An assessment tool for social workers to identify risk behaviour in foster children

N BESTER

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DECLARATION

I, NERINA BESTER, declare herewith that the dissertation entitled

An assessment tool for social workers to identify risk behaviour in foster children

which I herewith submit to the North West University, Potchefstroom Campus, in compliance with the requirements set for the Philosophiae Doctor in Social Work degree is my own work and that all the sources that I have used are acknowledged. The dissertation has been language edited (see annexure 9) and has not already been submitted to any other university.

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N BESTER

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SUMMARY

An assessment tool for social workers to identify risk behaviour in foster children

Keywords: HIV, AIDS, crime, multiple losses, OVC, orphans, vulnerable children, child and family care, foster parents, foster children, foster care, social workers, material needs, protection needs, affection needs, risk behaviour, risk factors, assessment tool.

Problem statement

Due to HIV and AIDS impacting on communities, devastating consequences have been predicted. The number of orphans and vulnerable children (OVC) in need of care is escalating, causing social workers' caseloads to become unmanageable. These OVC who lost their parents through death are suffering multiple losses due to being orphaned. The material, protection and affection needs have to be addressed in a holistic, eco-systematic, multidisciplinary team approach. In practice social workers tend to focus mainly on the material and protection needs of OVC due to high caseloads and staff turnover, neglecting their affection needs. Social workers need to work with foster parents and children in identifying potential risk factors that could lead to risk behaviour in foster children who have lost their parents through death. The researcher designed an assessment tool that could enable social workers in practice to do an effective risk assessment of OVC in foster care. Intervention could be planned accordingly by setting goals to address risk factors timeously in an attempt to prevent future problem behaviour in OVC placed in foster care.

Aim

To develop an assessment tool for social workers to identify risk behaviour in foster children who have experienced multiple losses such as the loss of one or both parents.

Method

A mixed methods design was used, specifically the sequential and explanatory design which involved collecting and analysing both qualitative and quantitative data. These obtained data were then connected and integrated.

Results

It was proved that a *Risk assessment tool* helped social workers to identify risk factors in a team effort between social workers, foster parents and children. Meeting the psychosocial needs of OVC placed in foster care more effectively is important in order to prevent the development of negative behaviour.

OPSOMMING

’n Assesseringsinstrument vir maatskaplike werkers om risikogedrag by pleegkinders te identifiseer

Sleutelwoorde: emosionele behoeftes, MIV, VIGS, misdaad, veelvuldige verliese, weeskinders, kwesbare kinders, kindersorg, gesinsorg, pleegouers, pleegkinders, pleegsorg, maatskaplike werkers, materiële behoeftes, beskermingsbehoeftes, riskante gedrag, risikofaktore, assesseringsinstrument.

Probleemstelling

MIV en VIGS het 'n impak met verreikende gevolge op gemeenskappe. Die getal wees- en kwesbare kinders met 'n behoefte aan versorging neem toe, wat meebring dat maatskaplike werkers se gevalleladings te groot word. Hierdie kinders wat hul ouers deur die dood verloor het ly verskeie verliese as gevolg daarvan. Die materiële, beskermings- en emosionele behoeftes moet aangespreek word deur 'n holistiese, eko-sistematiese, multidissiplinêre spanbenadering. In die praktyk is maatskaplike werkers geneig om te fokus op die materiële en beskermingsbehoeftes van kwesbare kinders weens hoë gevalleladings en personeelomset. Emosionele behoeftes word dikwels verwaarloos. Maatskaplike werkers moet saam met pleegouers en -kinders werk om potensiële risikofaktore, wat kan lei tot wangedrag, te identifiseer. Die navorser het 'n assesseringsinstrument ontwerp wat maatskaplike werkers in die praktyk in staat stel om doeltreffende risiko-assessering van kinders wat hul ouers deur die dood verloor het, te doen. Hierdie kinders is in pleegsorg geplaas. Ingryping kan geskied volgens gestelde doelwitte wat risikofaktore aanspreek. Dit is 'n poging om toekomstige probleemgedrag in kinders wat in pleegsorg geplaas is, te voorkom.

Doelwit

Die doelwit was om 'n assesseringsinstrument vir maatskaplike werkers te ontwikkel ten einde risikofaktore wat tot probleemgedrag kan lei te identifiseer by kinders wat

in pleegsorg geplaas is na die afsterwe van hul ouers. Hierdie kinders ervaar dikwels veelvuldige verliese na die dood van een of beide ouers.

Metode

'n Gemengde metode-ontwerp is gebruik, naamlik die opeenvolgende en verklarende ontwerpe. Dit behels die insameling en ontleding van beide kwalitatiewe en kwantitatiewe data. Die verkreë data is daarna gekoppel en geïntegreer.

Resultate

Dit is bewys dat 'n risiko-assesseringsinstrument maatskaplike werkers gehelp het om risikofaktore te identifiseer deur middel van 'n spanpoging tussen die maatskaplike werker, pleegouers en -kinders. Die assessering van kinders in pleegsorg geplaas was meer effektief en doelwitte kon duidelik gestel word. Dit is belangrik ten einde die ontwikkeling van negatiewe gedrag te voorkom.

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SECTION A: INTRODUCTION TO THE STUDY

1 TITLE

An assessment tool for social workers to identify risk behaviour in foster children

Keywords

HIV, AIDS, risk behaviour, multiple losses, orphans and vulnerable children, child and family care, depression, aggression, material, protection and affection needs, foster children and parents, assessment, assessment tool.

2 CONTEXTUALISATION AND PROBLEM STATEMENT

Worldwide the human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS) are impacting on communities to devastating effect (Smit, 2007:1). UNAIDS, as cited by Operario, Underhill, Chuong and Cluver, (2011:1), determined that in 2010, 44 million children in Southern Africa were orphaned and one out of three children between the ages 15-17 years were without their mother (Smit, 2007:1). This situation results in children experiencing extreme losses, including the loss of primary caregivers, loss of security and loss of a sense of belonging (Smit, 2007:1-2). According to Kagee (2008:247) the experience of being diagnosed with HIV or AIDS and the associated trauma of being ill and facing potential death, can be described as a "major stressor". South Africa is one of the worst affected countries in the world and the Kwazulu-Natal province has one of the highest infection rates of HIV and AIDS (Avert, 2005). Kokstad, situated in Southern KwaZulu-Natal, is a community equally hard-hit by this situation (Bester, 2009:2).

The researcher was employed by Child Welfare in Kokstad as a social worker, where she identified a need for assessment and interventions with a focus on the emotional needs of orphans and vulnerable children (OVC) due to loss and bereavement. These children are made vulnerable and in need of care mostly due

to illness and death related to HIV and AIDS. The majority of cases that Child Welfare, South Africa (CWSA) in Kokstad deals with are cases of children in need of alternative care, such as foster care. Barker (2003:167) describes foster care as “the provision of physical care and family environments for children who are unable to live with their natural parents or legal guardians”. The definition’s focus on physical care may contribute to the preference of physical care over emotional care. Foster care is administered by social workers from both governmental and non-governmental organisations (NGOs). Social workers evaluate children and their families to help legal authorities to evaluate the need for a foster placement, screen potential foster homes, monitor the foster home during the placement, and determine the possibilities of family reunification (Barker, 2003:167). In the case of OVC, children in foster care are rarely in a situation where they can be reunited with their families of origin and most children are in kinship foster care and require permanency planning, as stipulated in Section 186 of the Children’s Act (Böning & Ferreira, 2013:538-542).

With an increasing number of children in need of care, the traditional African safety net for orphans of the extended family is fast becoming saturated (Smart, 2003:43). Foster parents, who are mostly grandparents, often lack the necessary skills and knowledge either to deal with the emotional needs of the children placed in their care, or to discipline adolescents who may present with risk behaviour (Townsend & Dawes, 2004:69-70; Visser, 2008:2). Bonding between the foster parent and child is vitally important for the success of the foster placement, and the social worker involved needs to be sensitive to enhance such a bond from the onset of the screening process (Visser, Herbst & Hassim, 2010:326).

The role of social workers pertaining to the needs of the foster children would thus be to ascertain the safety of these children, to be supportive, and to ensure the provision of their physical needs, as well as their educative and motivational needs. Foster care should aim to create a sense of belonging so that trust and security can be restored (Mandisa, 2007:63-65). To ensure a successful adaptation in a foster care situation emotions such as deep sadness, loneliness, anger, rebellion or depression need to be identified and dealt with by skilled professionals, such as social workers (Halkett, 2005:179-180). According to an Australian study conducted

on children in foster care, although the prevalence of mental health problems is high, only a small number receive professional help for these problems (Sawyer, Carbone, Searle & Robinson, 2007:181). Based on the literature, foster care is regarded worldwide as the most suitable form of alternative care, especially if it occurs within a family structure (Böning & Ferreira, 2013:537). Unfortunately, families are overburdened with OVC in need of care due to an increasing number of HIV and AIDS related deaths (Böning & Ferreira, 2013:538). This calls for the further exploration of loss and risk behaviour in OVC who have lost their parents through death.

Richter and Rama (2006:13) emphasise the importance of dealing with loss. Costa, Hall and Stewart (2007:28) elaborate on this theme and point out that adequate child- and family care should include assistance in dealing with loss and grief. In the case of OVC in South Africa, loss often starts with the death of one or both parents, and this primary loss is then followed by another series of losses including the following (the loss of):

- health and vitality;
- economic security;
- social support; and
- hope for the future.

(Richter & Rama, 2006:13).

With the aforementioned in mind, it becomes clear that after the death of a parent other losses follow, impacting on the child in a significant way. Children need to be assisted in dealing with their emotions after the loss of a parent or caregiver as they could experience strong feelings of anger or depression, or even both (Iverson, 2007:9). In order to deal constructively with these emotions, resources such as NGOs within the community should be used to supply support and counselling services. In doing so, social workers can play a vital role in communities by educating them on involving OVC in the foster placement, especially if the primary caregiver is still alive. Communities should be involved in planned orphan care and contribute towards the physical and the emotional needs of OVC, as too often OVC are totally left out of decisions made which pertain to their own lives. This could, for

instance, be done by means of circles of support developed in a community, starting with the immediate family's support, neighbourhood support and eventually support of the broader community and extended family (Smart, 2003:43). One of the reasons why risk behaviour develops in OVC is the saturation of the traditional African safety net, namely the family. Often the relatives and grandparents are already overburdened and poor, and yet are expected to care for an increasing number of OVC (Böning & Ferreira, 2013:521). By means of the circles of support, this safety net could be strengthened and the burdens of caring for OVC shared. With the deaths of their parents, OVC often find themselves with no adult present in their lives to take care of their needs.

The absence of a competent, caring adult, especially a mother, is one of the most significant distressing factors in a child's life (Dutra, Forehand, Armistead, Brody, Morse & Clark, 2000:473). Foster care is described by Dutra *et al.* (2000:473) as a form of alternative care for OVC with a potential preventative impact on risk behaviour in children. OVC in foster care have a tendency to present with more emotional and behavioural problems than other children, because they often come from poor communities, have experienced trauma, and may even be HIV positive themselves (Böning & Ferreira, 2013:521). Emotional and behavioural problems such as violent behaviour, drug or alcohol abuse could develop into risk behaviour. Risk behaviour of young people has a serious impact on communities and is costly in monetary terms (Smart, 2003:63). It breaks down communities' sense of security and well-being by threatening the quality of life of the inhabitants. By mobilising family social support networks within a community, experiences of stress and strain can be relieved (Smart, 2003:64). Strain and stress could follow trauma experienced by a family, resulting in anger, depression or both (Iverson, 2007:9). Skilled people who could identify the potential development of risk behaviour in children need to be trained. Risk behaviour impacts both the physical and mental health of the individuals (Cluver, Orkin, Boyes, Sherr, Makasi & Nikelo, 2013:362-370). The closest definition of risk behaviour in OVC affected by HIV and AIDS found by the researcher during the literature study was *The Youth Risk Behaviour Surveillance System* (YRBSS), as postulated by Eaton, Kann, Kinnchen, Shanklin, Ross, Hawkins, Harris, Lowry, McManus, Chyen, Lim, Whittle, Brener & Wechsler (2010:1). Taussig (2002:1180) cites only four major risk domains, namely: Sexual,

delinquent or violent, substance use, suicidal or self-harming behaviour. Eaton et al. (2009:3) include six categories of priority health-risk behaviour.

- Behaviour which contributes to unintentional injuries and violence;
- Tobacco use;
- Alcohol and other drug use;
- Sexual behaviour which contributes to unintended pregnancies and sexually transmitted diseases (STDs), including human deficiency virus (HIV) infection;
- Unhealthy dietary behaviour; and
- Physical inactivity.

These behaviours have the potential to create severe short and long-term negative consequences in the lives of OVC (Taussig, 2002:1180).

Health risk behaviour is described by Eaton *et al.* (2009:1) as interrelated and preventable, but still one of the leading causes of morbidity and mortality. Cluver *et al.* (2013:362-370) also mention the interrelatedness of risk behaviour in their study on the early sexual debut of orphans (before the age of 15 years). This type of risk behaviour has the potential to repeat the whole vicious cycle of HIV infection and the effects thereof. OVC in need of emotional warmth could easily confuse sexual activities with the love they long for after losing their parents through death. Therefore it is vitally important to attend to their emotional needs for parental love and affection before they start looking for satisfaction in the wrong ways, which could lead to the development of mental health problems. Sawyer *et al.* (2007:181) studied suicide threats and suicide ideation among OVC, and concluded that OVC in foster care have a high prevalence of mental health problems, with only a few of them likely to receive professional help. It is therefore important to identify risk behaviour in OVC who have suffered multiple losses, and attend to it in a suitable manner. According to Cluver and Operario (2008:362), studies preceding theirs were not able to establish whether orphan hood definitely triggers the onset of risk behaviours. Multiple losses could then lead to psychosocial adjustment difficulties

resulting in risk behaviour (Dutra *et al.*, 2000:484). Foster parents often experience behavioural problems as soon as OVC enter their teenage years (Böning & Ferreira, 2013:251).

Bezuidenhout (2008:3) describes the teenage years as follows: "Adolescence is a time of trial and uncertainty, a time when youths experience anxiety, humiliation, and mood swings". Resilience needs to be encouraged and built in adolescents dealing with trauma (Pivnick & Villegas, 2000:103). In so doing, hope is built and anxiety can be dealt with appropriately. The lack of structure, discipline, and security due to the loss or absence of a competent, significant adult could result in undisciplined, risk behaviour in children. The absence of family structure and a sense of belonging could lead to negative emotions such as depression and aggression (Zastrow & Kirst-Ashman, 2010:9). Social workers would need the assistance of the foster parent(s) to assess the adaptation of a child in a foster care setting. With a proper assessment, risk behaviour can be pinpointed and clear goals set to target risk behaviour.

A child who has lost a parent due to death is likely to experience a deep sadness, and could feel unwanted, frightened of a new environment, or hopeless, and eventually become rebellious (Blunden, 2005:15). Along with the loss of a parent, other losses follow which result in the child experiencing multiple losses. A child will mourn the loss of a familiar home and school environment, as well as friends, teachers, pets and an own bedroom. Eventually children might arrive at the point where they loosen ties with their past (Visser, 2008:73). Assessing these children is difficult because they often battle to express their emotions, and this inability to do so could result in the development of risk behaviour that their foster parents might find very challenging. The assessment and guidance of the foster placement by the supervising social worker is thus very important and could determine the success of the foster care placement. Multiple foster placements of OVC could cause them to experience negative emotions such as anger, guilt, rejection and a feeling of being cheated (Visser, Herbst & Hassim, 2010:326). It is therefore important for social workers to do a proper assessment of risk behaviour, address it in a positive manner, and ensure long term care for OVC placed in foster care. The inability to conduct a proper assessment of the risk behaviour of the children, together with the

inability of these children to express their emotions, might lead to the development of risk behaviour, such as the six categories described by Eaton *et al* (2009:1). School dropout and absconding from home should be counted as risk behaviour too. Drug or substance abuse, as well as promiscuity often results in breaking the law due to the breakdown of families following HIV- and AIDS-related deaths of parents and/or caregivers of OVC. A big challenge to restore harmony within communities by helping OVC to be restored after their lives have been derailed lies ahead (Bezuidenhout, 2008:5-7).

From the literature study (Cluver & Operario, 2008:369-370; Eaton *et al.* 2009:1; Taussig, 2002:1179-1199) it became evident that both the terms “risk behaviour” and “risk behaviours” are used by authors. In this study the term “risk behaviour” will mostly be used.

In order to work preventatively the need arises for proper assessments of risk behaviour in OVC placed in foster care. What could be done in order to assist social workers dealing with foster children who have experienced multiple losses, as well as assist the foster parents in dealing with their own emotions of loss and bereavement, needs to be explored. Social workers have a role to fulfil in the assessment of risk behaviour that could follow emotions of loss and bereavement, which, if left unaddressed could lead to negative, and/or destructive behavioural patterns that could jeopardise the success of the foster placement. In order to develop an assessment tool that could assist social workers in defining the specific needs of foster children the following research questions were posed:

What risk behaviour frequently manifests in OVC who have experienced multiple losses and who have been placed in foster care?

- What are the needs of OVC and their foster parents who suffered multiple losses associated with the deaths of OVC’s parents?
- What should be included in an assessment tool for social workers to assess risk behaviour in foster children who experienced multiple losses?

3 AIMS AND OBJECTIVES

3.1 General Aim

To develop an assessment tool for social workers to identify risk behaviour in foster children who have experienced multiple losses, such as the loss of one or both parents.

3.2 Objectives

- To explore risk behaviour in foster children who have experienced multiple losses, by means of an empirical and literature study.
- To explore the needs, experiences and emotions of OVC and their foster parents that could relate to risk behaviour.
- To develop an assessment tool for social workers to identify risk behaviour in foster children.

4 CENTRAL THEORETICAL ARGUMENT

An assessment tool can assist social workers to identify potential risk behaviour in OVC and in that way improve services to such children, as well as their foster parents.

5 RESEARCH DESIGN AND METHODOLOGY

5.1 Literature study

Literature on the relationship between multiple losses and risk behaviour in foster children is limited. Other risk factors such as poverty, limited mental capacity, and substance abuse are widely described. “It is accepted that juvenile delinquency is the result of complex interactions between numerous risk factors over time and environments” (Dixon, Howie & Starling, 2004:1150). With this in mind, it is clear that individuals’ emotional reactions to trauma will vary. In a study conducted by Dixon *et al.* (2004:1150-1152), it was revealed that juvenile offenders have a tendency to show more psychopathology than non-offenders. Depression, suicide

attempts, conduct disorders, substance abuse, post-traumatic stress disorder (PTSD), and anxiety and eating disorders were more significant with offenders than with non-offenders. It was found that exposure to at least three or more traumatic events significantly increased the risk of becoming an offender. It becomes evident that living with family or in alternative care such as foster care and not with both biological parents, increases the potential in children to develop risk behaviour. A significant gap in the literature that was identified was the exclusion of behaviour such as poor school performance and school dropout at an early age. Dixon *et al.* (2004:1151) only deal with risk behaviour related to juvenile delinquency. The YRBSS describes only six categories of health-risk behaviour among the youth (Eaton *et al.*, 2009:1), and Taussig (2002:1180) only four categories, neglecting other forms of risk behaviour, such as poor school performance and dropout at an early age. Cluver and Operario (2008:362) refer to “pathways for risk behaviours” or “risk factors” which refer specifically to poverty, which reduces access to proper health care, as well as good educational opportunities. Mental health challenges, such as the internalising of problems are described as a “pathway for risk behaviours”. The characteristics and dynamics of sexual behaviour amongst OVC, together with drug and alcohol abuse, is a definite “pathway for risk behaviour” as described by Cluver and Operario (2008:363-368). Reduced parental monitoring, along with caregiving stressors and family violence amongst OVC, could easily result in risk behaviour. Sexual abuse and exploitation experienced by OVC are often the result of transactional sex. In their search for the emotional support, affection and attention often lacking in the foster care placement, the children seek out older sexual partners acting as “sugar mommies or daddies” (Cluver & Operario, 2008:369-370). The need for emotional warmth and care should therefore not be underestimated.

Mental health status remains a very important factor associated with risk behaviour. Offenders often experience more traumatic events than non-offenders, with particularly high levels of personal victimisation. Dixon *et al.* (2004:1150-1158) who dealt with offenders found a significant link between trauma exposure, mental health and criminal behaviour. The cohesiveness of the family plays an important role in children’s tendency towards risk behaviour. Depression, aggression, or acting-out behaviour is common in children with a lack of strong family ties. These reactions

could follow multiple trauma or losses (Dixon et al., 2004:1153-1157). Substance abuse in an effort to numb the pain of loss, as well as mixing with the wrong peers as a substitute for the lack of family cohesiveness, could both be considered as factors that may lead to risk behaviour. It has been confirmed that men have a higher tendency to become involved in risk behaviour than women (Keene, 2005:490-491). Cognitive functioning is also influenced by trauma. Most serious offenders were exposed to a series of events such as physical and sexual abuse, neglect of mental and emotional health, and exposure to risk behaviours (Martin, Martin, Dell, Davis & Guerrien, 2008:608-616). During this period, where various losses are experienced, it is important that children learn positive coping skills to stressors in order to prevent the development of risk behaviour in OVC (Ireland, Boustead & Ireland, 2005:412-414).

An extensive amount of literature is available on loss, grief, delinquency and alternative care, but very little is available on the relationship between multiple losses in children and the development of risk behaviour. The researcher aimed to fill this gap in literature by exploring the development of an assessment tool for social workers to help identify risk behaviour in foster children. Books, journals, articles, and research reports were utilised, mostly from the Ferdinand Postma Library, Pro-quest, Ebsco Host, Web Feat and Psychlit-databases.

5.2 Empirical Investigation

5.2.1 The Design

In this qualitative study the design used was both explorative and descriptive in nature; the researcher aimed to gain insight into the risk behaviour presenting in foster children following the deaths of their parents (Alston & Bowles, 2003:34-35; De Vaus, 2001:1-3).

5.2.2 Methodology

The literature on the risk behaviour of foster children who have experienced multiple losses following the deaths of their parents is limited. The central focus of this study was to provide an understanding of the risk behaviour following multiple losses in OVC, as well as to explore the emotions of research participants due to multiple

losses. The data that was collected included comprehensive narrative data with the purpose of gaining a holistic understanding of the extent of risk behaviour in foster children, explore the emotions of foster parents and children, and gain an understanding of how foster parents deal with their own emotions, as well those of their foster children. Social workers rendering services to them were included in this study in order to gain holistic insights into the risk behaviour of OVC placed in foster care. The researcher asked open-ended, broad questions allowing all the research participants to share their views based on the meanings and values that the participants perceive from the community in which they live (Fouché & De Vos, 2011:95-96). Narrative research is "a form of inquiry in which the researcher studies the lives of individuals and asks one or more individuals to provide stories about their lives" (Creswell, 2009:15). In this study, OVC placed in foster care were asked to relate their stories.

The following five phases were distinguished during this research process, according to the guidelines provided by Delport, Fouché and Schurink (2011:297-298), namely:

- **Planning**

During this phase the researcher determined that the best option to address the research problem would be to follow the qualitative research method. The phenomenon that was explored focused on risk behaviour in OVC placed in foster care. The researcher explored the views and opinions of the respondents, approaching them as experts pertaining to their own life experiences in terms of loss, emotions, and risk behaviour in the foster care setting.

- **Design**

The qualitative exploratory design (Fouché & De Vos, 2011:96) was chosen in order to explore the views of the respondents pertaining to risk behaviour. The purpose of the study was kept in mind; that is, to develop an assessment tool for social workers to help identify risk behaviour in foster children placed in foster care following the deaths of their parents.

- **Sampling**

Foster children and parents were selected by means of purposive sampling (Strydom & Delport, 2011:392) from the total caseload of Child Welfare South Africa (CWSA), Kokstad.

- **Data collection**

Well-established qualitative means of data collection were used in this research process, such as an interview schedule, focus group sessions and interviews, as well as narratives or life stories (Greeff, 2011:347-361). A prototype was developed for the assessment tool for social workers to identify risk behaviour in foster children. The report was written in thesis form consisting of three articles.

- **Data analysis and report writing**

The sample was small enough to manually analyse the data. The researcher was concerned with an unknown phenomenon, namely risk behaviour in OVC following the deaths of their parents, and aimed to identify certain themes in order to compile a prototype assessment tool. The report was written in thesis form consisting of three articles.

5.2.3 Methods of data collection

Multiple losses and risk behaviour were identified and planned in order to explore this in practice. The researcher thought critically about the parameters of the population, after which the sample cases were chosen. Respondents were identified and involved through purposive sampling where typical cases were sought and selected that served the study best by containing the most characteristics, representing typical attributes of the population (Strydom & Delport, 2011:392). Risk behaviour was outlined and goals set to guide the study. It provided a platform to explore the views of the respondents by direct contact with them through qualitative research (Creswell, 2009:175-177).

Data was collected in an unstructured manner exploring the phenomenon of risk behaviour in OVC placed in foster care following the deaths of their parents (Joubish, Khurram, Ahmed, Fatima & Haider, 2011:2082).

Data was collected from the relevant social workers, foster parents, and children under the guidance of the researcher. The researcher was directly involved in the collection of data. The views of the respondents were explored and described pertaining to the relationship between loss, risk behaviour and meeting the emotional needs of OVC (Alston & Bowles, 2003:34-35; De Vaus, 2001:1-3). Three methods of data collection were used, namely:

1. *The interview schedule* (Addendum 5) was used to collect biographical data from the foster parents served by social workers of CWSA, Kokstad. An interview schedule in the form of a questionnaire was compiled to obtain data from the respondents, and this guided the interviews. It was tested during a focus group session consisting of the six social workers employed by CWSA, Kokstad. Biographical data was obtained from the foster parents, as well as narrative data. Questions were formulated to guide this process (Delport, Fouché & Schurink, 2011:303; Loubser & Muller, 2006:83-97).

2. The children wrote down their *life stories,* whilst the questionnaire for the foster parents concerned was administered by their relevant supervising social workers. By writing down their life stories OVC were given an opportunity to make sense of their own life experiences (Etherington, 2009:225). This allowed the foster children to voice their views regarding their own experiences pertaining to the foster care placement, losses and risk behaviour. It was conducted in an ethical manner, respecting the respondents' privacy, as well as ensuring that no emotional or physical harm came to them during the process of data collection. All the foster parents and children signed informed consent forms. Both foster parent and child were referred back to their supervising social worker for debriefing and further service rendering as needed. The social workers, who acted as the interviewers, formed an integral part of the study and were made aware of any needs that should be addressed after the interviews. The research process was conducted in their natural setting as clients of CWSA, Kokstad, where relationships of trust already existed between them and their supervising social workers. No incentives were promised to the respondents, but rather it was explained to them that their input was valued in order to improve service rendering to them, as well as other foster parents and children.

3. *The focus group sessions* were used to collect data pertaining to the determination of the sample of respondents with whom the interview schedule would be conducted. The focus group sessions were attended by six social workers employed by CWSA, Kokstad (See Addendum 6).

Testing of the draft assessment tool (prototype) was done to ensure that it would be clear and understandable to all the respondents. The prototype of the assessment tool was developed for social workers to identify risk behaviour in foster children. With the feedback and input of the social workers administering the prototype assessment tool, a pilot test was conducted. Design criteria were applied to the preliminary assessment tool concept to ensure that it would be comprehensive, ethical, and feasible. This served as the pilot study, and data was obtained pertaining to the needs of OVC who had suffered multiple losses and who had been placed in foster care by non-governmental organisations (NGO's), such as CWSA, Kokstad, and Potchefstroom. The draft concept of the assessment tool was tested in practice by 12 social workers in order to allow the researcher to transfer or generalise the findings, and to refine the draft assessment tool for future use (Joubish et al., 2011:2082-2083).

5.2.4 Data analysis and report writing

The extent of the data was small enough to be manually analysed. Data collection and analysis was conducted in an ethical manner by respecting each respondent's privacy; the actual names of the respondents were changed in the written research report. During this phase of the research process, data was coded, categorised, compared, integrated, and interpreted. In order to identify a few themes the researcher had to find her own unique way of analysing the data, which included sorting through a vast amount of information (Joubish et al., 2011:2085). With Tesch's approach in mind (Poggenpoel, 1998: 343-344; Tesch, 1990:77), the researcher aimed to collect thematic data from the views of the respondents. NGOs that could benefit from using the assessment tool in order for social workers to identify risk behaviours in foster children were identified. It would be potentially used by NGOs rendering services to OVC who had experienced multiple losses after the deaths of their parents, and had been placed in foster care and presenting with risk behaviour. Through the education of social workers, awareness could be created for

risk behaviours in OVC. The researcher welcomed the input of the participating social workers. The adaptation of the draft assessment tool (prototype) was encouraged and implemented with the suggestions of the social workers in mind. Support was provided to all the respondents where needed and they enabled the researcher to obtain a bigger picture of the needs experienced by OVC in foster care following the deaths of their parents. Social workers from CWSA, Kokstad (rural area), CWSA, Potchefstroom, NG Welsyn, Potchefstroom, and SAVF Potchefstroom (semi-rural area), were included as participants. With the development of an assessment tool for social workers to identify the risk behaviours in foster children, a new understanding and awareness could be developed with regard to relationships, events, and behaviour impacting on OVC who experienced multiple losses following the deaths of their parents and who were placed in foster care. The research results were presented in a written form as a thesis in the form of three articles.

The researcher was an *active learner,* exploring the views of participants, portraying these views in such a manner that the participants were the *experts* regarding their own situations (Joubish et al., 2011:2086).

The relationship between loss, bereavement counselling, and the prevention of risk behaviour has not been established yet and should be explored further. The aim of this research project was to explore the views of the respondents in order to compile an assessment tool that could assist social workers in their service rendering to OVC placed in foster care. Real intervention would only take place after the assessment tool was successfully developed and applied. In social work the term “intervention” is similar to the physician’s term “treatment”. It might include finding and developing resources in order to prevent or solve problems, as well as to achieve goals (Barker, 2003:226). This study was therefore exploratory and descriptive in nature and beyond the development of resources (the assessment tool), was not developed further than the actual intervention process.

5.2.5 Procedures

In order to conduct an ethically accountable and scientific study, the following procedures were followed:

- Role players were informed of the planned research project.
- Permission was obtained from the management committee of CWSA, Kokstad (See Addendum 1).
- Ethical permission was obtained from the North-West University to conduct the study (See Addendum 3).
- Social workers that would be involved in the research process were selected and informed of the planned research process.
- Respondents were identified by purposive sampling, and informed consent was obtained (See Addendum 2).
- Keeping the goals of the research process in mind, questions were formulated in order to compile the interview schedule.
- Information was recorded, processed, and analysed in written form to shed light on the development of an assessment tool for social workers aimed at children in foster care who had suffered multiple losses.

5.2.6 Ethical aspects

During the research process the ethical aspects as described by Mouton (2005:238-245) and Strydom (2011**a**:113-129) were taken into account. Informed consent, avoidance of any form of emotional or physical harm, and the right to privacy, confidentiality, and anonymity, were respected. This was very important, due to the fact that the researcher was dealing with children under the age of 18 years with histories of trauma who had been placed in foster care settings. The rights of all parties concerned were taken into account and respected throughout the research process (Holland, 2011:40). Strydom (2011**a**: 128) mentions the researcher's ethical responsibility to be competent and adequately skilled to undertake the proposed investigation in a manner that would avoid any emotional, physical, or mental harm to the research participants. The researcher made sure that these principles were adhered to throughout the entire research process.

The social workers who tested the prototype assessment tool, were registered with the South African Council for Social Service Professions (SACSSP), and guided by the latter's code of conduct. They were encouraged to respect these ethical principles, and they did so. The social workers who were involved in the research process are all bound by their professional ethical code, which addresses aspects such as confidentiality and acting in the best interest of the client. All of the participating social workers were experienced in the field of child and family care and were able to supply an informed opinion regarding the prototype assessment tool. The following ethical aspects were focused on in particular:

- Ethical permission was obtained from the Ethical Committee of the North-West University. The study was approved and the ethical number: NWU-0060-08-A1 was allocated to the study (see Addendum 3).

- Ethical conduct, as outlined by the stakeholders in their relevant codes of conduct, such as CWSA, Kokstad, and Potchefstroom, was observed and respected. Anonymity, confidentiality, informed consent, as well as institutional approval, was obtained from all the stakeholders (Strydom, 2011**a**:113-129). Before the onset of the research process the researcher obtained written consent from CWSA, Kokstad to undertake the research (see Addendum 1). Before the testing of the initial assessment tool, verbal as well as written consent, was obtained from the participants (foster parents and children placed in their care).

- Both the foster parents and children were informed about the aim of the study and they signed the informed consent form compiled by the researcher (See Addendum 2).

- Throughout the research process the "best interest of the child" principle was respected as described in the Children's Amendment Act No. 41 of 2007 (South Africa, 2008:18-22). The child's needs, fears, sense of belonging and security were taken into account throughout the research process, as well as his or her right to participation (South Africa, 2008:20).

The researcher believed that the fact that she wanted to hear the opinions of the foster parents and children on the foster care placements, made the participants feel

valued. The children enjoyed the activity of writing down their life stories. To a certain extent it was considered to be therapeutic to voice their experiences and emotions regarding their losses.

6 LIMITATIONS OF THE STUDY

- The foster children, as well as their foster parents, found it challenging to express their emotions regarding the losses they experienced. It was very important to build long-term professional relationships with all the parties concerned in order to establish a safe environment in which they would feel free to air their deepest emotions.

- Due to the high caseloads that social workers experience, as well as high staff turnover, it was difficult to enter into a real therapeutic relationship with their clients after the research study was conducted.

- Trust must be earned and unfortunately social workers in practice generally only have sufficient time to address the material needs of OVC, and not to address their emotional needs in depth. The participating social workers voiced the same experience with the OVC with which they were dealing.

- The views presented in this study were based on the perceptions of the respondents and could change over time.

- Only a small group took part in the study, therefore the findings cannot be generalised.

- The biggest limitations of this study were geographical distance between the researcher and respondents, and high caseloads creating work pressure on participating social workers.

- The researcher is no longer employed by CWSA, Kokstad, therefore her ability to observe the testing of the assessment tool was hampered. However, that she was no longer directly involved can be considered positive in terms of researcher objectivity.

- One of the social workers, who was the most enthusiastic about this study, was killed while performing his professional duties. The researcher and her promoter had to deal with this traumatic loss.

- Qualitative research depends heavily on the abilities of the researcher, therefore the quality of the research is dependent upon the qualities of the researcher, as well as her ability to record the research findings. Errors could occur due to this human element (Joubish et al., 2011:2084).

7 DEFINITIONS OF KEY TERMS

The following key terms are frequently used in this study and need to be clarified:

A child: A person under the age of 18 (Giese, 2009:11).

Assessment: This is the process of determining the nature, cause, progression, and prognosis of a problem and the personalities and situations involved therein; the social function of acquiring the understanding of a problem, what causes it and what can be changed to minimise or resolve it (Barker, 2003:30).

Child Welfare South Africa (CWSA): CWSA is a unified body composed of structures and member organisations with a common objective to promote, protect and enhance the safety, well-being and healthy development of children within the context of the family and community (Halkett, 2005:4).

Family: "A family is a primary group defined as people who are intimate and have frequent face-to-face contact with one another, have norms in common and share mutually enduring and extensive influences. They have a significant influence on one another, as well as certain obligations for each other, which means mutual commitment and responsibility for other family members" (Zastrow & Kirst-Ashman, 2010:153).

Foster care: The provision of alternative care on a physical and family level for children who cannot live with their natural parents or legal guardians (Barker, 2003:167). According to the Children's Amendment Act No.41 of 2007:72 foster care is described in Section 180 as: "a child is in foster care if the child has been

placed in the care of a person who is not the parent or guardian of the child as a result of: (a) an order of a children's court; or (b) a transfer in terms of Section 171" (South Africa, 2008:12).

Loss: The state of being deprived of something that was once possessed, as a result of death, divorce, disaster, or crime (Barker, 2003:254).

Orphans and vulnerable children (OVC): This refers to children who are made vulnerable by HIV or AIDS. It would include children in child-headed households, children at risk of being orphaned, and children whose caregivers or parents are sick or terminally ill (Halkett, 2005:5).

Social workers: Graduates of schools of social work (with either bachelors, masters or doctoral degrees) who use their knowledge and skills to provide social services for clients (Barker, 2003:410).

Resilience: An active, rather than passive orientation to problems, persistence in problem solution, flexible strategies to respond to problems, ability to elicit assistance from family and other adults (Bezuidenhout & Joubert, 2008:235).

Risk behaviour: According to YRBSS, risk behaviour among youth would include six categories namely: behaviour that contributes to unintentional injuries and violence, tobacco use, alcohol and other drug use, sexual behaviour that contributes to unintended pregnancies, sexually transmitted diseases (STD's) and HIV infection, unhealthy dietary behaviour, and physical inactivity (Eaton et al., 2010:59). The researcher suggests the further inclusion of behaviour such as school dropout at an early age, as well as poor school performance, as additional risk behaviour. Furthermore, deliberate self-harming behaviour should also be taken into account.

8 ACRONYMS

- CWSA: Child Welfare South Africa
- NPO: Non-profit organisation
- OVC: Orphans and vulnerable children (Halkett, 2005:4-5).
- SACSSP: South African Council for Social Service Professions (SACSSP, 2007).

- YRBSS: Youth Risk Behaviour and Surveillance System (Eaton et al., 2009:3).

9 CHOICE AND STRUCTURE OF THE RESEARCH REPORT

The whole research report was created according to the Harvard method of publication, which is acceptable according to requirements of the editorial policy of Maatskaplik Werk/Social Work (Addendum 4).

The research report was submitted in the article format and consists of the following sections:

- **Section A (Introduction to the study)**
- **Section B (Articles)**

  Article 1: An exploration of the psychosocial needs, risk factors and risk behaviour in foster children who have experienced multiple losses.

  Article 2: An exploration of the needs and emotions experienced by OVC and their foster parents due to multiple losses.

  Article 3: An assessment tool for social workers to identify risk behaviour in foster children.

- **Section C (Joint summary, findings, conclusions and recommendations)**
- **Section D (Addenda)**
- **Section E (Consolidated bibliography)**

  Although the overall format was planned according to the editorial policy of Social Work/Maatskaplike Werk, articles may also be sent as manuscripts to the following journals:

  - Maatskaplike Werk/Social Work. The reference style should follow the Harvard guidelines and be written in English.

- SA Crime Quarterly. The reference style should follow the APA guidelines and be written in English.
- Journal of Social Aspects of HIV/AIDS. The reference style should follow the APA guidelines and be written in English and French.

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SECTION B:
THE JOURNAL ARTICLES

Article 1

AN EXPLORATION OF THE PSYCHOSOCIAL NEEDS, RISK FACTORS AND RISK BEHAVIOUR IN FOSTER CHILDREN WHO HAVE EXPERIENCED MULTIPLE LOSSES

ABSTRACT

This article aims to explore risk behaviour as a phenomenon present in the lives of orphans and vulnerable children (OVC) in foster care who have experienced multiple losses following the deaths of their parents and/or other primary caregivers. Preventative activities and early intervention have the potential to prevent negative risk behaviour from becoming a permanent lifestyle. The exploration of risk factors and risk behaviour in OVC is necessary to enhance foster care services, especially in South Africa where high numbers of OVC are placed in foster care. The HIV/AIDS pandemic often leaves OVC with multiple losses, which increases their vulnerability in terms of risk factors that may affect their psychosocial well-being. In this qualitative study foster parents and -children were involved in focus group discussions, structured interviews, and life story analysis. From data collected, certain themes were identified, conclusions drawn and recommendations made that could assist social workers towards a better understanding of risk factors and risk behaviour among OVC in foster care.

Keywords: Bereavement, Child Welfare South Africa (CWSA), death, foster children, foster parents, foster placement, multiple losses, life stories, narratives, risk behaviour, risk factors.

1 INTRODUCTION

Child Welfare South Africa (CWSA), Kokstad, had been rendering services in the community of Kokstad since 1930. The aim of CWSA is to protect the interests and promote the psychosocial well-being of children and families. With the increasing

impact of HIV and AIDS on communities, the number of orphans and vulnerable children (OVC) has increased drastically. Consequently, there has been an increase in the number of foster placements done by social workers. OVC experience multiple losses following the deaths of their parents and/or other primary caregivers, which impacts on their psychosocial well-being. This article aims to explore risk factors and risk behaviour among OVC in foster care.

2 PROBLEM STATEMENT AND BACKGROUND TO THE STUDY

By the end of the 20th century, roughly 19 million people worldwide had died from AIDS (Smit, 2007:1). The effect thereof on children is devastating. The global orphan count could exceed 13 million by the end of the 21st century. Worldwide, the number of HIV positive people exceeds 34 million. Sub-Saharan Africa comprises 70% of this number and by 2010, 44 million children had already been orphaned (Smit, 2007:1). South Africa is one of the worst affected countries. The KwaZulu-Natal province in South Africa has one of the highest infection growth rates as recorded at antenatal clinics in the province (Avert, 2005; South Africa, 2011). This is also true of the Kokstad community in Kwa-Zulu Natal where 65 981 people were counted during the 2001 census (Stover, Bollinger, Walker & Monasch, 2013:21), and also included in the Department of Health's national antenatal sentinel HIV and syphilis prevalence survey (South Africa, 2011).

CWSA (Child Welfare South Africa) Kokstad is a non-profit organisation established in 1930. The Society is registered as a Non-Profit Organisation (NPO) and is affiliated with Child Welfare South Africa (CWSA). The organisation is registered with the Department of Social Development as a statutory service provider according to the Children's Act, 38 of 2005 (South Africa, 2005). CWSA Kokstad aims to improve the quality of life of the community of Kokstad, and protect the interests, as well as promote the well-being of children and families. The researcher was employed by CWSA Kokstad and dealt with OVC, multiple loss and foster care on a daily basis. From this practical experience the researcher has become aware of certain challenges and gaps in foster care services.

According to Barker (2003:167), foster care can be defined as:

> "... physical care provided for children who cannot live with their biological families or legal guardians. In a foster care setting a family environment is provided for OVC and the foster care placement is administered by social services. In these placements social workers evaluate the children and their families to help legal authorities determine what the need for the placements are, evaluate potential foster homes as to their appropriateness for placing the particular child, monitor the foster homes during the placement, and help the legal authorities and family members determine when it will be suitable to return a particular child to the family of origin".

This internationally accepted definition of foster care presents the ideal situation in foster care, but the realities of foster care in South Africa may hamper this ideal picture. According to the Department of Social Development's annual report 2010/2011 (South Africa, 2011:72), 510 713 children are in foster care in South Africa. Although there is a strong commitment to serve the increasing number of foster children in South Africa the psychosocial needs of OVC are more complex than that of other children, social workers are over-burdened in terms of caseloads, and resources are limited. Ross (2012:174) found that some of the most outstanding challenges with which foster care in South Africa has to deal include, child- and grandparent headed households, and helping children to adjust to the losses caused by the death of their parent(s) and/or other primary caregivers. Some of these challenges call for further discussion.

According to Halkett (2005:35-36) there is a strong correlation between the high demand for foster care placements and the consequences of the HIV/AIDS pandemic in Southern Africa. Kokstad has the highest HIV and AIDS infection rate in the Sisonke District according to a study done by the District AIDS Council (Naudé, 2011:1). Many young, orphaned, and other girls engage in commercial sex in an attempt to overcome their financial challenges, often resulting in further HIV and AIDS infection (Naudé, 2011:2). The combined impact of these factors places children in precarious situations, and very often a foster care placement is suggested as a suitable option to reduce their vulnerability. Opting for foster care opens the possibility of access to foster care grants, which are sometimes abused

by foster parents, once again compromising the psychosocial well-being of the foster children involved.

According to Böning and Ferreira (2013:527-528) a number of environmental factors may complicate foster care placements. These factors include: frequent exposure to illness and death of close family members; poverty; unemployment; inadequate parental skills of foster parents; inappropriate housing/shelter; challenging behaviour of foster children; age of kinship foster parents (often older siblings or grandparents); and inappropriate measures to discipline children in the foster family.

All foster care placements have to be planned and supervised by social workers, which results in extremely high caseloads. According to Böning and Ferreira (2013:519), the safeguarding of children in South Africa places severe pressure on the social work profession because of a shortage of human and other resources, which can hamper the quality of foster care services. In a study by Ngwenya and Botha (2012: 215) some challenges in foster care were identified which resulted in a severe backlog in this field of service, for example, challenges like high caseloads, high staff turnover, poor cooperation of clients, influx of clients from rural areas, lack of supervision, poor administration, and a general lack of resources.

It is clear that foster care services take up a great deal of time and effort of social workers, and both foster parents and foster children. Foster care is a complex social work intervention, which is further complicated by numerous challenges in the child protection system, in the OVC themselves, their foster families, and the broader community. The vulnerability of OVC in foster care is increased by the aforementioned challenges or risk factors. If a child's protection factors are less than his/her risk factors the child is more likely to develop risk behaviour. It is the experience of the researcher that, given the challenges discussed earlier, social workers over-attend to the material needs of foster children, neglecting their psychosocial needs. The question arises: what are the psychosocial needs, risk factors and risk behaviour that social workers should take into account in the planning and supervision of foster care of OVC who have experienced multiple losses through the deaths of their parents?

3 GOAL OF THIS STUDY

The overarching aim of this study was to develop an assessment tool for social workers to identify risk behaviour in foster children who have experienced multiple losses. This article focused on the first objective of exploring the psychosocial needs, risk factors, and potential risk behaviour of OVC who have experienced multiple losses and who have placed in foster care.

4 METHODOLOGY

This study was both descriptive and explanatory in nature and strived to involve social workers, foster parents and foster children in an exploration and description of the psychosocial needs, risk factors and risk behaviour of OVC (Alston & Bowles, 2003:34-35, De Vaus, 2001:1-3, Fouché & De Vos, 2011:106). An extensive literature study informed the researcher about losses, risk factors, and potential risk behaviour associated with OVC in foster care. The bereavement and grief processes of such children were studied (Bowlby, 1998:7; Bruskas, 2008:4; Louw, 2008:220-222; Visser, 2008:73), and this information was used to compile relevant questions to guide the interviews and focus group sessions (Fouché & Delport, 2011:77). Terre Blanche, Durrheim and Painter (2006:559) defined a focus group as: "A discussion conducted by a researcher with a group of research participants and usually focused on a particular issue or set of issues." Data was collected by asking empirical questions during interviews and focus group sessions (Fouché & Delport, 2011:76; Mouton, 2005:53, 54) with social workers, foster parents, and children. Focus group interviewing is a research technique, which is used to collect data through group interaction on a specific research topic (Strydom, 2011**c**:361). Ethical aspects such as confidentiality, avoidance of harm, voluntary participation, informed consent and permission from the management committee of CWSA Kokstad was obtained as suggested by Strydom (2011**a**:115-116). Ethical permission was also obtained from the North-West University and the ethical number, NWU-0060-08-A1, was allocated to the study (Addenda 1 & 3).

The total population of foster care placements under the supervision of social workers employed by CWSA, Kokstad consisted of 513 cases, involving 663 children. Each social worker dealt with an average of 130 cases. From the total

caseload of 513 foster placements forming the population, a 10% purposive sample was taken (54). The following inclusion criteria allowed two extra respondents in case of non-response:

- Foster care cases involving children who had experienced the loss of a parent or parents.
- Foster children who presented with potential risk factors for the development of risk behaviour.

Respondents were selected with the help of the social workers employed by CWSA, Kokstad. The social workers were enrolled as co-workers to the researcher and their involvement acted as a preventative measure for "researcher-over-involvement" (Strydom, 2011**b**:232). The social workers acted as translators whenever language barriers appeared, due to the fact that most of the respondents were Xhosa first-language speakers.

Data was analysed according to Tesch's analytical process, which enabled the researcher to formulate themes and sub-themes (Poggenpoel, 1998:343-344; Tesch, 1990:77).

5 MULTIPLE LOSSES AS RISK FACTOR

The psychosocial impact of being orphaned due to HIV/AIDS is well described in the literature. By 2010, 44 million children in South Africa were orphaned and one out of every three children between the ages of 15-17 years was without a mother (Smit, 2007:1). This situation resulted in children experiencing extreme losses. The loss of one or both parents leads to emotional and economic insecurity, as well as losing a sense of belonging (Pretorius & Ross, 2010:471). Projections stated that the number of children orphaned due to HIV and AIDS could escalate to 5 700 000 by 2015 (Smart, 2003:11). Due to the high mortality rate of parents, OVC are placed in kinship foster care, and very often, the foster parents are aged grandmothers lacking the necessary skills and knowledge to address the complex emotions of children going through bereavement (Bezuidenhout & Joubert, 2008:221; Visser, 2008:2). Blunden (2005:15) mentioned that OVC in foster care frequently display reactions that could be placed into the following four categories:

- Rebellion due to the death and absence of the parent.
- A deep mourning process and loss experienced by the child due to the death of a parent.
- Feelings of powerlessness, deep sadness, and loss for which they need guidance.
- A final stage of loosening ties with the past, accepting the present circumstances, and bonding emotionally with the foster parent.

Attachment or bonding with foster parents can be a challenge since OVC need to transfer their loyalty from deceased biological parents to foster parents. (Visser, 2008:73). Visser, Herbst and Hassim (2010:326) cited that emotional bonding between a child and the primary caregiver is essential from birth and if it is interrupted by death, the child experiences major psychological discomfort and loss of security. During the foster screening process, it is vital to help the child to bond with the foster parent in order to re-establish his or her sense of trust, belonging, and security. When placed in foster care, it is important that OVC are assisted with their emotions regarding foster care placements. According to Halkett (2005:179) feelings such as loneliness, isolation, stigmatisation and sadness need to be taken into account. To ensure successful adaptation in the foster care situation, these emotions need to be assessed by trained professionals such as social workers, and applicable intervention should be implemented if necessary (Halkett, 2005: 180; Visser et al., 2010:326).

The absence of a competent, caring adult is one of the most significantly distressing factors in a child's life. If handled correctly the arrangement of a foster care placement would act as a preventative measure for problematic behaviour (Dutra, Forehand, Armistead, Brody, Morse & Clarke, 2000:473). Strain and stress following a family trauma could result in a child experiencing anger, depression or both (Iverson, 2007:9). The need for guidance by a skilled person such as a social worker is therefore very important and may determine the success of the foster care placement. With the help of a social worker, reflection on the foster care placement can take place on a regular basis. Social workers have an important responsibility to

identify the psychosocial needs and risk factors of foster children under their supervision.

Multiple losses should be seen as prominent risk factors which may result in complicated grief reactions. Many social workers are ignorant of the impact of grief, or may feel incompetent to deal with it during intervention (Drenth, Herbst, Strydom & Botha, 2010:1). Social workers and foster parents should take cognisance of the potential risk factors and risk behaviour associated with the losses that OVC experience.

6 RISK FACTORS THAT MAY INCREASE FOSTER CHILDREN'S VULNERABILITY OF DEVELOPING RISK BEHAVIOUR

The following categories of risk factors which may lead to risk behaviour in OVC were identified from the literature:

- **Individual risk factors,** such as personality and intellectual capacity (Bowlby, 1998:7).
- **Family risk factors,** such as a saturation of families with OVC (Bester & Herbst, 2010:455-456).
- **Community risk factors,** such as the absence of a positive community culture, neglect, abuse, and abandonment of OVC (Böning & Ferreira, 2013:519).
- **School or peer risk factors,** such as social isolation and emotional distress, which could lead to poor future prospects (Pretorius & Ross, 2010:471).

In practice it is often seen that several of these risk factors interact in the lives of children who have experienced parental loss making them more vulnerable for the development of risk behaviour. According to Böning and Ferreira (2013:518-519), in terms of the fulfilment of material, protection and affection needs, children with a low sense of belonging, inadequate education and a high sense of emotional deprivation may tend to live in a *"here and now"* world without attainable future goals. They may lack meaningful experiences resulting in destructive choices and behaviour in their

search for excitement, acceptance and identity. Poor satisfaction of basic psychosocial needs may lead to promiscuity, criminal activities and other forms of socially unacceptable behaviour, all of which aggravate feelings associated with low self-esteem, powerlessness and exposure to negative influences (Louw, 2008:222).

Through social work intervention the clients, in this case the foster parents and children, have to be enabled to achieve goals and objectives in a constructive manner. The multiple losses that foster children and their foster parents are exposed to may lead to complicated grief. Unfortunately very few social workers will include complicated grief as a possibility for impaired social functioning, and thus unresolved grief may result in risk behaviour (Drenth et al., 2010: 3-5). A summary of individual, community, school, peer and family risk factors is presented in Table 1. Combined together, these risk factors could result in socially unacceptable risk behaviour amongst OVC.

TABLE 1: RISK FACTORS

INDIVIDUAL RISK FACTORS	COMMUNITY RISK FACTORS	SCHOOL AND PEER RISK FACTORS	FAMILY RISK FACTORS
• Unsuccessful completion of developmental tasks • Multiple losses, unresolved grief and complicated grief • Maltreatment, neglect, abuse and abandonment • Loss of childhood	• Poverty and deprivation • Stigma associated with HIV and AIDS • Lack of resources • High crime rates • Attitudes of impulsiveness and/or passivity towards community challenges • Unemployment	• Disrupted schooling • Underachievement • Lack of concentration • High mobility between schools	• Isolation of families affected by HIV and AIDS • Child headed households • Additional strain on grandparents to take in OVC • Low sense of belonging • Poverty • Poor educational levels of foster parents • Unemployment

It is most likely that a combination of these risk factors exists in the lives of OVC. The challenge is the early identification of such risks and early intervention thereof

in order to constructively deal with them before risk behaviour develops. With this short discussion on risk factors as background, the results of this part of the study will be presented.

7 RESULTS

In this article three sets of results are presented:

- The data obtained from the structured questionnaire conducted with the foster parents;
- Data from the focus group with social workers;
- Data from the life stories (narratives) of foster children.

7.1 Results from structured questionnaires

The results obtained from this part of the study are presented according to the questions included in the structured questionnaire. Questions 1 to 7 focused on biographical data and are presented in a more quantitative manner with numerical comparisons (Barker, 2003:354). Questions 8 to 19 dealt with qualitative data involving "non-numerical examination and interpretation of observations, for the purpose of discovering underlying meanings and patterns of relationships" (Schurink, Fouché & De Vos, 2011:399).

7.1.1 Biographical data of respondents

TABLE 2: RELATIONAL STATUS AND SEX OF FOSTER PARENTS

Relational status and sex of foster parents	Frequency Total (N)=54	%
Single male foster fathers	5	9,25
Single female foster mothers	30	55,5
Married foster couples	19	35

TABLE 3: RACE REFLECTED IN FOSTER PLACEMENTS

Race reflected in foster placements	Frequency Total (N)=54	%
Black foster placements	33	61
Coloured foster placements	20	37
Coloured children placed with white foster parents	1	2

TABLE 4: AGE OF FOSTER PARENTS

Age group of foster parents	Frequency Total (N)=54	%
*20-29 years	5	9,2
30-39 years	9	16,7
40-49 years	18	33,3
50-59 years	13	24
60-69 years	7	13
*70-79 years	2	3,8

TABLE 5: EDUCATIONAL LEVEL OF FOSTER PARENTS

Educational level of foster parents	Frequency Total (N)=54	%
Grade 1-7 (only)	15	27,8
Grade 8-9 (only)	5	9,3
Grade 10-11 (only)	8	14,8
Grade 12 (only)	16	29,6
Tertiary education	10	18,5

TABLE 6: NUMBER OF BIOLOGICAL CHILDREN OF FOSTER PARENTS

Number of biological children of foster parents	**Frequency Total (N)=54**	%
Have biological children	46	85,2
No biological children	8	14,8

TABLE 7: TOTAL NUMBER OF FOSTER CHILDREN PER HOUSEHOLD

Number of foster children per household	**Frequency Total (N=54)**	**%**
1	**32**	59
2	**15**	27
3	**3**	5,5
4	**2**	3,7
5	**1**	1,85
6	**1**	1,85

TABLE 8: DURATION OF FOSTER PLACEMENT

Duration of the foster placement at the time of the study	**Frequency (N=54)**	**%**
< 1 year	7	13
1 year	7	13
2 years	6	11,1
3 years	8	14,8
4 years	7	13
5 years	2	3,7
6 years	6	11,1
7 years	3	5,6
8 years	3	5,6
9 years	2	3,7
10 years	2	3,7
11 years	1	1,9

From the data presented in Tables 1 - 8 it became evident that the *typical* foster parent of OVC in this study would be a Xhosa, single mother with an education at matric level. Her age would be between 40-49 years, and she would have her own children, as well as at least one foster child placed in her care for less than one year. With this in mind the researcher explored the views, emotions and experiences regarding the situation they found themselves in as foster parents. Open-ended questions allowed the respondents to voice their opinions. These questions and responses will be presented next.

Question: Why should children be well-cared for?

Some verbatim responses of the foster parents were as follow:

"*Without proper care they will become undisciplined; neglected children who would fall into bad behaviour such as alcohol and drug abuse, crime, sex and living on the streets."*

"Children need love, guidance and security from adults who are close enough to them to render support and with whom they can share their emotions".

"Without good mentors, they will not know how to be good parents themselves one day. They need to be taught good values to be able to pass it on to their children".

"Children who have suffered the loss of their parents are traumatised and need help in coping with their emotions in order to grow up as healthy adults".

"They need proper clothing, food, shelter and protection (from) the outside world".

"A child needs an adult that they can trust and with whom they feel safe".

"Children have to belong to a family, especially bereaved children".

Question: Who took care of you (foster parent) as a child?

The majority of foster parents, specifically 46% of the total of 54 respondents, were raised by both their parents when they were children (which indicates that they know what a family with two parents is like (Strydom, 2011**b**:232). Secondly, 26% of the foster parents were raised by their mothers only, and one was raised by her father as a single parent (2%). The respondents confirmed that 11% of them were raised by their grandmothers, and a further 11% were raised by other family members. It was therefore not a foreign concept that a child would not be raised by his or her biological parents. From the total of 54 respondents, 4% were raised by people not related to them. All 54 of the respondents understood that it would be ideal for a child to be raised by a loving mother and father, unfortunately this is not always possible and they felt that it would be good if the child in need of care, as stated by one of the foster parents "at least has a loving, caring somebody to grow him or her up".

Question: Were these people sensitive to your needs?

The majority (44) of the respondents (or 74%), experienced their caregivers, whether they were their own biological parents, grandparents, family members or people caring for them outside of their families, as sensitive to their needs. Alcohol abuse was the main reason why 6 (11%) of the respondents experienced that their caregivers were not sensitive to their needs when they were in their care as children. One (1.8%) respondent felt uncertain about the sensitivity of his caregiver to his needs as a child. Four (7.5%) of the 54 respondents experienced that their mothers were more sensitive to their needs than their fathers were. Their mothers spent more time with them, allowing for a better understanding of their needs. Three (5,5%) of the 54 respondents remarked that their caregivers were sensitive to their needs, but they themselves did not wish to share their emotions with them. This is something to keep in mind: that a child will share its emotions only when they feel ready to do so. It is nevertheless important that a safe environment a child is crucial in order for a child to feel secure enough to vent his or her emotions.

Question: Were you ever placed in alternative care such as legal foster care?

Thirteen (13) of the respondents indicated that they grew up with people other than their own parents, but only one was legally placed in foster care. The others were informal family arrangements. This question was followed up with a question , which asked respondents who had been placed in foster care to describe their experience of the placement. The only respondent who was legally placed in foster care perceived it as very negative and "*a perfect example of what foster care should not be*". Her foster mother showed a total lack of interest in the needs of the children and favoured her own biological children. The respondent's biological mother abandoned her, and thus she had nowhere else to stay and had to simply endure the situation. She felt unloved, rejected, and verbally abused, and battled for a long time to deal with these emotions. She really tried to be a good foster mother, because she knows how vulnerable a child in foster care can be.

Question: Did the child in your foster care lose an important adult in his/her life? If "yes", who was this person?

All the children placed in the 54 foster homes lost one or both parents, grandmothers or siblings.

Question: How does your foster child feel about the loss that he or she experienced?

Some verbatim responses of foster parents about their foster children's losses:

"Sad, but ok."

"She felt abandoned, is still angry."

"Quiet, sad, withdrawn, angry."

"Very hurt, mother died due to her lifestyle marked by alcohol abuse and many boyfriends."

"There is a lot of pain; I try to get through, but it is difficult."

"She felt very bad, but after counselling she is now free to talk about it."

"They are scared that I or their HIV+ sibling might also die; they have experienced so many losses. It leaves a big hole."

"Loss is always hard, even more for children than adults."

"I do not know."

The following responses were given pertaining to the feelings of the OVC placed in foster care:

- Ten foster parents did not know how their foster children felt about the loss of a loved one. Some of them tried to talk about it without success. They felt that it needed more professional bereavement counselling to "get through" to the children.

- Ten children lost their parents when they were still very small and do not remember them. They do mourn for the relationship with a biological parent. One little girl said: "I don't even know my real mummy's voice."

- Eight children presented with depressed, overly quiet, withdrawn behaviour. This behaviour was confirmed by the foster parent, as well as the social worker involved with them.

- Three children were angry, mostly because their parents died due to bad lifestyles. One boy said: "My mother could not even take good care of herself, how could she take good care of me?"

- Five children were sad, "but ok" according to their foster parents.

- One child "seemed happy", without showing much emotion.

- Eleven children were described as "sad" by their foster parents.

- Three children recently showed emotion by crying about their loss.

- Two foster parents considered themselves to be really "in touch with the child" and described that "the loss brought them closer to each other."

Question: Do you think that this loss has caused him or her to fall into problem behaviour, if "yes", why?

Thirty four (34) foster parents experienced no behavioural problems with their foster children at the time; 18 foster parents experienced some problems, and one was not sure. No one could describe why they thought the children had behavioural problems and one said that she saw no need for counselling for such behaviour. The following themes related to problem behaviour were identified from this discussion:

- Poor school progress;
- Negative peer group influence;
- Lack of affection;
- Rebellious behaviour;
- Alcohol abuse;
- Risky sexual behaviour, including teenage pregnancy;
- Unreasonable material demands.

Question: Did you receive any bereavement counselling?

The majority of foster parents and children had not received any counselling. Six indicated that their conversations with the social worker(s) were helpful while five foster parents and their children had received counselling by hospital staff such as nurses, doctors, psychologists, psychiatrists, or other staff at the Crisis Centre of the local hospital. Nine foster parents described the support from their families as helpful. Two foster parents received help from their churches, while five foster parents said that their help and support came from God.

One of the respondents described a grief exercise that really helped the foster child in her care. She mentioned that the foster child was advised to write a mobile text

message (SMS) to her deceased mother. She did this exercise and expressed some relief.

Question: What do you suggest can be done to help children who have experienced the loss of a loved one?

Some verbatim responses of foster parents included the following:

"Some families get so wrapped up in the funeral arrangements that no attention is paid to the children who lost their mother."

"Keep memories alive by talking about the deceased, show photos and videos."

"Parental skills training is needed to equip foster parents on how to deal with the bereaved children's emotions."

"Peer support groups will be good, because they will rather talk to each other."

Question: Do you think that if you received more help that you would have coped better as a foster parent?

The majority (41) foster parents responded positively to this question. To clarify their responses, a follow-up question was asked to determine the nature of help and support they required. Some verbatim responses of foster parents included the following:

"We could use the help of food parcels, clothing for the children and school fee exemption."

"We needed ongoing guidance and support from the social workers"

"I should have received parental skills training long ago."

"We need the social worker to look at the child and show us the problems and what to do."

Question: How could the social workers of Child Welfare have helped you more?

Although some (10) respondents perceived the assistance of social workers as adequate, the following themes were identified from their descriptions of what they would have liked the social workers to assist them in:

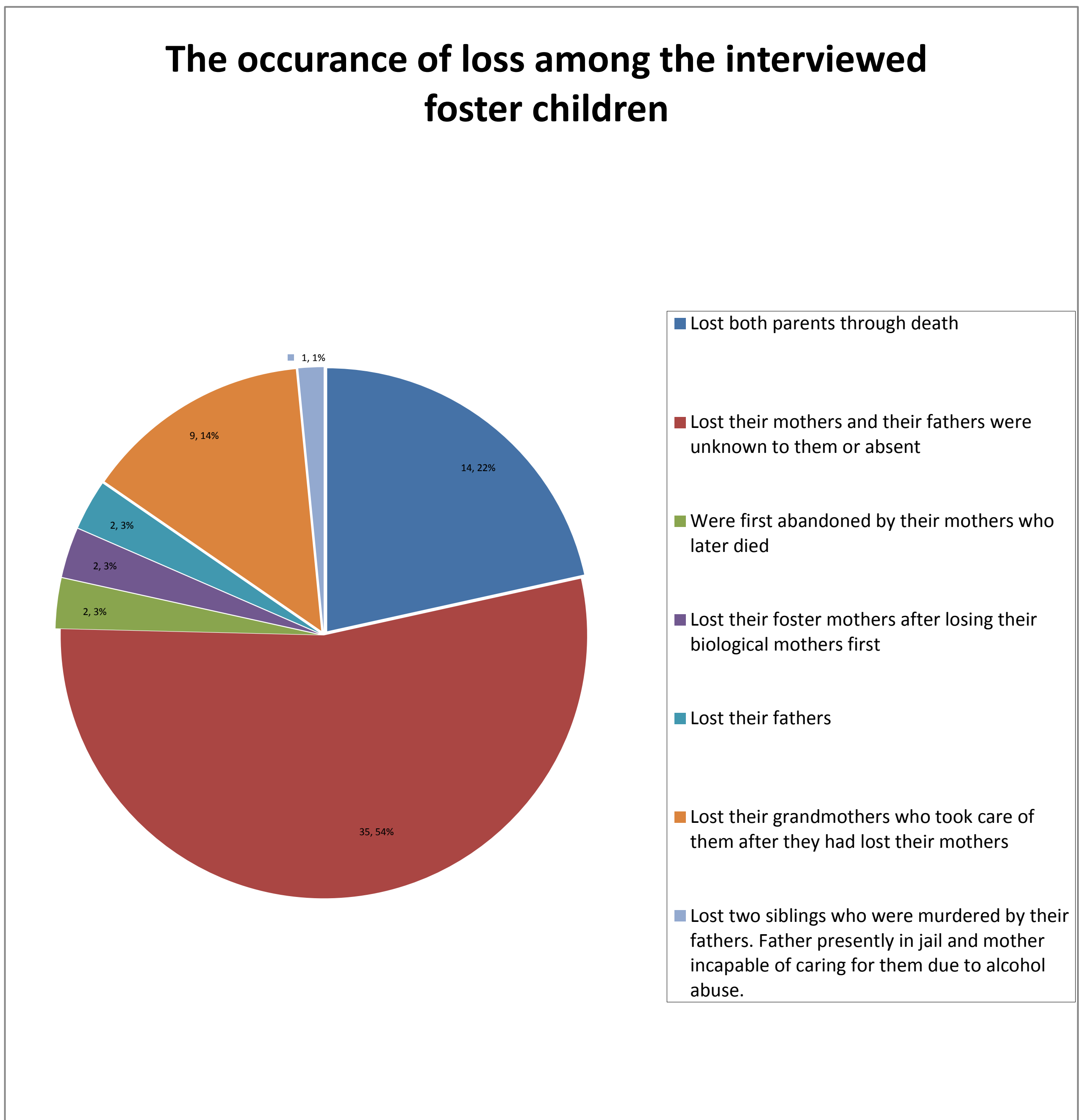
- Help with material needs of the OVC (food parcels and clothes);
- Help with monitoring the children's school progress;
- Monitoring of the foster placement;
- Help with receiving school fee exemption;
- Regular contact and counselling by a social worker.

The following problem behaviour was experienced by the respondents with their foster children, namely:

- Poor school progress;
- Friends with a negative influence;
- The children have issues with affection;
- The children presented with rebellious behaviour;
- The foster child abused alcohol;
- A teenage pregnancy occurred; and
- One foster child made unreasonable material demands.

Results related to the losses of the OVC involved in this study were summarised and are presented in Figure 1.

FIGURE 1: LOSSES EXPERIENCED BY OVC INVOLVED IN THIS STUDY



7.2 Results from the focus group with social workers

The aim of the focus group was to involve social workers involved in foster care placements of OVC to give their opinions on risk factors and risk behaviour (Leschied, Chiodo, Nowicki & Rodger, 2008:437) among the OVC with whom they were working. The five social workers employed by CWSA Kokstad dealing with foster care cases were invited to participate in the focus group interview. Their

average caseloads consisted of 80% foster care cases, which came to 513 cases, in total comprising 663 children.

7.3 Results from the life stories of OVC in this study

The OVC in foster care were given the opportunity to tell their life stories by following a narrative approach (Richter & Müller, 2005:1003). The aim was to give these children an opportunity to voice their emotions and be heard by social workers rendering services to them. Only a number of life stories were included in the results section, but all life stories were analysed according to themes. In order to respect the privacy, confidentiality and anonymity of OVC involved in this study, aliases were used in the following life stories.

Life story 1: The twins and their little sister

Three sisters, of whom the two older ones are twins, were left orphaned after their mother died from HIV/AIDS. Their mother was a Xhosa woman who operated as a commercial sex worker, and their father was reputedly a white businessman in town. His whereabouts and identity were unknown. The girls were left on their own at the age of seven and four after their mother died. Being left alone traumatised them severely. The youngest one was cared for by the two older ones until one of the neighbours reported the situation to CWSA Kokstad. Initially they did well in the children's home, but it became evident that they needed more specialised attention. The three girls could not be separated, because it was apparent that this would traumatise them further. A suitable foster family was found within two years after their mother had passed away and a legal foster placement was (Strydom, 2011**b**:232). organised. In this environment the twins thrived but still "mothered" the youngest one, who unfortunately developed learning problems and became co-dependant on the twins. She also relied heavily on the foster family's youngest daughter. She seemed to resent men. The foster parents were prepared to address the issues with the help of a social worker. The twins were very talkative and regarded their foster placement as "a new life with a new family, new names and new hope!"

Life story 2: The rebellious teenager

This young teenager (17) lost his biological mother at a young age and his father was an alcoholic to the extent that he was not even able to take care of himself, let alone his son. This boy was placed in the care of two foster families and although he presented with behavioural problems such as staying out of school, slow school progress and stealing, the last family was prepared to keep him in their care. It was a great shock and loss to him when his foster mother died. She was his third mother figure that he had lost, and according to his own account it seemed that, “I am not meant to have a mother, but I love my daddy very much.” He presented with learning problems. His foster father was prepared to work with the social worker to attend to his problems.

Life story 3: Alicia and Delwyn’s story

Alicia and Delwyn’s mother died after a serious illness, leaving them in the care of their maternal aunt. They were still small when she died in 2004 and regarded their aunt as their “mother”, presenting no problems. Alicia was performing excellently at school until she was sexually molested during a visit with friends. After that her schoolwork deteriorated, she started showing rebellious behaviour and felt threatened by her aunt’s discipline. This happened in spite of efforts made by her foster mother to get her the necessary counselling and medical support. The foster mother had no biological children of her own and experienced failure as a mother. The foster mother battled with emotions of depression and rejection from Alicia, who told the social worker: “I want my real mommy, not this one.” She missed her biological mother very much and felt very depressed, and she really needed help. She was sexually abused at the age of 14 and was 16 at the time of this study. Both Alicia and her foster mother needed ongoing counselling to deal with their suppressed emotions.

Life story 4: Lunga

Lunga lost his mother at the age of 7 years. He was 12 years old at the time of this study. Shortly after her death he presented with behavioural problems such as truancy, verbal rebellion and resistance towards authority. He admitted to the social worker that “my mother could not even take good care of herself, how could she take good care of me?” The social worker had a counselling session with him and his elderly foster mother (maternal grandmother). Together a care plan was formulated. He was allowed to express his pain pertaining to his mother’s death. His grandmother expressed her pain pertaining to the death of her daughter. His older brother was very successful at school and seemed to be a wise young man of 18. He helped Lunga by supporting him and taking on the role of (Strydom, 2011**b**:232) mentor. Lunga was sent to a boarding school outside town where he received the discipline he needed, fortunately it was close enough to home that he was still able to return home over weekends and his grandmother could attend school functions when needed. Currently he is again attending a school in town. He stays at home and is apparently doing well at school with no indication of any behavioural problems at the time.

Life story 5: Pretty

Pretty’s mother died when she was very small and left her in the care of her maternal grandmother in the rural areas just outside Kokstad. Subsequently, her grandmother died, and she had to be placed in foster care with an aunt who also lived in Kokstad. At the age of 14 she started running away from home. Every time she was taken back to her foster family and finally confided in another aunt that her foster father made sexually inclined remarks towards her, like “he wanted me to touch him in a funny way.” Her foster mother would not believe her and said that she was lying. Pretty refused to stay there any longer and ran away from their home to stay with her other aunt with whom she felt safe and secure. Pretty had some issues that needed to be worked through with the help of her new foster mother. She was officially placed in foster care with a very caring lady, Jennifer.

Life story 6: Simon

Simon was raised by his maternal grandmother. His biological mother died two weeks after his birth. His grandmother was the only "mother" he knew, but unfortunately she died when he was 12 years old. He was then placed in foster care with his late mother's sister. He battled with his schoolwork and was referred to an occupational therapist for an assessment. One good thing about his placement was that he was able to stay in the same house and environment. He said: "This is my house and family." He was a pleasant young boy who just needed some help with learning problems.

Life story 7: Trixie

Trixie's mother died during a kidnapping of her younger half brother, which severely traumatised her. Her mother had died a violent death and Trixie presented with regressive behaviour such as bedwetting, refusal to wash, and a total resistance to help with household chores. Eventually she herself requested to be placed in a children's home. At first it went well, but after some time she had a yearning to return to live with her family. She stated: "I want to go back to Ma Colina"*,* by which she indicated that she respected her foster mother as her mother figure. Their understanding of each other improved and with the second foster placement things seemed to be going better. However, her schoolwork was an ongoing problem and needed monitoring.

7.4 Information and themes deduced from the life stories

Of the 28 foster children who wrote their stories, 13 were boys while 15 were girls, with an average age of 12. All of them lost their mothers through death and only three knew their fathers. Of these three, one child's father was murdered, one father was in jail, and the other was an alcoholic. One foster mother and two biological mothers were murdered. The average number of primary losses per child was two deaths of primary caregivers per child. Two children lost siblings through death. Secondary losses, as a result of losing the mother, such as the loss of a family home, school, friends and neighbourhood, affected half of the children. Only three of

the 28 children were not placed with family and experienced the loss of their community, language and culture. Even their names were changed in the foster care placement, marking the beginning of a new life. Their general quality of life improved, but they still experienced loss to a certain extent.

The primary themes that were clearly identified from the children's life stories were **death**, **loss, and ways of coping**. The theme of losses is further sub-themed to include primary and secondary losses. Each of the two sub-themes includes specific categories of loss which will be presented next.

7.4.1 Subtheme 1: primary losses

From the life stories the following categories of primary losses were deduced:

- Death of a mother;
- Death of a father;
- Death of other family members (grandparents, aunts and uncles, and siblings);
- Loss of family as they know it;
- Loss of relationships with loved ones

7.4.2 Sub-theme 2: Secondary losses

A number of secondary losses are associated with the death of parents, grandparents or other primary caregivers. These losses include the loss of a sense of belonging, identity, security and hope for the future. The sub-theme of secondary losses and associated feelings also included a number of emotional reactions. Categories of secondary losses and emotions included the following:

- Loss of an own home and known environment;
- Loss of school, friends and neighbourhood;
- Loss of belonging;
- Loss of rooted identity;
- Emotional reactions like anger, sadness, fear, pain and hurt.

7.4.3 Sub-theme 3: Ways of coping with loss

The following categories were deduced as ways of coping among OVC and their foster parents:

- Problems at school including learning difficulties, and a sudden drop in school performance;
- Rebellious behaviour;
- Stealing;
- Attention-seeking behaviour;
- Negativity towards the foster family;
- Avoiding talk about death and grief.

8 DISCUSSION OF THE RESULTS

The majority of foster parents were single, black women between the ages of 40-49, with an average educational level between Grades 10-12. Most were taking care of (an average of) two biological children and one foster child. The average duration of the foster placements at the time of the study was less than two years. The foster mothers had insight into the trauma and grief of the foster children who had lost their parent(s) through death, and they expressed an understanding towards the objectives of foster care to provide for the material, emotional and affection needs of OVC.

The foster parents involved in this study also reflected on their own childhoods and the sensitivity their own mothers had for their needs. One of the respondents had herself been in foster care during childhood and had a positive experience of this placement. Foster parents were aware of the losses that OVC in their care experienced and acknowledged the impact of death, loss and bereavement on themselves, as well as on their foster children. Both foster parents and children in this study described their emotional reactions as including sadness, depression and anger. Other emotions applicable to OVC that were identified included extreme sadness, being withdrawn, overly quiet, depression and rebelliousness. Risk behaviour that was identified included peer group related activities like substance abuse, early sexual debut and poor school performance.

Some of the results obtained in this study correlated with the findings of other studies and have been reported on by various authors. Louw (2008:221) found that the majority of foster children, particularly girls who lost their mothers during adolescence, found it very difficult to cope with their situation. Bruskas (2008:7-8) described the experiences of female OVC to include feelings of being cheated because of a lack of love and warmth. Pivnick and Villegas (2000:103) confirmed the fact that the psychosocial well-being of OVC is seriously affected by loss and grief, and that they need extra support and counselling to deal with the realities and emotions inflicted by loss. Some of the children were very frightened of losing another loved one, such as a sibling or a foster parent. Other children felt that they could fill the void left in their hearts after the loss of a loved one with material possessions. A study conducted by the Sisonke District Aids council, Kokstad revealed that girls tend to fall prey to exploitation by older men. They are tempted to obtain access to “cars, cash and cell phones” through commercial sex work. Kokstad has the highest HIV-infection rate in the entire Sisonke district (Naudé, 2011:1-2).

Both foster parents and children expressed a need for guidance and support from social workers in terms of bereavement counselling, open communication and adaptation to the foster care situation. Louw (2008:223-224) confirmed the need for open communication and parental guidance, since many OVD feel unable to express their emotions after the loss of their parents, and may became hardened trying to be *super children* taking responsibility for the survival of themselves and their siblings. Richter and Müller (2005:1003) emphasised the importance of allowing children to grieve for the loss of their parents, siblings and other primary caregivers and loved-ones. Where possible, OVC should be involved in decisions and activities related to their losses and the plans made for their future care.

Although most of the foster parents in this study did not describe serious risk behaviour, they expressed a need to know more about risk factors, dealing with the discipline of foster children, and concerns about the academic progress of OVC in their care. Most foster parents confirmed a need for further education and information on the needs of OVC; dealing with multiple losses and improving their parental skills towards both their own and their foster children.

They regarded their social workers as mentors on parenting skills. The losses and grief processes of the foster parents themselves also became evident during interviews. Many of the foster parents with a kinship foster care placement, mostly grandmothers, had lost one or more of their own children. They expressed intense emotions about their own loss of a child, and felt that their grief processes were mostly neglected because of the responsibilities of being a mother to both their biological and foster children.

Risk behaviour identified by the respondents correlated with the findings of Visser (2008:73) and included poor school performance, rebelliousness, tension headaches, teenage pregnancies, as well as a deep sadness and confusion regarding their circumstances. Although no serious criminal behaviour was reported, stealing seemed to be fairly common behaviour among the foster children in the care of the foster parents in this study. Underachievement at school has been mentioned in this study, and Ebersöhn and Eloff (2002:77-85) that loss and bereavement may result in lack of concentration and other learning problems.

Overall the results in this part of the study confirmed the impact of multiple losses on the psychosocial functioning of OVC in foster care. This does not only have implications for the OVC, but also for the foster families who provide them with alternative care. Both foster parents and children experienced primary and secondary losses. It is important that social workers take cognisance of this in order to understand the impact of loss on OVC, the broader family, the foster carers and the community in general.

9 RECOMMENDATIONS

Based on the results gathered and discussed in this article, the following recommendations were made by the researcher:

- Social workers should put effort into establishing open communication between the foster parent and child, as well as assisting foster parents to create a home environment where OVC can experience a sense of belonging.

- During social work intervention in the foster care of OVC special attention should be given to the guidance of foster parents to empathise with grief reactions of OVC and to constructively deal with emotional reactions related to stigmatisation, isolation, sadness and loneliness.

- Social workers should, in spite of high caseloads, not only focus on the administration of foster care placements, but also make provision for counselling of both foster parents and OVC.

- Losses, potential risk factors and risk behaviour should be continuously assessed by social workers supervising foster placements of OVC.

- Peer support groups for OVC could be implemented.

- Social workers should not work in isolation in foster care. A partnership with the foster parent and the foster child, as well as resources in the community, is essential, and should be nourished.

Overall it is important to realise that OVC remain children. Their material, protection and affection needs should be fulfilled as far as possible, and their care and protection should be the first priority of social workers, members of other related disciplines and the broader community. The researcher suggests the following practical ways to turn foster care of OVC into priorities:

- Planned orphan care should be structured by National policy;

- OVC should be actively involved in the decision-making and planning of their care;

- Foster parents need continuous training programmes, where the content focuses on aspects like parenting skills, loss, bereavement, discipline, risk factors and risk behaviour;

- A system of mentorship between more experienced and new foster parents should be implemented where possible;

- Support groups for both foster parents and OVC in foster care could reduce isolation and stigmatisation and contribute towards communication about difficult topics such as death, loss and bereavement;
- Foster parents and OVC in foster care should have information about and access to bereavement counselling;
- Collaboration between the Departments of Social Development and Basic Education is essential in terms of helping OVC to maintain and/or improve their level of education.
- The community should be made aware of the needs of foster parents and children by means of the media and community forums.
- Through community education the community should be made aware of the risk factors that could lead to risk behaviour in OVC.

10 CONCLUSION

Failure to attend to the psychosocial needs of both foster parents and OVC in foster care increases risk factors and may result in risk behaviour becoming dysfunctional. It is essential to acknowledge the impact of multiple losses on both OVC and foster parents. OVC need counselling and support, and attending to losses should become part of planned orphaned care on the same level as the planning toward fulfilling the material and protection needs of OVC.

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Article 2

AN EXPLORATION OF THE NEEDS AND EMOTIONS EXPERIENCED BY OVC AND THEIR FOSTER PARENTS DUE TO MULTIPLE LOSSES

ABSTRACT

Due to a lack of knowledge regarding the emotions experienced by orphans and vulnerable children (OVC) and their foster parents, all of whom have experienced multiple losses, emotional needs become largely neglected. The aim of this article is to explore the emotions that both foster parents and children experience through a qualitative research process. Interview schedules were used to obtain data from the foster parents. Foster children were given the opportunity to tell their life stories following a narrative approach. The results were analysed to identify themes that could guide the development of an assessment tool for social workers to identify risk behaviour in foster children. By identifying risk behaviour, social workers can target it in a constructive manner, acting as a possible preventative measure for the future development of risk behaviour in foster children.

Keywords

Orphans and vulnerable children (OVC), emotions, caregivers, multiple losses, loss, foster parents, foster children.

1 INTRODUCTION

A vast number of children in South Africa are experiencing multiple losses associated with the deaths of their parents and/or other relatives. This situation is mainly due to the high mortality rates associated with HIV and/or AIDS. The emotional trauma following these losses is often left unattended due to a lack of knowledge and capacity to assist children in dealing with their loss and grief. An increasing number of children and youth are affected by these losses. Poverty,

migration, loss of schooling and friends, loss of their childhood, loss of hope for a good future and the impact of orphan hood are all devastating factors impacting on their young lives. Failure to accompany children living through such trauma and grief may have a negative impact on individuals, families and communities resulting in dysfunctional families and communities. It is therefore important to acknowledge multiple losses, as well as the emotional impact it has on both foster parents and children.

2 PROBLEM STATEMENT

With 43 million orphans in Sub-Saharan Africa, including single and double orphans, resources need to be put into place to support these OVC, together with the people caring for them (Stover, 2006:21). In South Africa, the infection rate of HIV and AIDS is 16%. The KwaZulu-Natal province has the highest provincial prevalence rate of 39.5% at antenatal clinics (Avert, 2005). With South Africa having the highest rate of infection in the world, and KwaZulu-Natal having the highest prevalence in the country, it makes sense to direct a study towards this geographical area. Kokstad is a semi-rural town in KwaZulu-Natal in the Sisonke District. The prevalence of HIV and Aids at antenatal clinics is 37.2% (Department of Health, 2011:34). With a population of 65 981 (Stats SA, 2008), 37.2% of the population means that 24 545 individuals are infected, which is a significant number of the total population of Kokstad. The impact of deaths due to HIV and AIDS infection resulting in multiple losses for OVC, has a profound impact on the whole community. Alternative care needs to be found for OVC which provides not only for their material, but emotional needs too. Children growing up without the love and care of devoted adults who have their well-being at heart, could be at risk of developing psychological problems, resulting in risk behaviour. Emotional poverty, also known as the deprivation of emotional resources to withstand difficult situations and feelings, is considered to be a causal factor for negative behaviour. Feelings of being loved and valued, together with a sense of belonging have a greater likelihood of promoting pro-social behaviour (Liese, 2008:87-88). Anti-social behaviour could develop from a lack of positive emotional care, associated with a lack of empathy for others. Protective factors, in the form of compensating care for orphans such as

foster care, may lessen the impact on children living with reduced care in their home environment due to the death of a parent (Richter, 2004:12).

Many children find themselves unsupported and alone, causing them to experience emotions of enormous grief and anguish. They easily fall prey to cruel and stigmatising comments and treatment causing them to feel unwanted, unloved, and rejected. They are at risk of being exploited and abused, and are unable to voice their feelings, due to the lack of a caring, loving adult in their lives (Liese, 2008:88). Children in this position could easily be forced to make their own way through life, depending on their own devices and skills of survival, which means they are living unprotected lives. They might then seek protection and patronage from street groups that could result in risk behaviour, such as criminal activities. This will have a marked negative impact on South African communities, as due to the absence of positive formative influences, these children run the risk of developing mental health problems and becoming maladjusted within their communities (Richter, 2004:21-22). Hopelessness can set in when loss after loss is experienced. Experiencing death so frequently can cause life to appear cheap, especially when it is experienced at a young age. When adverse conditions continue over time, stress accumulates, and when children are given few opportunities for support and hope, life can become close to unbearable (Germann, 2004:94-95).

According to the Integrated Service Delivery Model (Department of Social Development, 2006:7-10) the aim is to place people first in the delivery of social service. With the increase in social pathologies and problems due to HIV and AIDS, both government and the private sector need to join hands to address these challenges. The approach that needs to be taken would be based on various strengths, focusing on the strengths of individuals, groups, and communities. Their capacity for growth and development should be promoted by identifying not only their strengths, but also their vulnerabilities (weaknesses), such as the emotional impact of multiple losses due to death experienced by OVC and their caregivers.

The aim of this article is to explore the emotions experienced by OVC and their foster parents following the deaths of the biological parents of OVC placed in their foster care. The overarching goal is to develop an assessment tool for social workers to identify risk behaviour in foster children.

3 RESEARCH METHODOLOGY

3.1 Background of the study

The overarching goal of this qualitative study was to develop a prototype assessment tool that could assist social workers to identify risk behaviour in foster children placed in foster care following the deaths of their biological parents or caregivers. By gaining knowledge regarding the emotional impact of these losses on OVC and their foster parents, insight could be gained on how to address their emotional needs in an appropriate way. Data was obtained from the foster parents by using an interview schedule in the form of a structured questionnaire. The foster children were given an opportunity to tell their life stories by writing them down following a narrative approach. In this article the emphasis was placed on the emotions experienced by both foster parents and children who experienced multiple losses due to deaths of their parents or caregivers. Throughout the study data was collected by asking empirical questions (Mouton, 2005:53-54) according to an interview schedule. This article focused on the data obtained from interviews with the foster parents and the life stories of the foster children pertaining to their emotions.

3.2 Research design

The study was both explorative and descriptive in nature and strived to explore the views of the respondents regarding their own needs following the qualitative research design (Alston & Bowles, 2003:34-35; De Vaus, 2001; Fouché & De Vos, 2011:96).

3.3 Participants

The total population consisted of 513 foster care cases receiving supervision services from social workers employed by Child Welfare, SA (CWSA) in Kokstad. A 10% purposive sample was drawn from the population, allowing two additional in case of non-response (Strydom, 2011**b**:225). The inclusion criteria were foster parents fostering children who had lost their parents or caregivers through death, and who were presenting with risk behaviour. A total of 54 foster parents and children participated in the study by means of structured interviews which the foster

parents answered with biographical data, as well as data pertaining to their own personal experience of the foster care placement, the loss the foster child in their care experienced, as well as possible risk behaviour presenting itself. While the foster parents were giving this data through the interview schedule administered by the relevant social workers employed by CWSA, Kokstad, the foster children were given an opportunity to write down their life stories (Fouché & Schurink, 2011:313) under the guidance of their relevant social worker.

3.4 Research instruments

An interview schedule was developed and tested during a focus group session with social workers employed by CWSA, Kokstad (See Addenda 5 & 6). They would inform the researcher whether it would be clear and understandable to the respondents.

3.5 Data analysis and interpretation

Tesch's analytical process was used, allowing the researcher to do a thematic analysis of data with the aim of identifying priorities and to conduct further planning (Poggenpoel, 1998: 343-345; Tesch, 1990:77).The population of the study was small, therefore the data collected could be analysed and interpreted manually. During the research process, the researcher focused on learning what meaning the respondents attached to the problem or issue, namely their emotions pertaining to the deaths of the OVC's parents or caregivers. In this part of the study the emotions pertaining to the losses the respondents themselves experienced were focused upon, as opposed to the meaning that the researcher or authors of the literature studies would attach to it (Fouché & Delport, 2011:65). The participants were allowed to give their views from their own life experiences, which was then used as a means of data collection (Poggenpoel, 1998:343-345; Tesch, 1990:78). Thus the participants themselves were regarded as the experts pertaining to the studied phenomenon, namely emotions due to loss following the deaths of the parents or caregivers of the children placed in foster care that could lead to risk behaviour. This was relevant to following a qualitative research method approach.

3.6 Ethical aspects

Written consent was obtained from CWSA, Kokstad to conduct the study (See Addend1 1 & 2). The Ethical Committee of the North-West University, (Potchefstroom Campus) approved this study and allocated the following ethical number to the study: NWU -0060-08-A1 (See Addendum 3). The following ethical issues were taken into consideration throughout this study: written, informed consent was obtained from the respondents and participation was voluntary. Confidentiality and the avoidance of emotional or physical harm were kept in mind throughout the study. Respondents were given the opportunity to be debriefed by the relevant social worker after airing deep emotional information. The best interest of the respondents was respected and protected during interviews, and their information was used anonymously (Nieuwenhuis, 2007:79; Strydom, 2011**a**:115-120).

4 LITERATURE STUDY

4.1 Emotional impact of multiple losses

Barker (2003:141) refers to emotion as feelings, moods or affection. It can also be defined as a state of mind usually accompanied by concurrent psychological and behavioural changes, based on the perception of some external or internal object. Burke (2012:178) refers to the loss of a parent or another loved one at a young age (under the age of 16), through death or separation as one of the earliest identified causes for adult depression. Symptoms of grief and depression are similar and easily confused. Therefore, foster parents dealing with children who have experienced multiple losses due to the deaths of their parents have to address a complex range of emotions. The increased mortality of adults between the ages of 30 and 50 years leaves both elderly foster parents and parents of the deceased adults with their own sense of loss due to the deaths of their children. They have the responsibility to care for their bereaved grandchildren, and along with their own pain, they also need to deal with the emotions of these children placed in their foster care following the deaths of their parents. These households are mostly run by single, elderly females, trying to support their remaining grandchildren on their meagre old age pensions. This happens at a time in their lives when they should

have been cared for by their own children (Gennrich, 2004:13). These deaths place additional stress on families causing them to require additional psychosocial support, as well as formal counselling to deal with their emotions (Potterton, Stewart & Cooper, 2007:210-214). Multiple losses have a severe impact on the family's psychosocial well-being. Material resources are usually limited and may contribute to a loss of hope for the future. Good mentors become scarce and along with the lack of positive emotional support, young children may experience the unravelling of their bond with society's norms, causing them to turn to like-minded peers for support and approval (Liese, 2008:87).

Severe psychological burdens such as low self-esteem, anxiety, anger, depression, along with poverty challenging their sense of security, are emotions with which children who have lost their parents have to deal (Smit, 2007:1). They depend on adult support to overcome the severe psychosocial impact on their lives of losing a parent (Ebersöhn & Eloff, 2002:77). Grandparents who take over the care of these children are often ill-equipped to deal with the psychosocial challenges of their grandchildren. In some cases children have to care for elderly, weakened grandparents putting extra strain on them, resulting in their schoolwork suffering. Grandparents could also find themselves in neglected, abusive situations where there is little understanding for their needs. Due to a lack of education on the side of the elderly caregivers as well as poverty, children might drop out of school. Elderly caregivers battle to meet the needs of their grandchildren on their meagre pensions. OVC face stigmatisation, fear of abandonment, grief, loss of identity (self, family, and cultural identity), rejection, shame, and death (Ebersöhn & Eloff, 2002:79).

Children in alternative care could feel "very alone in the world", especially when they are discriminated against in the alternative care placement (Cluver & Gardner, 2007:321). Bereavement factors associated with behavioural problems in children include an expectation that "happiness would only come from having parents who are alive and take care of me" (Cluver & Gardner, 2007:321). Some children have experienced sudden deaths when their parents went out and never came home, causing them to have a deep fear that when their substitute caregivers leave home, they too will never come home again. Most of them have a deep longing to "to just see their parents once again." Survivor guilt can set in where children feel that they

somehow caused the death of the deceased e.g. “If I stayed home and took care of my sick mother, she would not have died” (Cluver & Gardner, 2007:320).

Anger and grief are emotions experienced by both the children and their caregivers (Cluver & Gardner, 2007:320). Some youth might experience anxiety and depression as being part of post-traumatic stress disorder (PTSD). As coping mechanisms emotional numbness and apathy set in to cope with the demands of daily life. In the case of trauma such as the loss of a parent, or multiple traumatic events as is the case with HIV and AIDS where multiple losses occur, chronic trauma could cause a child’s development to be hampered should the proper support or treatment not be accessed. It is unlikely that one traumatic event would lead a child to become violent or present with anti-social behaviour. Rather it is a series of traumatic events experienced by a child that goes untreated without the child being provided with protection, support, and positive opportunities for healing. Traumatic stress during childhood could impact on brain development, having a profound impact on a person’s entire lifespan. It is therefore clear that it is imperative where possible to prevent traumatic events, such as child abuse and neglect. Within communities a safety network needs to be developed to provide early interventions to treat traumatic stress before children become entrenched in a pattern of maladaptive, problematic behaviour (Buffington, Dierkhising & Marsh, 2010:14-16).

4.2 Social impact of multiple losses

Social functioning can be described as the ability of an individual to live up to expectations of individuals and the immediate social environment. These functions are inclusive of the individual’s own expectations (as well as those of one’s dependants), to be able to make a positive contribution to society. Human needs include needs on a physical level (material needs), emotional needs (such as a sense of belonging), mutual caring and companionship. There is also a need for an adequate self-concept which includes self-confidence, self-esteem and identity. Social workers consider one of their major roles to be that of assisting individuals, groups and communities to restore their capacity for optimal social functioning (Barker, 2003:403). According to Schultz (2002:17) bonding or attachment can be described as follows:

“Attachment is the strong, loving bond between parent and child that contains emotional involvement. It is a psychological relationship that forms when the primary caregiver consistently takes care of the child. It not only consists of physical care, but loving, attentive, physical contact and positive social interaction and personal emotional involvement. Bonding is used mostly for the process of bonding which takes place between the parent and child or primary caregiver and attachment is used for the result – the bond is formed.”

Four stages of bonding can be identified, namely:

- Attachment to the values of other persons;
- Commitment to the rules set by authority;
- Involvement in legitimate activity; and
- Belief that the rules are applied in fairness, equity and dignity (Liese, 2008:88).

This is called the social control theory of Travis Hirschi. It can be illustrated by taking into account the fact that without strong role models or disciplinarians, children struggle to understand where the boundaries for their community lie when it comes to violence. Should children’s ties with their family and society become weak, they are more likely to get into trouble and involve themselves in anti-social behaviour (Liese, 2008:88). Community involvement is paramount in assisting these families in receiving adequate support in order to help children develop into positive members of their communities. Losing one’s parents as positive role models or mentors can have a long term negative effect on one’s development. Such children crave love, security and support (Germann, 2003:82-84). To feel rooted and have a strong sense of belonging is a basic human need (Herbst & De la Porte, 2006:46). Unfortunately this basic need often goes unnoticed in families of HIV and AIDS sufferers due to their attempts to just merely survive (Gennrich, 2007:13). In mainly female dominated households, boys often seek to achieve masculine status through peer group activities causing them to come into conflict with the values of their culture and the law. This may result in children misbehaving and getting into trouble. In so doing they avoid dealing with their own pain due to loss, rather lulling it through their activities, which often includes substance abuse. By involving themselves in peer-activities, they experience a sense of belonging, thus

substituting the sense of belonging to a family (Liese, 2008:88). Frequently the identities of fathers are unknown to children, causing problems regarding their role-identity and self-image. Feelings of rejection, abandonment, abuse, parental inconsistency and inadequate supervision leave these affected children at risk for developing risk behaviour. Along with temperament challenges such as hyperactive, aggressive, and other externalised problem behaviour as a child, the possibility of the development of risk behaviour can increase. Repeated failure at school, poverty and loss of hope of a better future often results in a negative self-image. These children are often the victims of teasing and bullying, causing their lives to become an absolute misery (Liese, 2008:90).

Mothers of single parent families with absent fathers have very little time and energy to nurture and give quality attention to their children and often find themselves in a constant battle for survival. When a family fails to administer the emotional needs of children, it becomes easy for the children to take to the streets where it is likely that they will learn sophisticated ways of taking part in risk behaviour in search of a place to belong. Children who feel that they have missed out on parental love and nurturing are more likely to feel entitled to getting their own way. This may develop in a sense of loss and shame and could manifest in behaviour associated with “being angry” (Maree, 2008:66). Very few South African children who have lost their parents through death, manage to exit childhood unscathed in the absence of a loving, caring adult. Negative behavioural patterns can easily become an alternative space to display their stressed socialisation experiences (Mandisa, 2007:66). Families that become disorganised may have the effect that social control diminishes and roles become amorphous. Children normally learn to stay out of trouble in society through social bonding created in a family with parents, guardians and extended family members. In the absence of commitment, attachment and the involvement of a caring parent or adult, children could devise emotionally destructive means to gain attention, even if it is negative attention (Muntingh, 2010:6-7).

Generational conflict sprouts from a misunderstanding by adults of the emotional needs of children. They make use of excessive forms of corporal punishment to control children’s behaviour. This form of behavioural control and lack of sensitivity

for their emotional needs may worsen the situation and drive children further away (Mandisa, 2007:67-68). “A child finds it difficult to develop an organised framework when he is in a relationship with a primary attachment figure whose reactions are unpredictable, insensitive and conflicting” (Schultz, 2002:21). The fact that traumatised children battle to understand and verbalise their own emotions, means they could have problems understanding themselves, resulting in rebellious behaviour (Schultz, 2002:21). Foster parents dealing with rebellious children experience constant conflict, depression, and feelings of hopelessness and helplessness. Dealing with these unruly children becomes a very heavy burden to bear. The foster parents live in constant fear that the children, often adolescents, may become involved in delinquent behaviour. A child continuing with this type of behaviour is bound to lead to the development of a very strained situation at home. Foster parents feel embarrassed when the community labels the child as “the naughty child”. The child might decide to live up to this negative description to the point that he or she begins to identify him- or herself as a delinquent (Liese, 2008:88-99). Open communication is crucial to the understanding of other people and social relationships (Schultz, 2002:22), and this is certainly true in the foster care relationship where OVC, who have experienced multiple losses, are concerned.

With these emotions experienced by both OVC and their caregivers (foster parents) in mind, it is clear that there is a need for social workers to be adequately equipped to identify risk behaviour in foster care situations. They must be able to identify risk behaviour resulting from loss and other emotions experienced by foster children, as well as the losses and emotions experienced by the foster parents. Active mothering has special therapeutic value for young children, but the social worker cannot leave the foster parent to deal with grief on their own. The social worker has a responsibility to be actively involved with the grieving process experienced by both foster parent and child. Past events should be dealt with effectively in such a way that the child feels free to attach himself to the foster parents. The role of the social worker would be to equip the foster parent with knowledge of the grieving process, how to deal with it, the forming of bonds and to learn how the child experiences events. It is therefore important for the social worker to understand the child’s specific needs, and to pass this knowledge on to the foster parents. The social

worker needs to earn the trust of the child, prepare him or her for changes, and act as a mediator between foster parent and child. Teamwork between the foster parent, child, and social worker is vitally important to assist the child in feeling secure, cared for, and comforted (Schultz, 2002:78).

5 RESULTS

The results in this part of the study will be presented according to the questions included in the interview schedule (See Addendum 5). The first part of the questionnaire was comprised of questions gathering biographical information from the participants. The second part of the questionnaire allowed the participants to voice their own views and opinions. In this article only the results pertaining to the emotional impact of multiple losses on OVC and their caregivers were given. The biographical information in the first part of the questionnaire helps to form a holistic picture of the foster parent and -child relationship. It is important to understand the backdrop of the circumstances under which the foster parent is trying to meet the emotional needs of the foster child who is placed in his or her care, not forgetting that the foster parents also have emotional needs that need to be met. The results section thus consists of the following three sets of data:

- Biographical data;
- Interviews with foster parents;
- Life stories of foster children.

Each of these data sets will be presented in a number of tables followed by a more detailed discussion for each set of data.

5.1 Biographical information of the participants

TABLE 1: MARITAL STATUS

Male single foster fathers	5
Female single foster mothers	30
Married Couples	19
Total	**54**

TABLE 2: AGE OF RESPONDENTS

20-29	5
30-39	9
40-49	18
50-59	13
60-69	7
70-79	2
Total	54

TABLE 3: EDUCATIONAL LEVELS OF RESPONDENTS

Only primary school education	5
Gr. 8-9	8
Gr.10-11	16
Gr.12	15
Post Matric	10
Total	54

TABLE 4: THE NUMBER OF BIOLOGICAL CHILDREN OF FOSTER PARENTS

Foster parents with no children of their own	8
Foster parents with their own children	46
Total	**54**

TABLE 5: THE NUMBER OF FOSTER CHILDREN IN HOUSEHOLDS

Foster parents who fostered one child	49
Foster parents who fostered two children	3
Foster parents who fostered three children	1
Total	**54**

TABLE 6: THE DURATION OF FOSTER CARE

< 1 year	9
2 years	16
3 years	5
4 years	5
5 years	4
6 years	5
7 years	1
8 years	4
9 years	1
10 years	2
11 years	1
12 years	1
Total	54

5.1.1 Discussion of the biographical data

The majority of respondents were unmarried, Xhosa first language speaking foster mothers between the ages of 40 and 49. In this age bracket, there could be an indication that there may still be young children in their care demanding attention. It could be emotionally very draining to try and build a career, be the only breadwinner and still try and meet the emotional needs of traumatised foster children placed in their care. Their educational levels were between Grades 10-11, indicating a very basic level of education. Without matric job prospects are limited and the income associated with this type of job is small. The majority of them had at least one biological child of their own. The average number of foster children in their care was one child, and the average period that they had been fostering them was two to four years, which means they are still inexperienced in foster care. A single mother who struggles to survive financially, as well as raise children who have experienced trauma can be very stressful (Gennrich, 2004:13; Liese, 2008:88). Being a single mother limits the extent of emotional support and help within the immediate

household and older children are often forced to be co-parents (Liese, 2008:89; Mandisa, 2007:66-68). This could lead to children prematurely taking on responsibilities that are too demanding for their age and developmental stage which can rob them of their childhood (Germann, 2004:94-95; Richter, 2004:10-12). It is clear that even the biographical data collected in this part of the study poses specific psychosocial challenges for foster families (Germann, 2004:94-95; Halkett, 2005:126; Richter, 2004:10-12).

The results confirm some data obtained during the literature study that the majority of foster parents are single, middle-aged black women, who have limited educational qualifications, and who have to deal with various emotional and socioeconomic challenges. Being a parent for both biological and foster children is no easy task and the additional stress of loss and bereavement places quite a large burden on foster parents' parental skills and economic resources (Germann, 2004:94-95; Halkett, 2005:126; Richter, 2004:10-12).

5.2 Results from the interviews with foster parents

The results portrayed in this section are comprised of the responses and summary of responses of foster parents to the questions included in the interview schedule (See Addendum 5). The focus was on the emotional impact of multiple losses on OVC and the foster parents. Responses to each question will subsequently be presented.

Question 1: Why should children be well-cared for?

Some verbatim responses included the following:

"If children are not well-taken care of they could become undisciplined, neglected, without guidance, education and love."

"Without proper care they will drop out of school, fall pregnant and end up living on the streets."

"Without parents they will not know how to be good parents themselves one day."

"Children need to learn how to learn to live. Who will teach them if they do

All the respondents agreed that children need to be well taken care of in order to develop into responsible adults and reach their full potential. They seem to understand that they themselves as foster parents have a vital role to play, but were not always sure how to do it. These feelings of uncertainty call for guidance and support by the relevant social worker to help them deal with their own, as well as the complex emotions of the child placed in their foster care.

Question 2: Who took care of you (respondent) as a child?

The majority of respondents (25) had been raised by both parents while 14 had been raised by their mothers only. Only one had been raised by a father only, six by their grandmothers and six by other family members. From the respondents' answers it became clear that they had a good understanding of how a family should operate, that the ideal would be that a child should be raised by both biological parents. Unfortunately this does not always happen in practice. This reality often leads to children feeling disappointed in the manner they were raised. The respondents had an understanding that the people who raised them had their best interest at heart, therefore they were trying to do the same with the children placed in their care.

Question 3: Were these people who took care of you (respondent) sensitive to your needs?

The majority (40) of the respondents experienced the caregivers during their own childhood as sensitive to their emotional needs. Six experienced them as insensitive and one was uncertain. Four thought that their mothers were sensitive to their emotional needs, but not their fathers, and three respondents said that they themselves would decide whether they would want to talk about their emotions. This question was aimed at developing awareness in the foster parent that children have a need for an adult who is sensitive to their needs before they will open up and speak about their deepest emotions. Sensitivity, trust, and openness are crucial in emotional communication, especially in the case of OVC who have lost their biological parents through death.

Question 4: Did the child in your care lose a significant, caring adult in his or her life?

Fourteen respondents were fostering OVC who have lost both parents through death and 35 respondents took care of OVC who had lost their mothers through death. One foster child was abandoned by the biological mother. Two foster children lost their foster mothers through death after also losing their biological mothers through death. Nine OVC lost their grandmothers who were like their own mothers to them through death. Two OVC lost siblings through death. Losing a loved one through death is always traumatic, losing a parent or caregiver through death could be totally devastating for a child, resulting in them experiencing complex emotions of loss and bereavement that need to be dealt with in a professional manner to minimise the development of risk behaviour as far as possible.

Question 5: How does the child in your foster care feel about losing a loved one?

Some verbatim responses included the following:

"He never talks about it. He is like a closed book."

"She was very small, never knew her mother."

"They seem to be fine, but don't talk much."

"Seems to be happy, do not show any emotion."

"Sad."

"Loss is always painful."

"He lost his mother and foster mother. We share the pain that we feel together."

"They are sad, depressed and need to talk about it."

"She sometimes talks about her mother, but she seems OK, because she has been with her foster family since she was small."

"Not bitter, his uncle is a good role model and he is feeling grateful."

"They are very hurt, they lost their two siblings through death, their father is in jail for killing them and their mother is incapable of caring for them due to her alcohol abuse. She had another baby from another man and contracted HIV/AIDS. The children are very angry with her. They feel totally rejected by their parents. It is a very painful situation."

"Sad, but she has the hope of the resurrection, therefore she will see her parents again."

"I don't really know."

Out of the 54 responding foster parents, 10 did not know how the children felt about their losses. They sometimes tried to talk to them about it, but with no success. They felt that they needed guidance and professional help in handling the OVC's complex emotional needs. Two foster parents seemed to be "really in touch" with their foster children's emotions and stated that the losses actually brought them closer together.

Question 6: Do you (foster parent) think that the loss of a parent caused the foster child in your care to fall into problem behaviour? If "yes", why?

According to the majority (34) respondents, risk behavior was not being experienced at that stage. Eighteen respondents did observe some risk behaviour in their foster children including affection problems, tension headaches, stealing, lying, running away from home, underachievement at school, disobedience, confusion and materialism. One respondent did not know what to answer and another respondent mentioned a need for counselling, although no specific problems in the foster child's behaviour could be identified at that stage.

Question 7: Did the foster child in your care receive counselling after the loss of his or her parent?

Most of the respondents (30) did not receive any form of bereavement counselling.

Nineteen received counselling provided by a social worker employed by CWSA.

Five respondents received counselling given by hospital staff such as nurses, a psychologist or crisis centre staff. All the respondents felt that there was a need for professional counselling after the death of a loved one.

Question 8: What other sources of help and support did you receive?

The following sources of support were identified:

- Family (9 responses)
- Church (2 responses)
- God (5 responses)

In a follow-up question in this regard, a total of 20 respondents indicated that they needed more support and suggested that a social worker and bereavement counselling would be helpful.

5.3 Results from the children's life stories

Responses from the children's life stories

The foster children were given the opportunity to write down their life stories. They were encouraged to air their emotions in their own words. Two of them also added their own drawings to their life stories.

Some citations from their life stories included the following:

"I am sad, but OK."

"How can I lose two people I loved so soon after one another, I am sad and angry."

"I had to take care of my mother before she died, I felt confused because she was supposed to take care of me and then she died."

"I am so scared that someone else that I love will also die."

One child was very emotional, to the extent that she could not speak about her mother's death. (This specific child was referred to CWSA for individual counselling).

Some children could not voice their emotions because they did not know how to express them.

Some children were quiet, depressed and withdrawn.

The children ached for the relationships that they had lost, often felt rejected and uncertain of where they belong. All the children agree that the loss of their parents was very sad. One boy mentioned that he suffered from serious headaches after both his parents were murdered.

Summary from the foster children's (OVC's) life stories

The following overall themes were identified from the life stories of the children and are summarized here without any coding or categorization:

- Two experienced a **shared loss as a bonding factor** with the foster parent(s)
- Eight OVC portrayed in their stories that they felt **depressed or alone**
- Three expressed **anger towards their parents' lifestyle** which possibly contributed to their deaths
- Five children expressed **some sadness**, but also indicated that they felt **'OK'**
- Twelve OVC clearly described **intense sadness**
- One foster child's story contained elements of **happiness**, but lacked emotional content
- One foster child expressed **disappointment** with his or her biological parents, and another one experienced **conflicting emotions**
- Three mentioned that they were **often crying**
- Three described the **loss of their mothers, grandparents and other family members**
- Three indicated that they were **scared of losing another loved one**
- One girl just wrote that she **missed her mother very, very much**
- Eleven OVC were very small when their parents died and they indicated that they **did not really know what a real parent-child relationship was all about**.

6 THEMES IDENTIFIED FROM ALL THE RESULTS

Both the foster parents and children placed in their care received the opportunity to share their experiences pertaining to the foster care placement. All of them experienced some emotions directly resulting from the deaths of the foster children's biological parents or caregivers. The failure to address these complex emotions could result in the development of risk behaviour. In an attempt to prevent the development of full scale risk behaviour, the social worker is in an ideal position to deal with these emotions through counselling. For a child negative attention is considered to be preferable than no attention at all. In Table 7 the researcher attempted to explore categories of themes, sub-themes and relevant literature control to confirm what has been found in this part of the study.

TABLE 7: THEMES IDENTIFIED FROM THE DATA

THEMES	SUB-THEMES	LITERATURE CONTROL
MAIN THEMES IDENTIFIED BY THE FOSTER PARENTS		
DEATH AND LOSSES	**Emotional aspects:** • Dealing with **death(s) of their own children** • Dealing with the **death(s) of partners, parents, siblings or close friends** • **Lack of support** by the broader community • Need for **bereavement counselling** • Building a **relationship of trust** with foster children	According to Richter (2004:10,21-22) as well as Germann (2004:94-95); Schultz (2002:78) and Mandisa (2007:66-68), the effect of multiple losses in the lives of OVC and foster parents must not be underestimated. The importance of social support, open communication, and trusting relationships is crucial as the children find it hard to trust people; therefore, it is very important that they experience open communication lines with their foster parents.

FAMILY COMPOSITION AND HOUSEHOLD CHALLENGES	**Physical aspects:** Majority Xhosa first-language speakers, **single** never-married mothers, with an average **age of 47**, with their **own children**, who face **health, financial and accommodation challenges**, and they feel **overburdened** by responsibilities.	According to Gennrich (2004:13) and Richter, (2004:10) the majority of OVC are from single unmarried Xhosa or Zulu first-language speaking foster mothers who experience economical, accommodation and health challenges.
SAFETY AND SUPPORT	**Psychosocial aspects:** Home needs to be a safe and secure place for all parties concerned; all should have a sense of belonging without discrimination; a need for professional guidance to help their foster children to adapt well psycho-socially.	Richter (2004:10 – 12) and Germann (2004:94-95) emphasise the importance of the home environment to be safe, as well as the need that OVC have for a sense of belonging without discrimination. Schultz (2002:17) and Barker (2003:403) underline the need for professional guidance in the foster placement by means of social worker involvement.
MAIN THEMES IDENTIFIED BY THE CHILDREN		
DEATH AND LOSS	**Emotional aspects:** Bereaved children crave **love, warmth** and **care**; they find it hard to express their emotions; they want a **sense of belonging** without discrimination; if possible, keep siblings together; they **need a relationship with open communication** and **trust** where they can vent their emotions freely.	Halkett (2005:126); Richter, (2004:10-12) and Germann (2004:94-95) pay attention to the craving for love and emotional warmth that OVC experience. In order to experience this they need guidance in expressing their emotions. Their sense of belonging will be affected by death and loss, therefore siblings need to remain together in a foster placement.

FOOD, SHELTER AND EDUCATION	**Physical aspects:** **Basic need** for food, shelter and adequate clothing need to be met, as well as their **educational needs**. Emotional and material needs are interrelated, one without the other can cause serious problems.	Halkett (2005:126) and Mandisa (2007:63-66) both describe the need for basic material needs. Educational needs are part of taking care of OVC holistically and impacts their self-image, as well as sense of belonging.
BELONGING, INDEPENDENCE AND SUPPORT	**Psychosocial aspects:** OVC have a deep need to have a **sense of belonging**; resilience needs to be developed; OVC need to develop into independent, well-adapted adults; social workers have an important role to play by giving guidance to OVC.	Ireland *et al.*(2005:412-414); Pivnick and Villegas, (2000:103) and Loubser and Müller, 2007:85) underline the importance of a sense of belonging for OVC and the role that social workers play in guiding OVC to strengthen their resilience, and assisting their foster parents in the process of enabling OVC to develop into well-adapted adults.

In acknowledging these themes, social workers are equipped to identify risk behaviour in foster children. The literature study confirms that what the researcher saw in practice is the truth and in a joint effort between social workers, foster parents and children, the emotional challenges experienced in a foster placement of OVC who have suffered multiple losses following the deaths of their parents or caregivers could be targeted in a holistic manner.

7 DISCUSSION OF RESULTS

The focus of the results was on the emotional impact of multiple losses on OVC and their foster parents. It became clear that foster parents (the respondents) did understand the need for proper care for OVC. They also understood that this care would include the targeting of needs on the physical, emotional, educational, and psychosocial levels. The aim is to allow OVC to develop into well-adjusted,

responsible adults that would reach their full potential. In order to reach this goal, it is important that OVC have good, open communication lines with their foster parents. The foster parent/child relationship should be marked by a warm, understanding relationship where the child feels safe, protected, and able to communicate openly. From the responses it became clear that they do understand the need for good role models who are sensitive to the needs of children, especially traumatised ones, like the OVC that they were fostering. They do find it hard to really know how their foster children have experienced their losses, and they would appreciate guidance from the social worker involved. A need for bereavement counselling for both foster parents and children was identified. Due to huge caseloads, as well as ignorance, social workers seem to focus on meeting the material needs of OVC rather than their emotional needs. From the respondents' answers it would appear that they understand the need for preventative action when it comes to the development of possible risk behaviour in OVC. It is important to be sensitive to both foster parents and children's emotional needs, and provide a safe environment such as a social worker-client relationship were they feel free to express their emotions. A community sensitive to the needs of OVC and their foster parents would strengthen the safety net of the family.

8 CONCLUSIONS

The literature study confirmed what is experienced in practice, namely:

- The death of one or both parents is seen as a severe stressor in the life of a growing child. It is important that children learn positive coping skills in order to be able to cope with stressors such as the death of a parent (Ireland, Boustead & Ireland, 2005:412-414).

- Hope in the future needs to be re-established in OVC in order to prevent the development of anti-social behavioural patterns (Pivnick & Villegas, 2000:103). By doing this, the negative emotions that OVC have to deal with such as anger, sadness and fear could be replaced with hope (Danielson, Hamel-Bessel & Winstead Fry, 1993:172).

- In the building of hope for the future the importance of a competent, caring adult is vitally important. A sense of belonging to a family minimises the tragic impact of the loss of a parent, so the psycho-social needs of OVC should be properly addressed.A lack of sensitivity to the psycho-social needs of the bereaved children, might aggravate negative emotions such as depression and aggression leading to antisocial behaviour (Dutra, Armistead, Brody, Morse, Morse & Clark, 2000:484).

  - OVC's involvement in planned orphan care is important. They should be consulted during the foster screening process with regard to their needs. Their cooperation is vitally important for a successful foster care placement. Very often their physical, mental, spiritual and emotional needs are ignored (Loubser & Müller, 2007:85).

  - Counselling should be offered on an ongoing basis to both foster parent and child through a multi-disciplinary team approach.

  - All foster parents, existing and new should be allowed an opportunity to be trained regarding the development of their parental skills.

  - Special attention should be given to equipping foster parents of OVC to deal positively with the complex emotions experienced during the bereavement process. In many cases they need to deal with their own emotions without much support and guidance, as well as that of their foster child.

  - The majority of children lost their mothers due to HIV and AIDS related deaths. This confirms literature that females are more affected by HIV and AIDS than males. It has an enormous impact on children, affecting entire communities and their future (Ebersöhn & Eloff, 2002:77-78).

  - Children affected by the death of a parent need a constant, caring, secure environment where communication lines are open and they feel safe to express their needs and emotions (Halkett, 2005:126).

  - Social workers need to be equipped by means of an assessment tool to identify risk behaviour in foster children before it becomes intolerable for

foster parents dealing with the complex emotions of the foster children placed in their care.

- With ongoing support of social workers, foster parents can be equipped to reach their full potential and meet the psychosocial needs of OVC in an attempt to prevent the development of full-scale risk behaviour in foster children .

9 RECOMMENDATIONS

- The exploration of emotions must make provision for the airing of emotions for foster parents and children in the professional relationship between foster parent, child, and social worker. It needs to happen in a safe environment where bereavement counselling can be performed on all parties concerned by a social worker.

- Hope for the future should be built by creating an attitude that is strengths-based allowing people to become survivors and not victims of their situations.

- Social workers have to be equipped to identify potential risk factors that could lead to risk behaviour in the foster children they are supervising in order to prevent the development of risk behaviour.

- Parental skills training is vitally important to equip foster parents to deal with children who have experienced the loss of their parents. They also need to be made aware of the availability of services such as bereavement counselling.

- OVC should be part of the foster screening process and placement. By involving them, their cooperation will be gained. With their cooperation, chances of a successful foster placement become more likely.

- OVC should be allowed an opportunity to vent and “tell their stories.” By doing this, they will feel that they are important and heard, as well as that their input matters.

- An overall community sensitivity should be created by education to the emotional needs of both foster parents and children who have suffered multiple losses through the deaths of the children's parents.

- By changing the national attitude of communities in South Africa one by one, the whole country will eventually become sensitive to this situation of multiple losses due to the deaths of so many parents of OVC.

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Article 3

AN ASSESSMENT TOOL FOR SOCIAL WORKERS TO IDENTIFY RISK BEHAVIOUR IN FOSTER CHILDREN

ABSTRACT

Literature and practice have indicated that there is a tendency to place more emphasis on the material and protection needs of orphans and vulnerable children (OVC) than their need for affection. OVC who have suffered multiple losses following the deaths of their parents or caregivers need counselling and support to work through their emotions of loss and bereavement. If these emotions are not dealt with in a constructive way, there is a higher likelihood that such children may develop some form of risk behaviour. Social work services should be holistic in nature and are often based on the ecosystems theory. It is particularly important in intervention with OVC in foster care where the child should be seen in his/her social environment and where close collaboration with the social support networks of such children is required. It is essential that social workers conduct a proper assessment of the needs of OVC, including socio-emotional aspects related to loss and grief, and potential risk behaviour. This article focuses on the development of a prototype risk assessment tool that could assist social workers in the assessment and supervision of foster children. The prototype assessment tool should be used in close collaboration with the foster parents.

Keywords

Risk assessment; foster care supervision, multiple losses, risk factors, orphans and vulnerable children (OVC), *risk behaviour, material, protection, and affection needs, ecosystems theory.*

1 INTRODUCTION AND PROBLEM STATEMENT

The overall goal of this qualitative study was to develop a prototype risk assessment tool for social workers who are supervising the foster care of OVC who have experienced multiple losses following the deaths of their parents or caregivers. Social workers have a tendency to focus more on the material and protection needs than the emotional (affection) needs of OVC (Pretorius & Ross, 2010:482-483). Time constraints and high caseloads may contribute towards this tendency, but it is important that social workers should actively focus on the affection needs of foster children during assessment and intervention. It is important that psychosocial factors (including loss, bereavement, and affection needs) which may influence a child's foster care placement and overall psychosocial functioning be identified, and that potential risk behaviour that may result from it be considered by the social worker as well as the foster parents.

According to Taussig (2002: 1180-1182) risk behaviour, such as involvement in alcohol and drug abuse, commercial sex, violence and crime, as well as self-harming practices, could be detrimental to the foster placement. The development of a risk assessment tool is aimed at helping social workers conduct a thorough assessment of the potential risk behaviour present in the lives of foster children. Without attending to risk behaviour in time, the foster placement could become almost unbearable to the foster parent and child (Pretorius & Ross, 2010:483-484). Early identification of risk behaviour is vitally important to plan prevention and early intervention initiatives in foster care. Risk behaviour in foster children should be dealt with in a constructive manner before it becomes a way of life with negative consequences both for themselves and others (Taussig, 2002:1181).

2 AIM AND OBJECTIVE

This part of the study was aimed at designing a prototype assessment tool for social workers to assess potential risk behaviour in foster placements, especially where foster children experienced multiple losses following the deaths of their parents or caregivers. Many foster children experience multiple losses from the deaths of their parents and their psychosocial needs ought to be met constructively and risk behaviour identified as early as possible before it develops into full-scale risk

behaviour. It is important that the social worker, foster parent and child collaborate in the identification of potential risk behaviour, and that factors that may lead to the development of such behaviour be identified and discussed during intervention. The social worker, foster parents and the child can then set specific goals and objectives to work constructively on such behaviour.

3 RESEARCH METHODOLOGY

3.1 Background to the study

The researcher was employed by CWSA, Kokstad where she became aware of the prevalence of multiple losses with which OVC in foster care had to cope. Furthermore, the tendency to focus primarily on the material needs of OVC was also identified in the offices of CWSA, Kokstad. A large number of foster parents in the caseload of the aforementioned organisation also reflected complaints of foster parents about their foster children's "difficult behaviour" and feelings of incompetence in dealing with such behaviour. These challenges often resulted in multiple foster placements which pose even more challenges, and further increase the potential for risk behaviour since affection needs of foster children are greatly neglected or denied.

From this the researcher realised that social workers need some kind of guidelines to assess the so-called "difficult behaviour" or risk behaviour in foster children. With their high caseloads, social workers merely "touch the surface" in dealing with OVC placed in foster care, and such assessment guidelines will need to specific and easy to implement in day to day practice. In the development of the suggested assessment tool, the researcher set the following as minimum requirements to guide the design thereof:

- **Balanced focus** on material, protection and affection needs of OVC in foster care
- Inclusion of the principles of the **ecosystems theory**
- Specific focus on issues related to **loss and bereavement**

- Identification of **potential risk behaviour**
- **User-friendliness** for social workers who have to manage high foster care caseloads.
- A definite **input from social workers, foster parents and foster children.**

At this stage of the study, the opinions of both foster parents and -children were collected and were reported in Articles 1 and 2. The opinions of social workers had to be integrated to finalise the development of the prototype assessment tool. The empirical process that was followed is briefly described in the following paragraphs.

3.2 Research design

The qualitative research design was followed and the study was both explorative and descriptive in nature and endeavoured to explore the views of the respondents (Alston & Bowles, 2003:34-35; De Vaus, 2001:1-3; Fouché & De Vos, 2011:96).

3.3 Participants

Seven social workers in practice in Kokstad and Potchefstroom were purposefully selected to participate (Strydom, 2011**c**:351). The researcher was employed in Potchefstroom at the time of this part of the study; therefore, the opinions of colleagues in both the researcher's work circles were collected. The inclusion criteria for the purposive sample included the following:

- Social workers employed by welfare organisations working with foster children;
- Social workers who indicated foster children in their caseloads who have experienced multiple losses in terms of their primary caregivers
- Social workers who have identified some risk behaviour in the foster children in their caseloads

Potential respondents were recruited by the researcher through telephonic contact with the supervisors of child- and family care organisations[1] in Kokstad (rural area), Potchefstroom (semi-rural area) and Pretoria (urban area). In total 12 social workers from the aforementioned organisations voluntarily participated in this part of the study.

3.4 Method of data collection

A draft of the suggested assessment tool or prototype (Attachment 1) was given to 12 respondents. Respondents were provided with some background on the study and were asked to use the draft version during interviews with applicable clients in their caseloads. After use of the draft assessment tool, their experience of and feedback on the suggested assessment tool were followed up by the researcher during telephonic interviews. Due to the geographical distance between the researcher and the different participants, it was not possible to conduct either individual interviews or a focus group interview. Feedback was given on the clarity, user-friendliness and comprehensiveness of the draft assessment tool. The participants were requested to make suggestions or recommendations and their verbal feedback was taken into account in the development of the prototype risk assessment tool (See Table 1).

3.5 Data analysis and interpretation

Tesch's analytical process was used to identify themes and to conduct further planning (Poggenpoel, 1998: 343-345; Tesch, 1990:77). The population of the study was small; therefore, the data collected could be manually analysed and interpreted. During analysis and interpretation the researcher focused on the meaning that the respondents attached to the issue (the assessment tool), and not so much on the meaning that the researcher or authors from the literature would attach to it (Fouché & Delport, 2011:65). The participants were allowed to give their views from their own experiences and these were used as a means of data collection (Poggenpoel, 1998: 343-345; Tesch, 1990:78).

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[1] Child- and family care organizations that were contacted included the *Suid-Afrikaanse Vrouefederasie (SAVF), Nederduits Gereformeerde Welsyn (NG Welsyn),* Child Welfare South Africa (Kokstad and Potchefstroom offices) and the Christian Social Services (CSS).

3.6 Ethical aspects

Written consent was obtained from CWSA, Kokstad to conduct the overall study (See Addenda 1 & 2). The Ethical Committee of the North-West University, (Potchefstroom Campus) approved this study and allocated the following ethical number to it: NWU -0060-08-A1 (See Addendum 3). Written informed consent was obtained from the social workers who participated in this part of the study, and the following ethical issues were taken into consideration throughout: voluntary participation; written informed consent; confidentiality; and the avoidance of emotional or physical harm. The best interest of the respondents was respected and protected throughout the study, and personal information of the respondents was kept anonymous (Nieuwenhuis, 2007:79; South Africa, 2005:18-22; Strydom, 2011**a**:115-120).

4 LITERATURE REVIEW INFORMING THE DEVELOPMENT OF THE ASSESSMENT TOOL

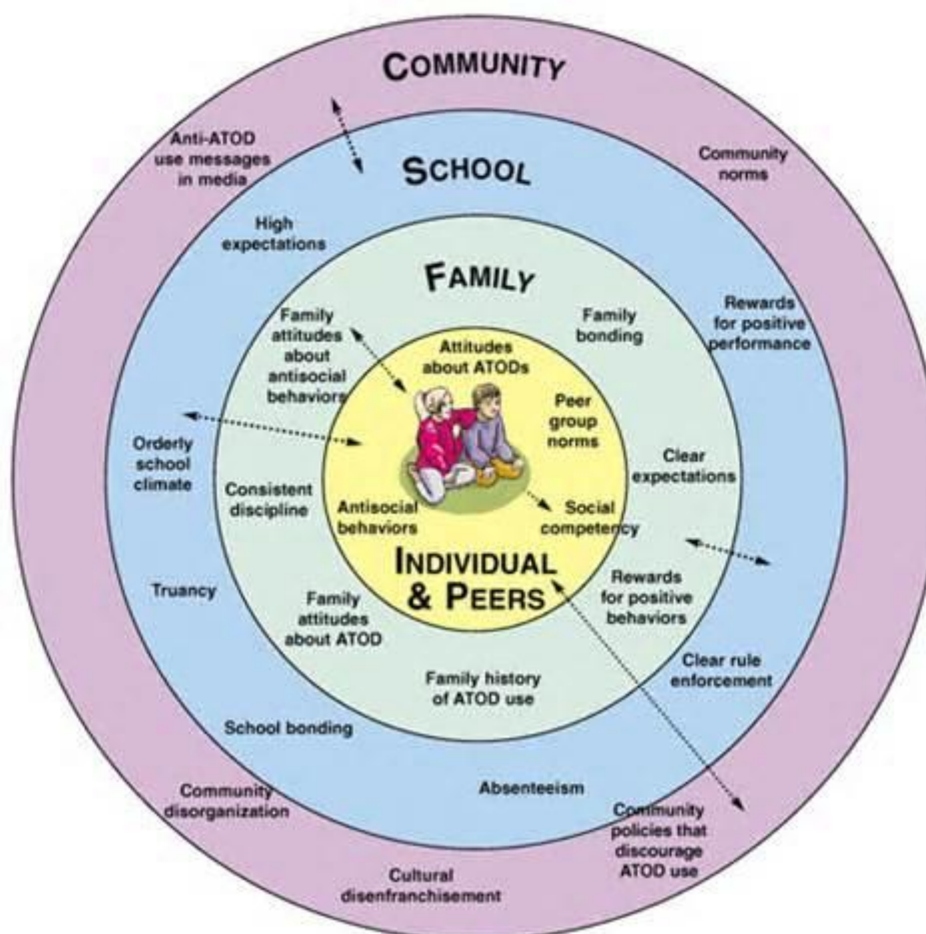
4.1 Rationale and theoretical underpinning

The development of the prototype assessment tool for social workers to identify risk behaviour in foster children was informed by both the literature and empirical results studied and obtained through this study. From the literature study, it became clear that there is currently no risk assessment tool available for social workers that would enable them to do a specific assessment of risk behaviour in a foster placement situation. The starting point or rationale of this study was that multiple losses among OVC in South Africa pose specific challenges to social workers and related disciplines working with children in foster care. As it is, the death of a parent impacts severely on any child resulting in other losses such as the loss of an own home, own parents, security, neighbourhood, friends and a sense of identity or belonging. Often it also leads to a possible change of school. In assessing multiple losses that could lead to risk behaviour an eco-systemic approach is suggested. According to Zastrow and Kirst-Ashman (2010: 20-22) the ecosystems theory offers an inclusive framework for understanding human development; a person-in-environment foundation for understanding human dynamics and interaction; and a meaningful incorporation of principles from the ecological perspective and the

systems theory. The ecosystems theory is also supported by Böning and Ferreira (2013:520) as a holistic approach in interventions with foster children who present with risk behaviour.

The ecosystems theory is defined by Zastrow and Kirst-Ashman (2010:20) as a theory "...used to describe and analyse people and other living systems and their transactions". Barker (2003:136) defines the ecological perspective as "...an orientation in social work and other professions that emphasises understanding people and their environment and the nature of their transactions." The ecosystems theory is thus described as a life model focusing on the interface between the client and the environment. This theory consists of the following key concepts: a system; boundaries; subsystems; homeostasis; roles; relationships; input; output; feedback; interface; differentiation; entropy and equifinality (Zastrow & Kirst-Ashman, 2010:24-25). These concepts are commonly known in social work teaching and practice and will not be discussed for purposes of this article. The abovementioned concepts are listed purely to contextualise the theoretical underpinning of the prototype of the risk assessment tool. The illustration contained as Figure 1 is based on the work of Bronfenbrenner (1979) and was compiled by The Virginia Department of Behavioral Health and Developmental Services (DBHDS) (2014). This illustration serves as a summary of the ecosystems theory and its relation to risk behaviour, such as abuse of alcohol, tobacco and other drugs (ATOD), as well as truancy and absenteeism.

FIGURE 1: THE ECOSYSTEMS THEORY RISK BEHAVIOUR



The concepts and principles underpinning the ecosystems theory can be seen as a valuable perspective to better understand the dynamics of multiple losses experienced by OVC in foster care, to further understand the development of risk behaviour, and to develop a risk assessment tool for use by social workers.

4.2 The relationship between psychosocial needs of OVC and risk behaviour

To understand the development of risk behaviour it is important to first understand the general needs of OVC placed in foster care. Halkett (2005:130-131) identified the following three categories of needs among OVC:

- Material needs;
- Protection needs; and

- Affection needs.

Planning services to OVC should include interventions towards satisfaction of all three categories of needs. As described earlier in this article, there is a tendency to focus primarily on the material and protection needs, which is indeed of the utmost importance. Halkett (2005:130-131) points out that poverty and unfulfilled material needs may cause physical, emotional and behavioural distress (Halkett, 2005:130-131). When OVC experience poverty, along with the added stressor of losing a parent, home, security and educational opportunities, it becomes a very risky situation for the development of behavioural problems (Andrews, Skinner & Zuma, 2006:274). In the design of the suggested risk assessment tool, it is important to incorporate the dynamics and interrelatedness between needs fulfilment and the development of risk behaviour among OVC.

In Articles 1 and 2 the mentioned dynamics and interrelationship were described and it was emphasised that foster parents should be educated and supported to facilitate needs fulfilment in all categories of needs (Wood, Chase & Aggleton, 2006:1932-1933). The fulfilment of basic needs, according to Maslow's model (Meyer, Moore & Viljoen, 2002:334-335) was therefore taken into account in the design of the risk assessment tool. In the case of OVC, before any other needs can be attended to, it is imperative that their basic needs for food, shelter, and protection are met. By having at least one caring adult to meet their basic needs, they will be able to move forward in developing their potential. In addressing their needs, it is important to follow a holistic approach (Marshall, 2005:69-71) also taking into account their affection needs. In the case of OVC who have suffered multiple losses, Corr, Nabe and Corr (1999:175), emphasise the importance of creating hope and a vision for the future as part of the fulfilment of affection needs. This links with the foster care priority of permanence planning as described in the Children's Act, Act 38 of 2005. In terms of loss and bereavement, creating a sense of hope is also important in terms of self-actualisation and a motivation for growth (Barker, 2003:254; Meyer *et al.*, 2002:336-341).

The material, protection and affection needs of OVC were considered in the design and development of the risk assessment tool. The correlation between unfulfilled

needs and the development of risk behaviour was described by Muntingh and Gould (2010:1-5) and was included in the suggested risk assessment tool.

4.3 Assessing risk behaviour

Children, in general, are vulnerable and exposed to risks during their entire childhood. OVC are already identified as a vulnerable group, but their vulnerability is further increased by factors such as HIV and AIDS, loss and poverty. A correlation between increased vulnerability and the development of risk behaviour is described by Eaton, Kann, Kinnchen, Shanklin, Ross, Hawkins, Harris, Lowry, McManus, Chyen, Lim, Whittle, Brener and Wechsler (2010:1) in the development of the *Youth Risk Behaviour Surveillance System* (YRBSS). The YRBSS distinguishes risk behaviour such as substance abuse, self-harming practices, and crime and violent behaviour that could be triggered by unfulfilled needs.

According to Holland (2011:33) risk behaviour can be linked with material, protection and affection needs since risk is future-orientated, assumed to be calculable and associated with accountability. When dealing with OVC in a foster care, risk cannot be accurately predicted for every individual child and therefore risk assessment should aim at a thorough analysis of all available evidence collected from the ecosystem of the child (Muntingh & Gould, 2010:5-6). Such an analysis cannot be performed without the collaboration and active involvement of the foster child, foster parents, teachers or other important role players in the ecosystem (environment) of the particular child (Holland, 2011:35).

Although not all risks in childhood can be linked to OVC, and OVC can never be labelled as more at risk than any other child, for purposes of this study, the specific vulnerability of OVC due to unfulfilled needs formed the basic framework for the risk assessment tool. In the next section, the three categories of needs will be listed in terms of common risks associated with these needs not being met. These risks may then result in risk behaviour in OVC.

4.4 Common risks and losses of OVC resulting from unfulfilled needs

4.4.1 Risks associated with unfulfilled material needs

- The unborn baby is at risk before birth when pregnant mothers drink excessively, resulting in foetal alcohol syndrome (FAS) (Barker, 2003:161).
- Misuse of the child support grants may result in malnutrition and a loss of general health (Halkett, 2005:130).
- Unemployment of foster parents may lead to increased poverty resulting in physical, mental, emotional and social deprivation (Papalia, Olds & Feldman, 2009:83-84).
- High levels of mobility could arise when a child's parents or foster parents are sick, unemployed or homeless causing the loss of a stable home environment placing the fulfilment of security needs at risk (Halkett, 2005:131).
- In situations of poverty and increased mobility it is likely that the children could be without suitable identification documents allowing their parents or caregivers to apply for grants that would help them meet their material needs (Freeman & Nkomo, 2006:503).
- Due to poverty, children might have limited access to a good education resulting in poor job opportunities later in life (Liese, 2008:85).

4.4.2 Risks associated with unfulfilled protection needs

- Children are frequently left unsupervised when parents are sick or job hunting, causing a loss of security (Liese, 2008:86).
- Older siblings without proper childcare training, as well as elderly grandparents and relatives, are often the primary caregivers of OVC, leading to a loss of sense of belonging, security, and childhood (Pretorius & Ross, 2010:471).

- All children who have lost their parents at a young age are particularly vulnerable to abuse, including rape and other forms of abuse, such as bullying by older children (Bezuidenhout, 2008:35).

- The loss of feeling safe, secure and sheltered has a severe impact on children's development and self-esteem (Bezuidenhout, 2008:36).

- Stunted development could result from a lack of proper parenting, especially where parents are very young (Papalia, Olds & Feldman, 2009:83-84).

4.4.3 Risks associated with unfulfilled affection needs

- Many parents of children and OVC are still teenagers themselves and lack proper parental skills. They struggle to meet both the protection and affection needs of their children (Liese, 2008:85- 87; Maree, 2008:55-57).

- Deprivation may lead to a lack of constructive recreational activities. This deprivation, combined with feelings of being unloved and bored, may lead to antisocial behaviour, rebellion and risk-taking behaviour (Maree, 2008:55).

- Vulnerable youth, including OVC, often drop out of school and engage in risk behaviour such as drinking and unprotected sex with the concomitant risk of contracting HIV and AIDS or other sexually transmitted diseases, which could lead to a loss of health, protection and childhood, as well as the good future prospects of education and job opportunities (Maree, 2008:56).

- Community attitudes could shift from trying to protect vulnerable children to feeling a need to protect themselves against the negative behaviour of some youth (Liese, 2008:94) This may cause OVC to lose their sense of feeling protected and cared for, instead becoming the victim of their circumstances (Liese, 2008:94).

- There is a lack of protection services rendered by government, such as child protection or restorative justice to break the cycle of risk, destructive behaviour and self-harm among adolescents. (Louw, 2008:219-225). Due to the lack of these services, OVC lose their chances of being restored to

healthy, well-adapted young people who managed to overcome challenges such as the loss of parents or other primary caregivers.

- Stigma and a culture of silence surrounding HIV and AIDS, bereavement, death and dying create challenges for youth to engage in constructive dialogue with their parents or foster parents on issues related to sexuality, safety, life choices, and self-protection. With the death of their parents they lose a parent-child relationship, and possibly open, warm communication opportunities, as well as a sense of security, belonging and being loved and cared for (Joubert, 2008:119).

It is clear that losing a parent or both parents and/or other primary caregivers may pose a number of threats towards the affection needs of a child. Dealing with loss and bereavement is sometimes a lengthy process. According to Halkett (2005:193) it is difficult to put a timeframe on the bereavement process, but six to twelve months can be seen as significant after the death of a loved one to resume normal routine. Often it is just accepted and expected that life must carry on as normal without really allowing the grieving process to take its course and rendering the correct support to the bereaved, especially if they are children (Pretorius & Ross, 2010:471). The social worker and foster parents can play a very important role during this process to support and guide a child to come to terms with a loss. Pretorius and Ross (2010:483) clearly indicates that "...social workers should not only focus on the administrative and concrete needs of the foster family and child, but should assess the emotional and psychological needs and render psychosocial services to both the foster family and the foster child". Guest (2003:157) cautions that entire communities exist with children hurting in different ways due to increased mortality, malnutrition, illiteracy, child abuse, living on the streets, drug abuse, violence and crime. If such communities do not show any affection towards OVC and their circumstances, various needs of such children remain unfulfilled while the risk factors increase.

In the next section, the interrelation between the abovementioned risk factors associated with unfulfilled needs and risk behaviour will be discussed.

4.4.4 Risk factors leading to risk behaviour

The more risk factors present flowing from unfulfilled needs, the greater the chances are that full-scale risk behaviour will develop. Risk behaviour is defined by the YRBSS to include the following categories (Eaton et al., 2010:59):

- Behaviour that contributes to **unintentional injuries and violence**;
- **Alcohol, tobacco and other drug** use;
- **Sexual behaviour** that contributes to unintended pregnancies, sexually transmitted diseases, HIV infection;
- **Unhealthy dietary behaviour;** and
- Physical **inactivity**.

The researcher suggests the further inclusion of behaviour such as early dropout from school, academic under-achievement, and deliberate self-harming activities.

The ecosystems theory emphasises that children are exposed to both risk and protective factors throughout their lives, and that risk behaviour such as violence, unhealthy lifestyle choices and risky sexual behaviour should be seen as the outcome of an interaction between a number of risk factors at various societal levels (Muntingh & Gould, 2010:5-6). Therefore, the social worker using this approach should always view stressful life challenges and risk behaviour as consequences of person-environment transactions. The ecosystems theory requires an integrated method of practice with individuals and groups by releasing potential capacities, reducing environmental stressors, and restoring growth-promoting transactions (Barker, 2003:250). OVC, like all other children, have the potential to develop risk behaviour, but losing a great deal of their social and emotional support system when their parents and/or other primary caregivers die, increases their potential to develop risk behaviour even more.

Munting and Gould (2010:5-6) point out the importance of further research into the development of risk behaviour among OVC. The risk assessment tool that was developed in this study can be seen as an attempt to facilitate further research in this regard. In the design of the risk assessment tool the concept, *assessment,* had to be further explored.

4.5 Assessment

4.5.1 What is assessment?

According to Barker (2003:30),

> "... assessment is the process of determining the nature, cause, progression, and prognosis of a problem and the personalities and situations involved therein; the social work function of acquiring an understanding of a problem, what causes it and what can be changed to minimise or resolve it."

Several researchers have suggested that assessment in social work may draw from analysis in qualitative and quantitative research, and that working methodically is important (Holland, 2011:165). Designing the risk assessment tool suggested in this study thus had to follow a specific structure or framework.

4.5.2 The assessment framework

With the ecosystems theory in mind, the framework for the risk assessment tool had to be structured to take into account the social and environmental aspects surrounding the child and the family – whether it is the primary or foster family context (Böning & Ferreira, 2013:520; Holland, 2011:26-30; Muntingh & Gould, 2010:5-6). The researcher compiled a number of critical considerations to be reflected in the assessment framework. These considerations will be discussed briefly.

An in-depth assessment of children's welfare should aim to do the following (Holland (2011:148):

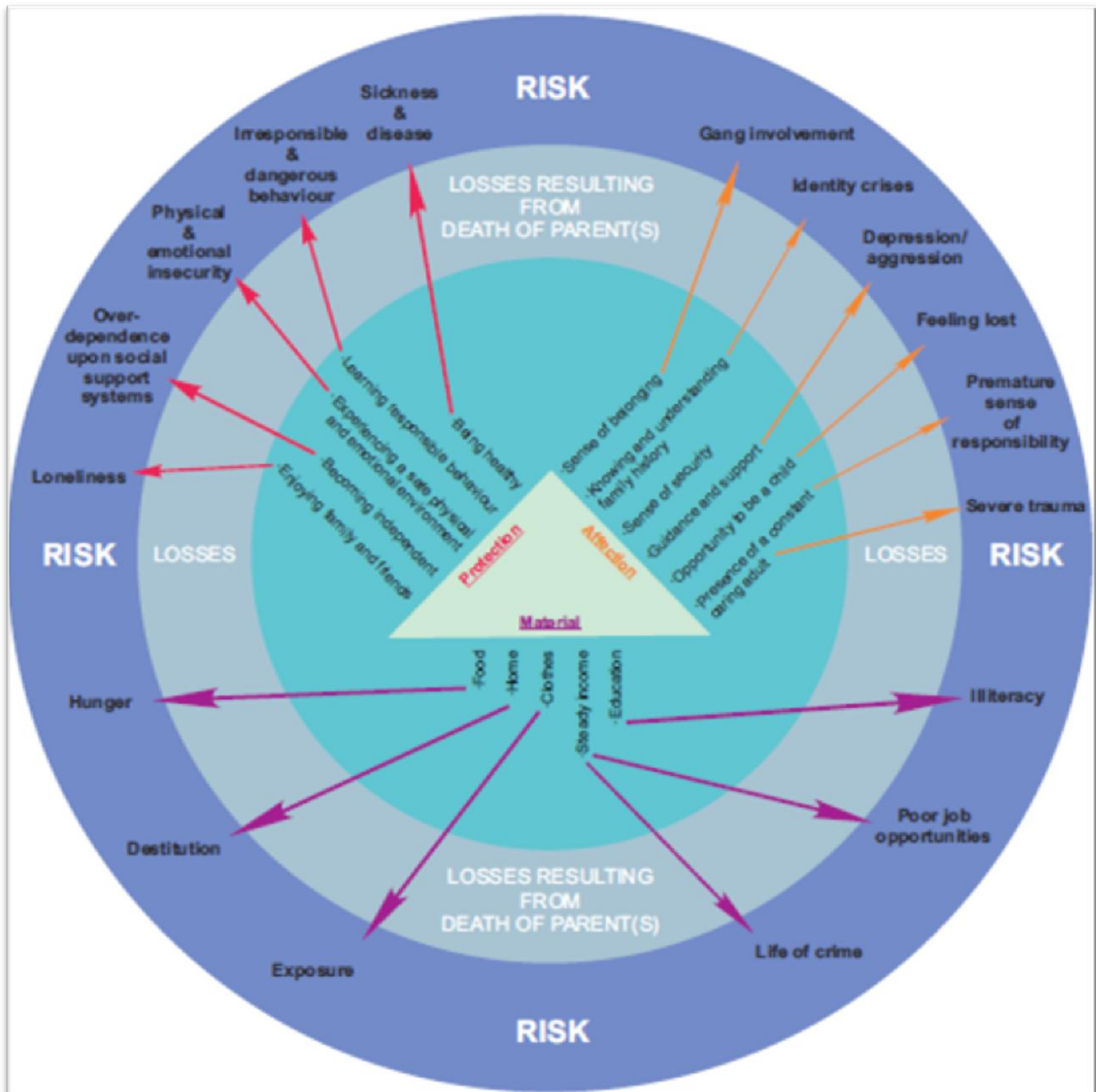
- Clarify the key **assessment questions** (what is the assessment trying to discover?);
- Consult a number of **viewpoints** (including as many family members and key professionals as possible);
- Take place **over a period of time**;
- Take place in a **number of settings** (including home); and

- Use **different methods** (including interviews, observation and measurement).

Almost all assessments involve more than one professional, as well as several family members, therefore, it is important to identify all the **relevant role players** at an early stage of the assessment process (Holland, 2011:149). Since the caseloads of social workers in child and family care in South Africa are high, there is a need to do a **rapid assessment** of OVC in foster care. Although it should be a comprehensive assessment, it should not be too lengthy and time consuming. The assessment should be constructive in terms of the **identification of needs and risk factors**. Assessment should always be seen as **integrated with the overall intervention process** (see Figure1). The identified needs and risk factors should thus be considered during the contact phase, the intervention phase and the evaluation and reformation phase (Holland, 2011:165).

The suggested assessment framework is summarised and illustrated in Figure 2 and reflects the ecosystems theory and risk behaviour illustrated in Figure 1.

FIGURE 2 THE ASSESSMENT FRAMEWORK



From the assessment framework, the following four questions need to be answered:

- What is the purpose of the assessment?
- Why is the assessment necessary?
- What should be assessed?
- In what way should the assessment be done?

Each of these questions will be briefly discussed.

The **purpose** of assessment is to enable the designated social worker to obtain essential, basic information in order to make an informed decision about a child's holistic situation, and assist in the identification of a relevant intervention plan that would be in the best interest of the child (South Africa, 2007:30). Paying attention to the design of an assessment will lay the foundation for thorough analysis and decision-making (Holland, 2011:165).

An assessment **determines** if the child is in need of care and protection, which intervention strategies would be best suited to fulfill the child's needs, and which intervention strategy should be implemented (South Africa, 2007:30). The key questions for the assessment should be formulated by the social worker, the foster parents and co-workers to ensure that the assessment is aimed at the needs of the specific family (Böning & Ferreira, 2013:520; Holland, 2011:165).

Assessment **must focus** on risk factors, protective factors and the material, protection and affection needs of OVC and their foster parents (see Figure 1). Specific risk behaviour and losses and their associated grief reactions must be identified (Halkett, 2005:130-131).

During assessment, OVC and their foster parents should not be oppressed or marginalised. It is therefore important that the assessment design does not include methods that appear to reinforce power, be coercive or punishing. Assessment **should be conducted in a professional, yet supportive way** to give direction to intervention, and create hope and a definite plan of action (Holland, 2011:165). With this background on the theoretical foundation and design of an assessment framework, the actual risk assessment tool developed in this study will be introduced.

5 THE SUGGESTED RISK ASSESSMENT TOOL

The application of the assessment tool should take place with the assessment framework (Figure 2) in mind to allow for a holistic, eco-systemic approach towards the needs fulfilment of OVC, identification of risk and protective factors, and the early identification of potential risk behaviour. Assessment and intervention should

be integrated as a continuous process, consisting of the following three phases: contact phase; intervention phase and the evaluation and reformation phase. Once goals pertaining to certain needs, risk factors, protective factors and risk behaviour are achieved, assessment should start afresh, becoming an ongoing process throughout the foster care placement. Assessment in every phase needs to be briefly discussed.

5.1 Phase 1: Assessment in the contact phase

With the first and second contact sessions during the contact phase, assessment should focus on the following (Böning & Ferreira, 2013:539; Halkett, 2005:130-131; Newton, Litrownik & Landsverk, 2000:1373): Identification of –

- psychosocial needs (material, protection and affection);
- losses and grief reactions (and discussion thereof);
- risk and protective factors; and
- potential risk behaviour set.

After the identification of the listed aspects, expectations should be discussed, specific goals should be set, and role clarification should take place. It is important to note once again that all these should happen in a partnership relationship between the social worker, foster parent(s), foster child (ren), and co-workers.

5.2 Phase 2: Assessment in the intervention phase

Active intervention starts with the identification of tasks associated with the identified needs, risk factors, protective factors and risk behaviour (Eaton et al., 2010:1; Taussig, 2002:1180-1181). Topics for discussion could include memories of the deceased loved one(s); communication regarding death; handling of stressful situations; dealing with discipline and household chores; administrative matters related to foster care; matters related to school and academic progress; healthy social interaction and recreation and the development of resilience in both foster parent and child (Herbst & De la Porte, 2006:47; Richter & Müller, 2005:999). For every topic and/or risk identified, an appropriate goal should be set.

5.3 Phase 3: Assessment in the evaluation and reformation phase

This phase could stretch over more than one session. Evaluation should be an ongoing process throughout intervention, but during this phase the evaluation phase is reached where all the parties involved have the opportunity to view their opinions on the progress that has been made. Goals and risks will be reformulated and if necessary the whole process can restart with new goals and risks to target. The termination phase will only be reached once the child is released from the stipulations of the Children's Act No. 38 of 2005 (South Africa, 2005:76).

Throughout the process of assessment and intervention specific attention should be paid to risk factors and risk behaviour (Böning & Ferreira, 2013:520). In the next section, the prototype of the risk assessment tool developed in this study will be introduced and should be read in conjunction with Attachment 1 which is the risk assessment tool developed in this study.

6 THE PROTOTYPE RISK ASSESSMENT TOOL

The design and development of the prototype risk assessment tool was informed by the literature study and empirical results from this study; it is theoretically grounded in the ecosystems theory and pays particular attention to the material, protection, and affection needs of OVC, the risk and protective factors and the potential risk behaviour of OVC in foster care. The content included in the prototype of the risk assessment tool is summarised in Table 1.

TABLE 1: CONTENT INCLUDED IN THE PROTOTYPE OF THE RISK ASSESSMENT TOOL

	The needs of the child in foster care	What is required for need fulfillment?	Associated losses
Material Needs	**Food**	Regular, balanced, and nutritious meals.	Loss of proper nourishment
	Clothing	Appropriate clothing	Exposure to the elements.
	Shelter/proper home environment	A safe home.	The absence of a safe home.
	Health Care	Access to proper health care.	The absence of proper health care. Untreated illness.
Protection Needs	**Proper Care:**	A safe, nurturing home environment with a caring adult.	The absence of a safe nurturing home with a caring adult.
	Protection against stigmatisation and discrimination:	Unconditional love and acceptance.	Discrimination and stigmatisation.
	Discipline:	Positive, healthy setting of boundaries.	Abusive, negative punishment.
	Communication:	An open, warm style of communication.	Loss of someone to communicate with openly in a safe relationship.

Affection Needs			
	Sensitivity:	A sensitivity to all the child's needs.	The loss of someone being sensitive to the child's needs.
	Love:	A loving, warm environment.	Loss of a home where he/she feels loved.
	Support:	Unconditional support.	Loss of support on an emotional level.
	Understanding:	A feeling of being understood.	Loss of a feeling of being understood.
	Sense of belonging:	An experience of belonging in a safe, caring environment.	Loss of identity and sense of belonging.
	Childhood:	An opportunity to enjoy being a child.	Premature loss of childhood innocence.

Social workers tend to focus more on addressing material needs, neglecting emotional needs through providing emotional support or guidance in dealing with the challenges of foster parenthood. Social workers have to not only focus on the administrative and concrete needs of foster families, but should also focus on emotional and psychological needs in order to properly address all the needs of OVC (Pretorius & Ross, 2010:482-483). With the formulation of the *risk assessment tool* for meeting children's needs, an attempt has been made to equip social workers to conduct an assessment of their needs in order to identify risk behaviour in time to prevent the development of full-scale risk behaviour.

In the absence of a capable guardian who would be able to identify potential risk behaviour in OVC (Taussig, 2002:1195), negative behavioural patterns could easily develop. It is therefore of the utmost importance that protective factors be put in place that could counter risk behaviour. From the literature study, it became clear that limited research has been done within the South African context regarding risk

behaviour (Muntingh & Gould, 2010:5-6) impacting OVC who have suffered multiple losses due to the deaths of their parents. With the *risk assessment tool*, the researcher's aim was to equip social workers with the ability to identify risk behaviour that could develop into negative behavioural patterns in OVC.

Intervention, with needs identified on a material, protection and affection level, should take place in a joint effort between the relevant social worker, foster parent and child after a proper assessment is done.

7 INTERVENTION

After a proper assessment has been conducted with *an assessment tool* that is user- friendly and designed for specific settings such as a foster care placement of OVC who experienced multiple losses, specific goals can be formulated in order to address the risk behaviour identified. The *assessment tool* "is also aimed at providing a coherent and comprehensive picture of the client and his or her circumstances" (Drenth, Strydom, Herbst & Botha, 2009:121).

Guest (2003:156) points out that the emotional damages experienced by OVC could be deep due to growing up experiencing loneliness, death, poverty, sickness, and lost opportunities; in some cases the hurt might be so deep that the damage is permanent. OVC might grow up having stunted bodies and minds. In the absence of strong adult leadership there will be feelings of panic, dislocation and disaffection (Guest, 2003:157). The impact of a whole generation of children being marginalised, illiterate, overexposed to sickness and death at a young age will severely affect whole communities. Their own ability to nurture children of their own without having positive role models, as well as experiencing positive parenting could be jeopardised. It will have far-reaching consequences within society, therefore it is imperative that effective intervention should take place to prevent a group of young people developing a vengeance mentality due to lack of love and nurturing (Weiten, 2010:220-225). According to Guest (2003:158) the danger of an eruption of negative, criminal behaviour is a strong possibility, especially in the absence of strong family ties, along with insecurity in childhood attachments (Drenth et al., 2009:113-118).

In view of the far-reaching consequences that a lack of intervention in terms of attending to the needs of OVC could have on society, it is imperative that proper intervention should follow risk behaviour assessment.

The typical path of intervention could present as follows:

- Risk assessment and goal setting should take place in a joint effort between the social worker, foster parent, and child.
- Realistic goals should be identified to address the risk behaviours that have been identified following multiple losses.
- A safe environment should be established in which both foster parent and child can freely vent their emotions regarding the losses they have experienced.
- Mutual understanding and appreciation for one another's feelings should be developed.
- A multi-disciplinary team approach should be followed to address the needs of OVC and their foster parents in a holistic manner.
- Parental skills training should be made possible for foster parents by using relevant material.
- Material needs should not receive more attention than protection and affection needs. They should all be addressed equally.
- By creating an awareness amongst social workers, educators, medical staff, foster parents and children, of what to look out for when it comes to risk behaviour in OVC, preventative measures can be taken in order to deal with needs in a proper manner before risk behaviours develop into full-scale negative behavioural patterns.
- Ongoing evaluation and redefining of risks and goals should become a pattern in the intervention process in order to prevent the development of negative behavioural patterns. This needs to happen with the help and input of all the parties concerned.

8 RESULTS AFTER THE PROTOTYPE ASSESSMENT TOOL WAS PRESENTED

Twelve social workers from four different NGOs took part in the testing of the draft of a risk assessment tool for foster children. These NGOs are situated in rural, semi-rural, and urban areas, namely, Kokstad and Potchefstroom. The aim of this testing in practice was to receive input from social workers who dealt with OVC placed in foster care following the deaths of their parents. The researcher wanted to confirm the applicability of the proposed assessment tool. Herewith some responses from the social workers:

8.1 Feedback from social workers in practice

The social workers described the proposed assessment tool as follows:

- *"The assessment tool is holistically aiming at meeting OVC's needs on different levels."*
- *"It is guiding our thoughts as social workers throughout the interview with the foster parent and child."*
- *"It gave guidance regarding where our focus points should be; due to high caseloads and staff turnover we tend to neglect the emotional well-being of both foster parent and child."*
- *"It would be wonderful to start this process with all new foster care placements."*
- *"It came in handy with the older cases too."*
- *"We find it hard to assess whether the foster child experienced any discrimination or stigmatisation."*
- *"Thanks to the assessment tool I could identify the need of both foster parent and child to be educated in learning better communication skills and better nutrition. They did not know what a well-balanced diet was."*

- *"By using the assessment tool it became clear that both foster parent and child shied away from talking about the death of the child's biological parent."*
- *"It became clear that the child had been placed in several foster placements due to the child testing the boundaries. I realised that several risky aspects were present regarding the child's affection needs."*
- *"Confidentiality is very important in dealing with these already traumatised children. I cannot risk breaking their trust."*

The responses from the social workers confirmed the literature study, namely that due to high caseloads and staff turnover they struggle to address affection needs. Intervention focuses primarily on material and protection needs. At a young age material needs might mask a child's affection needs, but as they mature they become increasingly aware of the loss they experienced when losing a parent through death (Böning & Ferreira, 2013:519-542).

8.2 Themes identified

- All the social workers involved in the testing of the draft assessment tool had a **positive attitude** regarding the research process.
- They understood the importance of **confidentiality** due to the fact that they were dealing with already traumatised children. The researcher assured them that the information would be treated with respect, anonymity and confidentiality, as outlined in the ethical aspects of the study.
- The social workers from *SAVF (Suid-Afrikaanse Vrouefederasie),* Potchefstroom were very excited about the usefulness of the proposed assessment tool and gave excellent **cooperation** in completing it.
- *Child Welfare South Africa (CWSA)*, Potchefstroom was equally quick in completing the proposed assessment tool and keen on **receiving feedback** on the outcome of the study.
- *Child Welfare South Africa, Kokstad* was the **furthest away in distance**, but gave good response.

- The proposed assessment tool was regarded by the social workers as a **helpful guideline in conducting interviews** with OVC in foster care, helping them to focus on their needs on a material, protection and affection level in a holistic manner.

The proposed assessment and monitoring tool proved to be a potential helpful tool for social workers rendering services to OVC placed in foster care following the deaths of their biological parents. Social workers dealing with high caseloads find it useful to be guided in identifying risk behaviours in time so that they can work preventatively. During the testing process of the proposed assessment tool, it became clear that the tool follows a holistic approach, guiding social workers in focusing on material, protection and affection needs of foster children. It involves social workers, foster parents and children working together to formulate goals according to the child's needs on all three different levels. It is important that the child is a part of the intervention process as allowing him or her to be a part of it is the principle of self-determination. From the feedback on the prototype risk assessment tool, the risk assessment tool contained as Attachment 1 was developed.

9 CONCLUSIONS

- Due to the loss that OVC experience they become prone to risk behaviours that could lead to full-scale negative behaviour. It is important to identify these risk behaviours and address OVC's needs in such a manner that the development of negative behavioural patterns is prevented as far as possible.

- A joint team effort should be followed in implementing this programme, including social workers, foster parents, and children, as well as members of the multi-disciplinary team, including teachers, doctors, occupational therapists and psychologists.

- After the initial identification of goals and needs, progress should be monitored and evaluated on an ongoing basis. It is very important that both foster parent and child form part of this process. Once the first set of goals is

achieved, new goals should be established, aiming at attending to risk behaviour and loss, as well as restoration.

- In most foster care placements the emphasis is placed on material needs, neglecting both protection and affection needs. This needs to be rectified, attending to all three groups of needs on an equal footing.
- It is very important to allow both foster parents and children the opportunity to voice and air their feelings regarding the loss they have experienced. By doing this, mutual understanding and appreciation can be developed. With a lack of knowledge, misunderstanding often develops, leading to risk behaviour.

10 RECOMMENDATIONS

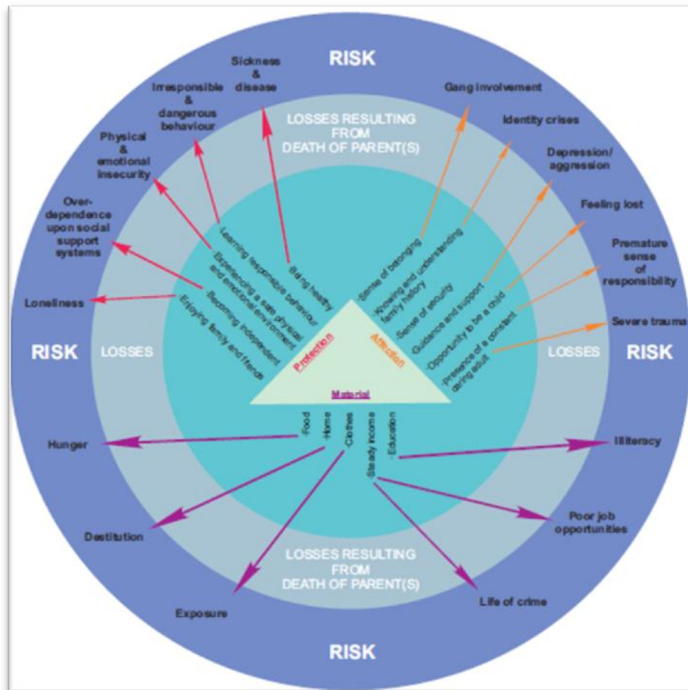
- Risk assessment and goal setting should take place in a joint effort between the social worker, foster parent, and child.
- Realistic goals should be identified addressing the risk behaviours identified. This should become a pattern throughout the entire foster care placement. This should happen as a joint effort between the social worker, foster parent and child, as well as members of the multi-disciplinary team, such as teachers, doctors and nursing staff.
- A multi-disciplinary team approach should be followed, addressing the needs of OVC and their foster parents in a holistic manner.
- Parental skills training should be made possible for foster parents by using relevant material.
- Social workers' supervisors should equip them to use the *Risk assessment and monitoring model* for foster parents dealing with children who have lost their parents through death.
- A process of ongoing, realistic goal-setting aimed at addressing risks and restoration should become part of the foster placement process with constant

evaluation to determine if the goals are being reached. This should be conducted with the relevant social worker, foster parent and child.

- Material needs should not receive more attention from the social worker than protection and affection needs. All these needs should be treated as equally important.
- Transparent communication, allowing opportunities for both foster parents and children to air their emotions in a safe environment should be allowed by all parties concerned, especially regarding their losses.

By creating awareness of what to look out for amongst social workers, as well as foster parents when it comes to risk behaviour in OVC who have suffered multiple losses, preventative intervention can take place before OVC fall into serious negative behavioural patterns. *The risk assessment and monitoring tool* for social workers rendering services to foster parents and children should be of practical help to them to alleviate stress experienced due to high caseloads and staff turnover.

ATTACHMENT 1: PROTOTYPE RISK ASSESSMENT TOOL



Reference No: ______________________________

Assessment Date: ___________________________

Place: ____________________________________

Personal Information:

Name of Foster Child: ___________________________

____

Id no: ______________________________________

School: _____________________________________

Grade: ______________________________________

Name of Foster Parent: __________________________

____

ID no: ______________________________________

Physical Address: ______________________________

____

_______________________ Area Code: __________

Court Date: __________________________________

MATERIAL NEEDS ASSESSMENT			
FOCUS ASSESSMENT ON	ASSESSMENT QUESTIONS	VIEWPOINTS	SOCIAL WORKER'S OBSERVATIONS AND ASSESSMENTS
Food	Balanced nutritious food everyday • Yes/No	Child ______ ______ ______ ______ ______ ______	______ ______ ______ ______ ______ ______ ______
Clothing	Proper weather-appropriate clothing and adequate school uniform • Yes/No		
Home Environment	A safe, clean home allowing for safety on a physical and emotional level • Yes/ No	Foster Parent ______ ______ ______ ______ ______ ______	______ ______ ______ ______ ______ ______ ______
Health Care	Proper health care • Yes/No		

Describe any existing risk behaviour

____

____

Possible intervention

____

____

PROTECTION NEEDS ASSESSMENT			
FOCUS ASSESSMENT ON	ASSESSMENT QUESTIONS	VIEWPOINTS	SOCIAL WORKER'S OBSERVATIONS AND ASSESSMENTS
Proper Care Protection against stigmatization and discrimination Discipline Communication	Does the child have a constant, responsible caring adult to turn to in time of need? • Yes/No Does the child have protection against stigmatization, discrimination and rejection? • Yes/No Is there healthy discipline? • Yes No Is the child at ease to communicate with the foster parent • Yes / No	Child ____________________ ____________________ ____________________ ____________________ ____________________ ____________________ Foster Parent ____________________ ____________________ ____________________ ____________________ ____________________ ____________________	____________________ ____________________ ____________________ ____________________ ____________________ ____________________ ____________________ ____________________ ____________________ ____________________ ____________________ ____________________ ____________________ ____________________

Describe any existing risk behaviour

____

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Possible intervention

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AFFECTION NEEDS ASSESSMENT			
FOCUS ASSESSMENT ON	ASSESSMENT QUESTIONS	VIEWPOINTS	SOCIAL WORKER'S OBSERVATIONS AND ASSESSMENTS
• Sensitivity • Love • Support • Understanding • Sense of belonging • Childhood	Does the child experience unconditional love, warmth and acceptance at home? • Yes/No Does the child have a sense of belonging • Yes/No Does the child have the opportunity to still be a child? • Yes/No Is the child allowed to mourn his/her losses? • Yes/No Does the child have open positive communication lines? • Yes/No	Child __________ __________ __________ __________ __________ __________ Foster Parent __________ __________ __________ __________ __________ __________ __________ __________	__________ __________ __________ __________ __________ __________ __________ __________ __________ __________ __________ __________ __________ __________ __________

Describe any existing risk behaviour

____

____

Possible intervention

____

____

Signature of social worker: ____________________ Date: ______________

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SECTION C: JOINT SUMMARY, FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

1 INTRODUCTION

In this section the focus will be on the main findings, conclusions and recommendations in terms of the study. The central theoretical argument, as outlined in **Section A (4),** will be discussed, and confirmed.

2 GENERAL SUMMARY, FINDINGS AND CONCLUSIONS

The most important summaries, findings and conclusions pertaining to this study is described by focusing on the methodology, as well as Articles 1, 2 and 3 as stated in **Section B.**

2.1 Aim and objectives

The overarching aim of this study was:

To develop an assessment tool for social workers to identify risk behaviour in foster children who have experienced multiple losses, such as the loss of one or both parents through death.

This aim contained the following objectives:

- To explore risk behaviour in foster children who have experienced multiple losses due to the deaths of their parents by means of an empirical and literature study.
- To explore the emotions experienced by OVC and their caregivers due to multiple losses that could relate to risk behaviour in the former.
- To develop an assessment tool for social workers to identify risk behaviour in foster children.

2.2 Central theoretical argument

By assessing potential risk behaviour in foster children by means of an assessment tool, social workers would be able to assist foster parents improve their parental skills in order to meet the psychosocial needs of OVC more effectively, so as to minimise the development of risk behaviour.

2.2.1 Literature study

Literature on assessment tools measuring risk behaviour in foster children who have experienced multiple losses due to the deaths of their parents is limited to researchers. This study has thus contributed to this dearth by making literature on this topic available further afield to those in need (social workers, etc). Literature on assessment tools for foster children is available and was consulted.

A great deal has been written on risk behaviour in OVC following the deaths of their parents, as well as the emotions experienced by both the foster parents and children following their losses. Literature on both risk behaviour and losses, as well as assessment was available, but no assessment tools pertinent to the issue of risk behaviour in OVC who have suffered multiple losses due to the deaths of their parents, which could be used by social workers to assess the potential threat. Sources that were used included books, journals, articles, programmes by government departments and NGOs, as well as government legislation. Many of the literature sources were obtained from the Ferdinand Postma Library, using Ebsco Host, Web Feat and Phsychlit databases.

2.2.2 Empirical investigation

A qualitative design was used throughout the study which involved collecting qualitative data. The results obtained from the collected data were then connected and integrated.

Data was collected by means of focus group sessions (Addendum 6), personal interviews guided by an interview schedule in the form of a questionnaire (Addendum 5), life stories were written down by OVC following a narrative approach, and social workers were involved to test the prototype assessment tool (Attachment 3.1). A purposive sample was selected from the total population of OVC placed in foster care by social workers employed by CWSA, Kokstad. The aim was to identify respondents acting as foster parents for OVC who had experienced multiple losses due to the deaths of their parents and who were presenting with risk behaviour. Social workers were selected by means of purposive sampling to test the prototype assessment tool.

The data collected gave a good overview on the risk behaviour present in OVC following the deaths of their parents, as well as the emotions experienced by both foster parent and child/ren. The input of social workers was of great value. They were actively involved in selecting respondents, completed questionnaires with them, allowed OVC to write down their life stories in their own words, as well as tested the prototype *risk assessment tool.* The latter gave direction to the identification of the needs experienced by foster parents, children, and social workers in dealing with the multiple losses experienced by OVC following the deaths of their parents. The identified needs enabled the researcher to identify potential risk factors and behaviour in order to formulate a prototype *risk assessment* tool. The prototype *risk assessment tool* could assist social workers in identifying risk behaviour in OVC placed in foster care. Once risk behaviour is identified, specific goals can be set and services rendered to foster parents and children in a more constructive, holistic, and eco-systemic manner.

3 MAIN CONCLUSIONS FROM THE LITERATURE AND EMPIRICAL STUDY

The researcher reached the following main conclusions:

3.1 Article 1

- Social workers play a vital role in assisting OVC to deal with their life situations. Due to the deaths of their parents, they suffer multiple losses making them prone to risk behaviour.
- Foster care is the most used form of alternative care for OVC who have suffered multiple losses due to the deaths of their parents.
- Both OVC and their foster parents have to deal with complex emotions following these losses.
- OVC must have a sense of belonging to a family; it gives them hope for the future, and minimises the impact of the loss of a parent, allowing them to feel loved and understood.
- An effort should be made to establish open communication between the social worker, foster parent and -child.

- Foster parents need to be guided by social workers to create a safe, caring environment, where OVC placed in their foster care feel free to communicate their deepest emotions without fear of being rejected.
- A team approach should be followed on all attending to the needs of OVC placed in foster care following the deaths of their parents or caregivers (including social workers, foster parents, and children).
- A greater understanding of modifiable protective measures that will contribute to the improvement of the psychosocial functioning of OVC can inform the design of interventions.
- Better management of risk behaviour once it is identified, could act as a preventative measure for future risk behaviour in OVC placed in foster care.
- The identification of risk behaviour by means of a proper assessment, could prevent and manage risk behaviour in a constructive manner following a holistic, eco-systemic approach
- Risk behaviour in OVC is complex and need to be attended to in a holistic, eco-systemic and responsive manner through a multi-disciplinary team approach.
- An overall community sensitivity towards the needs of both foster parents and children should be developed, to strengthen the safety network of families affected by the deaths of parents of OVC.

3.2 Article 2

- The death of one or both parents is seen as a severe stressor in the life of a child with which he or she needs to cope.
- Psychosocial functioning needs to be improved in OVC in order to prevent the development of negative, anti-social behavioural patterns which are known as risk behaviour.
- The presence of a competent, caring adult is vitally important in the process of enhancing social functioning in OVC. This adult needs to be sensitive to all the needs of the child placed in his or her care.
- OVC must have a sense of belonging to a family; this could minimise the impact of loss by the death of a parent.

- OVC should be involved in planned orphan care and their input is vitally important for the success of the foster placement.
- Counselling should be offered on an ongoing basis to both foster parent and child through a multi-disciplinary team approach.
- All foster parents, (both existing and new) should be allowed an opportunity to deal with their own emotions, as well as the complex ones experienced by OVC following the deaths of their parents.
- Foster parents need to be guided by social workers to create a safe, caring environment with open communication lines where OVC feel free to express their deepest emotions without fear of being rejected.
- Dealing with the complex emotions involved with bereavement requires a team approach. The social worker must work with the foster parent and child in dealing with their emotions.
- With the ongoing support of social workers, foster parents can reach their full potential as parents and meet the psychosocial needs of OVC in an attempt to prevent the development of negative, anti-social behaviour, known as risk behaviour.

3.3 Article 3

- Due to the suffering of multiple losses that OVC experience following the deaths of their parents, they become prone to risk factors that could lead to risk behaviour.
- It is vitally important to identify risk factors before they develop into risk behaviour, and to attend to OVC's needs in such a manner that the development of risk behaviour is prevented as far as is possible.
- A joint team effort should be followed to attend to the needs of OVC in a holistic, eco-systemic manner.
- After the initial risk assessment and identification of goals and needs has taken place, progress should be monitored and evaluated on an ongoing basis.
- It is important that the social workers, foster parents and children work together in achieving the set goals. The setting of goals should aim at attending to risk factors, and risk behaviour, as well as loss. Service rendering

should work towards restoration. This must become an ongoing process throughout the foster care placement.

- Emphasis is generally placed on meeting material needs in foster placements, neglecting the needs of protection (and especially) affection. This needs to be rectified, attending all three groups of needs on an equal footing.
- Opportunities need to be created where foster parents and children can air their emotions, as this could create mutual understanding for each other's feelings, as well as strengthen their bond.
- The social worker plays an active role in the identification of losses, risk factors and risk behaviour. Due to high caseloads and staff turnover at NGOs, social workers find it difficult to act preventatively in attending to risk behaviour.
- The development of a risk assessment tool is an attempt to assist social workers in performing a constructive assessment of risk behaviour in a foster care placement. If done in time this assessment should act as a preventative measure for the development of future full-scale risk behaviour.

3.4 Joint conclusions

- The death of a parent is a huge stressor in the lives of OVC. Without the necessary support in meeting their needs on material, protection, and affection levels, they could be at risk for developing problem behaviour, known as risk behaviour. This could have a very negative impact on communities and ultimately an entire country. It is therefore important to attend to the needs of OVC in a holistic, eco-systemic way allowing them to be a part of the planned orphan care.
- Multiple losses following the deaths of their parents leave OVC and their foster parents with complex emotions. This should be attended to by following a multi-disciplinary team approach. Generally, attending to material needs receives preference above the meeting of protection and affection needs. This should be rectified to the extent that material, protection, and affection needs all receive equal attention.
- During intervention, the relevant social worker, foster parent, and child should form part of the team identifying loss, risk factors, and risk behaviour, and set

goals to work towards restoration. This should be an ongoing process throughout the entire period of foster placement.

- Due to high caseloads and staff turnover, social workers battle to address the deeper emotional needs of foster children following the deaths of their parents. The development of a prototype risk assessment tool was aimed at rectifying this problem, allowing social workers the opportunity to do an effective assessment of risk factors that might lead to risk behaviour in the lives of OVC. By doing this they are provided with an opportunity to work preventatively, alleviating the possible development of risk behaviour in OVC in future.

3.5 Conclusion regarding the central theoretical argument

- By assessing potential risk behaviour in foster children by means of an assessment tool, social workers could assist foster care parents with better parental skills so as to meet the psychosocial needs of OVC more constructively in order to minimise risk behaviour.

It is clear that the role of social workers in assessing risk factors and risk behaviour following multiple losses after the deaths of OVC's parents is vitally important. Unfortunately they experience high caseloads and staff turnover, causing social workers to mainly focus only on the material needs of OVC. Due to this fact, protection and affection needs are neglected. Social workers need to work with foster parents and children to conduct an assessment of the psychosocial needs of OVC, thus attending to risk factors that could lead to risk behaviour. Left unaddressed these could develop into full-scale risk behaviour that could make life for the foster parent and child very difficult. Through the results and conclusions of the research study the central theoretical argument was proved to be true. An assessment tool for social workers to identify risk behaviour in foster children could be of great help in a foster placement of OVC who have suffered multiple losses through the deaths of their parents or caregivers.

4 RECOMMENDATIONS ARE MADE AT LOCAL, PROVINCIAL AND NATIONAL LEVELS

It is therefore recommended that:

4.1 Local level

- Measures need to be put in place by social workers' supervisors to enable them to attend to the needs of OVC placed in foster care in a constructive way. This can be done by means of education of social workers on emotional, material and protection needs. All three groups of needs must be met by social workers in a holistic way without neglecting any of the needs (such as affection needs).
- Potential risk factors need to be identified by social workers in time to prevent the development of risk behaviour. The prototype assessment tool could assist social workers in doing so, which would contribute to the prevention of risk behaviour.
- Social workers play a vital role in the identification of risk factors, as well as risk behaviour, therefore they must be made aware of the consequences if left unattended, and be guided by their supervisors on how to address these problems in a constructive manner.
- Local support groups for foster children and parents could make the workload of social workers more manageable. It could happen in the form of peer support groups for teenagers, as well as volunteers assisting foster parents. A "buddy system" could be developed within communities where more experienced foster parents mentor more recently appointed foster parents. The aforementioned should be done under the guidance of a social worker.

4.2 Provincial and national levels

- A parliamentary committee should be set up to investigate and make recommendations pertaining to stigma in communities pertaining to HIV and AIDS, and find solutions for the stigmatisation of OVC in cases where they are affected by HIV/AIDS.
- The provision of community programmes pertaining to education and social support could be of great help in assisting social workers to deal with OVC who have suffered multiple losses due to the deaths of their parents. These programmes could be run in communities by local governments, and educational and health institutions.

- Communities should take ownership of OVC who have suffered multiple losses due to the deaths of their parents, on a local, provincial, and national level by means of representation to the aforementioned by their local community leaders.
- Multi-disciplinary forums should be formed consisting of community leaders on a local, provincial, and national level in order to make holistic, eco-systemic services available to OVC and their foster parents.
- On a national level, the disparity in salaries of social workers employed by NGOs and government should receive attention in parliament to minimise high levels of staff turnover at NGOs.
- The shortage of social workers should be attended to on a national level by educators, counselling psychologists, NGOs, and government. It should be targeted on a national level to encourage more students to choose social work as a profession. At the national level financial help should also be made available by government for students in social work.
- National groups who are at risk due to poverty, high incidences of HIV and AIDS and drug abuse, should be identified by leaders in key positions, such as members of parliament.
- Researchers in the psychosocial field should identify gaps in the evidence base; future research could strengthen understanding of appropriate targets that attend to risk factors and risk behaviour. It is important for all social workers to attend to risk factors before these gestate into risk behaviour in OVC, thus these issues need to be targeted on a local, provincial and national level by all parties involved in the psychosocial well-being of OVC placed in foster care following the deaths of their parents.

5 FINAL CONCLUSIONS

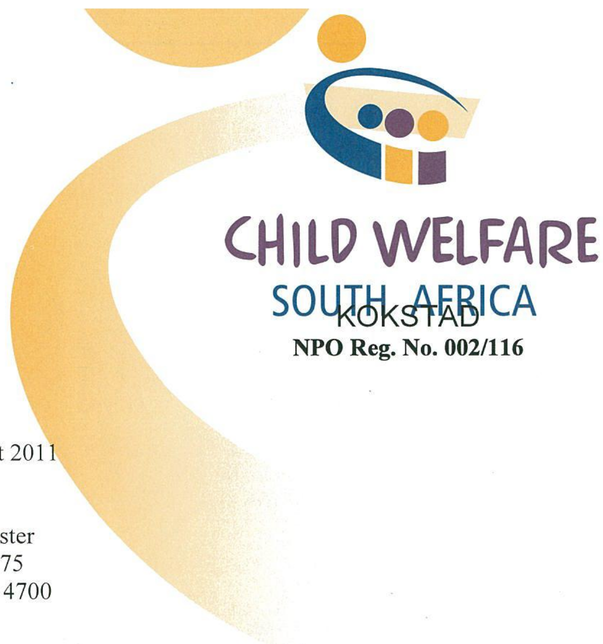
- The needs of OVC, who have suffered multiple losses due to the deaths of their parents and have been placed in foster care, should be met in a holistic, eco-systemic way. Presently social workers have little time to meet the emotional needs of both foster parents and children, and very often will assume that once a foster care grant is in place and the statutory procedure is concluded, the needs of OVC have been met. Unfortunately this is a very

superficial intervention strategy pertaining to the needs of OVC who have experienced terrible loss through the deaths of their parents or caregivers. Problem behaviour in this study, is referred to as risk behaviour and often occurs in the teenage years, where the real affection needs were never met during the time of and following their losses. The needs are divided into three groups, namely material, protection and affection needs. Risk factors that start to present and are left untargeted, could develop into risk behaviour that could gestate, fuelling future risk behaviour. Often the situation has developed so far that it is almost irreversible if detected too late.

- With the development of a prototype risk assessment tool the researcher made an attempt to assist social workers in identifying risk factors and risk behaviour in OVC in time to prevent the development of risk behaviour in future. The researcher plans on refining the prototype risk assessment tool to enable social workers to attain maximum benefits from it.

SECTION D:
ADDENDA

ADDENDUM 1: REQUEST FOR PHD STUDIES



24 August 2011

Mrs N Bester
P.O. Box 75
Kokstad 4700

Dear Mrs Bester,

RE : REQUEST FOR PHD STUDIES

I have pleasure to inform you that Management has at its meeting held on the 23 August 2011 Approved your request for PHD Studies, under the following conditions :

- ✓ Twenty working days paid leave will be granted to you
- ✓ You will be expected to continue your service with the Society for (1) one year after the last day for which study leave was granted.
- ✓ You are required to agree to the above in writing as stated in points 4.6.3. and 4.6.4 of the services conditions.

I wish the best for your studies.

Yours sincerely

JAN MöLLER
DIRECTOR

039-727 3105(T) • 039–727 3106(F)
Cnr Hope & Dower Street • Market Square • KOKSTAD • 4700
P.O. BOX 75 • KOKSTAD • 4700
E-mail: cwsakokstad@telkomsa.net

ADDENDUM 2: INFORMED CONSENT FORM

Number:......................

Research is conducted with the aim to in write an empowerment program for foster parents dealing with children who have experienced bereavement due to loss of a parent. Some of them are presenting with risk factors that could result in problem behaviour. The researcher obtained written consent from the CWSA, Management Committee to conduct the research. The overarching aim is to improve services rendered by social workers of CWSA, Kokstad dealing with foster care where children are involved who need special attention in dealing with their losses. The aim is also to empower foster parents to deal with their special emotional needs.

The ethical code as respected by CWSA, Kokstad will be followed and in no way will any of the respondents be placed in a position where emotional or physical harm can come to the repondents. Confedentiality will be respected and any responses will be dealt with in an anonymous manner.

This agreement applies for sessions dated:

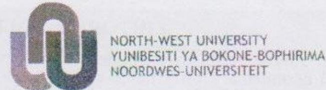
....

....

Signed by respondent:.................................... Date:.......................................

Facilitator: Date:.......................................

ADDENDUM 3: APPROVAL OF PROJECT



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Ethics Committee
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Email Ethics@nwu.ac.za

Dr A Herbst

2009-10-31

ETHICS APPROVAL OF PROJECT

The North-West University Ethics Committee (NWU-EC) hereby approves your project as indicated below. This implies that the NWU-EC 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	PSYCHOSOCIAL AND VALUE-BASED HIV AND AIDS PREVENTION AND INTERVENTION PROGRAMMES
Ethics number:	N W U - 0 0 0 6 0 - 0 8 - A 1
Approval date: 1 September 2008	**Expiry date**: 30 August 2013

Special conditions of the approval (if any): None

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-EC:*
  - *annually (or as otherwise requested) on the progress 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.*
- *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 NWU-EC. 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-EC and new approval received before or on the expiry date.*
- *In the interest of ethical responsibility the NWU-EC retains the right to:*
  - *request access to any information or data at any time during the course or after completion of the project;*
  - *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-EC 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 Ethics Committee 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 Ethics Committee for any further enquiries or requests for assistance.

Yours sincerely

Prof MMJ Lowes
(chair NWU Ethics Committee)

Prof HH Vorster
(Chairman: NWU Ethics Committee: Author)

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SECTION D : ADDENDA

ADDENDUM 4: EDITORIAL POLICY/REDAKSIONELE BELEID

SOCIAL WORK. A PROFESSIONAL JOURNAL FOR THE SOCIAL WORKER! MAA TSKAPLIKE WERK. 'n V AKTYDSKRIF VIR DIE MAATSKAPLIKE WERKER

The Journal publishes articles, book reviews and commentary on articles already published from any field of social work. Contributions may be written in English or Afrikaans. All articles should include an abstract in English of not more than 100 words. All contributions will

- be critically reviewed by at least two referees on whose advice 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 or presentation does not conform to the Journal practice. Articles of fewer than 2,000 words or more than 10,000 words are normally not considered for publication. Two copies of the manuscript as well as a diskette with the text, preferably in MS Windows should be submitted. Manuscripts should be typed in 12 point Times Roman double-spaced on one side of A4 paper only. If possible the manuscript should be sent electronically to hsu@sun.ac.za. 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) of the author(s), year of publication and page number(s) must appear in parenthesis in the text, e.g. "..." Berger, 1967: 12). More details about sources referred to in the text

Die Tydskrif publiseer artikels, boekbesprekings en kommentaar op reeds gepubliseerde artikels uit enige gebied van die maatskaplike werk. Bydraes mag in Afrikaans of Engels geskryf word. Alle artikels moet vergesel wees van 'n Engelse opsomming van nie meer as 100 woorde nie. Alle bydraes moet krities deur ten minste twee keurders beoordeel word. Beoordeling is streng vertroulik. Manuskripte sal na outeurs teruggestuur word indien ingrypende hersiening vereis word, of indien die styl nie ooreenstem met die tydskrif se standaard nie. Artikels van minder as 2,000 woorde of meer as 10,000 woorde sal normaalweg nie oorweeg word vir publikasie. 'n Disket met die teks, verkieslik in MS Windows, moet twee kopieë van die manuskrip vergesel. Manuskripte moet in 12 pt "Times Roman" dubbelspasiëring slegs op een kant van 'n A4 bladsy getik word. Indien enigsins moontlik moet die manuskrip ook per e-pos versend word aan hsu@sun.ac.za. Verwysings moet volgens die Harvard-stelsel geskied. Verwysings in die teks: Wanneer woordelikse sitate, feite of argumente uit ander bronne gesiteer word, moet die van(ne) van die outeur(s), jaar van publikasie, en bladsynommers tussen hakies in die teks verskyn, bv. "..." (Berger, 1967:12). Meer besonderhede omtrent bronne moet alfabeties volgens die vanne van die outeurs aan die einde

should appear the end of the manuscript under the caption "References". The sources must be arranged alphabetically according to the surnames of the authors. Note the use of capitals and punctuation marks in the following examples.	van die manuskrip onder die opskrif "Bibliografie" verskyn. Let op die gebruik van hoofletters en leestekens by die volgende voorbeelde

TWO AUTHORS/TWEE OUTEURS: SHEAFOR, B.W. & JENKINS, L.E. 1982. **Quality field instruction in social work.** Program development and Maintenance. New York: Longman.

COLLECTION/BUN DEL ARTIKELS: MIDDLEMAN, R.R. & RHODES, G.B. (eds) 1985. **Competent supervision, making imaginative judgements**. New Jersey: Prentice-Hall.

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ADDENDUM 5: INTERVIEW SCHEDULE

Foster Parent Questionnaire

Aim of the questionnaire

To allow foster parents to evaluate the services rendered to them by social workers employed by Child Welfare South Africa (CWSA), Kokstad with regards to foster children who have experienced loss and bereavement.

Goals of the questionnaire

- To involve the foster parent in the evaluation process of the supervision services rendered in foster care cases by social workers employed by CWSA, Kokstad.
- To receive the input of the foster parents in addressing the psychosocial needs of both the foster parents and children.
- To determine what the foster parent's understanding of the psychosocial needs of the children placed in their foster care is.

Biographical information of the foster parent

This is an anonymous questionnaire and the privacy of the respondent is respected at all times. No names need to be supplied.

Respondent No:

1. Marital status (such as divorced, co-habituating, married, single, widower) and sex?
____

M	
F	

2. Race: _________________

3. Age: _________________

4. Highest Education level: ______________________________________

5. Do you have children?

YES	NO

If Yes, how many?

6. How many children in your foster care?_____________________

7. How long have you legally fostered these children? ___________

8. Do you care that it is important for children to be well taken cared of?

YES	NO

Please motivate your answer

____

____

9. Who took care of you when you were a child?

	Yes/No
Mother and Father	
Only Father	
Only Grandmother	
Only Family members	
Only Mother	
Grand Parents	
Only Grandfather	
Other people, not family members	

10. Was this person understanding of your needs?

YES	NO

11. Were you ever placed in alternative care such as legal foster care?

YES	NO

12. If Yes, how did you experience this placement?______________________________

____

____

____

13. Did the child or children in your care loose an important adult in his/her life?

YES	NO

If Yes, who was that person? ____________________________

14. How does he/she feel about losing this person? ________________________________

____

____

15. Do you think that this loss caused him/her to fall into problem behaviour?

YES	NO

If Yes, why? ____

____

16. What do you suggest could be done to help children experiencing the loss of a loved one?

____

____

____

17. Do you think that if you received more help as a foster parent to help the child effectively, you would cope better?

YES	NO

18. If Yes, why do you say that?

19. How can CWSA Kokstad's social workers help you more? _______________________

____

____

ADDENDUM 6: GUIDELINES FOR THE FOCUS GROUP SESSION HELD WITH SOCIAL WORKERS EMPLOYED BY CWSA, KOKSTAD

- Guidelines for the selection of potential risk factors were handed out to the six social workers a week before the planned focus group session. They had to read it in preparation for selecting respondents.
- Five social workers had to supply 10 to 12 respondents.
- They had to apply the outline of the potential risk factors to their selected cases.
- The criteria were: Children under the age of 18 years who lost one or both parents and they suffered multiple losses due to the deaths of their parents and then placed in foster.
- Risky behaviour was presenting itself to a certain extend.

ADDENDUM 7: LETTER TO SOCIAL WORKERS TO TEST THE ASSESSMENT TOOL

24 Steenbok Street
POTCHEFSTROOM
2530
Cell. 082 922 8252
Tel. 018 293 0678 (W)
e-mail: gcbester@venturenet.co.za

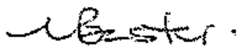
27 Augustus 2013

To whom it may concern

RE: TESTING OF A RISK ASSESSMENT TOOL FOR FOSTER CHILDREN

Herewith I would ask for the permission of your organization's social workers to have an opportunity to test an assessment tool for risk behavior in orphans and vulnerable children (OVC). The criteria for OVC to be included in this study would be that they must have experienced multiple losses through the deaths of their parents and placed in foster care by your organization. This form part of my PhD studies in social work and your assistance in this matter would be appreciated very much.

Yours faithfully



(Mrs) Nerina Bester
SOCIAL WORKER

ADDENDUM 8: LANGUAGE EDITING

FUNCTIONALITY

Functions for Fun CC. CK/2001/067655/23 t/a Functionality

PO Box 130211 Bryanston 2021
Tel Nr. (083) 639-1960 Fax nr. (086)555-7982
e-mail lswylde@mweb.co.za

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10 June 2014

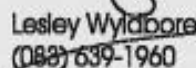
To Whom it may Concern

This serves to certify that I have copy edited the dissertation comprising Articles 1-4, as submitted by Nerina Bester of North-West University, titled "*AN EXPLORATION OF RISK BEHAVIOUR IN FOSTER CHILDREN WHO HAVE EXPERIENCED MULTIPLE LOSSES*".

The edit consisted of checking grammar, punctuation and spelling, as well as some reformatting to ensure consistency.

Please call if I can be of further assistance.

Regards



Lesley Wyldbore
(083) 639-1960

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