is defined as “any private arrangement provided in a family environment, whereby the child is looked after on an on-going or indefinite basis by relatives or friends (informal kinship care) or by others in their individual capacity, at the initiative of the child, his/her parents or other person without this arrangement having been ordered by an administrative or judicial authority or a duly accredited body” (Dunn & Parry-Williams, 2008:7).

Informal kinship care

Many kinship foster care arrangements are arranged informally between family members and not as official government-intervened foster care placements (Harden *et al.*, 1997:61).

Informal alternative care

Jini and Roby (2011:27) define informal alternative care as legal and administrative regulatory and supportive mechanisms functioning outside of a government.

Foster care

According to the amended Children’s Act (38 of 2005), Chapter 12, children are in foster care when these children have been placed in the care of persons who are not the parents or guardians of these children as a result of an order issued by a children’s court or when a transfer has been made in terms of Section 171 of the Act.

Children

According to the amended Children’s Act (38 of 2005) and the *New Dictionary of Social Work* (1995:8), persons under the age of 18 years are viewed as children.

Practice guidelines

The *Collins English Dictionary* (2016:1) defines “guidelines” as principles put forward to set standards or to determine a course of action.

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SECTION A

PART 1: ORIENTATION

1.1 ORIENTATION AND PROBLEM STATEMENT

According to the United Nations Convention on the Rights of Children (United Nations Human Rights, 1989:1), it is recognised that children have the best chance of developing their full potential in a family environment. The parents and legal guardians of children carry primary responsibility for their care. However, when parents are not able or willing to fulfil this responsibility, kinship and community resources may be relied upon to provide care for children. The ultimate responsibility rests with the government to ensure that children are placed in appropriate alternative care in cases where primary caregivers cannot provide adequate care.

Delap and Melville (2011:7) describe informal alternative care as a spontaneous decision by families or individuals to care for children outside of immediate kinship networks without the involvement of other parties. Furthermore, Bosman-Sadie *et al.* (2013:273) refer to “kinship care” as care that is provided to children by members of their extended family. Worldwide, this type of care is becoming a predominant form of out-of-home care. The authors further highlight that the term “kinship care” does not appear in the Children’s Act, but innovations in the Act, such as family group conferences, recognise the role of families in care decisions made in the best interest of children. Bosman-Sadie *et al.* (2013:273) also note that kinship care enables children to stay connected to their families, culture and communities.

A shift in philosophy and a movement away from traditional foster care require the development of a unique system of service, according to Takas (cited in Bosman-Sadie *et al.*, 2013:273). Martin and Mbambo (2011:44) are of the opinion that concerns about the risks faced by children in unregulated foster care arrangements are heightened and the vulnerability of children living with non-biological parents is increased. Children’s rights may be abused in unregulated foster care arrangements and according to these authors; regulation and monitoring of these placements are urgently needed.

Broad (2007:6) argues that particular attention should be given to informal care provided by non-relatives, by relatives previously unknown to children or from relatives far from the habitual place of residence of children (Lee, 2009:18-19). This research focused on care situations where children are between parental and government care and when little is known about the

conditions of informal care arrangements. The aim of this research was to improve the understanding of informal alternative care.

Based on the above-mentioned discussion, the conclusion was reached that the phenomenon of kinship foster care as a child protection intervention is insufficiently documented. A need exists; therefore, to fill this gap in literature by developing intervention options and possible guidelines that can serve the best interests of children in informal care arrangements. "Intervention" refers to the actual doing part in social work, the treatments or actions taken to enhance the capacities of clients, to prevent problems from becoming worse and to apply knowledge and skills to these change processes (Hepworth *et al.*, 2013:14).

The research questions that the study attempted to answer were:

- ❖ What are the views of social workers in connection with the concept "informal alternative care"?
- ❖ What are the views of social workers with regard to the nature of actions taken during informal alternative care and how do these actions support informal alternative care arrangements?
- ❖ What recommendations can social workers make with reference to possible practice guidelines for the effective management of informal alternative care?

1.2 RESEARCH AIM

The aim of this study was to explore informal alternative care and possible social work interventions concerning informal alternative care.

1.3 REVIEW OF LITERATURE

The general purpose of a literature review is to bring the researcher up to date with previous research done on a specific topic. A review of literature assisted the researcher in pointing to general agreements and disagreements on the topic of helping relationships between social workers and child clients (Babbie, 2005:457). As indicated by Babbie (2005:457), a literature review should show the value of a study and how a study fits into the "larger scheme of things". The literature review covered the following topics: foster placements, kinship placements, informal foster placements, components of formal foster care programmes, improving protection for children without parental care, and the role of foster care social workers. Textbooks, journal articles and reliable internet sources were used (Kreuger & Neuman, 2006:461).

The following databases were consulted to identify recently published data related to this study:

Social work abstracts, the Social Sciences Index, the EBSCO HOST Research Database, SAE-Publications and the Nexus database system.

1.4 RESEARCH METHODOLOGY

1.4.1 Approach and design

A pure qualitative research approach was utilised. According to Fouché and Schurink (2011:308), a qualitative research approach aims to gain a better understanding of a phenomenon – rather than explaining it – in a natural setting. A qualitative research approach is sensitive to the people and places observed and controlled measurements are not applied. Fouché and Schurink (2011:308) further elaborate that a particular distinguishing factor of a qualitative design is personal interest and curiosity. The research originated from a personal interest of the researcher, as the researcher is a social worker in the child protection field and works with children who are placed in formal and informal foster care. Given the literature review, the study is complex in nature and requires an in-depth investigation of the phenomenon, which clearly constituted the use of a qualitative approach.

The personal experiences of social workers facilitating informal foster care arrangements were explored. Green (2000:4) explains that by utilising a qualitative research approach, the viewpoints and personal feelings of participants can be obtained. In contrast to quantitative research, qualitative research is more concerned about the “Why?” and “What?” This kind of methodology is very useful; as it allowed the researcher to explore how the participants experience informal foster care arrangements through the use of focus groups.

In line with a qualitative research approach, the researcher utilised an exploratory and a descriptive research method in order to gain insight into the situation of informal alternative care (Rubin & Babbie, 2010:133). A descriptive research method refers to a more intensive examination of a phenomenon and a deeper meaning leads to a thicker description. This method presents a picture of specific details of a situation and focuses on reflection questions (Fouché & de Vos, 2011:96). The topic of informal alternative care and suitable interventions were described and the views of social workers on how to best regulate and support informal alternative care were explored. Fouché and de Vos (2005:106) point out that an exploratory research method is undertaken when more information is needed concerning a new area of interest or when researchers want to understand a certain situation better. In the case of this study, the researcher sought to develop insight into what constituted informal alternative care; to explore the views of social workers on the subject of interventions to best support informal alternative

care; to improve informal alternative care; and to propose recommendations for possible practice guidelines in connection with informal alternative care.

1.4.2 Population and sampling

A research population can be viewed as the individuals who are selected for an intended study. The population in this study consisted of social workers experienced in the field of child protection and working with both formal foster care placements and informal alternative care. Since the findings of this study were not intended to be generalised towards larger populations, but to provide a more in-depth understanding, the researcher was less concerned with representativeness. The target population and the sample were based on the knowledge of the selected population, its elements, and the purpose of the study. This type of sampling is called purposive sampling (Babbie, 2014:200).

A sample comprises of elements or a subset of a population considered for actual inclusion in a study. A sample can also be viewed as a subset of measurements drawn from a population in which researchers are interested (Strydom, 2011a:223-224). The researcher made use of purposive sampling by selecting 5-12 social workers (Stewart *et al.*, 2007:37) from each of the two service areas in the North West region as these two service areas can be regarded as typical service points representing both urban and rural contexts. The two service areas include Mahikeng, Potchefstroom and surrounding areas. Social workers from both the Department of Social Development and social workers working at non-governmental organisations were included in the study. The reason for using the two service areas was to obtain the views from social workers working within urban and rural areas as well as social workers working for the Department of Social Development and non-governmental organisations. This gave the researcher an opportunity to obtain diverse contributions and to eventually facilitate a comparison of findings.

Mahikeng is the capital city of the North West located close to the border between South Africa and Botswana. Mahikeng is the headquarters of the Barolong Boo Rathsidi people. The Mahikeng municipal area is considered a big local municipality when compared to the other four local municipalities within the district. Mahikeng Municipality is approximately 3 703 km² big and can be divided into 28 wards consisting of 102 villages and suburbs. Approximately 75% of the area is rural and under tribal control. The total population of the Mahikeng Municipality is estimated at 2 71 501 people (Mahikeng Local Municipality, 2015:1). Potchefstroom is the academic city of the North West in South Africa. It hosts the Potchefstroom Campus of the North-West University and has various urban areas. Tlokwe Municipality (Potchefstroom) is approximately 2 674K km² big with a well-developed infrastructure (Tlokwe Local Municipality,

2015:1). The researcher made use of a focus group in Potchefstroom followed by a focus group in Mahikeng until data saturation occurred.

1.4.3 The participants and the recruitment process

Purposive sampling is based entirely on the judgment of researchers (Strydom, 2011a:232). Social workers with a working experience of at least three years in formal and informal alternative care arrangements were recruited for the purpose of the study. They were recruited by advertisements of the research project addressed to social workers placed at designated hotspots in the whole district.

The social workers were contacted by the administrative officer (from the Department of Social Development) who was appointed by the researcher. The administrative officer informed the participants about the purpose of the study. The researcher worked through the administrative officer and not the service point manager or supervisor in order for the participants not to feel forced to take part in the study.

For the purpose of the study, the researcher included social workers who are fluent in Afrikaans or English with considerable experience in foster care. Social workers who took part in the research have a minimum experience of at least three years in the field of working with children in foster care. The researcher focused on social workers in the North West. Only the participants who provided written informed consent were included in the sample. The participants are registered with the South African Council for Social Service Professions (SACSSP).

1.4.4 Data collection

The researcher made use of a focus group method in order to obtain information. Focus groups can be described as the use of group interviews to gain a better understanding of how people feel and think about a particular issue, product or service (Greeff, 2011:360) with the purpose of listening to the experiences shared by participants (Kreuger & Casey, 2000:4). The participants were selected because they have certain characteristics in common that relate to the topic of the research study and due to their specific experiences in formal and informal fostering care. Focus groups usually include six to ten participants (Greeff, 2011:366). However, smaller groups (four to six people) are preferable when participants have a great deal to share about a topic. The researcher made use of eight participants in the first focus group and five participants in the second focus group. The focus group interview schedule was formulated in such a way to explore the views of social workers with regard to informal alternative care and interventions and further explored possible recommendations concerning practice guidelines to optimally

regulate and support informal alternative care (see Annexure 6). With these descriptions in mind, the social workers provided their views and understanding of informal alternative care and social work interventions in connection with informal alternative care.

Greeff (2011:369) indicates that in contrast with a phenomenological “lived experiences” approach, a focus group methodology is directed at topical or issues-related discussions in order to require expert opinions. Keeping this in mind, Greeff (2011:369) suggests that carefully formulated and sequenced questions based on the purpose of a study are necessary to elicit a wide range of responses. The questions used in this study were open-ended and semi-structured loosely based on an exploration of intervention services within the context of informal alternative care. The researcher used the principles of Greeff (2011:369) to formulate questions in a conversational manner. In doing so, the researcher ensured that the questions were clear and simple to understand. The researcher acknowledges that the formulation of questions should not be an expeditious process and revisions should take place several times until the questions are in line with the aim of the research. The researcher emphasises the fact that there is no “right” way to develop questions – questions should be interpreted easily and words should, therefore, be used that the participants use when discussing related issues as described in Greeff (2011:369) (see Annexure 6).

A facilitator experienced in focus groups was used to conduct the focus groups. The facilitator has more than 20 years of experience in research and was a professor at the North-West University, Potchefstroom Campus, for eight years.

1.4.5 Data analysis

Braun and Clarke (2006:87) describe data analysis as a process or steps that do not follow a linear process. In other words, an analysis can be flexible and can consist of circular phases. A data analysis in qualitative research prepares and organises the data, then data are reduced into themes through a process of coding. Codes are then condensed and finally, data are represented in figures, tables or discussions (Creswell, 2014:180).

Neuman (2006:459) indicates that the focus of researchers in a qualitative data analysis should be to “organize specific details into a coherent picture”. An analysis of data by researchers should, therefore, represent the real experiences of participants concerned. The participants received verbal and written information about the study. Informed consent was obtained from all of the participants involved in the study and the administrative officer appointed and trained by the researcher signed a letter of confidentiality. The participants were informed about the audio recording of discussions and they gave their permission. In addition, the participants were

verbally and in writing informed about their right to withdraw from the study at any time. The qualitative data were analysed by hand. The researcher considered the following guidelines identified by Botma *et al.* (2010:213) and Schurink *et al.* (2011:402) while analysing the data:

- ❖ Keep initial research in mind.
- ❖ All audio data should be transcribed.
- ❖ Topics should be coded.
- ❖ During transcriptions, enough space should be left at the margins to allow researchers to make notes during an analysis.
- ❖ The processing and interpretation of qualitative data should include the identification of themes and sub-themes.

Furthermore, the researcher manually analysed the data and made use of Tesch’s eight steps in the coding process as indicated by Creswell (2014:198).

1.4.6 Trustworthiness

Trustworthiness is an important aspect of qualitative research and credibility is the primary criterion when evaluating qualitative research (McMillan, 2011:277). Guba’s model for trustworthiness of qualitative research was utilised as a guideline to ensure validity during this study. Four strategies are summarised in table format, namely credibility, transferability, dependability and conformability (Schurink *et al.*, 2011:419-421).

Table 1: Four strategies for ensuring trustworthiness

Epistemological standards	Strategies	Application
Truth value	Credibility can be defined as the extent to which the data, the data analysis and conclusions are believable and trustworthy (McMillan, 2011:277). The research was conducted in a manner to ensure that the phenomenon was accurately identified and described (Schurink <i>et</i>	Truth vale is usually obtained by using the strategy of credibility and the following criteria: prolonged engagement; reflexivity of researchers; triangulation; member checking; peer examinations/group

	<i>al.</i> , 2011:419).	discussions; authority of researchers; and negative case analysis (Botma <i>et al.</i> , 2010:233). Both focus groups were recorded. Field notes were written directly after each focus group session took place. The researcher's role during these focus groups was that of an observer.
Consistency	<p>Dependability</p> <p>"Reliability is the extent to which what is recorded as data is what actually occurred in the setting that was studied" (McMillan, 2011:278). This procedure is described in detail in order to ensure reliability; although it should be kept in mind that situations are unique and even if research data are reliable or replicable, the data still need to be adapted to individual needs within a particular social context (Schurink <i>et al.</i>, 2011:419). The researcher ensured that the research process was logical, well-documented and audited.</p>	<p>This strategy implies the following criteria: a dependable audit; traceable variability in the form of identifiable sources; a stepwise replication of the study; a thick and dense description of the methodology; triangulation of methods, data sources, theories and investigators; peer examination of the study; and code-recode of data or using a co-coder (Botma <i>et al.</i>, 2010:233). The researcher ensured that the research provides information on the data gathering methods and data analysis methods to ensure that the replication of the study is possible.</p>
Applicability	Transferability	The researcher made use of

	According to Trochim and Donnelly (cited in Kumar, 2014:219), transferability refers to the degree in which the results of qualitative research can be generalised or transferred to other contexts or settings.	purposive sampling and data were collected until data saturation occurred. Transferability was reached due to the provision of a thorough description of the process and context of the research to the participants.
Neutrality	Confirmability According to Trochim and Donnelly (cited in Kumar, 2014:219), confirmability refers to the degree in which the results can be confirmed or corroborated by other researchers.	According to Klopper and Krefting (cited in Botma <i>et al.</i> , 2010:233), the criteria applied are: a confirmability audit; triangulation; and reflexivity. The researcher kept detailed records of the findings so that these findings can be retrieved and validated on request.

1.4.7 Ethical implications and research procedures

The researcher is a professional and registered social worker at the Department of Social Development and is bounded by the code of ethics as set out by the SACSSP. The researcher attended ethics training at the North-West University, Potchefstroom Campus. This study was approved by the **Health Research Ethics Committee of the Faculty of Health Sciences of the North-West University (NWU-00339-15-S1)** and was conducted according to the ethical guidelines and principles of the International Declaration of Helsinki, the South African Guidelines for Good Clinical Practice and the Ethical Guidelines for Research of the National Health Research Ethics Council. The ethical protection of participants was ensured through the following research procedures:

- ❖ The researcher wrote a letter to the acting head of the provincial office of the Department of Social Development in the North West, requesting permission to conduct the research.
- ❖ The letter was forwarded to the Manager: Research Unit and permission was granted by the Manager: Research Unit of the Department of Social Development, North West Provincial Government on 16 September 2015 (Annexure 2).

- ❖ The researcher wrote goodwill permission letters to the managers of the non-governmental organisations: Child Welfare and the NG Welsyn (Annexure 3) working with formal foster care and informal alternative care arrangements as soon as the ethical committee of the North-West University, Potchefstroom Campus, granted approval.
- ❖ Ethical clearance (Annexure 1) was approved and the researcher appointed a mediator who identified prospective participants.
- ❖ The mediator contacted prospective participants through their respective service point managers and gave them consent letters and also explained the aim and objectives of the research study.
- ❖ These prospective participants were given five days to consider taking part in the research.
- ❖ After the participants agreed to take part in the research, they were given written consent forms (Annexure 4) to sign in order to take part in the research.
- ❖ Two focus groups were conducted by a facilitator at suitable locations (time and date) for the participants where the environment was good and favourable.
- ❖ The focus group sessions were recorded with the consent of the participants and were transcribed by a qualified transcriber who is familiar with the ethical and confidential issues with regard to research studies.
- ❖ Transcripts are kept in a lockable cabinet and all the data on a computer is password protected.

1.4.8 Informed consent and voluntary participation

Babbie (2014:66) describes informed consent as a norm on which participants base their voluntary participation in research projects when a full understanding of possible risks involved is obtained. The participants were informed about the study and they were given a choice whether they wanted to take part or not. The participants were not forced to take part in the study and could withdraw from the study at any point. The researcher obtained permission from the North West Department of Social Development, office managers and non-governmental organisation managers in order to conduct the focus groups at the identified service points.

A mediator was appointed to identify prospective participants to take part in the research. The mediator contacted these prospective participants and gave them each a consent letter in which the aim and objectives of the research were explained and the prospective participants were

informed about the purpose of the study and advantages and possible disadvantages. After the mediator informed the prospective participants about the research, the mediator gave them five days to consider taking part in the research. The participants who agreed to take part signed a written informed consent form and took part in the study. The participants were informed of every aspect of the study and nothing was withheld from them.

1.4.9 Avoidance of harm

Strydom (2011b:115) emphasises the fact that participants can be harmed in a physical and/or emotional manner. The research project did not cause any emotional or physical harm to the participants. The participants are trained professionals in the field of informal and formal foster care arrangements.

It is the responsibility of researchers to look for subtle danger that can cause participants psychological harm during the course of a research study and to guard against such dangers (Babbie, 2014:65). The research did not harm the participants and the researcher made sure that the location where the focus groups were held was in a safe and calm environment.

1.4.10 Benefits and risks

The Belmont Report, as cited in Babbie (2014:65), states that participants should not be harmed by research and, ideally, should benefit from it. The burdens and benefits of research should be shared fairly within societies. This research explored informal alternative care. The recommendations were made available to the participants. Babbie (2014:65) further indicates that human research should never injure the participants studied, regardless of the fact that they volunteered to take part in research.

The following indirect advantages were identified in the research:

- ❖ The participants were given a chance to provide valued inputs with regard to their experiences of informal alternative care.
- ❖ Taking part in the research helped other professionals working with informal alternative care arrangements.
- ❖ The participants were given a chance to contribute to research and to assist in making recommendations.
- ❖ Taking part in this research contributed to the development of new research that arose from this specific research study.

The risks involved were mainly due to a partial loss of anonymity. Focus groups cannot provide total confidentiality to the participants, as group members can disclose personal information during group discussions. Participants can feel uncomfortable to talk in front of others. Group rules were, therefore, set to limit the loss of anonymity and the facilitator's expertise in group facilitation and interviewing assisted the participants in not feeling uncomfortable.

1.4.11 Debriefing participants

The research was based on mutual trust, acceptance, cooperation, promises, well-accepted conventions and expectations amongst all parties involved in the research project (Strydom, 2011b:113). Babbie (2014:62) states that persons involved in social science research need to be aware of what is proper and improper when scientific inquiries are conducted and the general guidelines shared by researchers assist these persons. The researcher kept the research ethics in mind that were developed to protect participants from being abused by researchers (Bless & Higson-Smith, 2006:140). The researcher respected the participants and valued their opinions, contributions and expertise.

The researcher was aware that during this process the participants can become aware of their own feelings and emotions and reflect on them personally (Patton, 2002:405). However, it was highly unlikely that emotional feelings would have been evoked from the participants due to the nature of the research. As a precaution, a qualified senior social worker with seven years of experience offered debriefing to the participants after each focus group session – none of the participants made use of a debriefing session.

1.4.12 Deception of the participants

The researcher did not withhold any information from or provide wrong information to the participants (Struwig & Stead, 2001:69). The researcher informed the participants before the research was conducted of the aim of the research and that no important information will be withheld from the participants or misrepresented. The participants had a clear understanding of what the research entailed and the purpose thereof. The participants were not misled during the course of the research study.

1.4.13 Confidentiality and anonymity

Babbie (2014:68) describes anonymity as the guarantee provided by researchers that neither they nor the readers of the findings would be able to identify the participants. Babbie further describes confidentiality as the guarantee provided by researchers to not make the identity of the participants publicly known even if researchers can identify the participants by their responses.

However, focus groups cannot guarantee total confidentiality as group members can disclose revealing information. The anonymity of the participants was only partially guaranteed but group rules were established to protect the participants during focus group discussions. The participants committed to not mention the names of clients or not to refer to actual cases in their focus group discussions. During the transcription process the data were coded to ensure that no connection can be made to specific participants. Confidentiality was ensured by the way the data were captured – identifying data were changed and the digital recordings were deleted after the data were transcribed. Only the researcher and the person who transcribed the data had access to the data. A confidentiality agreement was signed with the person who transcribed the focus group discussions. Data are being kept safe and secure – hard copies are kept in locked cabinets in the researcher's office. The reporting of the findings was done anonymously.

1.4.14 Competence of the researcher

The researcher has six years working experience in formal foster care and informal foster care placements and arrangements. The researcher is registered at the SACSSP and obtained a BA degree in Social Work. In addition, she already has completed her modules for the Master's degree in Child Protection which includes a module on research methodology. The researcher is currently employed by the Department of Social Development as a grade 1 level 7 social worker under the Child Care and Protection Programme. The researcher attended ethical training at the North-West University, Potchefstroom Campus. The researcher always acts in a professional manner as prescribed by the code of ethics of the South African Council for Social Service Professions (SACSSP).

1.4.15 Incentive and remuneration of the participants

According to Strydom (2011b:121), it is viewed as logical to compensate participants for costs incurred when being part of a research project, for example transport costs and the time spent away from work. However, if researchers reimburse participants with large amounts of money, there can be ethical implications – participants are then only participating in order to receive compensation (Strydom, 2011b:116).

The facilitator conducted the focus groups on the premises of the Department of Social Development, as this was the most convenient and central point for all of the participants to attend the focus groups. The participants from the Department of Social Development are located at the service point and did not travel; there was no need to compensate them for their traveling expenses. Social workers from surrounding non-governmental organisations used their own transport and did not ask for any compensation.

The researcher provided light snacks to the participants during the focus group sessions.

1.5 CHAPTER DIVISION

Section A (Part 1): Introduction to and orientation of the study

Section A (Part 2): Literature review

Section B: Journal article to be sent to the *Maatskaplike Werk/Social Work Journal*

Section C: Overall summary of research, including the conclusion and limitations

Section D: Addendums

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SECTION A

PART 2: LITERATURE REVIEW

SOCIAL WORK AND INFORMAL ALTERNATIVE CARE: AN EXPLORATORY STUDY

2.1 INTRODUCTION

Children need to be cared for by adults to ensure their survival and development. The right to “family care or parental care” recognises this unique need of children (South Africa, 2009:78). Informal kinship care is an age-old tradition used by families in times of need and crisis to look after children. However, the pathways between informal care and formal care are largely under-analysed with regard to family policies and child welfare spheres (O’Brien, 2015:2). Many kinship foster care arrangements are arranged informally between family members and not as official government-intervened foster care placements. Children in informal foster arrangements can, therefore, be viewed as a subgroup of a broader category of family-based alternatives to parental care (Harden *et al.*, 1997:61).

According to Crumbley and Little (1997:97), accurate information about children in kinship family situations is difficult to obtain, given the number of informal voluntary family arrangements. The authors indicate that most population projections suggest continued increases in the number of children placed with relatives if social and economic factors, such as out-of-wedlock births, separations, divorces, family violence and unemployment, continue to increase in communities.

In situations where there are inadequate alternative care systems, the death of parents puts children at a greater risk of abuse and exploitation. The death of a parent or both parents is also amongst the causes of erratic school attendance and dropouts. Similar risks face children whose parents are alive but have abandoned them; and children with parents whose health is ravaged by illnesses making them unable to fulfil their responsibilities of care (South Africa, 2009:78).

In agreement with Harden *et al.* (1997:61), most children who live in informal foster care or kinship foster care are technically not foster children; they are mostly the products of care arrangements created as a result of practices that gradually became entrenched in child welfare services.

According to an African belief, once children are born, they belong to the whole community and members of the community share the responsibility of providing nurturance to these children – especially during times of crises (Jini & Roby, 2011:21). Strassman (cited in Swanbrow, 2011:1) is of the opinion that “there is a naïve believe that villages raise children communally, when in reality children are raised by their own families and their survival depends critically on the survival of their mothers thus the vulnerability of children is heightened”.

Jini and Roby (2011:41) maintain that informal care – by definition – is unregulated and often overlaps with regulated social and legal systems, although these overlaps tend to be accidental rather than planned. These authors highlight that a key principle of informal foster care is that children in informal care need to be identified and provided with the same degree of protection other children enjoy, such as the right to birth registration, right of inheritance, access to services which require parental permission or guidance and protection from premature adult roles.

In other words, while the regulatory mechanisms do not target children in informal care, the benefits of social and legal protection mechanisms should have an impact on their presence in the overlapping area, as illustrated in the figure below (Jini & Roby, 2011:27):

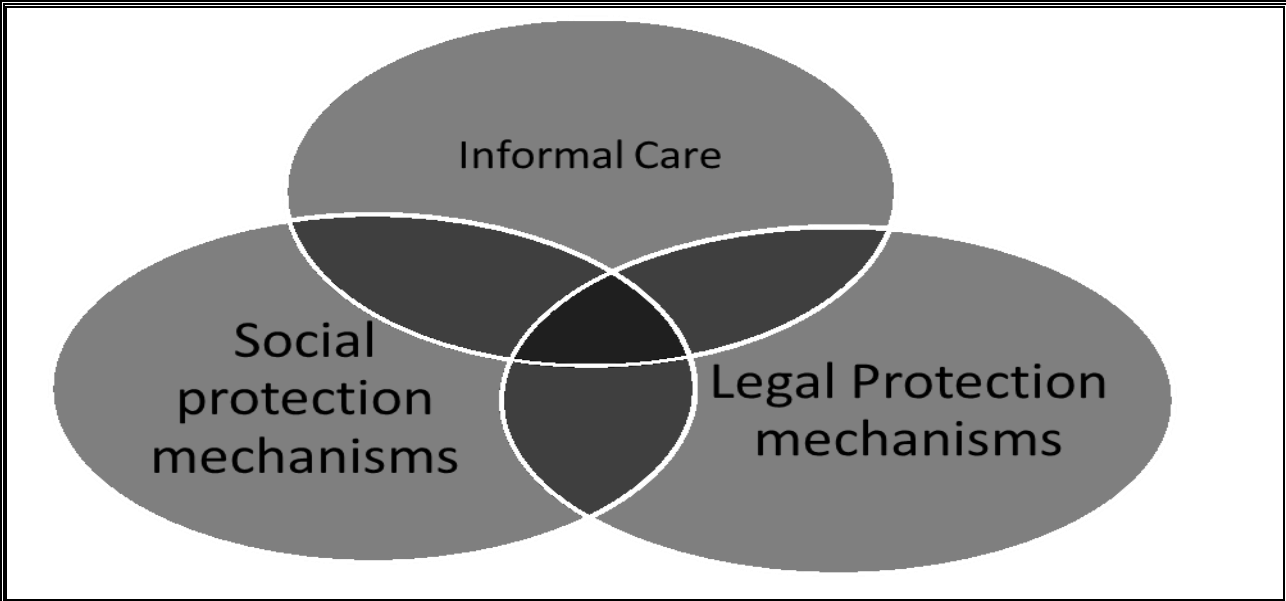


Figure 1: Children in informal care in relation to social and legal protection mechanisms

Figure 1. indicates the overlapping of informal care with social and legal protection mechanisms. In terms of child protection programmes, a particular challenge lies within the incorporation of

both formal and informal alternative care mechanisms into a systems approach to protect children (De Vise-Lewis, 2012:19).

2.2 CHILDREN IN NEED OF CARE AND PROTECTION

In order to place children in alternative care in South Africa, children need to be found in need of care and protection according to Section 150 of the amended Children's Act (38 of 2005). According to Section 150 of the Children's Act, 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.

When viewing this list of reasons for placing children in alternative care, it is evident that no provision is made for children in informal alternative care arrangements if they do not fall under the criteria of being in need of care and protection. Although formal care services are found to be better reflected in the legal and policy frameworks and consume more of the resources available for child protection, the reality is that the majority of children in alternative care are still looked after through informal care options (De Vise-Lewis, 2012:19).

2.3 ALTERNATIVE CARE

As previously indicated, according to Section 167 of the amended Children's Act (38 of 2005) of South Africa, children are in alternative care if they have been placed in foster care; in the care of child and youth care centres; or in temporary safe care. Informal alternative care is not

directly mentioned in the Children’s Act and it can be assumed that these children are not covered or acknowledged by this Act.

Jini and Roby (2011:10) explain the forms of alternative care for children with the aid of guidelines in Figure 2.:

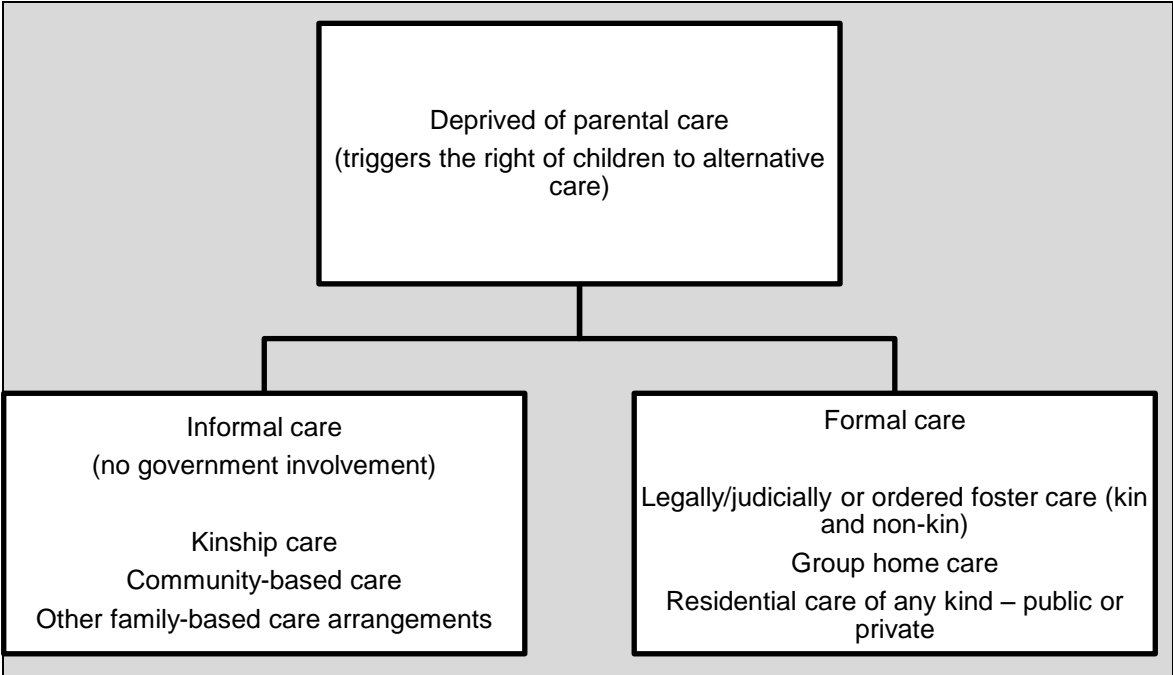


Figure 2.: Forms of alternative care

As indicated in the figure above, children who are deprived of parental care trigger the need for alternative care. There are two options that can be considered when the need for alternative care arises: it can be informal care without government involvement through kinship care or community-based or through family care arrangement as indicated in Figure 2. or through formal foster care (kin or non-kin), group home care or residential care of any kind provided by the legal system.

2.3.1 Formal alternative care

Formal care is defined by Jini and Roby (2011:10) as “... all care provided in a family environment which has been ordered by a competent administrative body or judicial authority, and all care provided in a residential environment, including in private facilities, whether or not as a result of administrative or judicial measures”.

2.3.1.1 Foster care

Within the formal child care system in South Africa, foster care is normally considered the preferred form of alternative care for children who cannot remain with their biological families and who are not available for adoption (Children's Institute, 2002:215). Foster care is the temporary placement of children who are in need of care and protection. Children are placed in the care of suitable persons who are not the parents or guardians of these children. According to Delap and Melville (2011:10), the components of formal foster care programmes include the following:

- ❖ Recruitment and assessment of foster carers
- ❖ Training of foster carers
- ❖ Matching foster carers with children
- ❖ Monitoring of foster care placements
- ❖ On-going care planning and support for children and foster carers
- ❖ Support to the families of children and reintegration
- ❖ Preparation for leaving care and aftercare support

According to Section 181 of the amended Children's Act (38 of 2005), the purpose of foster care is to protect and nurture children by providing a safe and healthy environment with positive support. Section 159 of the same Act states that an order made by a children's court is valid for the duration of two years from the date the order was made or for shorter periods as indicated by a court and can be extended for a period not longer than two years at a time.

2.3.1.2 Temporary safe care

Temporary safe care – according to the definition provided by the amended Children's Act (38 of 2005) – in relation to children, means the care of children in approved child and youth care centres, shelters, private homes or other places where children can safely be accommodated pending a decision or court order concerning the placement of these children, but excludes the care of children in a prison or a police cell.

2.3.1.3 Child and youth care centre

Section 191 of the amended Children's Act (38 of 2005) states that child and youth care centres are facilities for the provision of residential care to more than six children outside of a family environment in accordance with a residential care programme suited for these children in facilities, but excludes:

- ❖ Partial care facilities
- ❖ Drop-in centres

- ❖ Boarding schools
- ❖ School hostels or other residential facilities attached to schools
- ❖ Prisons
- ❖ Establishments that are mainly maintained for the tuition or training of children and differ from establishments that are maintained for children ordered by a court to receive tuition or training.

The inclusion of shelters ensures that this vulnerable group is brought into the system (Bosman-Sadie *et al.*, 2013:289). The authors indicate that an umbrella term “child and youth care centres” are being used to include all the different types Figure 3. below illustrates:

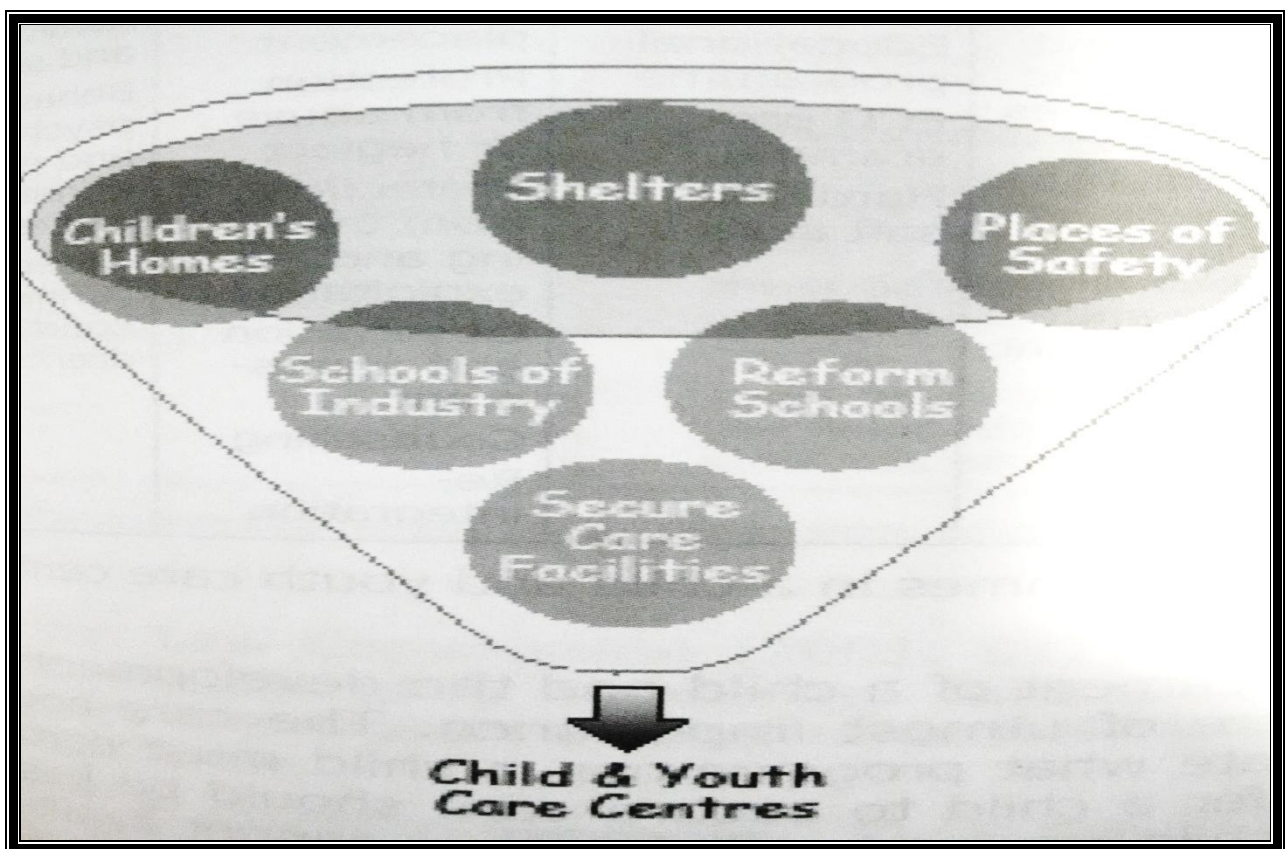


Figure 3.: Child and youth care centres

Figure 3. indicates that children’s homes, school of industries, reform schools, places of safety, secure care facilities and shelters all fall under the term “child and youth care centres”. Child and youth care centres are, however, viewed as the last resort when placing children and these placements only take place if no other placements were available or appropriate.

2.3.2 Informal alternative care

De Vise-Lewis (2012:vi) describes informal alternative care as private arrangements provided in a family environment whereby children are looked after on an ongoing or indefinite basis by relatives or friends or by other individuals after being recommended by the children, their parents or other individuals person and without these arrangements having been ordered by an administrative or judicial authority or a duly accredited body.

A number of benefits are common to both formal and informal kinship care. In principle, advantages include (Broad, 2007:3):

- ❖ The preservation of family, community and cultural ties.
- ❖ The reinforcement of children's sense of identity and self-esteem, which flow from knowing their family history and culture.
- ❖ The avoidance of distress resulting from moving in with strangers.

2.4 COMPARING INFORMAL ALTERNATIVE CARE IN DIFFERENT COUNTRIES

In most countries around the world, a sizeable majority of children who are unable to live with their parents are cared for via informal arrangements made with grandparents, other relatives or in some cases, persons who are close to affected families (Cantwell *et al.*, 2012: 76).

2.4.1 England

According to Wilson and Wells (2013:1), the Children's Act of England outlines regulations with regard to the assessment and monitoring of private fostering arrangements. These regulations are also guided by the United Nations Guidelines for the Alternative Care of Children and offer guidance for the safeguarding of children in alternative care arrangements, and therefore,

- ❖ Parents and carers in England should notify social services if children under the age of 16 (or 18 when children have disabilities) are living with somebody other than their legal guardians or close relatives for a period of 28 days or more.
- ❖ Within seven days of a notification, children's services should complete a home visit to assess the suitability of arrangements and investigate any child protection concerns.
- ❖ If arrangements are deemed appropriate, statutory social workers should conduct home visits every six weeks in the first year and every 12 weeks in subsequent years. Home visits are necessary to monitor arrangements and offer support to families. Social workers should continue these visits until children reach the age of 16 years or 18 years if these children have disabilities.

2.4.2 Liberia

Two forms of foster care can be distinguished in Liberia, namely formal foster care and informal foster care. Informal foster care is more commonly used and practiced in emergency cases as well as in non-emergency situations. Traditionally, communities have taken in children without undergoing any formal processes with the Department of Social Welfare or the children's court (Liberia, 2014:45).

According to Liberia's Ministry of Health and Social Welfare (2014:45), informal placements take place when the following occur:

- ❖ Parents of children cannot provide care or when orphaned children do not receive care.
- ❖ Private persons, such as the parents, kin, community members or child welfare committees, are responsible for care agreements.
- ❖ Families, communities, child welfare committees together with social welfare supervisors make decisions with regard to placements.
- ❖ Carers are identified by families or communities.
- ❖ Placements are managed, supervised and supported by social welfare supervisors even when placements are done informally.
- ❖ Placements are temporary, short-term or long-term.
- ❖ No training is required for informal caregivers.
- ❖ Children stay in or near to their own community.
- ❖ Children remain in contact with their family and community with the goal of being reunified.

2.4.3 Namibia

The Namibian Department of Ministry of Gender Equality and Child Welfare (Namibia, 2009:31) proposed the following schedule for informal foster care:

- ❖ Family arrangements are made by family members and reported to the relevant Ministry of Gender Equality and Child Welfare regional office for support.
- ❖ Families decide who primary caregivers (kinship carers) are.
- ❖ Financial support is provided on request after a kinship care contract has been signed by a social worker appointed by the Ministry of Gender Equality and Child Welfare and administered through a clerk of court. Only when families cannot reach an agreement, is a court order needed.
- ❖ Kinship carers receive support from community child care workers who also cooperate with non-government organisations. Support is provided by social workers only when needed.

- ❖ Kinship carers and children participate in support groups (mandatory in the first two years after a kinship grant was provided) organised through a court process by community child care workers.
- ❖ Birth families make their own contact arrangements with extended family members unless the assistance of social workers is needed.

It is the duty of all local Namibian authorities to satisfy themselves that the welfare of children privately fostered in their area is adequately safeguarded and promoted; and that advice is given to children, parents and carers whenever necessary. It is important for local Namibian authorities to provide the parents of children with details as to their continual parental responsibilities and to their right of contact with their children (Namibia, 2009:31).

According to the Namibian government (Namibia, 2009:31), local authorities need to safeguard the ability of parents to exercise their right in making private arrangements for the care of their children, whilst at the same time they fulfil their duty in ensuring that the welfare of children is protected. When it is proposed that children need to be privately fostered, local authorities should be notified at least six weeks before the date on which private fostering arrangements begin or immediately when arrangements have begun or within six weeks after private fostering arrangements have started.

2.4.3 South Africa

In South Africa, the commission of Discussion Paper 103 of the Children's Institute (2002:216) recommends that relatives caring for children who have been abandoned or orphaned or are for some or other reason in need of their assistance, but who are not in need of formal protective services, should have access to a simple communication channel so that the necessary parental responsibilities can be conferred to them. The consent to medical treatment or permission for an operation on these children and the capacity to apply for state financial assistance on the behalf of these children should be included in the communication of parental responsibility. The commission invited comments as to whether such arrangements should involve an initial once-off investigation, an order by a child and family court or whether this should be an administrative process. The recommendation was accepted that informal alternative care arrangements should involve an initial once-off investigation, an order by a child and family court or an administrative process.

In all of the countries discussed above – except South Africa – families are mandated to notify their specific welfare organisations when making private arrangements. Furthermore, the provision of financial assistance in these countries is not clear except for Namibia which

indicates that financial assistance is available on request and with a court order from the family court. In all of the countries – except South Africa – it is compulsory for social workers to monitor or supervise placements even if these placements are administrative of nature.

The outcomes of Discussion Paper 103 are dated 2002. Since 2002, the recommendations of the commission were not implemented in South Africa in order for policies to correlate with above-mentioned information. Social workers are not aware of these recommendations of the commission as these recommendations are not well-documented and not easily accessible.

2.5 PROTECTION OF CHILDREN IN INFORMAL CARE

Working with children in informal kinship care means maintaining a delicate balance between adhering to the child protection regulations of the government and respecting decisions made by parents or in their absence, decisions made by informal carers themselves – the best interests of children should always be kept in mind (Cantwell *et al.*, 2012:78). The authors state that official agencies are not directly involved in informal care initiatives and their scope of action is relatively limited in such cases. Nevertheless, Cantwell *et al.* (2012:78) highlight that it is desirable that the whereabouts of children in informal care are known to social work services so that social workers can offer the necessary protection and support.

The amended Children's Act (38 of 2005) is a significant achievement in law reform, which takes South Africa into a new era of childcare and the protection of children (South Africa, 2009: xx). South Africa is a signatory of the United Nations Convention on the Rights of the Child and is, therefore, required to measure progress towards fulfilling the rights of children and to report to the United Nations Committee every five years. The specific provision made for the rights of children in the South African Constitution are aligned with the United Nations Convention, which should be taken into account in interpreting the constitutional rights of children in South Africa (South Africa, 2009:5).

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 due to their young age and require an additional set of rights tailored to their specific needs – over and above the constitutional rights children have in common with every South African (South Africa, 2009:78).

Many children who live in the care of family members and friends do well in life, but others do not flourish at all. Many family and friend carers are in need of support to enable them to meet the needs of the children they care for (England Department of Education, 2010:8).

Section 70 of the amended Children's Act (38 of 2005) states that the children's court can stipulate a family group conference to be set up with parties involved in matters brought or referred to them – including other family members of children in order to find solutions for problems involving these children. According to Bosman-Sadie *et al.* (2013:123), 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. 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 matters can be resolved by offering solutions that can prevent future problems.

Section 71 of the amended Children's Act (38 of 2005) states that children's courts can – if circumstances permit it – refer matters brought or referred to them to appropriate lay forums (including traditional authorities) in an attempt to settle these matters by way of mediations occurring out of court. Bosman-Sadie *et al.* (2013:122) 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.

Children looked after by relatives or family friends can also become caught up in intra-familial frictions or a lack of clarity over roles and relationships can cause additional conflict (Broad, 2007:5).

Children can experience difficulty in situating themselves on a generational or genealogical level when, for example they are brought up by grandparents – almost as if the children are brothers or sisters of one of their parents (Broad, 2007:5).

South African children's courts do not acknowledge the role of informal alternative caregivers concerning children. Biological parents are not always able to take care of their own children and the need of informal alternative caregivers should, therefore, be acknowledged. The use of family connections and other lay forms need to be explored more by social workers in order to make sure that the best interest of children is taken into consideration. Social workers need to know how to make use of these types of interventions as alternative methods in the child protection system to enhance service delivery to children and families especially where informal alternative care placements are concerned.

2.6 INFORMAL ALTERNATIVE CAREGIVERS AND PARENTAL RIGHTS AND RESPONSIBILITIES

The amended Children's Act (38 of 2005) states that caregivers can obtain parental responsibilities and rights in respect of children by entering into a parental responsibilities and rights agreement by applying to the court (Bosman-Sadie *et al.*, 2013:6). According to the amended Children's Act (38 of 2005), caregivers mean persons other than parents or guardians who cares for children and with the implied or expressed consent of parents or guardians of children.

Family and friend carers play a unique role as informal alternative caregivers in enabling children and young people to remain with people they know and trust if they cannot, for whatever reason, live with their parents. The majority of relatives who provide care are grandparents, aunts and uncles (England Department of Education 2010:8).

According to the Department of Education in England (2010:8-9), informal alternative caregivers can face the following challenges:

❖ Tension amongst family members

There is often significant and long-term tension present within families, particularly in relation to the management of contact with biological parents.

❖ Needs of children

In many instances, the characteristics and needs of children living with family and friend carers in informal arrangements are very similar to – or the same as – those of children in formal care settings.

❖ Short-term arrangements developing into long-term care

Family members and friends often start to care for other people's children during a crisis or an emergency situation. Sometimes the care is a short-term measure, but gradually becomes a continual or permanent arrangement. Such circumstances can be very challenging for carers and normal family relationships can become strained – not just between the carers and the children's parents, but between siblings, children of the carers and extended family members.

❖ The impact of being informal caregivers

The impact of becoming family and friend carers is often considerable. Many family and friend carers are the grandparents of children and can cover a wide range of ages and characteristics. Grandparents are often older and in poorer health than the parents of children or unrelated foster carers. Grandparents can also be less well-off financially, either because they receive a pension and are unable to increase their monthly income to take

care of additional expenditure or because they have to give up their work in order to take care of the children. In addition, grandparents can also experience complex feelings about their own children who are unable to provide adequate care for their grandchildren.

Gallinetti *et al.* (2009:77) indicate that in South Africa, “parental responsibilities and rights” is a new concept in the amended Children’s Act (38 of 2005) which replaced the term previously referred to as “parental authority and power”. The concept “parental responsibilities and rights” stresses the fact that parents have responsibilities in respect of their children but at the same time the rights of parents are recognised in order to enable them to fulfil their responsibilities as parents. If parents have a need to request assistance from family members to support them by looking after their children after an agreement was made, parents need to exercise their rights to do so.

Section 18(2) of the amended Children’s Act (38 of 2005) states the responsibilities and rights persons have with regard to children:

- ❖ To care for the children.
- ❖ To maintain contact with the children.
- ❖ To act as guardians of the children.
- ❖ To contribute to the nurturance of the children.

As indicated above, the Act makes reference to “persons”. It is, therefore, safe to say that informal alternative caregivers are acknowledged. However, they should acquire these rights and responsibilities by either entering into a parental responsibilities and rights agreement or applying to court for an agreement (Gallinetti *et al.*, 2009:78). This can be viewed as measure to make placements more formal and to assist informal alternative caregivers in having the right to be part of decision-making process regarding matters that concern children. This measure also assists persons to access services, such as education and medical healthcare, on behalf of these children.

Roth *et al.* (2012:27) emphasise that informal carers need to feel confident that if they should step forward to ask for support, their views will be listened to and the needs of the children will be appropriately addressed. Informal carers should know how they can be involved in this process and what framework to use in assessing the needs of children or young persons should they be looked after by local authorities.

2.7 CONCLUSION

The literature review explored alternative care with an emphasis on formal foster care. The phenomenon of informal alternative care was explained. The review focused on informal

alternative care in other countries with specific reference to England, Liberia and Namibia. The review highlighted the role and challenges of informal care givers.

The literature review focused on the protection of the rights of children in informal care with specific reference to the amended Children's Act (38 of 2005) and other legal protection measures available to children in general. Some countries, as indicated in the review, handle informal alternative care effectively and South Africa can learn from their practices. There is a need for further research in this regard and possible practice guidelines should be offered.

Section A provided an orientation towards the study and a review of literature was presented as a background to the study. Section B provides readers with a compact discussion of the research findings in article format. Section C concludes with a critical evaluation of the study and recommendations for future research and practice.

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SECTION B: ARTICLE

SOCIAL WORK AND INFORMAL ALTERNATIVE CARE: AN EXPLORATORY STUDY

ABSTRACT

South African legislation with specific reference to the amended Children's Act (38 of 2005) deals with children in alternative care. According to the Act, children who have already been found in need of care and protection can be placed in alternative care. However, no mention is made of informal alternative care in the Act. A gap, therefore, exists in caring for children in informal alternative care arrangements. Apart from a gap in legislation, limited research on informal alternative care is available in South Africa which can have a negative influence on the care and rights of children in informal alternative care arrangements. This qualitative study aimed to explore and understand informal alternative care arrangements of children from the perspective of social workers. Focus group sessions took place with 13 participants. The findings indicate that practice guidelines for social workers are needed in order to regulate and support informal alternative care arrangements.

Key words: informal foster care arrangements, informal kinship care, informal alternative care, foster care, children, practice guidelines

3.1 INTRODUCTION

In 2013, South Africa's total population was estimated at 53 million people of whom 18.6 million were children (under the age of 18 years) – 35% of the total South African population consists of children (De Lannoy *et al.*, 2015:102). The proportion of children living with both parents decreased from 39% in 2002 to 35% in 2013. 22% of children do not have either of their biological parents living with them. This does not necessarily mean that they are orphaned. In most cases, 83% of children without co-resident parents have at least one parent who is alive but living elsewhere (De Lannoy *et al.*, 2015: 103). The authors further state that it is not uncommon in South Africa for children to live separately from their biological parents in the care of relatives. Children not living with their biological parents are a long-established feature in South Africa and are related to many factors, including historic population control, labour migration, poverty, housing, educational opportunities, low marriage rates and cultural practices. It is, therefore, common for relatives to play a substantial role in child-rearing. Many South

African children experience a sequence of different caregivers, are raised without fathers or live in different households than their biological siblings (De Lannoy *et al.*, 2015:103).

Informal alternative care is a very large, yet often invisible system, laden with many complexities (Jini & Roby, 2011:41). Unlike formal placements that are recognised, mandated and governed by the amended Children's Act (38 of 2008), informal alternative care is not preceded by a preliminary investigation performed by social services. Social services do not inquire or monitor informal alternative care nor is these placements dependent on court inquiries and court-approved transfers of parental rights and responsibilities in respect of children (Martin & Mbambo, 2011:43). Informal alternative care placements are notably devoid of any official monitoring of the well-being of children once placed within the household of alternative caregivers (Martin & Mbambo, 2011:43).

3.2 PROBLEM STATEMENT

According to the South African Human Rights Commission/UNICEF (2011:6), South Africa has made significant strides in ensuring that children in need of alternative care are placed in appropriate alternative care options. The South African Human Rights Commission/UNICEF indicated that over 88,600 children were declared in need of care by a children's court during 2009-2010. These children were placed in foster care, in children's homes, in schools of industry or back into the care of parents or guardians under the supervision of social workers. It was further indicated that close to 500,000 children live with foster parents and benefit from a foster child grant whilst the number of adoptions has increased to more than 5,850 annually. Approximately 13,250 children stay in registered child and youth care centres.

The statistics provided above make reference to children in alternative care; however there is no statistics available concerning children in informal alternative care. It can be said that children in informal alternative arrangements are not recognised. In South Africa, just one in every three children live with both their biological parents. One in five children has lost one or both parents. Approximately 1,9 million children have lost one or both parents due to AIDS-related diseases. Children living in poor conditions appear to be more likely to be deprived of parental care (South African Human Rights Commission/UNICEF, 2011:6).

In the absence of legislative or administrative support with regard to informal alternative arrangements, children are left vulnerable to abuse and maltreatment. Children have been identified who are functioning without parental care and living with relatives or family friends without government involvement in selecting or monitoring these arrangements (Jini & Roby,

2011:7). Jini and Roby (2011:7) suggest that – like all children – children in informal care arrangements are entitled to protection and care, but little is known about them.

It is against this background that an empirical study on informal alternative care was done to explore the views of social workers regarding the concept of informal alternative care and to propose recommendations for possible practice guidelines to best regulate and support informal alternative care arrangements.

3.3 AIM AND OBJECTIVES

The aim of this study was to explore informal alternative care arrangements and possible social work interventions with regard to informal alternative care. The objectives of this research was to conduct a thorough literature study on informal alternative care; to explore the views of social workers on interventions regarding informal alternative care and how to support informal alternative care arrangements and finally to make recommendations for possible practice guidelines to best regulate and support informal alternative care.

3.4 RESEARCH METHODOLOGY

3.4.1 Research design

In line with a qualitative approach, the researcher utilised an exploratory research design in order to gain insight into the circumstances of informal alternative care (Rubin & Babbie, 2010:133) – the views of social workers on how to best regulate and support informal alternative care and informal alternative care interventions were explored. Fouché and de Vos (2011:95) point out that exploratory research is usually undertaken when more information is needed in a new area of interest or when researchers want to understand a certain situation better. In the case of this study, the researcher sought to gain insight into what constitutes informal alternative care, to explore the views of social workers with regard to interventions to best regulate and support informal alternative care and to improve informal alternative care by proposing recommendations for practice guidelines concerning informal alternative care.

3.4.2 Population and sampling

The participants in this study were social workers from the Potchefstroom and Mahikeng areas working for the Department of Social Development and surrounding non-governmental organisations with a working experience of at least three years in formal and informal alternative care arrangements in the field of child protection. Since the findings of this study are not intended to be generalised towards the larger population, but to provide an in-depth understanding, the researcher did not focus on representativeness. The target population and

the sample were based on the knowledge of the population, its elements and the purpose of the study. This type of sampling is called purposive sampling (Babbie, 2014:200).

3.4.3 Data collection

Data were collected by making use of focus group interviews with 13 social workers from two different areas working for the Department of Social Development and surrounding non-governmental organisations. Focus groups can be described as group interviews to obtain a better understanding of how people feel and think about issues, products or services (Greeff, 2011:360). The focus group discussions were recorded with the permission of the participants and transcribed *verbatim*. A focus group interview schedule was formulated in such a manner to explore the views of social workers regarding informal alternative care and interventions and to further explore possible recommendations with reference to practice guidelines to best regulate and support informal alternative care. The researcher identified six pre-selected questions which she thought were appropriate in answering the research questions. The following questions were included in the schedule:

- ❖ Discuss your understanding of the concept “informal alternative care”?
- ❖ Identify risk factors involved in informal alternative care?
- ❖ What are the positive aspects of informal alternative care?
- ❖ What were the biggest challenges you have encountered regarding informal alternative care?
- ❖ What legal protection should be provided for children in informal alternative care?
- ❖ What is your opinion concerning regulations and legislative support for informal alternative care arrangements?
- ❖ What advice can you offer other social workers on the subject of informal alternative care interventions or practice guidelines for informal alternative care?

3.4.4 Data analysis

The researcher manually analysed the transcribed data from the focus groups discussions and made use of Tesch’s eight steps in the coding process as indicated by Creswell (2014:198). Two focus group discussions took place with social workers who have at least three years’ experience in informal and formal alternative care arrangements. Themes and sub-themes were identified.

3.4.5 Ethical aspects

Research should be based on mutual trust, acceptance, cooperation, promises, well-accepted conventions and expectations amongst all parties involved in research projects (Strydom,

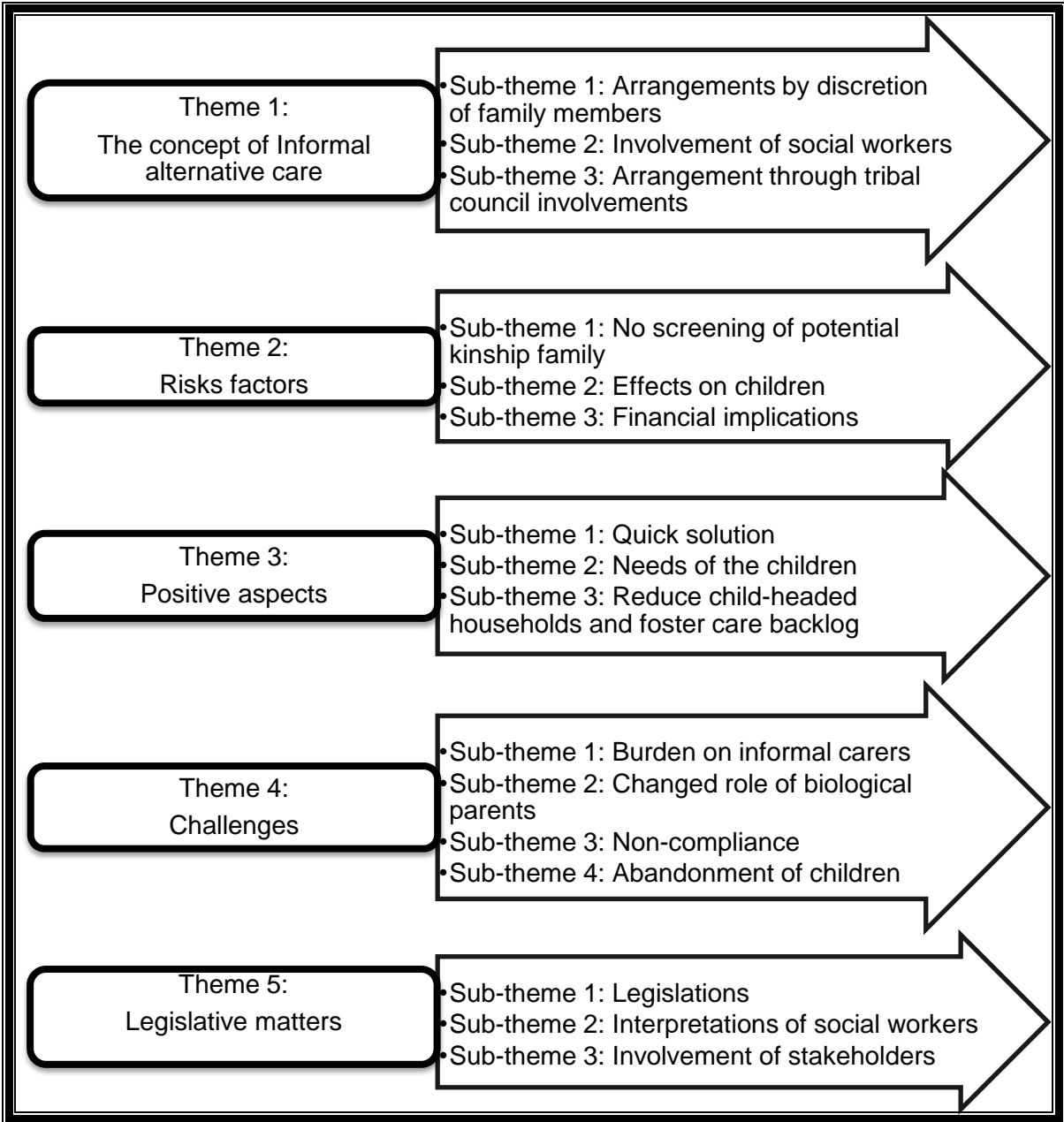
2011a:113). Babbie (2014:62) states that persons involved in social science research need to be aware of the general guidelines shared by researchers about what is proper and improper conduct during scientific enquiries. The researcher kept research ethics in mind that were developed to protect the participants from abuse (Bless & Higson-Smith, 2006:140). The study was approved by the Health Research Ethics Committee (HREC) of the Faculty of Health Sciences of the North-West University, Potchefstroom Campus (**NWU-00339-15-S1**). Informed consent was signed by the participants. The researcher was aware of the importance of the avoidance of potential harm or risks to the participations. The participants were informed that their participation was voluntary and that they were free to withdraw from the study at any time. No information was withheld from the participants and they were advised about maintaining levels of confidentiality and anonymity. The identities of participants were protected by using a unique numbering code for them (1-13). The participants were informed that the focus group discussions would be recorded and they have the right to object. The participants were informed how the information provided would be protected. In order to establish trustworthiness, the researcher employed four constructs identified by Lincoln and Guba: credibility, transferability, dependability and confirmability (Schurink *et al.*, 2011:419-421).

3.5 RESEARCH FINDINGS

The data analysis produced five themes. In this section, the generated themes and sub-themes are discussed. Data from literature were used to substantiate the findings and direct responses of the participants are also quoted in order to reflect the themes. Two focus group discussions were conducted with a total of 13 social workers. The researcher numbered the participants in the first focus group from 1-8 and the participants in the second focus group from 9-13 due to confidentiality ethics.

Tabel 2 below is a summary of the themes and sub-themes that emerged from the data and are discussed in the order as stipulated in the figure:

Table 2: Themes and sub-themes



3.5.1 Theme 1: The concept of informal alternative care

The participants were asked about their understanding of informal alternative care arrangements and the views of the participants were more or less the same. From the responses of the participants and their understanding of informal alternative care, it can be stated that there is no standard or a common ground of understanding on good practice in terms of informal alternative care. It was indicated that any person can initiate informal arrangements, for example school teachers, pastors or community members. The participants

made use of terms, such as *screening* and *place of safety* even though the discussions focused on private family arrangements. As indicated in the responses below, it can be said that social workers are also involved in making private family arrangements without any administrative or court interventions.

Participant 1: *In my experience as a social worker we call it private family arrangements, that is where you place a child without a court order but with an arrangement, verbal arrangement with the person that you place as a family or a screened foster parent or place of safety person that you can place the child with.*

Participant 3: *The family does not involve their social worker in that process, they just make a family meeting for discussion amongst them, no court order is involved.*

It appeared as if the participants were unclear what informal alternative care entailed as indicated in some of the responses below:

Participant 4: *... is where a child is privately placed in a home or an institution or whatever which is discussed between either the social worker and that family ...*

Participant 5: *... it is not necessarily an arrangement that can be done with people, with also organs of state, like the hospital can also do that for you.*

Participant 13: *Informal care does not always involve the social workers, but at some point the social worker might be involved and can assist the two parties to reach that agreement or decision.*

When social workers refer children to private placements in homes or institutions, red flags are already coming up as institutions rendering services to children should be registered and should adhere to regulations. However, even with the absence of practice guidelines, informal placements cannot be halted. Sub-themes that emerged from the focus group discussions are discussed next.

3.5.1.1 Sub-theme 1: Arrangements by discretion of family members

It was clear from the focus group discussions that some of the informal alternative care arrangements are taking place without the involvement of social workers and arranged solely on the discretion of families. Some families formalise these placements by only obtaining an affidavit and this written statement serves as a form of legislation as indicated in a response of one of the participants below:

Participant 11: *“They may at times make an affidavit as an agreement that the family said that they will take these children and stay with them ...”*

South Africa has a long history of children not living consistently in the same dwelling with their biological parents due to poverty, labour migration, education opportunities or cultural practices. It is, therefore, common for relatives to play a substantial role in child-rearing (Berry *et al.*, 2013:87).

According to Johnson (2005:16), informal fostering or alternative care is an approach many families and communities follow without even knowing they are fostering children. This can be one of the reasons why families and communities are not seeking the aid of social workers for intervention. Johnson (2005:16) further indicates that many people are simply caring for children who need a home and love.

3.5.1.2 Sub-theme 2: Involvement of social workers

Participant 8 indicated that it is *always better to involve a social worker*. The first dilemma is, therefore, what the role and function of social workers are in informal alternative care placements as there are no practice guidelines to follow. The second dilemma is how children should be protected and how the best interest of children should be maintained if practice guidelines are not in place. It is expected of social workers to use their own discretion as participant 5 highlighted by answering: *“... your gut feeling and your own observation tells you ...”* This means that each informal alternative care case is dealt with differently due to the different views of social workers on this matter.

Participant 7: *“... informal care is a non-statutory process that takes place that can be arranged like they said by the social worker or whoever ...”*

Although strategic policies are needed at a government level, it is also necessary to provide guidance on the role of practitioners in supporting kinship care (Broad, 2007:9). The same can then be said of informal alternative care arrangements.

3.5.1.3 Sub-theme 3: Arrangements through tribal council involvement

Tribal council involvement plays a crucial role in the care of children when tribal authorities and common law are involved in informal alternative care arrangements. It was indicated by the participants that tribal councils are involved in making private family arrangements in written form where all of the parties sign the agreement. If disputes arise amongst families with regard to children, tribal councils step in and re-enforce initial agreements or adjust them as they see fit.

Participant 11: “... *at some stage they will go to the tribal office and ask for an agreement letter from the chief.*”

In 2003, the Department of Provincial and Local Government estimated that 14 million people in South Africa live in areas falling under the jurisdiction of traditional leaders (Martin & Mbambo (2011:27). According to Crumbley and Little (1997:38), the culture and legacies of families determine the status of children. It is, therefore, important to take note of the involvement of tribal authorities in child protection. Accordingly, some societies have a traditional structure of assigning responsibility to care of orphaned children who do not have access to available extended family care, for example when village chiefs take children into their own homes on a temporary or permanent basis (Jini & Roby, 2011:21).

3.5.2 Theme 2: Risk factors

Informal alternative care arrangements are not always without risks. It is clear that quite a few risk factors are involved in these types of arrangements. Risk factors involved are discussed in the sub-themes that emerged.

3.5.2.1 Sub-theme 1: No screening of potential kinship family

The participants were very vocal about the lack of screening that can pose great danger to the overall well-being of children as no background checks on informal carers are done. This means that children can be exposed to harmful situations and uncondusive environments. Participant 7 elaborated that “*the mere fact that there was no screening done, I think it, it puts that child in more risk.*”

According to Jini and Roby (2011:17), many potential risks inherent in these types of care, such as economic, social and personal difficulties of caregivers and children can be attributed to a lack in regulations and support. Poverty, health-related issues, school attendance, abuse, neglect, exploitation, disparate treatments within households, a lack of legal status, emotional and psychological stress can all be potential risks factors.

3.5.2.2 Sub-theme 2: Effects on children

There is a concern that children and caregivers get attached to each other and when the time comes when children have to leave their placement, it becomes difficult to let go. Participant 1 responded: “... *children are getting used to that environment and the people looking after them, when you have to move them again to a permanent placement, that might cause a problem because now there are adjustment problems...*” Secondary traumatisation can take place when children are used to their informal carers and then suddenly they have to move due to

unforeseen reasons. These removals can be stressful events for children and was substantiated by Participant 7: “... *people the children are placed with, can form a bond, build a bond between the children and now when you come with your long term intervention and you have to remove the children from those people there might also be a problem ...*”

Children count on their birth parents to take care of them and that also leads to some form of attachment. To disrupt this attachment – even if it is a matter of life and death – causes inevitable trauma (Heineman & Ehrensaft, 2006:28). Heineman and Ehrensaft (2006:28) are of the opinion that children have an unseverable link to their biological parents. In addition, these authors maintain that the failure of parents to care for their children can lead to anger and hurt, but when an attachment is severed, it leads to feelings of loss and longing.

Children are classified as a vulnerable group. Their vulnerability is compounded by being without the care of their biological parents. It is believed that children can be traumatised by having to move to family members, friends or community members of their biological parents. They have to adapt to and face the challenges that come with these arrangements on their own. Participant 3 added: “... *secondary traumatisation on the child’s side...*” can occur when children have to adjust to unknown situations in their lives. Participant 5 strongly believes that there are “... *environmental risks...*” seeing that “... *no supervision or care plan is in place ...*” Environmental risks, such as substance abuse, domestic violence and poverty, can also increase the vulnerability of children and can lead to secondary trauma.

Children are often viewed as inferior to the biological children of carers in households and it is on numerous occasions expected of them to work harder in order to earn their accommodation and food (Delap & Melville, 2011:18). It is, therefore, important to add a degree of formality to these arrangements to ensure that obligations and expectations are clearly outlined and that the children are protected.

According to UNICEF and International Social Services (2004:3), it is less likely that multiple placements will occur if children are placed with families but in some instances children are “passed around” amongst members of extended families. The participants indicated that children can be traumatised when they have to leave their parental home or when they have to live with people they do not know. The “passing around” of children within families can also cause trauma.

3.5.2.3 Sub-theme 4: Financial implications

Children need financial assistance and stability for their basic needs to be taken care of. Informal alternative care arrangements cause financial implications if the biological parents of

children in these arrangements are not contributing financially to the upbringing of their children. This situation can leave informal carers of children with the burden of taking care of them and can cause financial constraints. Participant 6 stated: “... *one of the most prevalent risks is, its socio-economical, when you place a child in an informal setting, in most instances, especially in the area that I work, it’s an area of where poverty is prevalent, and when you place a child in an informal setting, sometimes that family is not financially stable to look after the child.*”

Furthermore, no financial assistance is provided from the government with regard to informal alternative care arrangements as these arrangements are not recognised and not regulated. Informal care does not induce any form of monetary allowance. An additional financial burden on carers combined with problems related to accommodation can cause major constraints and can jeopardise the quality of alternative care (UNICEF & International Social Services, 2004:4).

According to the South African Social Assistance Act (13 of 2004), Section 6, persons are eligible for a child support grant if he or she is the primary care giver of that children. The Act defines “primary caregivers” as persons older than 16 years whether or not related to children, who take primary responsibility of meeting the daily care needs of these children (South Africa, 2004). This means that informal caregivers of children can approach South African social security offices to apply for a child support grant for these children but approval is subjected to a financial means test and caregivers who receive “enough” income as indicated in the regulations of the Act, can be denied access to child support grants.

3.5.3 Theme 3: Positive aspects of informal care

The participants were asked about positive aspects of informal alternative care and whether there are any potential benefits associated with these placements. UNICEF and International Social Service (2004:3) indicates that there are a number of aspects common to both formal and informal kinship care which include the preservation of family units and community and cultural ties. Broad (2007:3) maintains that benefits related to both formal and formal alternative care include the protection of families, a sense of identity in children is preserved and their self-esteem is strengthened. Extreme anxiety is also avoided when children can stay with their parents. The sub-themes that emerged from discussions with the participants are discussed in the following section.

3.5.3.1 Sub-theme 1: Quick solution

Informal alternative care arrangements are often viewed as quick solutions when social workers are involved. “*Short cut and quick fix*” were words used by the participants. When children are placed in informal alternative care, the proceedings are much quicker in contrast with

formalising placements. Some of the participants are of the opinion that informal alternative care placements address the basic needs of children in an expedited manner. When social workers do not make use of legal interventions, informal alternative care placements can be viewed as a quick solution to address the needs of children. The participants feel that court procedures are often time-consuming due to a lack in screened foster parents. The concern is, therefore, if quick solutions serve the best interest of children when placed in informal alternative care.

3.5.3.2 Sub-theme 2: Needs of children

It seemed from the focus group discussions that the participants generally believe that informal alternative placements expedite the work of social workers, because a data base of already screened temporary safe carers is not always available. Family members of at-risk children usually step forward to take care of these children while social workers are still busy investigating matters. However, informal alternative care arrangements are often viewed as short-term plans and the aim should always be to formalise these placements. Participant 2 strongly believes: “... *one benefit of it is that at the end of the day something was done for the child unlike if something wasn't done so that is a benefit, there is some sort of assurance that, although you are not 100% sure that the child is safe but there is some reassurance that something was done and the situation is stabilised at the moment.*”

Participant 13 added: “... *the child involved here, would most likely be familiar with the alternative caregivers ...*” The protection of children can, therefore, be viewed as one of the most important positive aspects of informal alternative care arrangements. This viewpoint is substantiated with a statement made by participant 12: “*They [the children] will be integrated into family setting, grounded and disciplined ...*” One of the participants also highlighted this viewpoint: “*I would think a positive would then be that if it's with neighbours or family members that the child knows, the child still remains within the safety network that the child is used to and then trauma is not that intense than it would have been with a stranger that might pose more risk ...*”

Martin and Mbambo (2011:44) are of the opinion that concerns about the risks faced by children in unregulated foster care arrangements are heightened when these children live with non-biological parents. The rights of children can be abused – regulation and monitoring of these informal placements are needed (Martin & Mbambo, 2011:44). The participants acknowledged that informal alternative arrangements are not ideal, but these arrangements help children to receive care.

3.5.3.3 Sub-theme 3: Reduce child-headed households and foster care backlog

Formal foster care placements and child-headed household assessments are some of the functions that social workers are dealing with on a continual basis. The views of the participants are more or less the same. They feel that if informal alternative care can be properly understood and guided, it can reduce the backlog of foster care and even reduce child-headed households. The participants also indicated that informal alternative care arrangements can reduce the number of children living on and working off the streets. Participant 11 elaborated: "... [informal alternative care arrangements] *will reduce the rate of street children, children living on the street ...*" The participant added: "... *just to add on this one, the other positive aspect will be to reduce the backlog from the formal setting because there are so many things that have to be provided ...*" The relationship amongst informal alternative care arrangements, the reducing of foster care backlog and child-headed households need to be explored in order to address problems associated with informal alternative care.

According to Harden *et al.* (1997:61), the rapidly-growing placements of children with relatives have created a new and often poorly understood segment within child welfare caseloads that has a significant impact on the size and nature of the foster care population as observed in many states of the United States of America. These authors further highlight that the practice of informal alternative care is of crucial importance to the child welfare system, as this alternative model of caregiving does not require formal statutory interventions but the application of sound practice by social work practitioners (Harden *et al.*, 1997:61).

Dunn and Parry-Williams (2008:7) state that child-headed households and street children are evidence of societies neglecting to provide protection, family care or alternative care to children. These authors further indicate that there is a need to retain staff as many are overburdened – particularly by foster care work. Dunn and Parry-Williams (2008: 64) further maintain that there is also the issue of whether formal court orders with supervision are not overburdening the child protection system.

3.5.4 Theme 4: Challenges

The participants were asked about challenges with regard to informal alternative care arrangements and many challenges were highlighted. These challenges are discussed in sub-themes below.

3.5.4.1 Sub-theme 1: Burden on informal alternative carers

Informal alternative carers of children have an enormous responsibility towards the children they are caring for. The fact that their role as informal alternative carers is not recognised by law makes it even more challenging. Participant 2 added: "... *the alternative care parents are at risk ...*" Currently, there is no form of protection available for informal alternative carers because their role is not acknowledged. Broad (2007:6) argues that the government has a responsibility to ensure that informal carers are supported and that children are protected within informal placements.

The United Nations Guidelines on alternative care indicate in paragraph 77 and 78 that competent authorities should – where appropriate – encourage informal carers to notify them about care arrangement and should seek to ensure access to all available services and benefits to assist them in caring for and protecting these children. Furthermore; these authorities should recognise the *de facto* responsibility of informal carers with regard to these children (UNICEF, 2010:13).

A lack in legal status can cause personal difficulties, emotional and psychological stress for both informal caregivers and children (Jini & Roby, 2011:10). Literature about informal care indicates that informal kinship carers receive less support than formal kinship carers, according to Aziz *et al.* 2012, Farmer *et al.* 2012, Brennan *et al.* 2013 cited in O'Brien (2015:3).

3.5.4.2 Sub-theme 2: Effects on biological parents

Biological parents of children should play a significant role in the lives of their children; however, when it comes to informal alternative care arrangements, the role and functions of biological parents can be determined by the informal alternative carers of these children. These situations can cause various challenges due to some biological parents not receiving enough contact with their children or not enough opportunities to care for their children. Participant 9 enumerated: "*The other challenges that I had when you place the child through statutory procedure there are procedures and there are laws that are there they have to have a plan or how the child is going to visit the biological family. In informal arrangements " the family that has taken the child may be selfish, they won't let the child visit the biological parents, they will say we took you so you belong to us, there is no way that you can go to your family, because they have done one, two and three and that thing may condemn the child's mind.*" Biological parents can become alienated from their children if they do not have continual contact with them.

Section 156 of the amended Children's Act (38 of 2005) states that if a children's court finds that children are in need of care and protection, the court is at liberty to determine orders that are in

the best interest of these children – orders can include a reunification service rendered to the biological parents and children by designated social workers or authorised officers (South Africa, 2005). However, children in informal alternative care arrangements are marginalised because they do not receive the same care and protection as children in formal arrangements.

Broad (2007:8) suggests that a care plan should be developed – according to the best interest of children – and regularly reviewed, which can promote the reunification of children with their biological parents. The non-legal status of informal placements and the fact that care plans are often not used in informal alternative care arrangements can contribute to the deliberate alienation of biological parents from their children. The chances of children reunited with their biological parents become very slim.

Participant 2 highlighted the fact that parents can be excluded from caring for their children if caregivers do not allow the parents to see their children: *“I have got a challenge that, regarding a private placement that was arranged before the social worker got involved, the friend of the mother just took the child because she thought it is not right [the circumstances of the child] and then she wanted, the child to be placed in her foster care, it seemed like she really indoctrinated the child against her mother and also she was demanding that this child must be placed with her in foster care, so proper screening was difficult because also already the mother’s trust is broken even before you [the social worker] meet her...”* If informal alternative care placements are arranged without the presence of a social worker, caregivers can manipulate or victimise parents due to their “failure” in caring for their children or not “fulfilling” their responsibilities as parents.

Parents who are no longer responsible for their children can experience a loss with regard to their relationships and roles despite their abuse or neglect or lack of care for their children (Crumbley & Little, 1997:19). These authors explain that when parents are denied access to their children by caregivers in informal care arrangements, parents express feelings of having lost the chance “to become parents” or “to make up for not having been parents.”

Crumbley and Little (1997:19) also mention that many parents equate the loss of their decision-making ability with regard to their children to the loss of authority and control over their children – this mind-set was noticed in parents who have abdicated or delegated the care of their children to relatives or friends for days, weeks or months at a time.

3.5.4.3 Sub-theme 3: Non-compliance with regard to caring for children

Since informal alternative arrangements are often associated with no legal documentation, carers frequently do not comply with the prerequisites of being caregivers. Informal alternative

carers and the biological parents of children are under no obligation to formalise agreements. Participant 8 recalled a case: “... *it's not my case specifically but it happened to a colleague of me where the child was placed with oupa [grandfather] and then the parents went and collected the child ... parents went like you are kidnapping my child, give my child back and they took the child and they came back and we had to remove the child again after a few months because they disappeared with the child.*” Incidents like this one can occur when informal arrangements are not formalised.

Participant 13 emphasised the impact of above-mentioned incident: “... *because there was nothing binding, you understand when you have a court order; you know this child is under your care until further notice. At this time it is just you and me agreeing, so anytime I feel I can say no I don't want this child anymore. That is why we have children ending up roaming the streets, because they have been chased away and they feel like they are not wanted anywhere.*” If stricter and more formalised guidelines are in place, children can be better protected when informal care arrangements are made.

Non-compliance with the wishes of biological parents with regard to informal alternative arrangements can also arise. Social workers are put under tremendous pressure due to the absence of formalised guidelines when they have to arrange informal alternative placements as explained participant 5: “*I have encountered quite a few challenges, numerous challenges there was two informal placements that I remember, you know we all dread those quarter to four on a Friday afternoon calls, this child is in danger, you need to jump now and then you know your options are limited. As I said shortcuts don't work. The child ran away. And you know we were all panicking, I was panicking...*” Social workers often panic when they have to make rapid decisions about informal alternative placements, because they can be held accountable if anything happens to these children and as a result, they can be charged with malpractice.

In some industrialised countries when relatives step in to provide care (formal foster care or informal kinship care), affected children stay in legal limbo for much longer (Jini & Roby, 2011:21).

Crumbley and Little (1997:24) maintain that biological parents can take their children back even though they know their living conditions are not in the best interest of their children when placement arrangements are not formalised.

3.5.4.4 Sub-theme 4: Abandonment of children

Another challenge experienced in informal alternative care arrangements can be the abandonment of children. As previously indicated in the study, nothing binds informal alternative

carers to take proper care of affected children and these carers can abandon these children when they experience difficulties. Participant 13 divulged the following: “... *most of the challenges are abandonment of the children, because at times there is nothing binding, remember this is an informal arrangement that has been done within those parties. So at times people will forget that taking a child into your own home or whatever under your care is just like, you have to provide the parental responsibilities ...*”

In addition to financial pressure, common issues experienced by carers can be wrong assumptions about long-term care arrangements, the responsibility of taking care of someone else's children, and also the impact on the health of carers – particularly grandparents or older carers. These stress factors can lead to informal caregivers abandoning these children (Jini & Roby, 2011:10). As previously indicated, the lack of formal documentation and legal support can increase child abandonment as carers have no obligation towards these children.

3.5.5 Theme 5: Legislative matters

The participants were asked about the legal protection needed during informal placements seeing that informal alternative care arrangements are not currently protected by legislation in South Africa. Informal alternative care arrangements are private arrangements between biological parents and informal alternative caregivers. It is up to the affected families if they want to involve social workers. Then again, if cases are reported to social workers, social workers should decide how to manage these informal alternative care arrangements due to the absence of practice guidelines.

The amended Children's Act (38 of 2005) makes reference to family group conferences and other lay forums to settle matters out of court. These measures keep cases of children out of the formal system – which is good for children and families, and also has the added advantage of taking pressure off the system. The autonomy of families is enhanced if they can make decisions themselves, and independence is encouraged as opposed to people becoming dependent on the care system for decisions they could have made themselves (Kassan, 2009:56).

Jini and Roby (2011:27) argue that children in informal care lack the full protection of the law in contrast to children in parental care or formal care. To gain a better understanding, the authors provided the following example: Children in informal care may not be entitled to an inheritance even though they have been in an informal arrangement relationship with their informal care givers. Without a legally recognised guardianship or adoption, fostered children experience an

uncertain law status. Sub-themes are discussed that emerged from the responses of the participants.

3.5.5.1 Sub-theme 1: Legislation

Social workers are guided by the amended Children's Act (38 of 2005) and regulations, but when the Act fails to mention informal alternative care arrangements, child protection becomes a minefield.

Participant 4: *"... the Children's Act is a very safe umbrella to protect the children, and when we place children informally we are bypassing the Children's Act so the Children's Act is there to protect the children already by telling you it must be done this way ..."* Participant 13: *"... they [children] will need legal protection because there is a Children's Act and that Act doesn't separate children ... every child has a right, so I think the government should do something to assist the informal alternative care.* Participant 6: *... the form 36 [removal form in the Children's Act's regulations] I know it's within 24 hours you need to legalize or to detain the child ..."*

The amended Children's Act (38 of 2005) stipulates three forms of alternative care, namely foster care; care in child and youth care centres; and care in temporary safe care (South Africa, 2005). As previously indicated, informal alternative care is not included when the Act refers to these forms. The participants indicated that the Act provides good guidance with regard to the well-being of children. Unfortunately, issues with regard to informal alternative care are not covered.

Form 36 is used in accordance to Regulation 53 of the amended Children's Act (38 of 2005) to remove children in temporary safe care without a court order – these placements should, however, be finalised on the next court day, normally within 24 hours. The participants encouraged the use of Form 36 when removing children from the care of their parents, but the availability of screened and approved temporary safe care parents is a stumbling block.

Jini and Roby (2011:17) state that informal foster arrangements lack formal regulations and support and without these measures in place, potential risks for children and caregivers are created. Informal alternative care often works in practice without government involvement and is viable without legal intervention, but many of these families caring informally for children are not recognised by law (Johnson, 2005:16).

Informal alternative carers can find it difficult to seek medical attention if needed due to a lack in legal documentation for these children. Carers are also unable to be part of decision-making processes, because they are not regarded or acknowledged as the legal guardians of these

children. Informal care, by definition, is outside the purview of the legal system and children in these care arrangements cannot enjoy a legally secure status. Children who lack legal guardians can be denied access to critical services (Jini & Roby, 2011:21).

3.5.5.2 Sub-theme 2: Interpretations by social workers

As indicated numerous times in the study, social workers are using their own discretion where informal alternative care arrangements are concerned and this puts them under tremendous strain. Social workers are experiencing ambivalent feelings towards the application of good practice during informal alternative care arrangements:

Participant 2: *“... if there is no documentation or anything, if something happens to the child you [social worker] have to take responsibility.”*

Participant 5: *“... lack of legal documentation that can implicate the social worker if anything happens to the child ...”*

Participant 7: *“Because the process is non-statutory and if the social worker arrange the whole placement, the social worker might be, I don't know, at the risk or what, there is no document that says that the children were placed there legally.”*

Social workers are also not handling informal care arrangements the same way:

Participant 2: *“We all know South Africa has the best legislation in the world, but we all know that practically it does not happen. I am once again referring to the personal friends who have had a child who is in need of care and protection that went to social workers to asked for assistance and that they told them as long as this child's parents are alive you will not have them in foster care, now we all know that is not true. So at least for them to just have the document to say that if the child needs to go to a hospital they can sign. I mean at any stage the parents can come and fetch her or anything can happen and she has been staying there for a long time, so I definitely believe there should be some protection for her.”* Children in informal arrangements are often told by social workers that it is impossible to apply for formal placements due to the fact that their biological parents are still alive. The interpretations of social workers concerning formalising placements differ and this can cause misconceptions.

According to the guidelines stipulated by the United Nations Convention on the Rights of the Child (Lee, 2009:18-19), these guidelines should include special and appropriate measures to protect children in informal care from abuse, neglect, child labour and other forms of exploitation

with particular attention given to informal care provided by non-relatives, relatives previously unknown to children or when placements occur far from children's habitual place of residence.

Jini and Roby (2011:27) further argues that there is a critical need for the United Nations to collect better data on informal care to establish international policies regarding informal care.

3.5.5.3 Sub-theme 3: Involvement of stakeholders

Child protection is a collective task and the involvement and commitment of other stakeholders are crucial. Child protection is not the duty of social workers alone. It seems as if other stakeholders are not aware of their duty towards child protection. Participant 2: *"... schools, teachers don't know what to do. They really don't know, so they, only call the social worker when it's really really bad, they would organise a private arrangement without any social worker's involved and that is very concerning."* The conclusion can be made that other stakeholders are also involved when informal alternative care arrangements are made.

There is also a need for training of other stakeholders in order for them to be informed about protection matters of children as indicated by participant 4: *"... you know there is not many loopholes in the Children's Act, it does make reference to police and teachers and everybody responsible, you know for the child you can take action. But where the gap is, is in training those people ..."*

Participant 5 provided an example of a case of him where children were kept in a hospital during a weekend arranged by a social worker and the South African police. The hospital acted as a place of safety for the children. Even though this agreement was informal and took place without a court order, the amended Children's Act (38 of 2005) made provision for this measure taken by parties involved.

The United Nations Guidelines on Alternative Care (paragraph 56) encourage carers to notify competent authorities accordingly with regard to informal care arrangements for children with extended family members, friends or with other parties. The goal of these guidelines is the protection of children so that they can receive the necessary financial support and care to promote their well-being. Where possible and appropriate, the United Nations encourage and support informal caregivers to formalise these care arrangements after consent was provided by the biological parents of children (UNICEF, 2010:11).

3.6 CONCLUSION AND RECOMMENDATIONS

The findings provide an exploration of the understandings and perceptions of social workers in connection with informal alternative care arrangements. In this study, it was predominantly found that informal alternative care placements are not mentioned in South African legislation and do not receive attention. This state of affairs leaves social workers in a predicament – they are left to use their own discretion when arranging informal alternative placements and can lead to the violation of the rights of children and children can be left without the necessary protection. Not only does this gap in legislation influence child protection negatively, but social workers can be charged with malpractice. These are genuine concerns of social workers and have a direct impact on their accountability.

In summary, it can be recommended that practice guidelines in relation to informal alternative care arrangements should be formalised. In doing so, the duties and functions of social workers, biological parents and informal caregivers of children during the arrangement of informal alternative placements can be highlighted. These guidelines should define what informal alternative care arrangements mean and how these arrangements should be used to the benefit of children and not to their disadvantage. The following suggestions can be considered:

- ❖ Social workers should rather shy away from making informal alternative care arrangements and should rather formalise placements if children are in need of care and protection due to an absence in practice guidelines or support from legislation.
- ❖ Practice guidelines should at least include aspects, such as the notification of authorities, the duration of placements, the role and functions of social workers, the role and functions of biological parents, and the role and functions of informal carers. Placements should be monitored and supervised.
- ❖ Social workers should make use of resources by having already screened temporary safe care parents available on a data base when they are needed.
- ❖ Family conferences and other lay forums, such as tribal councils – as indicated in the amended Children’s Act (38 of 2005) – should also be able to identify family members and friends as informal alternative carers for children, should the need arise.
- ❖ Informal alternative caregivers should be encouraged to apply for the formal right to look after affected children so that their responsibilities towards these children are clearly outlined. These applications can take place in accordance to Chapter 3 of the amended Children’s Act (38 of 2005).
- ❖ Community awareness is needed in order to educate and inform communities that family arrangements with regard to informal alternative care are not a legal process. Community

members should be empowered with the necessary skills on how to avoid and report child maltreatment in order to preserve family units.

- ❖ The involvement of other stakeholders is imperative and can enhance the delivery of services to children. There is a need for training of other stakeholders so that they can obtain knowledge about child protection matters and interventions.
- ❖ Informal alternative care needs further research with a larger sample size.

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SECTION C

CRITICAL EVALUATION, LIMITATIONS, RECOMMENDATIONS AND CONCLUSION

4.1 INTRODUCTION

Section C provides an overview of the study with the main focus on evaluating the findings with regard to the research questions and aims of the study. The research design, methods of data collection, data analysis procedures and trustworthiness of the findings are the components discussed. This section reflects on the experiences of the researcher during the research process. Limitations of the study are identified and recommendations for future research and practice guidelines are provided.

4.2 CRITICAL REFLECTION

The aim of this study was to explore informal alternative care and possible social work interventions concerning informal alternative care. The research questions were:

- ❖ What are the views of social workers in connection with the concept “informal alternative care”?
- ❖ What are the views of social workers with regard to the nature of actions taken during informal alternative care and how do these actions support informal alternative care arrangements?
- ❖ What recommendations can social workers make with reference to possible practice guidelines for the effective management of informal alternative care?

In the context of this study, the following themes are discussed in view of an evaluation and summary of the findings:

4.2.1 Theme 1: Concept of informal alternative care

Good practice in terms of informal alternative care arrangements cannot be determined due to the absence of formalised guidelines – social workers are left to use their own discretion with regard to the placement of children in informal alternative arrangements and the role family members, biological parents and informal carers of children should play is unclear as there is no legal process to follow. Social workers are involved in arranging private family placements without any administrative or court interventions as they are not obligated to do so by any form of legislation. The role and function of social workers in informal alternative care are, therefore,

unclear. At the moment biological parents only need to obtain affidavits stating that they give family members permission to take care of their children and these affidavits serve as some form of legal process followed. Chieftaincy plays an important role in alternative care arrangements of children as they are dealing with this matter via tribal authorities and common law. Chiefs of villages can also shoulder the responsibility of taking care of children whose parents are unable to perform this responsibility.

4.2.2 Theme 2: Risk factors

Informal alternative care is not without risks due to its informal status. A lack in the screening of informal carers for the placement of children is causing risks for children, such as harmful situations. Children and carers grow attached to each other and if these children are removed, severe trauma is caused. Children are also attached to their biological parents and even though their biological parents are harming them, they feel that they still want to be in the care of their biological parents. Children are vulnerable and if informal care arrangements are increasing stress rather than relieving stress, the vulnerability of children increases.

Financial support is needed in order for the needs of children to be fulfilled. Often informal carers do not possess the financial means to take care of and support children. In some cases, biological parents cannot make financial contributions towards their children and informal carers are put under tremendous strain. Informal alternative carers can apply for a child support grant, but they are subjected to a financial means test and can be disqualified if they do not meet the criteria of this test.

4.2.3 Theme 3: Positive aspects

Informal alternative care arrangements appear to be a “short cut” for social workers and a basic measure in taking care of the needs of children even though informal carers are not screened. Children can be put in the care of people they already know and then this transition is not as stressful, because they are already used to the care of these persons. Social workers are of the opinion that if informal care arrangements can be fully understood and supported, the foster care backlog, child-headed households and children living on the street can be addressed.

4.2.4 Theme 4: Challenges

Caregivers are burdened with an important responsibility in taking care of children compounded by not being recognised or supported in the role they play in the lives of children. The role of social workers, biological parents and informal carers are unclear and cause numerous challenges. Informal carers do not have parental rights and they can be excluded from decision-making processes that address important aspects in the lives of children. Parents can be

alienated from caring for their children and from having contact with their children due to non-existing care plans. The parties involved in informal alternative care arrangements are not bound by any formal agreement and this can cause problems with regard to safe-guarding children.

4.2.5 Theme 5: Legal matters

Social workers are mainly guided by the amended Children's Act (38 of 2005) in caring and protection matters of children. However, this Act does not mention informal alternative care arrangements. The Children's Act only mentions three forms of alternative care, namely foster care, temporary safe care and child and youth care centres. Children needed to be taken care of and protected before they can be placed in alternative care. Social workers have different perceptions regarding their roles and functions in arranging informal alternative placements and approach these situations differently. The involvement of other stakeholders is crucial in the care and protection of children; however, it appears that there is a need for the training of these stakeholders in order to equip them to fulfil their roles during informal alternative care.

Social workers are experiencing a dilemma – are they following good practise in arranging informal alternative placements – or can they be charged with malpractice.

In South Africa, informal alternative care is not regulated by the Department of Social Development (Broad, 2007:6). Although the phenomenon of kinship care is prevalent in South Africa, it is an undefined terrain full of pitfalls. Currently, there are no practice guidelines available for informal alternative care arrangements in South African family-oriented services. It is imperative that sound guidelines be implemented to enhance the understanding of social workers concerning informal alternative care.

4.3 LIMITATIONS OF THE STUDY

The study only included social workers with a working experience of three or more years and there were social workers with less than three years' experience that were interested in taking part in the study but could not due to the exclusion criteria.

The availability of the participants who initially signed the informed consent forms was a problem. When the focus group sessions took place, many had to withdraw from these sessions due to work demands and could not compromise on service delivery.

The sample size and number of participants that took part in the study were small and can be regarded as a limitation. The data obtained cannot be viewed as representative of all social work professionals and cannot, therefore, be generalised.

Non-governmental organisations were invited to take part in the study, but the turnout was not as good as expected. The inputs are, therefore, more from the perspectives of departmental social workers and not of social workers employed by non-governmental organisations.

4.4 RECOMMENDATIONS

The United Nations Guidelines on Alternative Care indicate in paragraph 77 and 78 that competent authorities should – when appropriate – encourage informal carers to notify them about informal alternative care arrangements and should seek to ensure their access to all available services and benefits to assist them in performing their duty to care for and protect children. Furthermore; these guidelines should recognise the *de facto* responsibility of informal carers caring for affected children (UNICEF, 2010:13).

According to Lee (2009:18-19), the only advice so far to social workers is to notify service agencies of informal care arrangements so that comprehensive services can be made available if needed. This research study clearly indicates a knowledge gap with regard to informal alternative care and there is a great need for contextual relevant interventions.

Based on this assumption, the following guidelines are recommended:

- ❖ Social workers should rather shy away from making informal alternative care arrangements and rather formalise placements if children is found in need of care and protection due to the absence of practice guidelines or support from legislation.
- ❖ Practice guidelines should at least consider the following aspects:
 - The notification of local authorities.
 - The duration of placements.
 - The role and functions of social workers concerning informal alternative placements.
 - The role and functions of biological parents.
 - The role and functions of informal carers.
 - The monitoring and supervision of these placements.
- ❖ Social workers should use their resources by having already screened temporary safe care parents available on a data base should they need the assistance of temporary safe carers if family members of affected children are not available.

- ❖ Informal care arrangements of other countries should be explored in order to see how these countries are managing informal alternative care and how existing measures can be implemented in South Africa.
- ❖ Family conferences and other lay forum policies as stated in the amended Children's Act (38 of 2005) should also be used to deal with informal alternative care arrangements and to assist in identifying family and friend carers for affected children.
- ❖ Informal alternative caregivers should be encouraged to apply for parental rights to exercise their responsibilities properly with regard to the children they are looking after. This can be done in accordance to Chapter 3 of the amended Children's Act (38 of 2005).
- ❖ Community awareness is needed in order to educate and inform communities that informal family arrangements are not a legal process. Community members should be empowered with the necessary skills on how to avoid and report child maltreatment in order to preserve family units.
- ❖ The involvement of other stakeholders is imperative and can enhance service delivery to children. There is a need for the training of stakeholders so that they can obtain sound knowledge on child protection matters and interventions.
- ❖ Further research on informal alternative care is needed with a larger sample size in order to establish the extent of the needs of children in informal alternative care arrangements to ensure that their needs are adequately addressed in legal and policy frameworks.

4.5 CONCLUSION

The objectives of the study were to conduct a thorough literature study on informal alternative care and to explore the views of social workers regarding the concept of informal alternative care and to make recommendations towards practice guidelines to best regulate and support informal alternative care. A qualitative approach was followed by making use of two focus groups and the sample size consisted of 13 participants.

Social workers are not sure if they are following good practice in handling informal alternative care arrangements. There is a lack of uniformity regarding the handling of informal arrangement cases. A need exists for practice guidelines to follow in informal arrangements in order to protect children from harm. The purpose of foster care – as stipulated in the amended Children's Act (38 of 2005) – is to protect and nurture children by providing a safe and healthy care environment with positive support by alternative caregivers; ensuring stability by promoting the goals of permanency planning, first towards family reunification or alternatively by connecting children to another safe and nurturing family relationship intended to last a lifetime. Individuals and families should be respected by demonstrating a respect for cultural and ethnic

values within a diverse community context (South Africa, 2005). Children in informal arrangements should also be protected in a manner that benefits them.

The informal nature of placements causes various predicaments for caregivers, children and biological parents. One of the main concerns is that the parties involved in informal alternative care arrangements are not bound by guidelines to ensure the protection of children. The absence of guidelines can lead to the abandonment of children. Biological parents can claim their children back from caregivers at any point in time even though they neglect their responsibilities towards their children.

Children can be deliberately kept away from their biological parents as caregivers grow attached to the children and they do not want these children to maintain a bond with their biological parents. Children in informal alternative care arrangements are entitled to all the rights awarded to children and this issue should, therefore, be explored and more studies in this regard are needed.

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SECTION D: ANNEXURES

ANNEXURE 1: ETICAL APPROVAL



Community Psychosocial Research

Private Bag X6001

Potchefstroom

South Africa

2520

Date: 7 October 2015

Dear Prof Minrie Greeff

Candidate: **Student Shaheeda Heyman no. 20412215**

Project: **Social work and informal alternative care: An exploratory study**

Supervisor: Dr H Malan

The above project proposal was reviewed by the Scientific Panel of COMPRES during a review meeting on 9 September 2015.

The COMPRES panel has reviewed all aspects of the proposal, starting with the scientific orientation, Goal and objectives, method, data collection and analysis and have found the proposal to be ready for submission to HREC. The panel concludes the research is feasible and beneficial to COMPRES's research agenda.

The COMPRES review panel consisted of: Proff WJH Roestenburg, E Van Rensburg, M Weyers, K Botha and CC Wessels; Dr W De Klerk.

Signed: Prof WJH Roestenburg

Chairperson: COMPRES Review Panel



NORTH-WEST UNIVERSITY
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Web: <http://www.nwu.ac.za>

**Institutional Research Ethics Regulatory
Committee**

Tel +27 18 299 4849
Email Ethics@nwu.ac.za

ETHICS APPROVAL CERTIFICATE OF PROJECT

Based on approval by **Health Research Ethics Committee (HREC)**, the North-West University Institutional Research Ethics Regulatory Committee (NWU-IRERC) hereby approves your project as indicated below. This implies that the NWU-IRERC grants its permission that, provided the special conditions specified below are met and pending any other authorisation that may be necessary, the project may be initiated, using the ethics number below.

Project title: Social work and informal alternative care: An exploratory study.																																	
Project Leader:	Dr H Malan																																
Student:	S Heyman																																
Ethics number:	<table border="1"> <tr> <td>N</td><td>W</td><td>U</td><td>-</td><td>0</td><td>0</td><td>3</td><td>3</td><td>9</td><td>-</td><td>1</td><td>5</td><td>-</td><td>A</td><td>1</td> </tr> <tr> <td colspan="3">Institution</td> <td colspan="5">Project Number</td> <td colspan="2">Year</td> <td colspan="5">Status</td> </tr> </table>			N	W	U	-	0	0	3	3	9	-	1	5	-	A	1	Institution			Project Number					Year		Status				
N	W	U	-	0	0	3	3	9	-	1	5	-	A	1																			
Institution			Project Number					Year		Status																							
<small>Status: S = Submission; R = Re-Submission; P = Provisional Authorisation; A = Authorisation</small>																																	
Approval date: 2016-02-09				Expiry date: 2017-02-08				Risk		Medium																							

Special conditions of the approval (if any):

- Translation of the informed consent document to the languages applicable to the study participants should be submitted to the HREC (if applicable).
- Any research at governmental or private institutions, permission must still be obtained from relevant authorities and provided to the HREC. Ethics approval is required BEFORE approval can be obtained from these authorities.
- Any further information and any report templates is obtainable from Carolien van Zyl at Carolien.VanZyl@nwu.ac.za.

General conditions:

While this ethics approval is subject to all declarations, undertakings and agreements incorporated and signed in the application form, please note the following:

- The project leader (principle investigator) must report in the prescribed format to the NWU-IRERC and HREC:
 - annually (or as otherwise requested) on the progress of the project, and upon completion of the project
 - without any delay in case of any adverse event (or any matter that interrupts sound ethical principles) during the course of the project.
 - Annually a number of projects may be randomly selected for an external audit.
- The approval applies strictly to the protocol as stipulated in the application form. Would any changes to the protocol be deemed necessary during the course of the project, the project leader must apply for approval of these changes at the HREC and NWU-IRERC. Would there be deviated from the project protocol without the necessary approval of such changes, the ethics approval is immediately and automatically forfeited.
- The date of approval indicates the first date that the project may be started. Would the project have to continue after the expiry date, a new application must be made to the NWU-IRERC and new approval received before or on the expiry date.
- In the interest of ethical responsibility the NWU-IRERC and HREC retains the right to:
 - request access to any information or data at any time during the course or after completion of the project;
 - to ask further questions, seek additional information, require further modification or monitor the conduct of your research or the informed consent process.
 - withdraw or postpone approval if:
 - any unethical principles or practices of the project are revealed or suspected,
 - it becomes apparent that any relevant information was withheld from the NWU-IRERC or that information has been false or misrepresented,
 - the required annual report and reporting of adverse events was not done timely and accurately,
 - new institutional rules, national legislation or international conventions deem it necessary.

The IRERC would like to remain at your service as scientist and researcher, and wishes you well with your project. Please do not hesitate to contact the IRERC for any further enquiries or requests for assistance.

Yours sincerely

**Prof LA
Du Plessis**

Digitally signed by Prof LA Du Plessis
DN: cn=Prof LA Du Plessis, o=North-
West University, ou=Campus Rector,
email=Linda.DuPlessis@nwu.ac.za,
c=ZA
Date: 2016.02.11 09:57:23 +02'00'

Prof Linda du Plessis

Chair NWU Institutional Research Ethics Regulatory Committee (IRERC)



NORTH-WEST UNIVERSITY[®]
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Private Bag X6001, Potchefstroom
South Africa 2520

Tel: 018 299-1111/2222
Web: <http://www.nwu.ac.za>

Ethics Office
Tel: 018-285 2291

Email: Wayne.Tovers@nwu.ac.za

9 February 2016

Dr H Malan
Social Work

Dear Dr Malan

HREC APPROVAL OF YOUR APPLICATION

Ethics number: NWU-00339-15-S1

Kindly use the ethics reference number provided above in all correspondence or documents submitted to the Health Research Ethics Committee (HREC) secretariat.

Project title: Social work and informal alternative care: An exploratory study

Project leader/supervisor: Dr H Malan

Student: S Heyman

Application type: Full Single

Risk level descriptor: Medium

You are kindly informed that at the meeting held on 21/10/2015 of the HREC, Faculty of Health Sciences, the aforementioned was approved.

The period of approval for this project is from 09/02/2016 to 08/02/2017.

After ethical review:

Translation of the informed consent document to the languages applicable to the study participants should be submitted to the HREC (if applicable).

The HREC requires immediate reporting of any aspects that warrants a change of ethical approval. Any amendments, extensions or other modifications to the protocol or other associated documentation must be submitted to the HREC prior to implementing these changes. Any adverse/unexpected/unforeseen events or incidents must be reported on either an adverse event report form or incident report form.

A progress report should be submitted within one year of approval of this study and before the year has expired, to ensure timely renewal of the study. A final report must be provided at completion of the study or the HREC must be notified if the study is temporarily suspended or terminated. The progress report template is obtainable from Carolien van Zyl at

Carolien.VanZyl@nwu.ac.za. Annually a number of projects may be randomly selected for an external audit.

Please note that the HREC has the prerogative and authority to ask further questions, seek additional information, require further modification or monitor the conduct of your research or the informed consent process.

Please note that for any research at governmental or private institutions, permission must still be obtained from relevant authorities and provided to the HREC. Ethics approval is required BEFORE approval can be obtained from these authorities.

The HREC complies with the South African National Health Act 61 (2003), the regulations on Research with Human Participants of 2014 of the Department of Health and Principles, the Declaration of Helsinki, 2013, the Belmont Report and the Ethics in Health Research: Principles, Structures and Processes (SANS document).

We wish you the best as you conduct your research. If you have any questions or need further assistance, please contact the Ethics Office at Carolien.VanZyl@nwu.ac.za or 018 299 1206.

Yours sincerely



Dr Wayne Towers
HREC Chairperson



Prof Minrie Greeff
Ethics Office Head

Current details: (12686417) C:\Users\13210572\Documents\HREC\HREC - Applications\2015 Applications\Applications 09 - 21 October 2015\NWU-00339-15-S1 (H Malan-S Heyman)\NWU-00339-15-S1 (H Malan-S Heyman) - AL\NWU-00339-15-S1 (H Malan-S Heyman) - AL.docm
9 February 2016

File reference: 9.1.5.3

ANNEXURE 2: PERMISSION DEPARTMENT OF SOCIAL DEVELOPMENT



social development

Department:
Social Development
North West Provincial Government
REPUBLIC OF SOUTH AFRICA

Private Bag X 6
Mmabatho 2735
Amos house
Mafikeng

CORPORATE SERVICES

Tel: +27 18 388 2187
Fax: +27 86 500 9029
E-mail mmotshedimnwp.gov.za

Enq: Dr. Motshedi, 079 511 3282

TO : Ms S. HEYMAN
SOCIAL WORKER- DEPARTMENT OF SOCIAL DEVELOPMENT
NORTH WEST UNIVERSITY (POTCHEFSTROOM CAMPUS)

: Dr. HANELIE MALAN
SCHOOL FOR PSYCHO-SOCIAL BEHAVIOURAL SCIENCES
NORTH WEST UNIVERSITY (POTCHEFSTROOM CAMPUS)

FROM : DR. M. MOTSHEDI
MANAGER: RESEARCH UNIT

DATE : 16 SEPTEMBER 2015

SUBJECT : PERMISSION TO CONDUCT RESEARCH

Dear Sir/Madam

Your letter dated 31 August 2015, requesting permission to conduct research bears reference. The Department acknowledge receipt of the letter and hereby grant permission for you to undertake a research study in the Department. The title of the research study registered as " Social Work and informal alternative care: An exploratory study.

In the light of the above the research candidate is vehemently urged to consider all ethical considerations during the course of this research projects. Failure to comply with this

requirement may lead to this permission being withdrawn or suspended. You are also requested to submit to the Department a research proposal to this effect prior commencing with the study.

Upon completion of the research study a copy of the research report should also be submitted to the Department to consider imperative findings for planning and policy development, decision making and the improvement of programmes or interventions.

Yours sincerely,



DR. M. MOTSHEDI

MANAGER: SUB: DIRECTORATE RESEARCH

16/09/2015
DATE

ANNEXURE 3: GOODWILL LETTERS FOR NGO'S

Enquiries: SHAHEEDA HEYMAN

Phone: 018 388 5264

0824679906

Email: SHeyman@nwpg.gov.za

**TO : THE MANAGER
CHILD WELFARE POTCHEFSTROOM**

**FROM : MS. S. HEYMAN
SOCIAL WORKER**

DATE : 31 AUGUST 2015

SUBJECT : REQUEST FOR PERMISSION TO CONDUCT RESEARCH

I am employed at the Department of Social Development (Mahikeng Service Point) for 5 years and currently enrolled at the North West University (Potchefstroom Campus) as a Masters student in Child Protection (student number 20412215). I am intending to conduct research as part of the fulfilment for my dissertation. Study entitled: Social work and informal alternative care: An exploratory study. The study will be conducted at Department of Social Development service points and NGO's dealing with formal and informal alternative care. The targeted areas include Ngaka Modiri Molema District & Dr, Kenneth Kaunda District. If data saturation has not been reached a third service point will be added (Matlosana Service Point). Research will be done through focus groups with social workers that have at least 3 year working experience in foster care services.

The aim of this study is to explore informal alternative care and possible social work interventions regarding informal alternative care.

Based on the aim of the study, the following objectives are established:

- To conduct a thorough literature study on informal alternative care
- To explore the views of social workers regarding the concept of informal alternative care
- To make recommendations for possible practice guidelines to best regulate and support informal alternative care.

This project will be conducted under the supervision of study leader Dr. Hanelie Malan (018 299 1676) who is a lecturer at North West University Potchefstroom campus under the social work faculty. I herewith would like to seek permission for social workers from your organisation to take part in the study if they wish to do so.

Upon completion of the study, I undertake to provide your organisation with a bound copy of the full research report.

If you require any further information, please do not hesitate to contact me.

Thank you for your time and consideration in this matter.

Yours in service

Shaheeda Heyman

Social worker

Enquiries: SHAHEEDA HEYMAN

Phone: 018 388 5264

0824679906

Email: SHeyman@nwpg.gov.za

**TO : THE MANAGER
NG WELSYN POTCHEFSTROOM**

**FROM : MS. S. HEYMAN
SOCIAL WORKER**

DATE : 31 AUGUST 2015

SUBJECT : REQUEST FOR PERMISSION TO CONDUCT RESEARCH

I am employed at the Department of Social Development (Mahikeng Service Point) for 5 years and currently enrolled at the North West University (Potchefstroom Campus) as a Masters student in Child Protection (student number 20412215). I am intending to conduct research as part of the fulfilment for my dissertation. Study entitled: Social work and informal alternative care: An exploratory study. The study will be conducted at Department of Social Development service points and NGO's dealing with formal and informal alternative care. The targeted areas include Ngaka Modiri Molema District & Dr, Kenneth Kaunda District . If data saturation has not been reached a third service point will be added (Matlosana Service Point). Research will be done through focus groups with social workers that have at least 3 year working experience in foster care services.

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Upon completion of the study, I undertake to provide your organisation with a bound copy of the full research report.

If you require any further information, please do not hesitate to contact me.

Thank you for your time and consideration in this matter.

Yours in service

Shaheeda Heyman

Social worker

ANNEXURE 4: WRITTEN CONSENT



PARTICIPANT INFORMATION LEAFLET AND CONSENT FORM FOR

.....

TITLE OF THE RESEARCH PROJECT:

Social work and informal alternative care: An exploratory study

REFERENCE NUMBERS:

PRINCIPAL INVESTIGATOR: SHAHEEDA HEYMAN

ADDRESS:

North West University
Faculty of Health Sciences
Private Bag X6001
Potchefstroom
2522

CONTACT NUMBER:

018 299 1111

You are being invited to take part in a research project. Please take some time to read the information presented here, which will explain the details of this project. Please ask the researcher any questions about any part of this project that you do not fully understand. It is very important that you are fully satisfied that you clearly understand what this research entails and how you could be involved. Also, your participation is **entirely voluntary** and you are free to decline to participate. If you say no, this will not affect you negatively in any way whatsoever. You are also free to withdraw from the study at any point, even if you do agree to take part.

This study has been approved by the **Health Research Ethics Committee of the Faculty of Health Sciences of the North-West University (NWU-00339-15-S1)** and will be conducted according to the ethical guidelines and principles of the international Declaration of Helsinki, South African Guidelines for Good Clinical Practice and Ethical Guidelines for Research of the National Health Research Ethics Council. It might be necessary for the research ethics committee members or relevant authorities to inspect the research records.

What is this research study all about?

- This study will be conducted at Departments of Social Development, Service points which will include Mahikeng and Potchefstroom service point. And will involve focus groups with social workers that have at least 3 year working experience in foster care services. The size of these groups will be between 8 – 12 participants.
- The objectives of this research are: to conduct a thorough literature study on informal alternative care; to explore the views of social workers on interventions regarding informal alternative care and how to support informal alternative care arrangements and finally make recommendations for possible practice guidelines to best regulate and support informal alternative care.
- Health research ethics should be well thought through before the onset of the research. It is possible, necessary and important to anticipate possible ethical issues that the health researcher will encounter during community research. The reality of health researchers however often ask for a more pragmatic management of unanticipated ethical issues as they arise during their research. Some people in the scientific literature have said that 'practical wisdom' plays an important (perhaps neglected) role in ethical thinking among researchers in the field. I would thus like to explore whether and to what extent this is the case. By sharing your views it will become clear whether this is the case.

Why have you been invited to participate?

- You have been invited to participate because you are a social worker with at least 3 years significant work experience in foster and informal alternative care placements.
- You have also complied with the following inclusion criteria: A registered social worker with 3 years working experience and knowledge on foster care and informal placements; willing to participate in the research through informed consent; willing to have the focus groups or interviews digitally recorded; and able to communicate freely and express yourself adequately.

What will your responsibilities be?

- You will be expected to attend one focus group with other social workers in your service point and share your views and experience of informal alternative care arrangements. The duration of the focus groups will be between an hour and an hour and a half. I will try my best to arrange it at a convenient time.

Will you benefit from taking part in this research?

- The direct benefits for you as a participant will be the opportunity to share your views on informal alternative care with other participants in the group and gain a deeper understanding of their perceptions on the same topic. The bigger benefit will be to be part of forming possible recommendations for practice guideline for informal alternative care arrangements.

Are there risks involved in your taking part in this research?

- The risks in this study are minimal. The topic is of an intellectual nature. The risk involve will mainly be due to partial loss of anonymity due to the focus group process if participants may feel uncomfortable to talk in front of others. If a possible power relationship exists with me as the researcher it might create a feeling of unease. Group rules will be set to limit loss of anonymity and my expertise in group facilitation and interviewing will limit participants being uncomfortable or difficult situations not being managed.

Who will have access to the data?

- Anonymity will only be partial due to focus groups but group rules will be set to protect participants. During transcription data will be coded to ensure that no link can be made to a specific participant. Confidentiality will be ensured by the way data will be captured, changing identifying data during transcription and deleting the digital recordings once data have been transcribed. Only the researchers and person transcribing the focus groups will have access to the data. A confidentiality agreement will be signed with the person doing the transcriptions. Data will be kept safe and secure by locking hard copies in locked cupboards in the researcher's office. Reporting of findings will be anonymous.

What will happen in the unlikely event of some form of discomfort occurring as a direct result of your taking part in this research study?

- Should you have the need for further discussions after the focus groups due to possible discomfort an opportunity will be arranged for you.

Will you be paid to take part in this study and are there any costs involved?

- No, you will not be paid to take part in the study but refreshments will be served before the onset of the focus groups. There will thus be no costs involved for you, if you do take part.
- Group sessions will be held during office hours and the participant will not use their personal time to be part of the group.
Group meetings will be held at the Boardroom's of the Department of Social Developments, Service Points. Local NGO'S will be able to travel to the location as it is within their service areas.

Is there anything else that you should know or do?

- You can contact Ms. Shaheeda Heyman at 0824679906 if you have any further queries or encounter any problems.
- You can contact the Health Research Ethics Committee via Mrs Carolien van Zyl at 018 299 2098; carolien.vanzyl@nwu.ac.za if you have any concerns or complaints that have not been adequately addressed by the researcher.
- You will receive a copy of this information and consent form for your own records.

ANNEXURE 5: CONSENT FORM



DECLARATION BY PARTICIPANT

By signing below, I agree to take part in a research study entitled: **SOCIAL WORK AND INFORMAL ALTERNATIVE CARE: AN EXPLORATORY STUDY**

I declare that:

- I have read this information and consent form and it is written in a language with which I am fluent and comfortable.
- I have had a chance to ask questions to both the person obtaining consent, as well as the researcher and all my questions have been adequately answered.
- I understand that taking part in this study is voluntary and I have not been pressurised to take part.
- I may choose to leave the study at any time and will not be penalised or prejudiced in any way.
- I may be asked to leave the study before it has finished, if the researcher feels it is in my best interests, or if I do not follow the study plan, as agreed to.

Signed at (place) on (date) 20....

.....
.....

Signature of participant

Signature of witness

Declaration by person obtaining consent

I (name) declare that:

- I explained the information in this document to
- I encouraged him/her to ask questions and took adequate time to answer them.
- I am satisfied that he/she adequately understands all aspects of the research, as discussed above
- I did/did not use an interpreter.

Signed at (place) on (date) 20....

.....

Signature of person obtaining consent

Signature of witness

Declaration by researcher

I (name) declare that:

- I explained the information in this document to
- I encouraged him/her to ask questions and took adequate time to answer them.
- I am satisfied that he/she adequately understands all aspects of the research, as discussed above
- I did/did not use an interpreter.

Signed at (place) on (date) 20....



.....

Signature of researcher

.....

Signature of witness

ANNEXURE 6: FOCUS GROUP QUESTION SCHEDULE

INTERVIEW SCHEDULE FOR FOCUS GROUPS

(The following schedule will be utilized to structure the focus group interviews with the participants of this research. The purpose of the focus group interviews are to explore the views of social workers regarding informal alternative care, their views regarding social work interventions on informal alternative care and explore possible recommendations regarding practice guidelines to best regulate and support informal alternative care.. This will be facilitated in English.)

FOCUS GROUP DISCUSSION

WHAT IS A FOCUS GROUP DISCUSSION?

A focus group discussion (FGD) is an organized discussion among a group of people on a specific topic. The idea is that everyone in the group has the opportunity to share experiences and ideas.

WHY THIS FOCUS GROUP DISCUSSION?

Informal care is defined as “any private arrangement provided in a family environment, whereby the child is looked after on an on-going or indefinite basis by relatives or friends (informal kinship care) or by others in their individual capacity, at the initiative of the child, his/her parents or other person without this arrangement having been ordered by an administrative or judicial authority or a duly accredited body” (Dunn & Parry-Williams, 2008:7).

In this FGD we will discuss your views regarding informal alternative care, views regarding social work interventions on informal alternative care and explore possible recommendations regarding practice guidelines to best regulate and support informal alternative care. As you know this is part of a research project and it is important for the research process to get proper feedback from the participants.

WHAT IS EXPECTED OF FGD PARTICIPANTS?

Nobody can be forced to participate in the FGD and must do so from his/her **own free will**. It is important that participants show **respect** for the opinions of others. This means that everyone in the group has a right to an opinion and that he/she must have the opportunity to freely discuss such opinion.

Furthermore it is important that every participant's story and experiences must be treated in a confidential way. Sometimes experiences are very personal and if it is shared in the group it is expected that other participants will not discuss such experiences outside the group. It actually means: what happens in the group, stays in the group.

We can all learn from a FGD and therefore it is expected of participants to give their honest opinions and to make suggestions that could be beneficial for others in the group and the improvement of the programme.

DO YOU HAVE ANY QUESTIONS?

FOCUS GROUP TOPICS

1. Please discuss your understanding of the concept informal alternative care.
2. Identify risk factors involve in informal alternative care.
3. What are the positive aspects of informal alternative care?
4. Please express the biggest challenges you have encountered regarding informal alternative care.
5. What legal protection should be provided for children in informal alternative care, if any?
6. What is your opinion regarding regulations and legislative support for informal alternative care arrangements?
7. What advice do you have for other social workers regarding informal alternative care interventions or regard as best practice guidelines for informal alternative care?

Thank you

ANNEXURE 7: SOLEMN DECLARATION



NORTH-WEST UNIVERSITY
YUNIBESITHI YA BOKONE-BOPHIRIMA
NOORDWES-UNIVERSITEIT
POTCHEFSTROOM CAMPUS

Higher Degree Administration

SOLEMN DECLARATION

1 Solemn Declaration by student

I,

hereby declare that the thesis/dissertation/article entitled

which I herewith submit to the North-West University, Potchefstroom campus, in compliance/partial compliance with the requirements set for the qualification, is my own work and has been language edited and has not been submitted to any other university.

I understand and accept that the copies submitted for examination are the property of the North-West University.

Student Signature

University number

Declaration of Commissioner of Oaths

Declared before me on this day of

PLEASE NOTE: If a thesis/dissertation/mini-dissertation/article of a student is submitted after the deadline for submission, the period available for examination is limited. No guarantee can therefore be given that (should the examiners' reports be positive) the degree will be conferred at the next applicable graduation ceremony. It may also imply that the student would have to re-register for the following academic year.

2 Solemn Declaration of supervisor/promoter

The undersigned hereby declares that:

- the student is granted permission to submit his/her thesis/dissertation for examination purposes; and
- the student's work was tested by Turnitin, and a satisfactory report has been obtained.

Signature of supervisor/promoter

Date

Original details: (11694754) P:\Nagraads en Organisasie\2015\Briewe en Dokumentasie\Soelmn Declaration.docm
17 February 2015

File reference: 7.1.11.3.2

E-Mail

Upload to eFundi

Save as PDF

Soelmn Declaration

1

ANNEXURE 8: PROOF OF ATTENDANCE



NORTH-WEST UNIVERSITY
YUNIBESITHI YA BOKONE-BOPHIRIMA
NOORDWES-UNIVERSITEIT
POTCHEFSTROOM CAMPUS

Private Bag X6001, Potchefstroom
South Africa 2520

Tel: 018 299-1111/2222

Web: <http://www.nwu.ac.za>

**Health Sciences Ethics Office for Research,
Training and Support**

Tel: 018 299 2092

Fax: 018 299 2088

Email: minrie.greeff@nwu.ac.za

9 June 2015

Dear Ms Shaheeda Heyman

PROOF OF ATTENDANCE

This letter certifies that you have attended and successfully completed the 2 day ethics training, entitled:

The Basics of Health Research Ethics

Presented by Prof Minrie Greeff (Head of the Health Sciences Ethics Office for Research, training and Support) on the 3rd and 4th of March 2015.

Yours sincerely

A handwritten signature in black ink, appearing to be 'Minrie Greeff', written over a horizontal line.

Prof Minrie Greeff
Head of Health Sciences Ethics
Office for Research, Training and Support

A handwritten signature in black ink, appearing to be 'Wie Kotze', written over a horizontal line.

Prof Wie Kotze
Dean of Faculty of Health Sciences