The development of an adolescent risk-behaviour management programme for foster parents

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Thesis accepted in fulfilment of the requirements for the degree Doctor of Philosophy in Social Work at the

North-West University

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DEDICATION

This thesis is dedicated to my late parents Jacob and Maria Mmusi. Heavenly thank you for bringing me into this world, care, love me unconditionally and provided for my needs with the very little you had. You both motivated me to be the best that I can and trusted that I have it in me to make it in this world. Thank you for instilling confidence, a sense of independence, resilience, perseverance and humour in me. All these and other aspects played a crucial role and served me well during this journey. I will always love you and your spirits live on in me.

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PREFACE

This thesis complies with the requirements in accordance with Regulation A.7.2.3 for PhD in social work. It was prepared for submission in article format in accordance with the 2018 version of the General Academic Rules (A4.1.1.1.4 and A4.4.2.9) of the North-West University.

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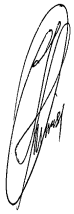

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EXECUTIVE SUMMARY

TITLE: The development of an adolescent risk-behaviour management (ARBM) programme for foster parents

Foster care is globally viewed as the most suitable option for children who are in need of alternative care with an assumption that it will provide them with stability and create opportunities whereby proper care and nurture will help them find a sense of belonging. Risk behaviour has been identified more so during adolescent stage as one of the contributing factors to foster care placement disruptions and breakdowns. However, few studies have been published on the implementation of intervention programmes for parents fostering adolescents presenting with risk behaviour.

The aim of this study was to investigate foster parents' understanding and responses to risk-behaviour. Participants of the study were recruited from designated welfare organisations within the North-West Province. The sample included parents fostering adolescents between the ages of 14-17 years old. Thus, the primary goal of parenting programmes is to enhance parents' knowledge, attitude and practices in relation to caring for adolescents. This study utilised a mixed-method approach using an integration of both qualitative and quantitative research approaches against the explanatory sequential design in collecting, comparing and analysing data. Content analysis of data was conducted. Based on the empirical literature, investigation and findings, the researchers developed an ARBM programme for foster parents. This programme was evaluated through a focus group discussion by foster parents who received training in the newly developed ARBM programme for foster parents.

The findings of this study add value to the existing knowledge and make a significant contribution to intervention designed to assist parents fostering adolescents presenting with risk-behaviour. Based on the overall findings and conclusions, recommendations for practice and future studies are made.

Section A of this thesis presents the research protocol approved by the Community Psychosocial Research (COMPRES) entity and the Health Research Ethics Committee (HREC), North-West University. Supporting documents are attached which includes ethics approval (included as Addendum A). The section serves to orientate the reader to this study and includes an in-depth discussion pertaining to the planning and methodology followed in preparation for this study. Theoretical foundation and legislative framework that governs child protection informs the foundation of this study.

Section B consists of the four (4) articles relevant to this thesis and each article is presented according to a structure of the journal article publishers that the researchers intend to submit for publication. The four articles form the critical part of this study's findings and each of these articles focusses on the objectives of this study. The findings are critically discussed, elaborated and supported with evidence from literature and the research investigation.

Section C presents the main findings of this study coupled with conclusions, limitations and future recommendations. The ARBM programme for foster parents was presented to foster parents. The content of this programme was further evaluated with a group of foster parents who received training. This programme has been circulated to all welfare organisations that participated in the study. Pamphlets were also distributed to foster parents for future reference.

The findings of this study concur with an extensive amount of literature that there is a need for foster parents to receive trauma and behaviourally informed training on how to cope and deal with adolescents presenting with risk-behaviour. Through evidence-based training interventions, foster parents are likely to feel empowered and develop insight on how to regulate their parenting behaviour.

Keywords: Foster care, risk-behaviour, attachment, risk and protective factors, parental knowledge, parenting styles, parent behaviour, behaviour management programme

DEFINITIONS OF KEY TERMS

Adolescence: Adolescence is considered a critical stage occurring between puberty and adulthood whereby feelings of being loved, appreciated and ultimately be provided with a stable relationship is of great importance, which in turn will help the young person to develop a positive self-esteem, self-identity and a sense of belonging (Escobar, Pereira & Santelices, 2014; Lopez-Brock & Morales, 2016).

Adolescents' risk-behaviour: Risk-behaviour in adolescents is often described as behaviours which include bullying, manipulation, excessive lying, truancy, rebelliousness, defiance, aggression, dictatorial behaviour, rejecting the educational system and a general lack of discipline (Girls and Boys Town South Africa, 1999).

Attachment: Attachment relationship is a universal, cross cultural phenomenon. It is the emotional bond between a child and parent which plays a significant role in the regulation of stress in times of distress, anxiety, as well as exploration of the environment (Van Ijzendoorn, 2007).

Foster care: A situation where children are placed by competent authorities for the purpose of alternative care in the domestic environment of a family other than the children's own family that has been selected, qualified, approved and supervised for providing such care (UN, 2009 Art. 28, as cited in EveryChild, 2011).

Foster parents: Refers to an individual above the age of 18 years who has been assessed by the Children's Act (No 38 of 2005 as amended) and found to be suitable, proper and fit to provide care to a child whose biological parents are deemed unfit to provide such care in a homely environment (Carter, 2013).

Risk and protective factors: Risk factor is defined as any behaviour likely to exacerbate negative behaviour that usually has negative consequences (Bester, 2014). Whereas protective factors may be both individual and contextual factors which may enhance resilience in the midst of risk and adversity (Healey & Fisher, 2011).

Parents' behaviour: This refers to the nature of interaction and communication that takes place between adolescents and their parents. Such behaviour is likely to have a profound influence on how adolescents view themselves and parents' concerns over their actions (Norman, 2017).

Parental knowledge: Parenting knowledge encompasses many domains which include parents' cognition about various approaches appropriate to fulfil their parental role, parents' understanding of child developmental milestones, as well as parents' awareness of practices and strategies to

maintain and promote children's psycho-social well-being (Bornstein, Cote, Haynes, Hahn & Park, 2010; Breiner, Ford & Gadsen, 2016).

Parenting skill training: Strategy for changing child's behaviour through strengthening parental skills to support parents in becoming the change agents for their families (Gross, Stulman & Stulman, 2016).

Parenting support programme: Parenting support programs aim to change parental beliefs and actions with the goal of changing child behaviour which, in turn, is likely to lead to changes in parental well-being including the family relationships (Ritcher & Naicker, 2013).

Risk behaviour management: Refers to services directly designed to help develop or maintain pro-social behaviour in adolescents. It is the type of intervention incorporated to clinical interventions and aim to enhance the parent-adolescent relationship and well-being (Johnson, George, Armstrong, Lyman, Doughherty, Daniels, Ghose & Delphin-Rittmon, 2014).

ACRONYMS AND ABBREVIATIONS

ARBM	Adolescent Risk-Behaviour Management Programme for foster parents
GBTSA	Girls and Boys Town South Africa
CBT	Cognitive Behavioural Theory
Tripple P	Positive Parenting Programme
Mol an Ǒlge CSP	Mol an Ǒlge Common Sense Parenting Programme
IY	Incredible Years Parenting Programme
EPaS	The Enhancing Parenting Skills Programme
SCFP	Sinovuyo Caring Families Programme
UNCR	The United Nations Convention on the Rights of the Child (1989)
ACRWC	The African Charter on the Rights and Welfare of the Child (1990)
CCSA	The Children's Charter of South Africa

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1.1 Introduction

Section A presents a brief background to the study and details of the research methodology followed. This section also outlines the structure of the study and provides information on the consideration of ethical principles which includes confidentiality, conflicting rights, informed consent and voluntary participation.

1.2 Contextualisation and problem statement

Foster care is globally viewed as the most suitable option in the continuum of care as opposed to institutional care (Carter, 2013). The assumption is therefore that children in need of care require a stable family or home environment in which love, security, and above all stability are provided (Carter, 2013; Tunno, 2015). In Europe, Australia and the United States of America, foster care practices are still implemented as a temporary relief until both the family of origin and the adolescent are ready for reunification, adoption or, in some cases, the young person reaches maturity (Rochat, Mokomane, Mitchell, and the Directorate, 2016). In South Africa, matters pertaining to children are governed by the Children's Act, 38 of 2005. This Act makes provision for all children in South Africa deemed to be in need of alternative care to be legally placed in care of an adult other than their biological parents who is willing to care for such a child (RSA, 2005).

Internationally and in South Africa, the general view is that the government should ensure that children's rights and wellbeing are protected and this expectation has a lot of implications on civil societies (Courtney, 2009; The U.S. Emergency Plan for AIDS, 2012). In South Africa any circumstances whereby a child is to be cared for by any person other than their biological parents, statutory intervention is required to create an opportunity for the child to be legally placed in the care of a prospective caregiver by an order from the Children's Court (Breen, 2015). The current alarming circumstances in South Africa with an increase in the number of children who are abandoned, neglected and orphaned at a tender age due to poverty and the HIV/AIDS epidemic, have changed the state of foster care drastically (Breen, 2015). HIV/AIDS have been a significant contributor to the total number of children in foster care. Recent statistics in South Africa show that the child population is approximately 19 579 000 which makes up 35% of the country's population (Fortune, 2016). According South African Security Agency (SASSA, 2018) there is a total of 446, 475 children in legal foster care placement. Since 2002 the number of children who require care has increased tremendously and as a result child care settings and foster care systems function under enormous pressure (Abba, 2015; Blackie, 2014; Meintjies & Hall, 2012).

The aforementioned statement is substantiated by an increased backlog in rendering quality services to children in need, as well as a compromise to those who are already in care as they likely do not receive adequate services to meet their specific needs (Ngwenya, 2011). The impact of these issues has not only been encountered in South Africa, but has also been experienced within the sub-Saharan region. It is estimated that 17 million children have lost at least one parent or both parents due to death and this has profound implications on families, children, and society in general (The U.S. emergency plan for AIDS, 2012).

In recent South African studies, the findings show that a lack of adequate social services, limited family support, as well as limited or a lack of knowledge in addressing the needs of adolescents, are some of the main setbacks faced by the current foster care system (Bester, 2014; Carter, 2013; De Jager, 2011; Ngwenya, 2011; Mamelane, 2010; Khoza, 2011). In addition to these setbacks, emotional and psychological difficulties are experienced by adolescents in foster care. Bester (2014) suggests that the emotional and psychological protection needs of children are neglected, by the foster care system which leads to an increase in risk-behaviour amongst adolescents in foster care.

Risk-behaviour in adolescents is often described as behaviour which include bullying, manipulation, excessive lying, truancy, rebelliousness, defiance, aggression, dictatorial behaviour, rejecting the educational system, and having a general lack of discipline (GBTSA, 1999). Adolescents demonstrating such risk-behaviour are likely to engage in activities such as experimenting with both legal and illegal drugs, engaging in risky sexual activities, as well as getting into trouble with the law (Farineau, 2016). Other contributing factors may include trauma and bereavement and attachment issues, and these are some of the aspects likely to complicate foster care placements (Carter, 2013; Smith, 2014; Tunno, 2015). Furthermore, attachment experiences have a significant influence on the adolescent's development of self-reliance, emotional regulation and social competence abilities (Sroufe, 2013). Therefore, attachment theory suggests that the quality of attachment in a relationship is influenced and shaped by the characteristics of the child, the caregiver, and the social environment in which the relationship is taking place (Zastrow & Kirst-Ashman, 2016). Sroufe (2013) highlights that the quality of attachment is the foundation for the psychosocial development of children and later development of their personality.

A number of studies identified placement instability as one of the barriers for foster care children to successfully age out of care (Armenta & Huerta, 2015; Brock & Morales, 2016; Stott & Gustavsson, 2010). These studies further find a link between placement instability and fostering ineffectiness. It is thus imperative for foster parents to receive training to deal with the adolescents' needs in a more effective way (Brock & Morales, 2016). Efforts should be made to

create opportunities to increase foster parents' capacity to handle adolescents in their care, specifically those presenting with risk-behaviour. This might in turn help decrease proportions of foster care placement instability and break down (Blakey, Leathers, Lawler, Washington, Natscheke, Strand & Walton, 2012; Zuniga, 2012).

In a study conducted by Al-Hassan and Landsford (2011) the findings indicate that parents who attended a parental programme demonstrated modest improvements in parenting knowledge, as well as showed a positive increase in using positive discipline methods. Thus parenting that is supportive, proactive and responsive plays a significant role in promoting children's positive adjustment. When training programmes for foster parents are planned, it is important that such programmes need to focus on promoting emotional healing and well-being within the context of the relationships these adolescents have (Armenta & Huerta, 2015; Zuniga, 2012). Therefore, a need arises for foster parents to be able to provide essential psychosocial support as the demonstration of parental understanding can be viewed as the driving force for a child to develop insight in behaviour and be motivated to change or improve such behaviour (Eseadi, Onwuasonya, Ugwuanyi, Ugwu & Achagn, 2015). In the current context of the South African welfare system, there is no clear guidance on how foster parents should be trained and prepared to specifically deal with risk-behaviour presented by adolescents in their care (Breen, 2015).

Systematic interventions need to be adopted in an attempt to increase the likelihood that foster care children experience favourable outcomes, and this calls for rigorous research about interventions and strategies that specifically targeted towards helping this population (Fisher, 2015; White, 2015). Once an adolescent is in foster care, disruptions and risk-behavioural problems can compromise the initial aim of providing safety and securing the well-being of the child (Tunno, 2015). Although it has been well documented that there is a close relationship between placement breakdown or disruptions and fostered adolescents reported to present with risk-behaviour, there is still a need for further investigation with regards to the experiences of foster parents on what constitutes placement disruption or breakdown (Tunno, 2015). There is a lack of evidence when it comes to services aimed at assisting parents to manage adolescents with risk-behaviour (Thomas, 2013).

The researchers recognise that there have been valuable studies conducted on foster care, however, specifically in South Africa, much work still needs to be done to help contemporary foster care families cope and deal with the challenging task of caring for adolescents presenting with risk-behaviour, since this has an enormous impact on foster placement. There is an increase in recent decades of children entering the South African welfare system, especially within the North West Province. SASSA statistics (2018) show that, as of September 2018, North West Province had a total of 34, 636 children in legal foster care. Locations where the increased number became

prominent involves the following districts: Dr. Kenneth Kaunda, Ngaka Modiri Molewa and Dr Ruth Mompati municipal districts. The identified districts consist of both semi-urban and rural areas, where problems identified in the above contextualisation are common problems experienced in the communities (Masia, Van Wyk, Franco, Swanepoel & Campher, 2017).

From the arguments in the contextualisation of this study it was clear that there are increasing concerns about foster care adolescents finding it difficult to build and maintain trustworthy relationships with others later in life. Risk-behaviour does not end when adolescents exit foster care, and if not addressed this is likely to have negative consequences for the adolescents and the society at large (Farineau, 2016). This study developed a programme to guide and equip foster parents with the necessary skills, knowledge and attitude to become competent in dealing with risk-behaviour presented by adolescents in their care.

1.3 Introduction to the relevant legislative framework and theroretical foundation

Although studies on foster care have explored the experiences of foster parents fostering adolescents, specifically in South Africa little attention has been provided to help foster parents develop positive mechanisms to cope with adolescents in their care presenting with risk-behaviour. This study aims to add value and build on contribution to literature on the foster care setting, by a number of researchers such as Armenta and Huerta (2015), Brock and Morales (2016), Farineau (2016), Smith (2014) and Zuniga (2012). The following discussion provides an overview of the national and international legislative framework and policies that informs interventions with children in need of alternative care such as foster care. The theoretical framework used in this study aims to explain circumstances surrounding foster care in South Africa, services needed, or that can be used, irrespective of the geographic setting, for effective intervention when working with parents fostering adolescents presenting with risk-behaviour.

1.3.1 Legislative framework and policies pertaining to protection of children

1.3.1.1 The United Nations Convention on the Rights of the Child (1989) **(UNCRC)**

Article 3 of the UNCRC provides that, in all actions concerning children, the best interests of the child should be a primary consideration, even for those whose parents are incarcerated or deceased. The emphasis is placed on the child's right to live in a conducive environment that meets their physical, mental, spiritual, moral and social development (Shoko 2012). UNCRC is the pre-eminent source of children's rights in international law. "Article 12 guarantees a child's right to express his views in every matter that affects him, and specifically in judicial proceedings, this right is of importance in interpreting children's participatory rights under section 10 of the Children's Act 2005" (Schäfer, 2011).

1.3.1.2 The African Charter on the Rights and Welfare of the Child (1990) (ACRWC)

The African Charter on the Rights of the Child was adopted in 1990 and was the answer to the need of African children to be protected and safeguarded in their unique context where they were often more likely to be victims of human rights violations (Boezaart, 2009). The ACRWC has three anchoring principles: (1) the best interest of the child, (2) non-discrimination and (3) primacy of the Charter over harmful cultural practices and customs. It recognises the family as central to a child's upbringing and requires the state to protect and support the establishment of families as the natural unit or the basis of society; hence it is important to know a child's family of origin in order to understand a child better. The ACRWC requires states to protect children by ensuring that both parents have equal rights and responsibilities, and ensuring that no child is deprived of protection and maintenance regardless of the parents' marital status. This further means that it takes into consideration that parents and caregivers should be aware that each right is attached to a specific responsibility that they have to adhere to in order to protect their children from harm or any source of violence (South African Child Gauge, 2018).

1.3.1.3 Children's Act, 38 of 2005

This Act make provision for all children in South Africa under the age of 18 years with the aim to ensure that all children's rights and needs are protected. According to this Act, any practitioner declared legible to render professional services to children must be driven by the principle of "the best interest of the child". Foster children are defined as "a child who is found to be in need of care and protection in terms of Section 3 or 6 of the Children's Act of 2005. Thus, foster care placement can only be confirmed by the Children's Court. For this reason, the state takes responsibility to ensure that all children are protected from any form of abuse that could potentially harm their development and well-being (Breen, 2015; Carter & Van Breda, 2015).

Section 18(2) of the Children's Act 38 of 2005 further stipulates that any prospective foster parent needs to be adequately assessed by a designated social worker to determine the person's ability to be entrusted with caring for vulnerable children. The Act further states that such a person must be willing and able to take the responsibility with commitment and capacity to cater for the well-being and development of the child. The Act however does not specify how the foster parents should be trained to deal with children presenting with risk-behaviour (Children's Act, 38 of 2005).

1.3.1.4 The Children's Charter of South Africa (CCSA)

The CCSA holds that all children are entitled to basic human rights and freedom and therefore deserve respect, special care and protection as they develop and grow. The CCSA consists of 10 Articles that clearly stipulate the different rights that all children have. All the charters recognise

the need for a child to grow up in a family environment and an atmosphere of happiness, love and understanding. CCSA further emphasises a need for all children to be protected with the child's best interests in mind, in order to improve their quality of lives at the best those assisting them could.

1.3.1.5 The South African Constitution

The Constitution of the Republic of South Africa (1996) Article 28(2) stipulates that a child's best interests are of paramount importance in every matter concerning the child. Section 9 of the Children's Act 38 of 2005 substantiates the Constitution as it states that, in all matters concerning the care, protection and well-being of a child and the standard that the child's best interest is of paramount importance, must be applied. Children are highly dependent and vulnerable and as a result, they require special protection and recognition of their human rights and autonomy as individuals (The Constitution of the Republic of South Africa, 1996).

Section 28(6) of the South African constitution further states that every child has the right to appropriate alternative care should the family of origin not be in a position to care for the child. Through social security measures the government becomes 'a corporate' parent and assumes the responsibility on caring for children who are in need.

1.4 Theoratical foundation

This study is informed by the following theories: ecosystems, human development, attachment and cognitive behavioural theory. The focus of this discussion is to unpack theories of other researchers and identify the relationship between different concepts, discuss and interpret these theoretical findings. Erickson's, Freud's, Piaget's and Maslow's theories will be utilised to elaborate on the understanding of human development and functioning as well as the interrelatedness between themselves, others and their continously changing environment.

1.4.1 Ecosystems theory

Ecosystems theory places emphasis on the interrelationship that exists between humans and the environment. This theory holds a notion that the environment in which individuals live is constantly changing and a need for indivuals to adapt to these changes may bring along difficulties that need to be taken into account when interacting with individuals, famlies, communities and society in general. For these reasons individuals cannot only be defined based on psychological processes or only environmental aspects that cause distress, but rather gain insight into the dynamics of person-in environment interaction (Meyer, Moore & Viljoen, 2008). For the purpose of this study,

ecosystems theory is useful to help researchers understand the social functioning of parents in their role of fostering adolescents.

1.4.2 Human development theory

Human development is about change and transition. The process of change continues throughout life and individuals' experiences change differently depending on their stage of development, uniqueness, experiences, cultural and contextual influences that impact on their adaptation process. This theory holds a notion that, all human beings are born with immense potential, however, opportunities have to be created to enable them to explore and determine options that add value to their existence (Papalia & Feldman, 2012).

In addition, attention will be given to Erickson's (1950) psychosocial development theory in an attempt to gain a better understanding of the processes adolescents go through as they develop. According to this theory, when adolescents reach adolescence stage, their focus and thoughts are pre-occupied with discovering who they are and the meaning attached to their sense of existence. This theory however, further emphasises that what transpired in an adolescent's life during early childhood has a significant influence during the process of an adolescent's development. This theory is relevant to this study as most fostered adolescents have suffered different forms of abuse in their lives resulting in them being placed in foster care (Erickson as cited in Papalia & Feldman, 2012).

In his psychoanalytic theory, Freud (1953) emphasises a need for parents to build on their emotional connection with adolescents as important. For this theory, individuals need to acquire skills, knowledge and attitudes through physical maturation, social expectation and personal efforts. For adolescents knowing that they have the ability to master these skills, will result in them adjusting and believing that they can do much better if other tasks emerge. This will lead them to mature to become more responsible, self-confident and able to make appropriate choices (Freud as cited in Papalia & Feldman, 2012).

Furthermore, Piaget (1980) point out that during the adolescence stage, an individual experience a shift that is likely to lead to an experience of imbalance within. This theory emphasises that a sense of self during the adolescence stage is significant and further exposure and interaction with others play a critical role in shaping who they are and how they think about themselves and others (Piaget as cited in Papalia & Feldman, 2012).

1.4.3 Attachment theory

Attachment theory has been used in the child care setting to help interpret and understand the interchange that takes place in relationships amongst individuals. Bowlby's (1973) theory of attachment focuses on the deep and enduring emotional bond that connects an individual with significant others across time and space. Attachment is characterised by specific behaviour in developing children, such as seeking proximity, feeling emotionally closed often with a parental figure. When one feels emotionally closed, the expectation is that the figure they are attached to will respond appropriately towards the child's needs especially when the child feel stressed or overwhelmed (Bowlby as cited in Norman, 2017). Literature suggests that there is a distinct relationship between attachment and resilience (Sroufe, 2013; Quiroga & Hamilton- Giachritsis, 2016; Van Ijzendoorn, 2007).

In addition, Maslow (1943) in his hierarchy of needs theory, identifies a sense of belonging as the second most important. With regards to this theory, humans have a primary need to feel valued, important and protected by significant others. When individuals do not repair that broken area of self, they may display one or more of many problems such as risk-behaviour in relating to others. Thus, adolescents in foster care may become increasingly non-reponsive or resistant to efforts of others with good intentions. This may be due to adolescents not feeling worthy of inclusion or fear of being rejected or abused once again by those who claimed to care for them. Such adolescents are likely to interpret their experiences as a circle of rejection, and therefore push away others by being defiant, aggressive and behaving inappropriately (Meyer et al., 2008).

Maslow (1943) however, stipulates that emphasis should be placed on developing individuals irrespective of their unique life experiences. Being content in life is often influenced by how individuals interpret their realities. Once individuals feel loved and accepted by those they look up to irrespective of their flaws and imperfectionist they strive for resilience and become the best that they can possibly be (Meyer et al., 2008).

1.4.4 Cognitive behavioural theory

Cognitive behaviour theory is interested in understanding the relation between human behaviour and the environment in which they live in. For this theory, human behaviour is made up of the relation between thoughts, feelings as well as environmental factors that play an important role in shaping individuals' behaviour and subsequently their personalities (Meyer et al., 2008). For these reasons, parenting behaviour plays a significant role in shaping children's thoughts and emotions. When parents are able to deal with their emotions and thoughts effectively, these skills will

transfer to the children through their actions, which will in turn enhance prosocial behaviour in children (Farrant, Devine, Maybery & Fletcher, 2012).

The afore-mentioned theories are of relevance and importantance for this study, as they helped researchers gain insight into the lived experiences of parents fostering adolescents presenting with risk-behaviour. The South African child welfare setting continue to encounter stumbling blocks, amongst other reasons, due to an increase in number of children who require alternative care such as foster care. There is a large propotion of children entering and growing up in foster care as a result of most of them being orphaned and without any other means of support (Breen 2015; Mosimege, 2017). An increase in HIV/AIDS prevalence has been identified as one of the contributing factors leaving children in foster care. Statistics show that 25 million deaths occurred as a result of HIV/AIDS over the period, 2011-2017, while an estimated number of 521,055 children were reported to be in foster care during 2016 (Breen, 2015). In most instances, foster parents are grandparents and tend to lack or have limited skills and knowledge in caring for these emotional and psychologically wounded children (Van der Westhuizen, Roux & Strydom, 2012).

Given the afore-mentioned, literature suggests that most parents find it difficult to cope with fostered adolescents' complex emotions, which contribute to the presence of risk-behaviour (Mnisi & Botha, 2016; Zuniga, 2012). These aspects make it a challenging experience for foster parents to build secure attachment with these adolescents. Stover, Bollinger, Walker and Monasch (2013) highight the significance of emotional bonding between a child and the primary caregiver, and if interrupted, the child may experience major psychological disruption which may lead to problems such as risk-behaviour.

The overall research question is: What should be the content, structure and process of adolescents' risk behaviour programme for parents fostering adolescents presenting with risk-behaviours?

1.5 Aims and objectives of the study

This study holds an assumption that foster parents receiving insight on how to manage risk-behaviour presented by adolescents in their care, will enable them to gain skills and knowledge to help them positively and effectively deal with adolescents' risk-behaviour while in their care. Thus, the primary goal of parenting programmes is to enhance parents' knowledge, attitude and practices in relation to caring for their fostered adolescents. Based on the empirical literature and investigation findings, the aim of this study is to develop and evaluate an adolescents' risk-behaviour management programme for foster parents.

Based on the aim **of the study the following objectives were established:**

Objective 1:

Assess parental behaviour and skills based on their self-reported own responses

Objective 2:

Establish the needs of parents towards the content of an adolescents' risk-behaviour management programme.

Objective 3:

From the literature review, insight from a panel of experts and empirical findings of objective 1 and 2 develop and describe an adolescents' risk-behaviour management programme.

Objective 4:

Evaluate the effectiveness of an adolescents' risk-behaviour management programme.

1.6 Research methodology

1.6.1 Overall research approach

This study utilised a mixed-method approach using an integration of both qualitative and quantitative research approaches against the explanatory sequential design in collecting, comparing and analysing data (Creswell, 2014). As pointed out in De Vos, Strydom, Fouché and Delport (2011), combined methods create an opportunity for the researcher to come up with a more complete picture of the subject matter. The advantage of using this method is that it creates an opportunity for both the quantitative and qualitative design to complement each other, which in turn strengthens the richness of data collected (Creswell, 2014). The use of mixed-methods enabled the researcher to gain more insight and in-depth understanding and analysis of the problem. Qualitative and quantitative research principles pay attention to "different languages" of research with different emphases (Neuman, 2014).

The researchers adopted Creswell and Plano-Clark's (2011) stance whereby the first set of data was rigorously collected quantitatively, with a sample of foster parents reported to be fostering adolescents presenting with risk-behaviour in the North West Province. Upon the findings obtained from this data, the researchers then developed the qualitative phase of the study. During this phase 50% of foster parents were purposefully selected from the total of foster parents who participated in the quantitative phase of the study (Creswell, 2014).

1.6.2 Design

Social research can serve many purposes, but there are three general purposes, namely exploration, description and explanation (Rubin & Babbie, 2011). Studies may have more than one design, but one will usually be dominant (Rubin & Babbie, 2011; Fouché & De Vos, 2011). For the purpose of this study, exploratory research dominated. However, there were some characteristics of descriptive research as well (De Vos, Strydom, Fouche & Delport, 2011).The study was both explorative and descriptive as it seeks to gain insight into foster parents' responses and understanding of risk-behaviour, how they think such behaviour affects their parenting (foster parents) as well as to describe, determine and identify foster parents' needs towards the development of an adolescents' risk-behaviour management programme for foster parents (Rubin & Babbie, 2011; Papalia & Feldman, 2011).

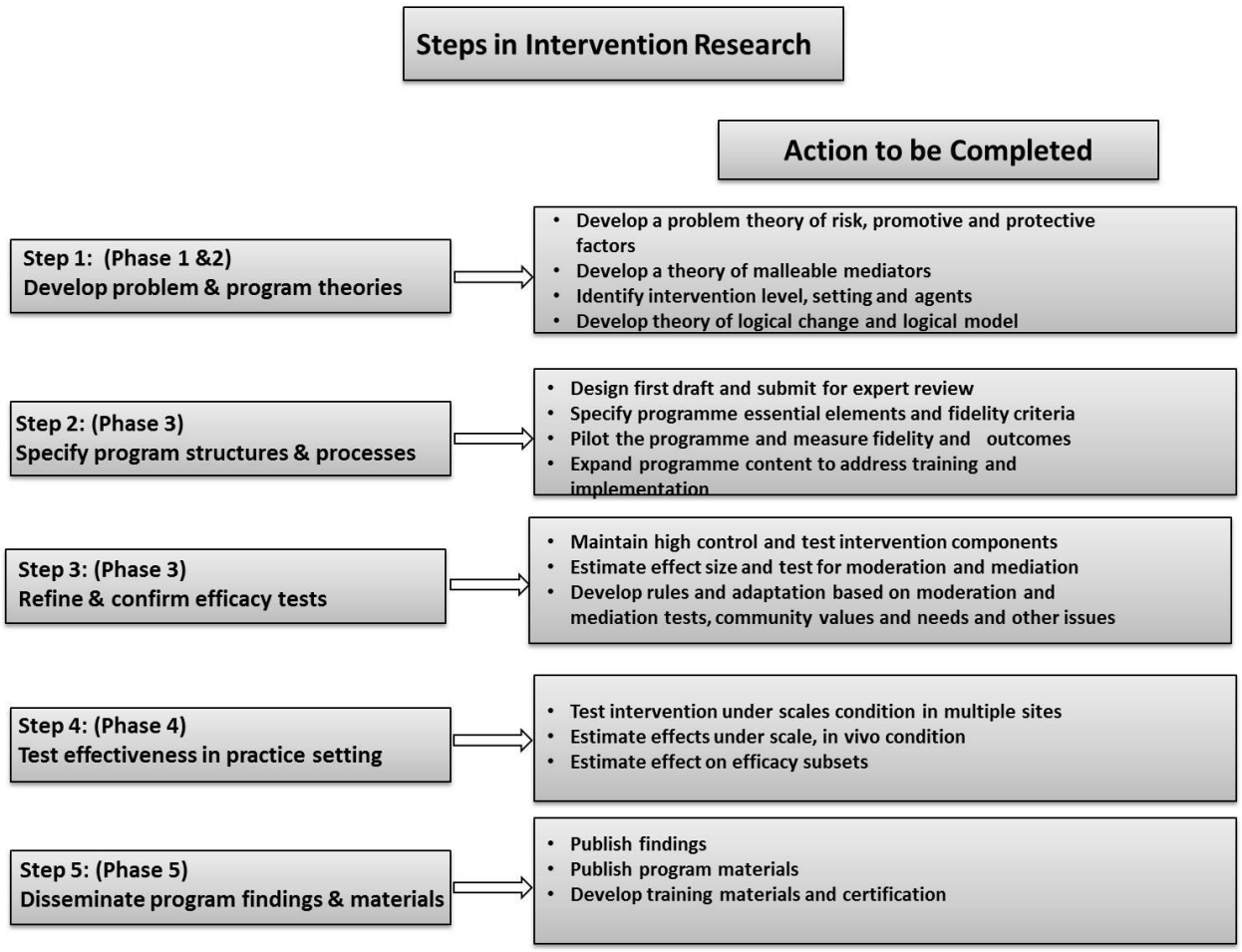

Figure 1-1 Steps in the intervention research (Fraser & Galinsky, 2010)

1.6.3 Steps in the intervention research

The steps indicated by Fraser and Galinsky (2010) to plan and execute the research study were followed by the researchers. The following is a discussion on the different steps and phases as applied in this intervention research study, as indicated in Figure 1.1.

1.6.4 Phase 1: Assess parental behaviour and skill to test their self-reported own responses

1.6.4.1 Research approach

This phase utilised a quantitative approach with the use of cross-sectional descriptive design. A cross-sectional design is descriptive in nature as it aims to study a group of people at a point in time, as well as to examine whether a problem exists (Fouché, Delport & De Vos, 2011; Rubin & Babbie, 2011). The researchers conducted a survey with a purposively selected population of foster parents caring for adolescents reported to be presenting with risk behaviours. The population to be studied was selected irrespective of their ages, educational levels, income levels or creed. The advantage of using a questionnaire is that it allowed for the same frame of reference and is likely to promote consistency; however, the challenge is that it does not provide an opportunity for further explanation or clarity (Creswell, 2014). The use of the PSDQ questionnaire gave the researchers an indication on foster parents' knowledge and responses to risk behaviour. As pointed out by Creswell (2014), a survey provides a quantitative description of trends and opinions of the population to be studied.

1.6.4.2 Sampling for phase/objective 1

Respondents were recruited on the basis of their relevance to what the study intends to find (Greeff, 2011). For the purpose of this process the researchers compiled a list of all designated welfare organisations rendering foster care services in the North-West Province, South Africa. The first researcher had formal meetings and discussions with different welfare organisations' managers to negotiate entry and investigate the feasibility of the study. Upon these discussions, the managers welcomed the idea behind the aim of this study and verbalised a need thereof. In addition, the researchers also submitted written letters to seek goodwill permission from the organisations to conduct this study among clients receiving services from their respective organisations (Addendum B). To ensure that respondents' best interests are protected and respected throughout the study, participating organisations' managers were utilised as gatekeepers to grant the researchers permission to access respondents (McFadyen & Rankin, 2014).

The researchers appointed an independent person whose role was to approach different designated welfare organisations to obtain goodwill permission letters, as well as obtain written informed consent from respondents (Addendum C & E). The independent person had no personal interest in the study nor was she involved in any form with either the potential respondents or participating organisations. This made her role to be without bias.

The secretaries at different organisations were requested to assume the role of mediators. Although they work at target organisations, they have little to do with clients and were therefore considered to be in the best position to become mediators between the first researcher and participants. They were requested to approach potential respondents with regards to the aim of the study, as well as placing advertisements at all participating organisations where it could be visible for foster parents to see. The advertisement provided foster parents with information regarding participation in the study as well as what was expected of them (Addendum D). Foster parents who expressed a willingness to take part in the study were requested to communicate their intention to participate to the mediators at each respective participating organisation.

The mediators provided the independent person with the contact details of the foster parents who expressed willingness to be contacted. Said independent person then contacted the possible respondents and provided them with consent forms and an information sheet to go through and decide. This independent person also gave those willing to participate 5 days to make an informed decision regarding their willingness to participate. Potential respondents were requested to sign an informed consent form in the presence of an independent person (Addendum E).

1.6.4.3 Data collection

Potential respondents were recruited to complete a parenting style and dimension questionnaire (PSDQ) to assess parents' own behaviours in terms of responsiveness, coercion, and psychological control. The PSDQ is designed based on Baumrind's (1971), who is the founder of three global typologies on parenting dimensions, viz. authoritative, authoritarian and permissive parenting styles. The PSDQ, however, expanded to cover other aspects considered to be of most importance in exploring parental skills considered necessary to respond to inappropriate or risk-behaviour, which include warmth and involvement, reasoning or induction, democratic participation as well as good or easy going, verbal hostility, corporal punishment, non-reasoning or punitive, and directedness, lack of follow through, ignoring misbehaviour and self-confidence. PSDQ provides ways in which specific parenting practices are related to adolescents' behaviour (Kimble, 2014; Robinson, Mendeleco, Olsen and Hart, 1995).

The aforementioned questionnaire consists of 62 items and pays attention to the following; under authoritative parenting style, four factors are added, i.e. warmth and involvement (11 items), reasoning or induction (7 items), democratic participation (5 items) as well as good or easy going (4 items); under authoritarian parenting style, verbal hostility (4 items), corporal punishment (6 items), non-reasoning or punitive (6 items), and directiveness (4 items) were added. Whereas under permissive parenting style factors which include a lack of follow through (6 items), ignoring misbehaviour (4 items) and self-confidence (5 items) were added (Addendum F). Respondents were expected to choose the most applicable answers to them starting from never to always. The researchers added a biographical aspect to the questionnaire which include educational qualification, family composition, gender, employment status and geographical location These aspects are necessary as it served the purpose of identifying information. The researchers are also of the opinion that biographical data is likely to be used to identify or explain certain psychosocial challenges on both foster parents and adolescents and are thus necessary to take into consideration when conducting a study of this nature.

1.6.4.4 Procedures

PSDQ was distributed amongst all participating organisations. Sealed boxes were placed at all the designated participating organisations and field workers were requested to ensure that, after completion, questionnaires are deposited inside those boxes, which the researcher later collected from all participating designated welfare organisations. The results obtained provided the researchers with an indication on what parents' responses and skills were towards risk-behaviour presented by adolescents in their foster care. The results obtained from this phase provided the researcher with a foundation to move to phase 2 of the study.

Designated welfare organisations' social workers regularly have group meetings with foster parents. During such group meetings field workers used those opportunities to facilitate the completion of the Parenting Style and Dimension Questionnaire (PSDQ) (Robinson et al., 1995). Respondents completed the PSDQ in the privacy of an office space at the venue where they attended the group session. The researchers arranged a briefing session with field workers to further explain the nature and objectives of the study. Setswana language was added additionally to the English on the questionnaire to enable field workers to explain to those respondents who might find it difficult to express or understand the English version. The questionnaire was also back-translated from Setswana to English to ensure that it still carried the same meaning. The reason for this was to avoid a situation whereby field workers used their own interpretation of what the question requires instead of the direct meaning of what the question/s carried. To prevent possible influence each field worker was requested to assist participants whom they are not rendering services to. Field workers are professional people and understand the importance of

confidentiality. It was, however, reiterated for them to ensure that respondents' privacy is protected and they were also requested to sign confidentiality agreements.

1.6.4.5 Validity and reliability of PSDQ

The researchers found the content of PSDQ to be appropriate and consistent with the objectives of the study. PSDQ has a good content validity, assess important components in a relationship and its internal consistency was assessed with Cronbach alpha (Kimble, 2014; Robinson et al., 2001). Internal consistency reliability was assessed with a Cronbach alpha and the outcomes are as follows: authoritative (consists of 20 questions – Cronbach alpha of 0,91), authoritarian (consists of 20 questions – Cronbach alpha of 0,86) and permissive (consists of 15 questions – Cronbach alpha of 0,75). The outcome of a study conducted on PSDQ suggests that parenting questions is consistent, empirically derived, prove to be useful in predicting different developmental outcomes, and can be modified for intergenerational studies (Robinson et al., 2001). In a study conducted by Kimble (2014) on the validation of PSDQ, the findings provide a strong preliminary support for the use of PSDQ in examining parenting style categories. The author recommended that further replication and validation of the scale in other settings is needed (Kimble, 2014). It is also significant to take into consideration that the PSDQ has been recently developed and continuous amendments are being made on this questionnaire. The construct validity of the PSDQ for the current study was confirmed with confirmatory factor analysis (CFA), and the reliability was confirmed with Cronbach's alpha for this study.

1.6.4.6 Data analysis and report writing

The researcher adopted Creswell and Plano-Clark's (2011) quantitative data analysis process as described in the following table:

Table 1-1 Quantitative data analysis process

Step	Process	Procedure
1	Preparing data for analysis	Coded data was assigned in numeric values and prepared for analysis with a computer programme. Data was captured and verified using EPI INFO stat C.S.
2	Exploring data	Descriptive statistics (frequency + measuring and standard deviations for all items). This helped the researchers to understand, interpret and identify relevant trends that exist in the data.
3	Analyse data	The researchers utilised NWU statistical consultation services for the interpretation of data. Quantitative data was collected with the use of a PSDQ and later analysed using IBM SPSS

Step	Process	Procedure
		Statistics Version 25, Release 25.0 (SPSS) done by the North-West University's Statistical Services (Field, 2013). T- tests, ANOVA's and Spearman's correlations were used to determine the differences in the sub-scales' scores associated with biographical data.

1.6.5 Phase 2: Establish the needs of foster parents towards the content of an ARBM programme for foster parents

1.6.5.1 Research approach and design

Phase two (2) of the study was informed by the results obtained during phase one (1). An exploratory descriptive qualitative approach was used in phase two to gather data (Creswell, 2014). This approach offered the researchers an opportunity to further explain, understand, discover and elaborate on the findings obtained from data collected quantitatively (Creswell, 2014; Kumar, 2011).

During this phase, the researchers established the needs of parents toward the content of an adolescents' risk-behaviour management programme. This phase was qualitative, explorative and descriptive in nature and the primary goal was to discover insights that can be probed to develop further explanation and discover the facts based on how participants describe their reality (Creswell, 2014). The use of this design allowed and created opportunities for foster parents to share their views, knowledge and experiences in a way that they are most comfortable with (Creswell, 2014; Papalia & Feldman, 2011). This approach further enabled the researchers to obtain a substantial amount of information based on the initial data obtained quantitatively, i.e. to further explore foster parents' views on what they regard as the need towards the content of an adolescents' risk-behaviour management programme (De Vos, Strydom, Fouché & Delport, 2011).

1.6.5.2 Population for phase 2

De Vos et al., (2011) describe a population as a collection of individuals having common characteristics that the researcher is interested in studying. The participants came from the same population of foster parents as in phase one (1). Phase two (2) was a follow-up on the outcomes of data drawn from phase one (1). The same participants from phase one (1) were deemed legible for participation in phase two (2) as they have consented for both studies. However, a smaller number was selected than the original 150 sample for phase one (1).

1.6.5.3 Proposed sample, sample size and motivation

The total sample of phase one (1) was used for phase two (2) sampling. From this sample the researcher aimed for at least 20 randomized purposively selected samples to participate in the qualitative phase of the study until data saturation was reached. The reason for selecting a limited number is due to the fact that the purpose for this phase is to further explore and elaborate on participants' views to obtain more insight on the subject matter, and is thus descriptive and explorative in nature (Creswell, 2011). Therefore, participants were selected based on their ability to describe the phenomenon to be studied based on their experiences in fostering adolescents presenting with risk-behaviour. Data collection continued until saturation of themes was reached. (Creswell & Plano-Clark, 2011).

Sampling inclusion criteria

1.6.6 Phase 2 of the study included foster parents who meet the following criteria:

- Foster parents identified in phase 1.
- Foster parents who consent to participate in phase 2 of the study.
- Foster parents willing to be interviewed for at least 1 hour and consent to be audio-recorded. Preferably participants should be able to express themselves clearly in English or Setswana and are able to clearly and openly articulate their experiences. The reason for this is that most community members in these areas are Setswana and English speaking. The first researcher is fluent in Setswana and English and this served as an advantage.
- Foster parents from different race, ethnicity, age and those able to give a diverse and rich description of their knowledge and experiences on the topic.

Sample exclusion criteria

- Those identified foster parents who meet the inclusion criteria as indicated above, but are however not willing to voluntarily participate in the qualitative phase of the study, will be excluded.

1.6.6.1 Data collection

An interview-schedule was designed by the researcher with guidance from study leaders to ensure that it elucidated the desired content in line with the objective for phase 2. The findings obtained during phase one (1) were used as a guide in developing an interview schedule. The researchers also aligned the content of an interview schedule with elements of delivery

mechanism by means of literature on parenting skills, expert guidance, as well as available online technology (Fraser & Galinsky, 2010). The interview schedule was submitted to HREC for approval prior to the implementation of this phase (Addendum H).

Participants were expected to take part in qualitative semi-structured interviews that lasted at least for a maximum of 1 hour (60 minutes) (Creswell & Plano-Clark, 2011). The first researcher conducted semi-structured interviews with open-ended questions to ascertain foster parents' views on what their needs are towards the content of an adolescent risk-behaviour management programme and to elaborate on their answer, which in turn expanded the richness of data obtained, as well as increased the study reliability.

1.6.6.2 Description of procedures

Interview technique is a traditional and powerful tool in collecting rich data (Roestenburg, 2011). Interview schedule was used as a guide which allows for any additional questions to be asked and thus participants were not limited to answer questions in certain or specific ways. Content validity was established through the use of face-to-face semi-structured interviews (Papalia & Feldman, 2011). The use of open-ended questions enabled the first researcher an opportunity to be flexible and creative, and gain rich valuable data to enable foster parents' freedom of expression and also create the opportunity to confirm what has been shared through verbal verification with participants (Silverman, 2011). Written notes and observations were used to compensate data collected through interviews and were recorded.

1.6.6.3 Data analysis method

Due to the larger amount of data collected qualitatively, the researcher entered into a contract with an independent professional transcriber. The importance of confidentiality as well as detailed capturing of all recorded information was emphasised with the transcriptionist (Addendum I). In order to generate themes for the study, the first researcher coded data line by line. In so doing she created a chart with codes that carries similar and different meanings across interviews. Transcribed data was cross-checked and verified by study leaders to ensure that participants' meaning have been adequately captured.

This study followed Tesch's steps of recommendation in analysing qualitative data, as cited in Creswell and Plano-Clark (2011), which include preparing data for analysis, exploring data, analysing data, representing the data analysis, and interpreting data. Once the raw data was transcribed, the researcher categorised and colour-coded data according to the major themes and categories that emerge from collected data (Creswell, 2014). In so doing the researcher was able to identify commonalities or any emerging insights into the subject matter to discover

underlying meaning from what has been said by participants and the researcher's observations included in field notes (Creswell & Plano-Clark, 2014; Papalia & Feldman, 2011).

1.6.6.4 Trustworthiness

In ensuring trustworthiness of the outcome of the study the following principles were adopted by the researchers (Creswell, 2014; Lincoln & Guba, 1985).

"Prolonged engagement" – The first researcher spent some time to familiarise herself with the surroundings whereby the study was conducted. The researcher enhanced credibility by interacting with mediators and field workers prior to the inception of the study. The researcher did not have any previous interaction with possible participants and thus reached out to the mediators and field workers, who are also social workers, currently rendering services to the foster parents studied. The researchers are of the opinion that the social workers are neutral persons and will also have a much better understanding and informed knowledge about prospective participants' backgrounds. This will allow objectivity (Creswell, 2014).

"Confirmability" – This implies available data on the subject matter. The researchers gathered substantial literature background on the subject matter and used the outcome of the study to build on that. The first researcher also ensured that while interviews were being recorded, she also took field notes to record non-verbal observable communication behaviour that she believes added value and are of significance to the study's outcomes.

"Peer debriefing" – During this process the researcher biases are probed, meaning explored and the basis for interpretation is clarified (Creswell, 2014; Lincoln & Guba, 1985). With assistance from the study promoters, the first researcher looked into the aspects that are likely to influence the outcome of the study both positively and negatively and attention was given to it. This process gave clarity and guidance on what the researchers intended to explore and how to go about in doing so with an open mind.

"Credibility" – Voice recording is highly recognised as the best possible way of capturing data. However, one of its disadvantages is that, even though it clearly captures the details of what has been discussed, it neglects non-verbal cues. The researcher enhanced credibility through the use of observations, probing, taking written notes and reflective discussions with study leaders. Therefore, this process was utilised to also complement the audio-recorded information (Creswell, 2014; Lincoln & Guba, 1985).

"Multiple-theories" – The researchers gained credibility through obtaining insight into studies conducted internationally and nationally on foster parents' experiences in caring for adolescents

presenting with risk-behaviour, by including programmes designed to enhance parents' parenting styles. All relevant resources including research studies, statistics and journal articles that can provide more insight into the subject matter were used (Creswell, 2014; Lincoln & Guba, 1985).

1.6.7 Phase 3: Literature review, develop and describe a risk-behaviour management programme

Guided by literature, the researchers identified risk, promotive and protective factors likely to be associated with risk-behaviour. This in turn provided the researchers with insight pertaining to the content of adolescents' risk-behaviour management progamme for foster parents. The researchers utilised a critical approach to review local and international literature and identify dimensions and concepts associated with programmes designed to support foster parents. The existing international training programmes enabled and guided the researchers to identify common content themes, programme thrusts and outcomes.

Soydan (2010) defines intervention as any intentional interference that is assumed to likely have good chances to modify, slow down, or eradicate risk factors in an attempt to activate protective factors. For the purpose of this phase, the intervention consisted of 6 weeks' parenting programme presented to foster parents. The programme was divided into two (2) hourly session twice a week and was presented at a neutral venue within reach for participants, consisting of an open space with ventilation, tables and a white board. The content of the programme aimed to promote positive relationships and interactions between foster parents and their adolescents in an attempt to help them develop effective ways in managing risk-behaviour. Thus, to enhance parents' parenting knowledge, self-awareness, parenting styles, understanding risk and protective factors and risk-behaviour in adolescents, as well as different discipline practices.

To ensure maximum participation, the first researcher presented a newly developed adolescents' risk-behaviour management programme to foster parents who agreed to attend training. The rationale for a programme design is to create an intervention strategy which can strengthen relationships between parents and their fostered adolescents, as well as to enhance parents' knowledge, attitudes and instrumental parenting skills which in turn are likely to increase parental satisfaction.

To achieve this objective, the researchers developed and blended the existing literature on the subject matter to guide them in designing adolescents' risk-behaviour management programme (Fraser & Galinsky, 2010). The purpose thereof is to assist parents in improving their parental skills to help meet the psycho-social developmental needs of adolescents and promote their positive adjustment in foster care placement. As part of the background activity the researchers

designed a first draft of the programme and negotiated in good faith with a cognitive panel of experts, in the Department of Social Work, North-West University, for review purposes. The cognitive panel's insight, together with a careful review of literature and results obtained during phase 1 and 2, formed the basis to guide the development of an ARBM programme for foster parents. The outcome of a literature review by experts was utilised to reinforce core content and outcomes of a newly developed programme (Fraser & Galinsky, 2010).

To further compensate the aforementioned review process, the first researcher presented the ARBM programme for foster parents to a small group of practitioners, which consisted of social workers to obtain their input on the content of a newly designed programme. The researchers are of the opinion that social workers at designated welfare organisations were in the best position to provide more insight into the content and relevance of the newly developed programme through their practical expertise on the subject matter. This created an opportunity to determine the accuracy, reliability and appropriateness of the programme content (De Vos et al., 2011). Implementation fidelity and the outcome of this process was constructed to measure adherence and competence (Breitenstein, Fogg, Garvey, Hill & Gross, 2010).

1.6.7.1 Research approach and design

The emphasis for intervention research is to design and develop a programme aimed at a specific social intervention whereby programme formulation and evaluation are interwoven (Fraser & Galinsky, 2010). Based on a literature review, the outcomes obtained during phases 1 and 2, as well as inputs from practitioners, the researchers developed an ARBM programme for foster parents. Through the afore-mentioned process the researchers identified themes, content and outcomes of the programme. Thus the programme was refined based on the findings of the study, available literature and, where necessary, the researchers further developed adaptation guidelines to ensure that the content is appropriate for the audience it is intended for (Fraser & Galinsky, 2010).

1.6.7.2 Sampling and process of sample recruitment

The sample in this phase of the study consisted of foster parents in the North-West Province within Dr. Kenneth Kaunda district in Klerksdorp. The sample was purposefully selected as it only involved foster parents who receive training on the newly developed ARBM programme for foster parents. Foster parents who attended the workshops were from Jouberton township in Klerksdorp and under the supervision of NG Welfare.

The inclusion and exclusion criteria for this phase was as follows:

Sample inclusion and exclusion criterion

Foster parents willing to receive training and who agreed to participate and attend at least 70% of the programme presentations were included. Foster parents who cannot attend at least 70% of the training sessions were excluded as they won't be able to evaluate the content of the newly developed programme.

1.6.7.3 Description of procedures

An open invitation was made through an advertisement to all foster parents in the North West Province under the supervision of NG welfare who responded and express their willingness to attend a newly developed ARBM programme for foster parents (Addendum G). The field workers invited foster parents who expressed their interest to attend training to an information session which highlighted information pertaining to the training and its attendance. Potential participants were further informed that they are expected to at least attend 70% of training sessions, should they wish to participate in focus group discussions to later evaluate the content of the ARBM programme for foster parents. At the end of the information session an independent person issued consent forms to participants who expressed interest in attending sessional training. Upon receipt of signed consent forms, the independent person took participants' names and contact details to enable the field workers to contact them at least a week prior to the commencement of training sessions. The field workers provided participants with information such as the venue, time, etc., regarding training sessions. The field workers further did follow up calls a day before the training commenced reminding participants of the scheduled session.

1.6.7.4 Data collection method

The intervention consisted of 6 weeks of parenting sessions to foster parents who agreed to receive training. The content of an ARBM programme for foster parents was presented to foster parents twice a week. Each session lasted for 2 hours and was facilitated by the first researcher. The focus of the ARBM programme for foster parents is to enhance foster parents' knowledge and skills on aspects pertaining to adolescents presenting with risk-behaviour in foster care.

1.6.7.5 Validity and reliability on the content of ARBM programme for foster parents

All data obtained during both phases 1 and 2, experts' review, social worker's input, and relevant literature add value to the validity and reliability of the ARBM programme for foster parents programme content. A combination of both qualitative and quantitative data obtained during phases 1 and 2 is adequate to ensure confirmability.

1.6.8 Phase 4: Evaluate the effectiveness of ARBM programme for foster parents' intervention

1.6.8.1 Research design and approach

The aim of this phase was to gain a better understanding of foster parents' experiences of the intervention that they received. Evaluation can be defined as "the systematic and objective assessment of an on-going or completed project or programme, its design, implementation and results" (Austrian Development Agency, 2008). The purpose thereof was to examine the operations of an ARBM programme for foster parents with regards to its faithfulness in terms of adhering to its protocols, and also to determine whether activities are implemented as planned and identify program strengths, weaknesses, and areas for improvement. In so doing the researchers took into consideration the ever-changing context in which the programme is intended for and thus recognises the fiscal, socio-economic, demographic, interpersonal, and inter-organisational settings in which the programme will be implemented (Center for Advancement of Community Based Public Health, 2000).

To achieve the objective, the content validity of the programme was evaluated through a focus group discussion (Rubin & Babbie, 2011). Focus groups entail purposeful interaction between a group of individuals with common interest and characteristics with the aim to explore their views, opinions, wishes and concerns in a group setting with an intention to provide insight into a specific topic. The use of a focus group allowed for different perspectives, group dynamics and collective recommendations (Harrell & Bradley, 2009). Greeff (2011) points out that a focus group often includes six to ten participants. Effective composition of the focus group is of importance as it plays a significant role on how freely and focussed the conversation flows (Greeff, 2011). The evaluation tool was formulated in such a way that the experiences of the participants, as well as possible practice guidelines for future research, could be captured and explored. The evaluation tool was submitted to HREC for approval before it was used with the foster parents (Addendum K).

1.6.8.2 Population

An open invitation was made to foster parents who received training on the newly developed ARBM programme. The emphasis was on those foster parents who attended at least 70% of the training sessions. The reason for this is that they were regarded to be familiar with a substantial amount of the content and thus put them in a better position to evaluate the content of ARBM programme for foster parents.

1.6.8.3 Sampling method, inclusion and exclusion criteria

Purposive sampling was used to select participants. An advert was sent out to participants to decide on their willingness to participate. Field workers recruited participants and they were informed that their participation in the study is voluntary.

The sample included in this phase is:

- Foster parents who expressed willingness to share their views, opinions, wishes and concerns in a group discussion and agreed to participate.
- Foster parents who attended at least 70% of sessions of an ARBM programme for foster parents.
- Foster parents who are willing to be audio-recoded during group discussion.
- Foster parents who consent to participate in focus group discussions.

Sample excluded in this phase is:

- Foster parents who received training but did not meet the minimum requirements as stipulated above.
- Foster parents willing to participate in focus group discussions but are not prepared to give insight into an evaluation about the content of the presented programme.

1.6.8.4 Process of sample recruitment and informed consent

Participants were recruited upon completion of the training sessions to evaluate the content of the newly developed programme. The population for this phase consisted of 10 members. Participants were purposively selected and this was done on the basis that they attended at least 70% of training provided. The researchers are of the opinion that having attended most of the programme sessions will put participants in a better position to provide insights and make a meaningful contribution on the content of information received. Upon participants expressing their willingness to take part in the focus group discussions, trained field workers arranged an information session to provide them with more insight regarding focus group discussions and also to enable them to ask questions or seek further clarity where necessary. The mediator issued potential participants with a consent form so that they could go through it at a time convenient to them, and only when they were happy with its content were they to return it to the mediator within a 5-day period. They signed it in the mediator's presence. Upon receipt of the signed consent form the mediator took the participants' names and contact details. Field workers contacted the

participants at least a week in advance to provide them with information such as the venue and time regarding the sessions' commencement. Field workers further made follow-up calls a day prior to the actual session to remind participants of the scheduled session.

1.6.8.5 Data collection method

Focus group discussion was used to collect data. This phase adopted a qualitative approach with the use of semi-structured interviews, which served as a guide for communication flow during focus group discussions. Discussions were facilitated until data saturation was reached. The first researcher identified six pre-selected questions with themes pertaining to the content of the programme, which she believed were appropriate and added value in evaluating the content of the programme. These enabled participants with opportunities to engage in robust discussion that enhanced their knowledge, which in turn helped to achieve a multi-dimensional view and increase objectivity. The focus group discussion interview schedules were submitted to HREC for approval prior to the implementation of this phase. The first researcher encouraged participation and made use of probing to ensure that discussions were aimed at answering the research question (De Vos et al., 2011). The questions were formulated in a way that it is clear, easy to interpret and in a language that participants could understand easily (Greeff, 2011). The researchers deemed the use of the interview-schedule to be appropriate as it created the opportunity to explore, describe the content, as well as identify possible recommendations to improve the content of the programme. Based on the findings obtained from focus group discussions, the researchers refined the newly developed risk-behaviour management programme for foster parents (Fraser & Galinksy, 2010). In addition, the first researcher audio-recorded the data and also took written notes and observations to compensate recorded data. The first researcher captured abridged transcripts of the focus group discussions. The reason for this is that with verbatim transcription, mixed voices in instances where participants speak simultaneously might prove to be problematic in analysing such data.

A qualitative approach was adopted to evaluate the programme through focus group discussions. The use of open-ended and semi-structured questions enabled the first researcher to collect rich data from various participants with different perspectives, which encouraged a greater depth of insight into the effectiveness of the programme. The advantage of using a qualitative approach in a focus group setting is that it allowed the first researcher the opportunity to rigorously interact with participants to obtain the group feelings, perceptions and opinions (Harrell & Bradley, 2009). This in turn created an opportunity to better explore, understand and interpret participants' collective views and their perceptions on what should be the content of a capacity building programme for parents fostering adolescents presenting with risk-behaviour.

1.6.8.6 Trustworthiness of the evaluation interview schedule

A structured evaluation sheet was informed by literature, objectives and the content of the programme, and was designed in a manner that created an opportunity for foster parents to provide constructive written feedback. The interaction between participants in a natural setting provided face validity and the first researcher's direct interaction with participants allowed for clarity, probing and follow-up, which in turn provided deeper meaning and greater insight. To ensure trustworthiness, audio-recording of data gave assurance that data is presented exactly as it occurred and in line with participants' needs (Dikko, 2016). The use of a structured sheet provided direction for the first researcher to ensure a logical flow and systematic documentation of data. The structured evaluation sheet was submitted to HREC for approval prior to the implementation of the evaluation process (Addendum J). This allowed flexibility on how and when the questions were phrased to help direct participants on their responses. The use of focus group discussions strengthened the validity of data obtained and the process was carried out until data saturation was obtained. The first researcher probed on response, pursued a line of discussion opened up by the participants, and a dialogue could ensue based on participants' reflections on the context and content (Edwards & Holland, 2013).

1.6.8.7 Data analysis

Data was interpreted and analysed according to major themes and categories that emerged from a focus group discussion (De Vos et al., 2011). Thematic analysis was adopted for analysing the obtained data (Guest, 2012). The first researcher coded focus group transcripts manually using charts and highlighters to identify connections, pinpoint, examine and record patterns and themes within available data. Themes were categorised for analysis whereby the first researcher identified both similarities and differences emerging from participant's reflections on a presented programme (Fereday & Muir-Cochrane, 2006). The first researcher utilised a process of coding as outlined by Braun and Clarke (2006): 1) familiarise yourself with data 2) generate initial codes 3) search for themes among codes 4) review themes 5) define and name themes and 6) produce the final report. In addition, the first researcher appointed an experienced independent coder to verify data against the transcripts in ensuring robustness and reliability of coding (Lincoln & Guba, 1985). Supervision sessions between the first researcher and the study leaders also compensated to improve data reliability. Additional notes obtained during the focus group discussions were synthetised into common themes. In addition, the first researcher attended training on conducting qualitative interviews as well as facilitating focus group discussions.

1.6.9 Phase 5: Disseminate programme findings and materials

To establish an effective dissemination process, it is of significance that programme drivers form an alliance with key administrative and management staff to ensure that the adaptation process is supported by those likely to benefit and make use of the programme (Sanders, Turner & Markie-Dadds, 2002). Managers may play a significant role in maintaining programme fidelity beyond dissemination, whereby they are able to develop strategies to provide support and mentoring of key staff members who are new to the programme (Fraser & Galinsky, 2010; Sanders et al., 2002). The researchers designed programme guidelines and manuals that provides a practical information on how the programme can be implemented. Provision of materials for the programme promotion includes brochures, media resources such as presentation slides, which were designed and distributed to participating organisations to provide on-going support and training to foster parents. These materials were developed in a manner that it is easy for parents to read, access and apply in their daily interaction with adolescents in their foster care (Addendum K)

The first researcher further networked with managers at all participating organisations to orientate them in the content of the programme and share insights on how they can utilise it to provide continuous support to foster parents. Upon completing the orientation processes, the first researcher further negotiated in good faith with managers to transfer risk-behaviour management training to their key staff members through orientation and sessional discussion on how to implement the programme to further support foster parents in their caseloads. The designed material took into account cultural and contextual relevance (Fraser & Galinsky, 2010).

The findings of the study can also be used to inform future practice and interventions for parents fostering adolescents presenting with risk-behaviour. Findings of the study will also be published in a recognised scientific journal article in an attempt for it to reach a larger audience, and may in future contribute to knowledge and intervention research.

1.7 Ethical aspects

This study was based on mutual trust, acceptance, as well as clearly explained expectations between all parties involved (De Vos et al., 2011). The researchers took into cognisance and respected cultural, religious, gender or any other differences that make people unique and handled such with sensitivity (Creswell, 2014). Prior to conducting the study, the researchers obtained ethical clearance, number NWU-00016-18S1, to carry out the study from the North-West University Health Research Ethics Committee (Addendum A). Ethical conduct was adhered to, as outlined by each participating designated welfare organisation in the North West Province. Written approval was obtained from each participating organisation prior to the study being carried

out. To ensure that the best interest of participants was protected and respected throughout the study, participating organisations' managers were utilised as gatekeepers to grant the researchers permission to access participants (McFadyen & Rankin, 2014).

Prior to conducting interviews, the researcher first ensured that participants feel safe and comfortable. The interviews were conducted at the different designated welfare organisations within reach for participants. Arrangements were made for interviews to be conducted in private spaces within the different organisations participating in the study. Prior to the actual interviews, the researcher visited the organisations to ensure that the space provided for interview purposes was conducive, with at least a table and two chairs and enough ventilation. To ensure that no information can be directly linked to individual participants nor an organisation, pseudo names were used to identify participants. Similar pseudo names were used to report findings in the final report. In addition, all information gathered for the purpose of the study was password protected on the researcher's computer of which only the first researcher had access to. Participants were further informed both verbally and in writing that both hard and electronic copies of all information shared with the researcher will be archived at COMPRES research entity and completely destroyed after 5 years.

In circumstances where participants were expected to travel from their respective homes, the researcher provided them with meals and travelling fees, taking into account that most of them had to travel in order to reach different destinations where interviews were carried out at any of the participating designated welfare organisations. Participants were inconvenienced in terms of time and thus the first researcher issued each participant with a small token of appreciation amounting to R100 for taking their time and recognising the importance of this study. This is in line with Creswell's (2014) suggestion that researchers need to be cautious not to exploit participants. Rewards as a form of appreciation compensate for respect and acknowledgement (Creswell, 2014).

1.8 Conclusion

This section provided an introduction and orientation to this thesis, outlining the contextuatilisation, problem statement, as well as supplied a theoretical background to this study. The aim and objectives where also identified. It has also provided a proposed outline of the research process, an overview of the research methodology outlining the population and sampling, data collection and analysis methods, and specifying measures to be considered in order to ensure the trustworthiness of the study. It also provided a discussion of ethical issues to be taken into consideration.

The next section, Section B focuses on the four articles that were developed based on the findings of this study. Each of these articles are presented as per relevant journal requirements.

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SECTION B: JOURNAL ARTICLES

ARTICLE 1: Exploring South African foster parents' behaviours and attitudes towards parenting adolescents presenting with risk-behaviour

(Article submitted for publication with Children and Youth Review Services, International Journal Publication).

Abstract

Through socialisation processes parents set a foundation for their children's future development. It is the interaction and relationships that exist between children and their parents which influence how these children perceive themselves, others and the world in general. This article forms part of a larger study that aimed to develop an adolescent risk-behaviour management (ARBM) programme for foster parents. The aim of this article is on exploring the attitude and responses towards parenting behaviours among parents fostering adolescents. Respondents were recruited from the clientele of designated welfare organisations within the North West Province, South Africa. A quantitative survey was administered to a purposive sample of 150 respondents of which 97 parents, fostering adolescents between the ages of 14 to 17 years old, completed the multi-dimensional Parental Style Dimension Questionnaire (PSDQ). Data were analysed by the North-West University's Statistical Consultation Services, using IBM SPSS Statistics Version 25, Release 25.0 (SPSS). T-Tests, ANOVA's to test hypothesis at 0.05 level of significance, and Spearman's correlations to examine correlations between sub-scale scores and biographical data were used. Sub-scales of the PSDQ were tested for internal consistency reliability and rendered reasonable coefficients, with the exception of the permissive parenting style scale that was excluded from analysis. Findings of the study showed a significant, positive correlation between authoritative and authoritarian parenting styles amongst respondents. Parents' attitude and response to risk behaviour significantly affected their actual behaviour towards fostered adolescents presenting with risk behaviours. The researchers concluded that a consideration of the foster care relationship context determines the nature of an intervention.

Keywords: adolescence, attachment, foster care, risk-behaviour, parenting styles, knowledge on risk-behaviour

Introduction

Adolescence is considered a critical stage of a child's life whereby feelings of being loved, appreciated, and most importantly being provided with a stable relationship and a sense of belonging, is of paramount importance (Escobar, Pereira & Santelices, 2014; Firoze & Shahana Sathar, 2018). The stage of adolescence can be more difficult for adolescents in foster care when compared to their peers (Escobar et al., 2014). For adolescents in foster care this does not only raise concerns and questions about physical and psychological changes, but rather includes those about identity and belonging (Coleman, Vellacott, Solari, Solari, Lukke & Shebba, 2016).

In South Africa, the numbers of children who require care has and continue to increase tremendously, and as a result child care settings and foster care systems function under enormous pressure (Abba, 2015; Blackie, 2014; Meintjies & Hall, 2012). An increase in the number of adolescents entering the foster care system in South Africa has made foster care placements more complex (Carter, 2013; Tunno, 2015; Zuniga, 2012). The afore-mentioned statement is substantiated by an increased backlog in rendering quality services to children in need, as well as compromise those who are already in care, as they are likely to not receive adequate services to meet their specific needs (Ngwenya, 2011). Most of these adolescents come into foster care with severe emotional scars and require much more than only being cared for (Escobar et al., 2014). Risk behaviour does not end when adolescents exit foster care; if not addressed it may have negative consequences for the adolescents and the society at large (Farineau, 2016; Jackson, Henderson; Frank, & Haw, 2012; White, 2015).

Risk-behaviours are often non-verbal expressions of emotional maladjustment occurring in both external (deviance, impulsivity, aggression), and internal forms (withdrawal, anxiety, suicidal ideation or self-destruction) (Muntingh & Gould, 2010; Sanders & Morawska, 2014). Placement instability is identified as one of the barriers for adolescents' successful exit of care and risk-behaviour has been identified as one of the main contributing factors (Armenta & Huerta 2015; Burnside, 2012; Brock & Morales, 2016, Escobar et al., 2014; Stott & Gustavsson, 2010).

Parenting in general is of paramount importance as it shapes children's development through socialisation (Batool & Mumtaz, 2015; Winter, Morawska & Sanders, 2012; Sanders & Morawska, 2014). Positive attachment experiences can positively influence an adolescent's development of self-reliance, emotional regulation and pro-social behaviour (Bakermans-Kraneberg & Van Ljzendoom, 2012; Fisher, 2015; Sroufe, 2013). A large body of research on parenting which includes: Bornstein, Cote, Haynes, Hahn and Park (2010); Chamberlain (2014); Jäggi, Drazdowski and Kliewer (2016); Eseadi, Onwuasonya, Ugwuanyi, Ugwu, and Achagn (2015); Firoze and Shahana Sathar (2018); Jäggi, Martins, Nunes, Nunes, Pechorro, Costa, and Matos

(2018); Roman, Makwakwa and Lancante (2016); Sanders and Morawska (2014) share the same sentiments, i.e. that parenting practices has an influence on several life domains of the child's development. However, despite large empirical evidence available on foster parenting, few studies have been published, in understanding the experiences of parents fostering adolescents presenting with risk-behaviour (Brown, Ivanova, Mehta, Skrodzki & Gerrits, 2013; Mnisi & Botha, 2015; Zuniga, 2012). More so even little evidence is available on attitudes and responses of foster parents to risk- behaviour presented by adolescents in their care (Albertos, Osorio, Lopez del Burgo, Carlos, Beltramo & Trullols, 2016). Research however, show that lack of skills in managing adolescents' risk-behaviours is one of the reasons for most foster care placement disruptions (Blakey, Leathers, Lawler, Washington, Natscheke, Strand & Walton, 2013; Holtan, Handegard, Thornblad & Vis, 2012; Mnisi & Botha, 2015). Given the afore-mentioned, the current study seeks to explore foster parents' parental behaviour in circumstances where risk-behaviour is experienced.

Contexualisation and problem statement

In an attempt to contextualize the theoretical underpinning and empirical findings of the current study, the following literature review examines key strands in parenting fostered adolescents presenting with risk- behaviours. The researchers generated substantial literature on the subject matter to help gain insight into foster parents parenting style through them assessing their own parenting behaviours.

Attachment and adolescents in foster care

A correlation between attachment style and behaviour problems has been established by some studies (Escobar et al., 2014; Quiroga & Hamilton-Giachitsis, 2016). Attachment theory suggests that the quality of attachment in a relationship is influenced and shaped by the characteristics of the child, the caregiver, and the social environment in which the relationship is taking place (Uzaina & Srivastava, 2016; Zastrow & Kirst-Ashman, 2016). The quality of attachment is predictive of the child's future psychological, social, emotional and behavioural functioning (Sroufe, 2013). Studies which include Barcons, Abrines, Brun, Sartini, Fumado & Marre (2014), Bakermans-Kraneburg and Van Ijzendoorn (2012), and Escobar et al. (2014) concur with the aforementioned that fostered adolescents appear to be emotionally more insecure due to inadequate or distorted attachments which, at times, impact on their abilities to be empathetic and build positive relationships with others. Such attachment styles, if not adequately addressed, has the potential to affect the adolescent's ability to regulate internalised and externalized problem behaviours which may result in an adolescent presenting with risk-behaviour (Ohara & Matsuura, 2016; Quiroga & Hamilton-Giachitsis, 2016; Uzaina & Srivastava, 2016).

Risk behaviour in fostered adolescents

Adolescence is a time marked by the desire for immediate gratification, experimentation and risk taking with limited cognizance on the dangers of risk-behaviour (Kapetanovic, Bahlin, Skoog & Gerdner, 2017). There is no single cause for risk-behaviour and in most instances the underlying issues surrounding risk-behaviour are often of a diverse nature (Fisher, 2015). Such adolescents often do not have skills to self-regulate their emotions, especially anger and similar feelings, and are likely to present with risk-behaviour (Forkey, Garner, Nalven, Schilling & Stirling, 2013; Jackson et al., 2012; Morrish, Kennedy & Groff, 2011). Risk-behaviour is targeted because they have the potential to jeopardize adolescents' total functioning and psycho-social well-being (Bester, 2014; Burnside, 2012; Landers, Bellamy, Danes & Hawk, 2017; Tunno, 2015; Ohara & Matsuura, 2016).

Foster parents' knowledge on risk behaviour

Parenting is marked by several dimensions and as a result parents need to develop both depth and breadth of knowledge (Morrish et al., 2011). For the purpose of this article the term knowledge refers to facts, insight, skills gained through training or experience and understanding of risk-behaviours. Parental knowledge provides parents with insight and help organise their cognitions to help them adapt and be able to anticipate changes that adolescents are likely to go through as they develop (Smith, 2014; Solomon, Niec & Schoonover, 2016; Symons, Ponnet, Emmery, Walrave & Heirman, 2017). Parenting knowledge encompasses many domains such as parents' understanding about various approaches appropriate to fulfil their parental role, understanding of adolescents' developmental milestones as well as awareness of practices and strategies to maintain and promote adolescents' psycho-social well- being (Bornstein et al., 2010; Coleman et al., 2016; Sanders & Morawska, 2014).

Parenting behaviour

Parents are highly influential. As a result, most skills adolescents acquire derive from their interactions with parents and the social environment in which they interact (Sanders & Morawska, 2014). The extent and quality of foster parents parenting knowledge is vital to improve development and interaction between parents and adolescents in their care. Insight into parenting patterns and processes shape parents' expectations, as well as how to respond to their children's behaviour. This will in turn inform parenting practices (Armenta & Huerta, 2015). Research suggests that problem focused coping parents are more likely to be successful in their parenting practices as compared to passive or avoidant responses (Sanders & Morawska, 2014; Solomon, Niec & Schoonover, 2016). Thus, the parental management style and affective involvement is

pivotal in helping adolescents develop to become pro-social, have self-control as well as internalize behaviour standards (Sanders & Morawska, 2014; Hiramura, Uji, Shikai, Chen, Matsuoka & Kitamura, 2010). Open participation in communication, problem centred coping, confidence and flexibility are identified as potential correlations of parental knowledge vital to manage parenting stress and promote family well-being (Symons et al., 2017). Positive interaction between adolescents and their parents is therefore one of the protective factors and has the potential to address underlying aspects which could lead to adolescents presenting with risk-behaviour (Kapetanovic et al., 2017).

Parental behaviour can either be protective or a risk factor (Bester, 2014; Healey & Fisher, 2011; Farineau, 2016). Protective behaviour refers to any factor that reduces the severity of behaviour likely to have potential harm (Healey & Fisher, 2011), whereas risk factors entail the likelihood to increase behaviour that usually has negative consequences (Bester, 2014; LoveLife, 2010; Sanders & Morawska, 2014). Parental warmth, parent-child communication, parental psychological control and parental monitoring are regarded as parenting behaviour likely to promote healthy interaction between adolescents and their parents (Norman, 2017; Smith, 2014).

Parenting styles

Parenting style research is only now emerging in South Africa and there is currently a limited number of studies conducted on parenting practices and its implication thereof. The current study makes a significant contribution to the emerging parenting style research in South Africa.

Baumrind (1971), who is the founder of three global typologies on parenting dimensions, identified three commonly used parenting styles, viz. authoritative, authoritarian and permissive. According to this theory, authoritative parents tend to have high expectations for behaviour and maturity, high levels of responsiveness and warmth. Such parents engage in open discussion that allows feedback and collaboration, especially in decision making, and encourage adolescents to understand expectations as well as make reasonable demands. Adolescents who experience this type of parenting tend to adjust well and are likely to be resilient (Cain & Combs-Orme, 2013; Firoze & Shahana Sathar, 2018). The authoritarian parenting style is characterized by those parents with high expectations and low warmth. Such parents use threats, intimidation and at times physical punishment with the intention of instilling fear in the adolescent, in order for them to comply. Adolescents who experienced this style of parenting tend to be anxious, withdrawn and even unhappy (Cain & Combs-Orme, 2013; Firoze & Shahana Sathar, 2018). However, Latouf (2008) reported different findings in this regard, and that is that the authoritarian parenting style was found to toughen adolescents. Permissive parenting styles refer to those parents who are warm, nurturing and reasonably responsive in meeting the physical and emotional needs of

their adolescents. However, such parents do not have clear expectations and boundaries (Cain & Combs-Orme, 2013; Firoze & Shahana Sathar, 2018). Adolescents who experienced this style of parenting tend to be laid back, emotionally immature and lack self-confidence (Norman, 2017).

Findings of a South African study by Latouf (2008) show that on the one hand, authoritative parenting style in adolescents appeared to be beneficial for adolescents' emotional regulation, whereas authoritarian parenting style was associated with enhancing adolescents' ability to think independently in order to promote a sense of resilience. In another study, focus group discussions were conducted by LoveLife (2010) with 122 parents of adolescents aged 12-19 years old in South Africa across different Provinces including Gauteng, Kwazulu-Natal, Eastern Cape, Mpumalanga and Western Cape. Findings of that study suggest that authoritarian parenting is the main parenting style used by most parents across different ethnic groups. These findings are in contrast with those of other studies, which include Latouf (2008), Moyo (2012) and Mokwakwa (2011), who found that the authoritative parenting style is mainly used by parents in South Africa. In another study conducted by Roman, Makwakwa and Lacante (2016) on parenting practices in South Africa, with a larger sample of 746 respondents, consisting of 36% males and 64% females. Findings showed that fathers' parenting behaviour was different in three ethnic groups, whereas females' parenting style was authoritative across and within different ethnic groups. The afore-mentioned findings have practical implications and suggest that more studies still need to be conducted, since currently literature show some discrepancies on parenting practices in South Africa.

Goal of the study

The current study focuses on one of the objectives of a larger study that aims to develop an adolescent' risk-behaviour management programme for foster parents. The objective of the findings reported in the current article was to explore foster parents' attitude as well as their parental skills and responses towards their fostered adolescents' risk-behaviours. Knowledge obtained from this study may play a crucial role in assisting welfare organizations to deal with and address placement issues pertaining to adolescents presenting with risk behaviours.

Research methodology

Research design and approach

This study adopted a quantitative approach with the use of cross-sectional descriptive design. A cross-sectional design is descriptive in nature as it aims to study a group of people at one point in time, as well as to examine whether a problem exists (Creswell, 2014; Rubin & Babbie, 2011). To achieve this objective, the researcher attempted to determine the parenting styles of the forster

parents that participate in the study. Understanding dominet styles and behaviours would then inform the programme. This was done through the use of the quantitative method with respondents who met the study criteria. The parenting style and dimensions questionnaire (PSDQ) developed by Robinson, Mendeleco, Olsen and Hart (1995) was used to collect data.

Population

Population entails individuals who were regarded relevant and able to accurately answer the research question in the researchers' opinion (Papalia & Feldman, 2012). For the purpose of the current study population is defined as both male and female parents fostering adolescents reported to be presenting risk-behaviour, residing in the North West Province, South Africa, and are under the supervision of designated welfare organizations which form part of the study. Respondents were expected to have been caring for the same adolescent for a period of at least two years or more. The researchers are of the opinion that after two years the adolescents and their foster family will have attempted to adjust and be able to identify changes taking place in their circumstances, as well as make efforts to build and maintain healthy relations. The age of adolescents is stipulated to target those who range between 14 – 17 years old. The population is restricted in terms of the period in caring for a foster adolescent and their age. However, it is inclusive of different backgrounds, i.e. ethnicity, gender, race and culture. The researchers added a biographical aspect to the questionnaire which include educational qualification, family composition, and position as a foster parent.

Sampling procedure

Purposive sampling was used to achieve the objective of the current study (Maree, 2016). Sampling is a representative of a larger population that share similar characteristics which the researchers use to generalise from the target population (Greeff, 2011; Papalia & Feldman, 2011). The aim of this study determined the sample (De Vos et al., 2011). Only those foster parents who were reported to be caring for adolescents presenting with risk-behaviours were recruited, and only those who agreed to participate were regarded as a sample for this study (De Vos et al., 2011; Rubin & Babbie, 2011).

In quantitative research, often "a response rate of 50% is considered adequate for analysis and reporting" (Rubin & Babbie, 2011). The reason for this is that during the initial inquiry representatives at most participating organisations identified more or less a total number of 100 cases in their caseload likely to meet this study requirement. The researchers aimed for at least 100 respondents (Creswell, 2011). A total number of 150 questionnaires were issued to foster parents who met the study criteria and 97 were completed and statistically analysed. The response

rate was thus 65% and adequate for analysis and reporting. Therefore, the aim of the study helped to determine the sample (Creswell & Plano-Clark, 2011).

Process of sample recruitment and informed consent

Respondents were recruited on the basis of their relevance to what the study intends to find (Greeff, 2011). For the purpose of this process, the researchers compiled a list of all designated welfare organisations rendering foster care services in the North West Province, South Africa. A total of 29 welfare organisations rendering foster care services were identified. The first researcher contacted these welfare organisations' managers to negotiate entry and investigate the feasibility of the study. Written goodwill permission was obtained from those organisations that were willing to grant permission for the researchers to utilise their clientele population, should they wish to participate in the study. The researchers appointed an independent person whose role was to obtain written goodwill permission letters, as well as written informed consent from respondents. The independent person had no personal interest in the study, this made her role to be without bias.

The secretaries at different organisations were requested to assume the role of mediators. Although they work at target organisations, they have little to do with clients and were therefore considered to be in the best position to become mediators between the researchers and respondents. The mediators' roles were to approach potential respondents with regards to the aim of the study, and to place advertisements at all participating organisations where it was visible for potential respondents to see. The advertisement provided respondents with information regarding participation in the study, as well as what were to be expected of them. Foster parents who expressed willingness to take part in the study were requested to communicate their intention to participate to the mediators. The mediators provided an independent person with the contact details of those foster parents in order for them to be contacted. Said independent person then contacted the possible respondents and provided them with consent forms and an information sheet to go through to decide. This independent person also gave those willing to participate five (5) days to make an informed decision regarding their willingness to participate. Potential respondents were requested to sign an informed consent form in the presence of an independent person.

Data collection method

The researchers, used the Parenting Style Dimension Questionnaire (PSDQ) to collect data. The PSDQ questionnaire addresses aspects considered to be of most importance in exploring parental skills which includes warmth and involvement, reasoning, democratic participation, easy going,

verbal hostility, corporal punishment, punitive, directedness, lack of follow through, ignoring misbehaviour and self-confidence (Robinson et al., 2001; Kimble, 2014). The questionnaire was developed by Robinson et al. (2001), guided by Baumrid's global parenting typologies i.e. authoritarian, authoritative and permissive parenting styles, and consists of 62 items. Respondents were expected to evaluate their own parenting behaviour and chose the most applicable answers on the five (5) point Likert scale, ranging from never to always.

Services of independent social workers were utilised as field workers to facilitate the PSDQ completion processes. Respondents completed PSDQ in the privacy of an office space where they often receive social work services. PSDQ is originally designed in English, however, for the purpose of the current study, Setswana was added to the English version on the questionnaire to enable field workers to explain to those respondents who might find it difficult to express or understand the English version. The questionnaire was translated into Setswana, since most respondents are from the Tswana ethnic group. The PSDQ was first translated into Setswana by an independent Setswana expert at the North-West University's language department, and back-translated from Setswana to English to ensure that it still carried the same meaning. Having the PSDQ translated into Setswana was of significance, as most respondents were Tswana speaking and could express themselves clearly in this language. In addition, it enabled field workers to ask the questions using the exact meaning of what the question asked. PSDQ was completed during regular group sessions that field workers have with respondents.

Sealed boxes were made available at the designated participating organisations. Field workers deposited the completed questionnaires inside the boxes and the researchers collected them later on. Data was captured on a computer programme IBM SPSS Statistics Version 25, Release 25.0 by a statistician for verification and discussion with the researchers (Field, 2013).

Content of the PSDQ

Factor 1: The authoritative parenting style consists of 27 items divided into four sub-factors, viz. "warmth", "involvement", **"**democratic participation" consisting of 5 items, and "good natured" consisting of 4 items. ***Factor 2:*** The authoritarian parenting style section is made up of 16 items which consists of four sub-factors, viz. "verbal hostility" made up 4 items, "corporal punishment" formed 2 items, "non-reasoning strategies" made up 6 items, "directiveness" consisted of 4 items. ***Factor 3****:* Permissive parenting style, which consists of four sub-factors, viz. "lack of follow-through" made up 6 items, "ignoring misbehaviour" consisted of 4 items, and "self-confidence" made up 5 items.

Validity and reliability indices of PSDQ questionnaire

The PSDQ has good content validity, assesses important components in a relationship and its internal consistency has been assessed with Cronbach's alpha (Kimble, 2014; Robinson et al., 2001). The construct validity of the PSDQ in the current study was confirmed with confirmatory factor analysis (CFA) and the reliability was confirmed with Cronbach's alpha. Internal consistency reliability in the current study was assessed with a Cronbach alpha and the outcomes are as follows: authoritative (consists of 20 questions – Cronbach alpha of 0,86, authoritarian (consists of 20 questions – Cronbach alpha of 0,70) and permissive (consists of 15 questions – Cronbach alpha of 0,39). The finding of this study is consistent with the findings of studies conducted by Ismaili, (2015); Kimble (2014) and Robinson et al. (2001).

Data analysis

The researchers followed Creswell and Plano-Clark's (2011) quantitative data analysis process, which was adapted for this study and implemented as follows:

- Data was captured and verified using EPI INFO stat C.S. (Trends identification in data sets).
- PSDQ analyses through IBM SPSS Statistics Version 25, Release 25.0 (SPSS) (Field, 2013).
- T-tests, ANOVA's and Spearman's correlations were used to determine whether the sub-scales scores were associated with biographical data. Cohen's D was used to determine the effect sizes for the above tests. Effect sizes of 0.2 and greater were interpreted as having small but relevant effect.
- Descriptive statistics were calculated to represent the data in figures and tables.
- Scale properties were established by means of Confirmatory Factor Analysis (CFA) and reliability analysis by means of Cronbach's Alpha.

Findings

Biographical data of the respondents

The researchers expected that certain biographical data are likely to pose certain psycho-social challenges on both foster parents and adolescents. The ecosystems theory places emphasis on understanding human beings in a context in which they function and relate with one another. These include their circumstances, gender, level of education, age and employment status (Bronfenbrenner, 1979). Details of the important findings are given in the sections below.

Respondents were members of foster parenting support groups, caring for an adolescent with the age ranges of 14 to 17 years old, and caring for adolescents reported by social workers to be presenting with risk-behaviour. Respondents had to be receiving services from any of the participating designated welfare organisations that gave permission for the study to be conducted at their respective organisation and situated in the North West Province. Respondents should have been caring for an adolescent for a period of at least two years and more.

Respondents' identifying details (N=97)

The study was conducted in three towns within two districts; namely, Dr. Kenneth Kaunda and Dr. Ruth Mompati districts (North-West Province, South Africa). Percentages of 39% and 34% respondents residing in Klerksdorp and Potchefstroom (Dr. Kenneth Kaunda) respectively, and 27% of the respondents residing in Vryburg (Dr. Ruth Mompati).

Respondents' ethnicity

Respondents' ethnic groups were as follows: Tswana (66%), Sotho (13%), Xhosa (8%), Afrikaans speaking (mixed race) (11%), and other (2%). This result shows that the majority of participants are Setswana and thus further results may be biased towards this cultural group.

Respondents' religious denomination

The majority (94%) of participants are from a Christian religious background, while 1% are affiliated with Hinduism and the other 5% did not disclose.

Respondents' home language

The majority (73%) of respondents' home language is Setswana, 14% Sotho, 12% Afrikaans and 1% English. Respondents' marital status indicated that 25% were married, 5% divorced and a large proportion of 59% were single, whereas 11% of respondents did not disclose their marital status. Thus, the majority of participants were single parents followed by about a quarter which are married.

Respondents' age

Respondents were mainly female (ages between 20 and 70 years), dominated by elderly (65 years and above) female citizens (generally related as grandmothers). Females were further clustered into the following categories: senior grandmother (45%), middle-aged grandmothers (25%) and the younger females (includes sister, aunt or niece, consisted of 30%). These findings also concur with those reported by Mnisi and Botha (2015); Van der Westhuizen, Roux and Strydom (2012).

Respondents' level of education

Respondents' levels of education were as follows: Grade 1-7 (24%); Grade 8-9 (15%); Grade 10-11 (24%); Grade 12 (23%), whereas another (11%) did not disclose their highest level of education.

Respondents' employment status

At the time of this study, 58% of respondents reported to be unemployed, while only 16% were employed and 1% were in temporary employment. In addition, it was found that 16% receive government grants, 1% are self-employed, and 8% did not disclose their employment or source of income status.

Respondents' number of adolescents in their foster care

This study found the following distribution of adolescents in foster care: Majority (57%) had one adolescent; 24% had two; 10% had three and the other 9% had four. The average number of adolescents in foster care was one. Furthermore, 52% of the respondents indicated that they cared for their fostered adolescents as single parents, 19% receive support from their spouse, 28% receive help from their relatives, and 1% by other means.

Identifying information of adolescents in foster care

All the respondents were fostering adolescents between the ages of 14 to 18 years.

Fostered adolescents' ethnicity

Findings showed that 65% of adolescents in foster care were from Sotho ethnicity, 12% from Tswana, 13% from Afrikaans speaking which consist of Coloureds (mixed-race) and 10% from other ethnic groups not disclosed.

Gender of the fostered adolescents

A total percentage of 48 respondents indicated that they are fostering male adolescents, while 35% are fostering female adolescents. The remaining 16% are fostering both male and female adolescents, and 1% did not disclose their adolescent's gender.

Results on the Parenting style dimension questionnaire (PSDQ)

Descriptive statistics and reliability on parenting styles

In this study, Cronbach alphas between 0.5 and 0.9 were considered to be reliable (Mohajan, 2017). Reliability information is provided in Table 2 below. Two scale dimensions, Authoritarian

directiveness and permissive self-confidence, rendered low reliability coefficients (0.039 and 0.18) and were discarded from further analysis. The descriptive statistics indicate that Standard deviations on these two dimensions were 0.99, indicating significant variations in responding.

Table 2: Descriptive statistics and reliability on parenting styles findings

Factor	Min	Max	Mean	Std. deviation	Cronbach alpha
Authoritative warmth	0,11	0,70	0,42	0,87	0,86
Authoritative reasoning	0,18	0,70	0,42	0,84	0,83
Authoritative participation	0,11	0,49	0,31	0,69	0,70
Authoritative good nature	0,33	0,73	0,53	0,82	0,81
Authoritarian hostility	0,13	0,51	0,37	0,64	0,64
Authoritarian corporal punishment	-0,10	0,58	0,27	0,69	0,70
Authoritarian non-reasoning	-0,10	0,33	0,18	0,56	0,53
Authoritarian directiveness			2,83	0,99	0,039
Permissive self confidence			2,09	0,99	0,18

Comparison between Parental styles of different ethnic groups

The ethnicity aspect is regarded as important for the purpose of this study, as it is likely to influence the attitude of raising and disciplining adolescents. Findings on comparing the parenting styles according to the respondents' ethical groups is reflected in Table 3 below. In comparison, under authoratative parenting style, the findings reflect that Afrikaans (Coloured/mixed race) speaking respondents had a higher mean, followed by Setswana-speaking respondents, and then other ethnic groups (Zulu, Xhosa and Asian). On average, Afrikaans-speaking respondents were more likely to present with warmth authoritative parenting style, followed by Setswana respondents. Afrikaans-speaking respondents once again regarded themselves to be more reasoning inclined, followed by Tswana. The findings further show that Afrikaans-speaking respondents are likely to be more participative, followed by other ethnic groups (Zulu, Xhosa and Asian) and then Tswana. The Afrikaans-speaking respondents also scored a high mean on good natured parenting, compared to Tswanas, and then the other population groups. For authoritarian parenting style, Afrikaans-speaking participants tend to regard themselves to be less hostile

followed by Tswana, other, and Sotho. Afrikaans tend to apply less corporal punishment in their parenting style followed, by Tswana and other group.

Findings further show that all ethnic groups differ with regards to authoritarian parenting. The mean scores ranged between 1,44 and 3,06 The effect sizes of 0,05 to 0,95 has a large practical significance pertaining to foster parents' differences with regards to ethnicity in their parenting behaviour.

Table 3: Descriptive statistics on parenting styles among different ethnic groups

Factor	Ethnic Group	N	Mean	Std. Deviation	Effect sizes	Effect sizes	3 met
					1 met	2 met	
Authoritative warmth	Tswana	64	3,99	0,84			
	Sotho	12	3,83	1,17	0,14		
	Afrikaans	11	4,34	0,83	0,44	0,44	
	Other	10	3,98	0,96	0,01	0,13	0,38
	Total	97	4,01	0,89			
Authoritative reasoning	Tswana	64	4,16	0,84			
	Sotho	12	3,55	0,73	0,72		
	Afrikaans	11	4,17	0,80	0,76	0,76	
	Other	10	4,15	0,97	0,01	0,61	0,01
	Total	97	4,09	0,85			
Authoritative participation	Tswana	64	3,32	1,04			
	Sotho	12	3,09	0,97	0,22		
	Afrikaans	11	3,67	1,074	0,54	0,54	
	Other	10	3,40	1,31	0,06	0,23	0,21
	Total	97	3,34	1,06167			
Authoritative good nature	Tswana	64	3,98	0,97			
	Sotho	12	3,95	1,02	0,03		
	Afrikaans	11	4,27	1,10	0,28	0,28	
	Other	10	3,86	1,44	0,08	0,06	0,28
	Total	97	4,00	1,03			
Authoritarian verbal hostility	Tswana	64	2,42	1,12			
	Sotho	12	1,55	0,65	0,78		
	Afrikaans	11	2,48	0,91	1,02	1,02	

Factor	Ethnic Group	N	Mean	Std. Deviation	Effect sizes	Effect sizes	3 met
					1 met	2 met	
	Other	10	2,00	0,84	0,38	0,53	0,53
	Total	97	2,28	1,05			
Authoritarian corporal punishment	Tswana	64	1,56	0,62			
	Sotho	12	1,23	0,39	0,52		
	Afrikaans	11	1,84	0,86	0,71	0,71	
	Other	10	1,36	0,76	0,26	0,17	0,56
	Total	97	1,53	0,65			

**P-values are not reported as they are not relevant for the purpose of this study. Sample used in the study was based on availability of respondents and their relevance to answer the research question.*

Foster parents' marital status, gender and geographical location

Respondents were 100% female and for this reason there was no need to utilise an ANOVA to test their differences in this regard. Table 5 reflects findings on the Independent T-test that was used to determine and compare respondents' responses according to their marital status. There is significant difference in responses between married and single foster parents. Married foster parents showed a higher mean between 4,17 and 4,36 on three factors, viz. authoritative warmth, authoritative reasoning and authoritative good nature, whereas single foster parents show a higher mean score (2,08 - 2,86) on authoritarian non-reasoning and permissive self-confidence. The effect size differences of 0,36 - 0,48 have practical significance. However, there was no significant difference in terms of respondents' geographical location.

Table 4: Independent T-test with regards to marital status, gender and geographical location

	Married (n=22)	Single (n=57)	
Factors	**M (SD)**	**M(SD)**	**Effect size**
Authoritative warmth	4,1 (0,79)	3,8 (0,98)	0,36
Authoritative reasoning	4,3 (0,67)	3,9 (0,94)	0,48
Authoritative participation	3,4 (0,98)	3,19 (1,13)	0,18
Authoritative good nature	4,1 (1,00)	3,81 (1,11)	0,26
Authoritarian verbal hostility	2,23 (1,05)	2,34 (1,10)	0,10
Authoritarian corporal punishment	1,36 (0,41)	1,47 (0,63)	0,18
Authoritarian non-reasoning	1,80 (0,68)	2,08 (0,74)	0,37
Authoritarian directiveness	2,79 (1,19)	2,86 (1,08)	0,05
Permissive self-confidence	1,91 (0,93)	2,30 (1,01)	0,39

***P-values are not reported, as the sample was based on availability of respondents.*

Comparative analysis: Factors that do not have order (age, level of education, number of biological children and period of fostering an adolescent)

Age of foster parent

There was a strong correlation between the age of respondents with regards to authoritative warmth and a negative correlation with authoritative verbal hostility. These findings suggest that the older the foster parents are, the more authoritative warmth, authoritative reasoning and authoritative participating they view themselves, and less verbal hostile, non-reasoning and permissive self-confidence. Permissive self-confidence dimension was very low with the effect size of 0,39.

Foster parents' level of education

Findings showed that the higher educated foster parents are the lesser authoritative reasoning and more hostile.

Foster parents' number of fostered adolescents

The correlation on the number of adolescents in foster parents' care is high between authoritative reasoning and authoritative participation, and negative in correlation with permissive self-confidence. This suggests that the more fostered adolescents a foster parent has in their care, the more authoritative reasoning and participative they regard themselves.

Foster parents' period of fostering adolescent

The correlation between authoritative reasoning and authoritative participation is high, as portrayed in Table 5. These findings suggest that respondents' views on the longer they care for an adolescent, the more authoritative reasoning and participating and less permissive they are.

Foster parents' responses according to correlations that have order

The following table, Table 5, reflects the correlations between a foster parent's responce and their age, level of education, number of biological children and a period of fostering adolescents.

Table 5: Foster parent's responses according to correlations that have order

Factor	Foster parent's age	Level of foster parent education	Number of biological children	Number of fostered adolescents	Period of fostering adolescent
Authoritative warmth	235*				
Authoritative reasoning	318*	-226*		.298**	.290*
Authoritative good nature/ participation	220*			.248*	.217*
Authoritative verbal hostility	-.240*	.242*			
Authoritarian non-reasoning	-.241*				
Authoritative directiveness			-.264*		
Permissive self confidence	-.379*				-340**

** correlation is significant at the 0.05 level (1 tailed)*

*** correlation is significant at the 0.01 level (2-tailed)*

Foster parents' period of fostering adolescent

Table 6 below reflects on the parental style of the foster parents based on the age of their own children. As part of the biographical data, foster parents were requested to share information on whether they have biological children and if so, to indicate their age. The age range for biological children was from infant to adulthood (0 – 18 years and more). Respondents who have older biological children, above 18 years and mainly living independently, scored a higher mean

between 3,58 and 3,62 on authoritative style. These findings suggest that respondents are of the opinion that the older their children, the least authoritarian they are. Whereas those with their own biological children who are younger, scored a high mean between 2,46 and 2,86 on authoritarian parenting style. The effect size difference is high (0,59 - 0,74) and for permissive self-confidence it is 0.39 and has practical significance.

Table 6: Independent T-test on the ages of foster parents' biological children

	Younger (0-18 years) (n=26)	**Older (19 years & above) (n=71)**	
Factors	M (SD)	M (SD)	Effect size
Authoritative warmth	3,62 (0,91)	4,15 (0,85)	0,59
Authoritative reasoning	3,58 (0,93)	4,27 (0,75)	0,74
Authoritative participation	2,81 (1,11)	3,53 (0,97)	0,64
Authoritative good nature	3,58 (1,13)	4,15 (0,96)	0,50
Authoritarian verbal hostility	2,46 (0,91)	2,21 (1,10)	0,22
Authoritarian corporal punishment	1,46 (0,53)	1,56 (0,69)	0,13
Authoritarian non-reasoning	1,96 (0,66)	2,05 (0,76)	0,11
Permissive self confidence	1,91 (0,93)	2,30 (1,01)	0,39

**P-value not relevant as the sample was based on availability of respondents*

Foster parents' parenting styles

Findings presented in Table 7 below show that the correlation between authoritative and authoritarian factors were statistically significant. There was a significantly high correlation between authoritarian and permissive parenting styles. The findings further show that there is a negative correlation between authoritative parenting style and self-confidence. Verbal hostility has a positive correlation with non-reasoning, authoritarian directiveness and corporal punishment, and a negative correlation with permissive self-confidence, whereas corporal punishment has a positive correlation with permissive self-confidence and verbal hostility. There is a positive correlation between non-reasoning with verbal hostility, corporal punishment, and permissive self-confidence. Authoritarian directiveness has a positive correlation with corporal punishment, self-confidence, verbal hostility and non-reasoning.

Table 7: Correlation between authoritative, authoritarian and permissive parenting styles

Authoritative warmth	Authoritative reasoning	Authoritative participation	Authoritative good nature	Authoritarian verbal hostility	Authoritarian non-reasoning	Authoritarian directiveness	Authoritarian corporal punishment	Permissive self confidence
	718*	710*	801*			-453*		-453
718*		668*	680*					-385*
710*	668*		726*			201*		-367*
801*	680*	726*						-407*
					464*	592*	403*	-378*
				403*				216*
				464*		519*	466*	487*
		201*		592*	519*		327*	297*
-453*	-385*	-357*	-407*	378*	487*	297*	216*	

Discussion

Research in the contemporary society pays attention to the significance of parenting which include parenting attitudes, skills, values, and an understanding of adolescents' developmental milestones (Farineau, 2016; Landers et al., 2017, Sanders & Morawska, 2014). However, few studies have reported on parents' knowledge and skills, particularly behaviour management skills (Sanders & Morawska, 2014; Firoze & Shahana Sathar, 2018). The current study was specifically interested in exploring parents' views on fostering adolescents presenting with risk-behaviour, in an attempt to gain an impression on their parenting styles. PSDQ was used to assess parents' parenting styles, viz. whether it is authoritative, authoritarian or permissive. Findings showed significant differences in parenting attitude and factors such as marital status, age, socio-economic status, level of education, number and age of biological children. It seems that ethnicity appear to have an influence on how parents approach parenting.

Findings in the current study show that the majority of respondents were older and all female foster parents. These findings are consistent with those reported by Roux and Strydom (2011). Most respondents reported to be single, parenting adolescents on their own with no other means of support. Given the complexities that come along with parenting, having to care for an adolescent while being a single parent with limited resources is likely to have a significant impact in parenting and family relations (Zuniga, 2012).

In addition, the vast majority of respondents reported to be unemployed and as a result are dependent on the foster care grant they receive from the government to provide for adolescents in their care. The current high rate of unemployment in South Africa has devastating effects for most communities (Ward, Makusha & Bray, 2015). This leads to most families depending on the state grants such as child support, foster care and old age pension grants to make ends meet (Roux & Strydom, 2011).

It is important to note the fact that the majority of foster parents are from a Tswana population and most fostered adolescents derive from a Sotho ethnic group. These findings suggest that foster parents do not necessarily foster adolescents who come from the same ethnic group. This may be attributed to the South African philosophy of “Ubuntu” (meaning “I am because of you”). This encourages the spirit of caring for each other as human beings, irrespective of our backgrounds (Roman, Davids, Moyo, Schilden, Lacante & Lens, 2015).

Findings of this study show that there was a correlation between authoritative and authoritarian parenting styles practiced by most parents who participated in the study. The report on permissive parenting style was extremely low. These findings are consistent with those reported by Roman, Makwakwa & Lacante (2016). Most parenting studies show that female parents tend to practice authoritative parenting style characterised with warmth, nurture and a drive to create stability (Kimble, 2014; Latouf, 2008; Makwakwa, 2011, Moyo, 2012; Roman et al., 2016; RodriŁguez, Donovick & Crowley, 2009).

In summary, findings of this study suggest that parenting needs to be viewed in the context in which it takes place as a number of factors such as socio-economic status, political structure and cultural aspects have an impact on families and subsequently on how parents behave towards their offspring (Roman et al., 2016). For instance, in South Africa there is an increase in general society experiencing difficulties, amongst others child abuse, violence, gangs, severe poverty, an increase in substance abuse, and HIV/AIDS infections among adolescents. All these are likely to lead to parents becoming overly protective of their children (Roman et al., 2016; Ward et al., 2015). On the one hand, these aspects may lead to parents approaching their parenting role in a punitive manner in an attempt to protect their adolescents from what parents see as vulnerabilities

vulnerabilities. On the other hand, adolescents may interpret parents' behaviour as being overly controlling and punitive. Such impression may lead to adolescents presenting with risk-behaviours in an attempt to send a signal to parents that they are not in favour of their punitive ways.

Adolescents in general experience high emotions and at times they are unable to control such emotions. As a consequence, this may have serious negative implications. It is more apparent for adolescents in foster care, as lack of appropriate role models in their previous lives is likely to compromise their ability to regulate their emotions accordingly, which may result in risk-behaviour. Parenting is influenced by the parent's characteristics, the child's developmental stage and the social environment in which the interaction and the relationship take place (Cain & Combs-Orme, 2013). Understanding such influences, will help guide foster parents on their expectations and to figure out how they can best manage adolescents' transition. In addition, parental intervention that focuses on attachment and conflict negotiations can be particularly beneficial for both the foster parent and the adolescent. It can also improve placement stability (George, 2013). The ability to meet the needs of emotionally wounded adolescents in foster care appears to be one of the most difficult tasks that foster parents might have to carry out. Based on the findings, it appears that single parents were more likely to be authoritarian negative, thus more hostile with less warmth, less involvement and less participative. Lohaus, Chadura, Möller, Symanzik, Ehrenberg, Job, Reindl, Konrad and Heinrichs (2017) point out that an experience of on-going parental stress can be strainers more so if the parents do not have a stable support. This may lead to a decline in parenting abilities, which can in turn affect the parent's mental and emotional well-being and lead to a maladaptive way of coping. This can have lasting detrimental effects on the nature of the relationship that exists between the adolescents and foster parents.

Literature across the globe shows that the outcome of adolescents exiting foster care is characterized with difficulties, including homelessness, poverty, unemployment and instability in life (Brock & Morale, 2016; Tunno, 2015; White, 2015). However, little is known on foster parents' role and possible contribution in improving these outcomes (Irizarry-Fonseca, 2011). Findings of the current study suggests that parental responses to adolescents' risk-behaviour has a significant role and might negatively or positively impact on the adolescent's behaviour and well-being. Parenting practices form the most important part of developing adolescents and this calls for effective intervention. When foster parents feel empowered in dealing with risk-behaviour presented by adolescent in their care, they will develop confidence and develop positive strategies to deal with such behaviour.

Limitations

The major limitations of this current study are that it was conducted with a small sample and thus makes it impossible to generalize the findings to the entire population of foster parents in the North West Province. Despite its limitation, the outcome of this study makes a significant contribution to the existing literature within the foster care setting.

Recommendations

It is imperative that future studies conduct more research that focuses on exploring foster parents' parenting styles with a specific focus on those fostering adolescents presenting with risk-behaviour. Replicating this study within different settings across South Africa with a large and diverse population will be beneficial. Future studies can expand and include other Provinces using a larger sample consisting of different genders to explore foster parents' parental behaviour.

Findings of the current study have implications for child welfare practice. With an increase in older children entering foster care, there is a need for practitioners to explore foster parents' views and attitudes on risk-behaviours. Obtaining this understanding will guide practitioners on developing evidence-based intervention that are effective and responsive.

Conclusions

Foster parents are in the forefront of caring for adolescents presenting with risk-behaviours; gaining insight into their parenting styles is crucial as it may have profound consequences for the adolescents. Psycho-social factors surrounding the foster care environment needs to be taken into account to help practitioners understand the complexities surrounding the foster care system specifically in South Africa.

Compliance with ethical standards

This study followed ethical compliance as set out by the North-West University, Health Research Ethics Committee, and was approved with ethical reference number: NWU-00016-18-S1.

Informed consent

Prior to the inception of the study, consent forms clearly stating the aim and objectives of the study were obtained from all respondents who took part in the study.

Conflict of interest

The authors declare that there is no conflict of interest pertaining to this study.

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ARTICLE 2

Title: The psychosocial needs of South African parents fostering adolescents presenting with risk behaviour

(Article submitted to the Journal of Progression Human Services for publication, JPHS Special Issue on Southern Africa).

Abstract

The purpose of this study was on the psychosocial needs of foster parents fostering adolescents presenting with risk-behaviours. This article is part of a larger study that aimed to develop an adolescent risk-behaviour management programme for foster parents. Foster parents were recruited from designated welfare organisations within Dr Kenneth Kaunda and Dr Ruth Mompati districts in the North West Province, South Africa. An exploratory descriptive qualitative approach was followed and semi-structured interviews were used to gather data. A purposively selected sample of 32 parents fostering adolescents between the ages of 14 to 17 years old participated in the study and data collection continued until saturation was reached. A content analysis was done and the findings revealed that foster parents have a range of psycho-social needs, including the ability to effectively deal and cope with fostered adolescents' emotional and behavioural needs. Based on the findings, this study recommends that there is a need for risk-behaviour informed interventions for foster parents. Specialised parenting interventions focussing on risk-behaviour, bereavement, adolescence developmental stages and parenting behaviour may be beneficial to empower foster parents in coping effectively with difficulties they experience while caring for fostered adolescents.

Keywords: Parental psychological control, foster parents' attachment tyles, parental stress, risk-behaviour, psychosocial needs, parental behaviour

Introduction

Foster care placement is globally regarded to be the preferred form of alternative care (Breen, 2015; Carter & Van Breda, 2015). More so as it creates an environment that is projected to have the ability to impact the lives of adolescents who could not have had the opportunity to experience parental nurturing, love and warmth (Dubois-Comtois, Berner, Tarabulsy, St-Lauverent, Lantót, St- Onge, Moss & B`eliveau, 2015; Gabler, Bovenschen, Lang, Zimmermann, Nowacki, Kliewer, & Spangler, 2014; Gera & Kaur, 2015; Jackson, Henderson, Frank, & Haw, 2012; Tanur, 2012). In order to realise the afore-mentioned, foster parents are in the forefront of helping to re-socialise adolescents whose upbringing was characterised with chaos (Varischoolandt, Vanderfaeilllie, Van Holen, De Maeyer & Robberchts, 2013). Former experiences associated with loss, grief, despair and different forms of abuse and violence are risk factors that make fostered adolescents prone to an increase of negative outcomes such as risk-behaviour (Solomon, Niec & Schoonoven, 2017). These affect the adolescents' developmental, interpersonal and psychosocial function, which can make the process of adjusting in foster care placement difficult, and consequently the task of foster parents complicated (Nadeem, Waterman, Foster, Packzkowski, Belin & Miranda, 2017; Varischoolandt et al., 2013).

Foster parents' parenting behaviour is of significance as it has the potential to either worsen or minimise the adolescents' risk-behaviour (Morrish, Kennedy & Groff, 2011). This is more so because adolescence stage in general requires the parents to rearrange their thoughts and re-negotiate their parenting attitudes and behaviour. The presence of risk-behaviour, however, can make the afore-mentioned a hard to achieve task, leaving foster parents feeling overwhelmed and not coping (Varischoolandt et al., 2017). Foster parents' inability to cope may lead to a number of emotional and psychological difficulties which can cause parenting distress and dissatisfaction (Solomon et al., 2017).

In addition, it is also important to take into cognisance that factors such as poverty, socio-economic environment, lack of or limited support structure, and necessary parenting skills may compromise effective parenting (Lohaus, Chadura, Möller, Symanzik, Ehrenberg, Job, Reindl, Konrad & Heinrichs, 2017; Ward, Makusha & Bray, 2015). Understanding the dynamic interactions between foster parents and adolescents is crucial in order to define not only psychological processes or the external environment as the cause of distress (Burnside, 2012; Schenck, Mbedzi, Qalinge, Schultz, Sekudu & Sesoko, 2015). It is of importance to see the bigger picture in a context and interaction thereof (George, 2013; Jackson, Henderson, Frank & Haw, 2012). Given the afore-mentioned discussion, it is apparent that there is a need to explore the needs of foster parents to determine their views on the emotional and practical needs they require to cope better with adolescents in their foster care (MacDonald, Taylor, Spry & Holt, 2013). The

current study examined the experiences of parents fostering adolescents, and based their views on determining what their needs are.

Retention of placement remains one of the challenges faced by the foster care setting in South Africa. This is more so for adolescents in foster care (Brown, Anderson & Rodgers, 2014; Carter & Van Breda, 2015; Luke & Shebba, 2013). Placement disruptions are associated with a number of undesirable outcomes for the young people in foster care, which include school dropout, substance abuse, being in conflict with the law, poor parental skills, mental health, and poor interpersonal skills (Healey & Fisher, 2011; Tunno, 2015).

There is a need for foster parents to be able to provide essential psychosocial support. The demonstration of parenting attitude, behaviour, knowledge and skills has been identified across literature as the drive force towards improved outcomes for adolescents in foster care (Eseadi, Onwuasonya, Ugwuanyi, Ugwu & Achagn, 2015; Smith, 2014; Varischoolandt et al., 2013). More specialised parenting interventions that are trauma and attachment driven are needed especially where risk-behaviour is evident (Landers, Bellamy, Danes & Hawk, 2017; Maaskant, Van Rooij, Overbeek, Oort, & Hermanns, 2016; Mason, January, Fleming, Thompson, Parra, Haggerty & Snyder, 2016).

Contexualisation and problem statement

Substantial literature reports negative outcomes of adolescents exiting foster care (Escobar et al., 2014; Poinciana, 2010; Oelofsen, 2015; Tanur 2012; Williams, 2011). Most cared-for adolescents are reported to leave the foster care system unprepared and disconnected, due to lack of support to help them successfully journey into adulthood coupled with emotional and psychological unresolved issues (Höjer & Sjöblom, 2009; Refaeli, Benbenishty & Eliel-Gev, 2013; Tanur, 2012).

Specifically, in South Africa, research shows that there is an increase of adolescents entering foster care (Mosimege, 2017; Van der Westhuizen, Roux & Strydom, 2012). The adolescent stage generally being characterised with difficulties can be a daunting experience for fostered adolescents who have experienced messy upbringing during their early years of life. Recent studies conducted in South Africa pertaining to adolescents in foster care, suggests that limited or lack of knowledge in addressing both foster parents and adolescents' needs in foster care is one of the main challenges facing the welfare system (Bester, 2014; Carter, 2013; De Jager, 2011; Ngwenya, 2011; Mamelane, 2010). Most of these studies hold a notion that efforts should be made to create opportunities to increase foster parents' capacity to handle adolescents in their care, specifically those presenting with risk behaviour.

Even though it is well-documented and known that the outcomes of young people leaving any form of alternative care are poor, little is known with regards to what transpires when these young people are still in care. It is of significance to focus on promoting emotional healing and well-being within the context of the relationships these adolescents have (Armenta & Huerta, 2015; Zuniga, 2012). The current study makes a contribution to the body of existing research in foster care settings. The aim of the current study was to explore parents' psycho-social needs in fostering adolescents presenting with risk-behaviour. Knowledge obtained from this study might play a crucial role in assisting welfare organisations to gain insight into the experiences of foster parents, and in turn develop sustainable interventions that are responsive to prevent severity and negative consequences associated with risk-behaviour (Breen, 2015; Every Child, 2011; Zuniga, 2012).

Dimensions of parenting

Baumrind (1971) developed typologies of parenting styles that is recognised globally. For this theory, parenting dimensions' entail three types of parenting styles, viz. authoritative, authoritarian and permissive. These parenting styles have been well researched over decades and findings are documented across the globe (Berge, Sundell, Öjehagen & Håkansson, 2016; Gera & Kaur, 2015; Roman, Makwakwa & Lacante, 2016; Tan, Camras, Deng, Zhang & Lu, 2012). Authoritative parenting style is characterised with high demanding parents who create a balance by providing warmth, support, sensitivity and reasoning. Such parents are often regarded to be flexible, open-minded and recognise adolescents' emotions and views in setting boundaries. Authoritarian parenting tends to be characterised with parents who place a lot of demands and have unreasonable expectations on adolescents with little support and guidance. Such parents tend to be punitive in their ways of disciplining the adolescents and their reactions are more control-driven. Permissive parents are highly responsive to adolescents' needs and desires, but have minimal discipline, expectation and structure in place to guide the adolescent. Authors such as Berge et al., (2016) and Darling (1999) expanded on these parenting styles and added neglectful and uninvolved parenting styles. Neglectful parenting style entails those parents who are physically available, provide for the adolescents' basic needs, but are emotionally absent and often disengaged with no structure put in place to guide the adolescents (Darling, 1999). Uninvolved parents entail those parents who are emotionally distant, and in severe circumstances this may lead to abuse, neglect and rejection.

Most researchers concur with Baumrind's (1971) conclusions that authoritative parenting style has proven to be the most effective parenting style, however, suggest that authoritative parenting is the hardest to achieve and requires parents to gain skills to enable them to apply this parenting practices (Kimble, 2014; Lovelife, 2010).

Parental psychosocial control

Parenting plays a significant role in the lives of developing adolescents, as it contributes to the emotional, physical and psychological well-being (Greel, Barth, Mayden & Pitts, 2017). Parental psychological control entails parents' use of manipulative tactics to realise adolescents' compliance (Clark, Dahlen & Nicholson, 2015; Darling, 1999). Such parents often display authoritarian parenting style, where parents' approach is more conformity and compliance driven. When the adolescent fails to comply, such parents attempt to intrude into the psychological and emotional functioning of the adolescents by withdrawing their love, shaming the adolescents and not acknowledging any positive attempts made by the adolescent (Darling, 1999; Smetana, 2017).

Parenting psychological control is associated with the presence of emotional and behavioural difficulties in adolescents (Smetana, 2017). Even though the parents' psychological control on adolescents has the potential to temporarily remedy the situation, it can have detrimental effects for the adolescent's life at a later stage (Clark et al., 2015). Adolescents who experience this type of relational interaction with their parents may struggle to develop a sense of independency and to may become emotionally manipulative themselves. Parent psychological control behaviour is further associated with insecure and avoidant attachments styles in adolescents. The findings of Pittman, Kerpelman, Soto and Adler-Baeder (2012) show that high levels of parent psychological control were associated with attachment anxiety. Thus, foster parents' attitudes, which include their emotional, behavioural, cognitive and resources, play a crucial role in parenting adolescents in their care.

Psychological control is identified as one of the significant keys that distinguish authoritarian and authoritative parenting styles. Both authoritarian and authoritative parents place emphasis on appropriate behaviours and the following of rules. However, authoritarian parents stretch this further and expect adolescents to see and accept the parent's ways of judging situations and life in general. Such parents do not create opportunities for adolescents to question their standards and principles, but just to accept. In contrast, authoritative parents recognise the adolescents' opinions and take that into account when setting rules. This makes authoritative parents to practice low psychological demands as compared to authoritarian parents (Darling 1999; Clark et al., 2015; Smetana, 2017).

Parenting behaviour

Hoskins (2014) defines parental behaviour as those that entail parents' strategies in managing adolescents' behaviour with the intention to regulate their behaviour through providing

adolescents with guidance on how to socially conduct themselves in an appropriate manner. Parenting behaviour may also be influenced by parents' attitude, beliefs and expectation.

Behavioural control can be demonstrated by a parent through monitoring and consistent discipline (Hoskins, 2014). For the purpose of the current study parental monitoring entails the manner in which the parent is able to establish a quality, trustworthy, non-judgemental relationship where adolescents are able to disclose the not-so-positive aspects of their lives with the parents. Whereas consistent discipline entails parents' ability to set realistic expectations and a clear structure to guide adolescents (Smetana, 2017).

Cognitions that parents hold about the adolescents can influence how they respond to behaviour displayed by said adolescents (Viana & Welsch, 2010). It is important to take into cognisance that often how individuals parent their adolescents is to a certain extend influenced by a number of aspects such as culture, socio-economic status, and religious beliefs. All these have certain expectations that parents expect their adolescents to live by. As pointed out by Smetana (2017), authoritarian parenting style may be a protective factor in circumstances where families live in a neighbourhood characterised with unfavourable activities which may be detrimental to adolescents. On one hand, parents may see a need to apply punitive strategies in an attempt to protect the adolescents from perceived harm. On the other hand, adolescents may not always be in favour of these expectations and this can lead to conflict. Parents' ability to take control and responsibility of their own emotions puts them in a better position to accurately interpret, recognise and understand their adolescents' emotions (Castro, Halbertstadt, Lozada & Craig, 2015).

Literature suggests that effective parenting behaviour includes parent-child communication, parental warmth, support and inductive reasoning, which are of importance and may contribute significantly towards adolescents' adjustment (Maaskant et al., 2016; Poiciana, 2010; Solomon et al., 2017). Parenting behaviour which include these components can protect adolescents from negative influences surrounding them and make them less vulnerable to behaviour that may further harm them. Parent-child purposeful and two-way communication style can enhance the adolescents' feelings of being understood and listened to, and this can serve as a protective factor (Hoskins, 2014.). Parenting plays a significant role on how societies and culture evolves and its influences can have a long-lasting effect (Roman et al., 2016). Those values and morals carried from one generation to the other are fundamental principles for a society to function optimally. Parenting can thus be seen as a process whereby parents transfer a way of life to their children though providing guidance, love and support (Cain & Combs-Orme, 2013).

Foster parent's attachment style

Attachment theory suggests that the quality of attachment in a relationship is influenced and shaped by the characteristics of the adolescent, the caregiver, and the social environment in which the relationship is taking place (Tucker & Mackenzie, 2012). For the purpose of the current study, attachment theory can be used as the basis for further intervention with foster families where risk-behaviour is present, and can help provide insight into foster parents' parenting experiences (Quiroga & Hamilton-Giachristsis, 2016). Studies show that foster parents' own experiences of attachment style can influence their parenting behaviour and attitude (Gabler et al., 2014).

How foster parents' state of mind is organised with regards to attachment is key to their role in fostering adolescents (Lionetti, Pastore & Barone, 2015). Parents' mental and emotional state pertaining their own experiences of traumatic events are likely to influence foster parents' behaviour, and subsequently influence the type of attachment they develop with their fostered adolescents (Dubois-Contois et al., 2015). Unresolved attachment issues are deemed to be risk factors and can affect foster parents' ability to recognise and regulate emotions (Castro et al., 2015; Lionetti et al., 2015).

Foster parents who experienced insecure attachments are likely to display disorganised attachment behaviour and are likely to show an increase in dysfunctional parenting styles (Lionetti et al., 2015). Such foster parents are likely to not open up to a range of emotions and thus may not be willing to respond positively or manage the adolescent's negative emotions or behaviour (Groh, Roisman, van Ijzendoorn, Bakermans-Kranenburg & Fearon, 2012). As a result, they may stay emotionally distant and refrain from developing positive close bonds with the adolescents. This might in turn lead to an increase in risk-behaviour presented by adolescents. Unresolved attachment issues in a foster parent may lead to such a parent experiencing a higher level of stress in parenting (Lionetti et al., 2015).

Secure attachment has been associated with its ability to facilitate the process of adolescents' experience of psycho-social adjustment (Sroufe, 2013). Poinciano (2010) points out that foster parents' ability to be sensitive is crucial in establishing secure attachment between the parents and fostered adolescents. Being sensitive is likely to enhance foster parents' ability to be accepting of the adolescents. Accepting refers to the ability to acknowledging who they are, what they are capable of, as well as their unique talents (Schofield & Beek, 2009). Formation of secure attachments could serve as a protective factor for adolescents in foster care (Gabler et al., 2014). It is, however, of significance to take into cognisance that in some instances foster parents attempt to develop secure attachment with adolescents whose early development has been

impaired can be a challenging task to achieve, more so if they are not fully aware of how to go about in achieving this (Lionetti et al, 2015).

Stressors faced by foster parents

Apart from an increase in a number of adolescents entering the care system, there is also an increase in these adolescents presenting with risk-behaviour as well as emotional and psychological issues which in turn complicates foster care (Armenta & Huerta, 2015; Brock & Morales, 2016; Dubois-Comtois et al., 2015; Stott & Gustavsson, 2010). Once an adolescent is already in foster care, the initial aim of providing safety and securing the well-being of adolescents can be compromised by disruptions such as risk-behaviour, and this can lead to parental stressors (Lionnetti et al., 2015). Parenting adolescents in general can be a stressful experience, more so in the current ever-changing competitive and technologically driven world, and can be quite demanding for both parents and adolescents. Foster parents are faced with the even more challenging task of re-socialising adolescents who experienced trauma while in the care of their primary care givers (Lionnetti et al., 2015; Lohaus et al., 2017; Nadeem et al., 2017). These traumatic experiences may have rippling effects not only on the adolescent's life but also on the foster parent (Varischoolandt et al., 2013).

Studies show that parents fostering adolescents presenting with risk-behaviour are more prone to parenting stress (Castro et al., 2015; Hayes & Watson, 2013; Loinetti et al., 2015). Parenting stressors can occur as a result of a combination of aspects such as socio-economic status, devastating events, and characteristics of the adolescents and that of parents (Lohaus et al., 2017). Parenting stress is experienced as a result of discomfort associated with everyday life, demands that come along with parenting, and the interaction of family members. These aspects have the potential to either decrease or exacerbate stress and can influence the nature of relationships that exist between members (Hayes & Watson, 2013).

Foster parents who find it difficult to cope with adolescents' risk-behaviour may develop maladaptive ways of coping, which in turn can result in stress (Yousefia, Far & Abdolahian, 2011). Foster parents' inability to cope with adolescents' risk-behaviour, irrespective of exhausting their coping strategies, can be quite taxing, which may result in them feeling helpless and that they are failing in their attempts. These emotions can have detrimental effects on their relationship with the adolescents and affect their parenting in general (Viana & Welsch, 2010). Parenting stress is associated with reduced parenting capacities and this may have a significant negative impact on parents' ability to provide quality parenting (Louhaus et al., 2017). When parents no longer feel confident in their parenting, it will compromise the nature of the interaction and relationship that exists between themselves and fostered adolescents. These aspects can strain the relationship

which will lead to less responsive parenting behaviour and adolescent risk-behaviour may intensify (Tan et al., 2012; Yousefia et al, 2011).

In addition, studies show that the more foster parents find it difficult to cope with adolescents' emotional and behavioural difficulties, the greater likelihood that it will increase their parenting stress (Zuniga, 2012; Hurlburt, Chamberlain, DeGarmo, Zhang & Price, 2010). Unresolved grief and trauma in fostered adolescents is often expressed through presenting risk-behaviour, and this can be a very daunting experience for foster parents, more so if they feel they are unable to cope (Holtan, Handegard, Thornblad & Vis, 2013; Nadeem et al, 2017). Literature suggests that foster parents may be a vulnerable group themselves (Armenta & Huerta, 2015; Brock & Morales, 2016; Smith, 2014; Stott & Gustavsson, 2010; Tunno, 2015). Foster parents face demands in which they may find themselves unprepared both emotionally and psychologically, and are thus likely to result in stress, anxiety a feeling of incompetence and an inability to cope (Ntshongwana & Tanga, 2018; Van Holen, Varischoonlandt & Vanderfaeilllie, 2017). The afore-mentioned difficulties are likely to complicate foster care placement, making the task of being a foster parent a very complex and stressful role to fulfil. Fisher (2015) is of the opinion that in a contemporary society foster parents are expected to be "therapeutic parents", with no insight and limited support to assist them in dealing with such a role.

Foster parent's attitudes toward risk-behaviour

Besides an increase in numbers of adolescents entering the foster care system, it is well-documented that most fostered adolescents are likely to present with behavioural, emotional and psychological difficulties (George, 2013). Prior exposure to an undesirable environment, entering care at an older age, developmental delays, placement instability, as well as a lack of permanent security, are some of the risk factors these adolescents have to bare (Kelly & Salmon, 2014). This may have dire consequences for both the adolescents and foster families. Behavioural and emotional needs of adolescents have been identified as key to emotional stressors experienced by foster parents (Ellen, Vaughan, Feinn, Bernard, Brereton & Kaufman, 2012). Foster parents can have a significant influence on fostered adolescents' social, emotional and psychological well-being (De Maeyer, Vanderfaeillie, Robberechts, Vanschoolandt & Van Holen, 2015).

Combs-Orme and Orme (2014) suggest that there is a close relationship between parents' attitudes, knowledge and behaviour, which in turn influence their parenting styles. Given the nature of foster care and expectations surrounding it, there is a need to gain insight into what foster parents describe as their psychosocial needs in parenting their fostered adolescents. There is limited research on the psychosocial needs of foster parents, specifically those caring for adolescents presenting with risk-behaviour (Cooley, Thompson & Newell, 2019). More so, little

is known on how foster parents cope and address stressors associated with risk-behaviour. Based on the afore-mentioned, this study aims to explore parents' psychosocial needs in fostering adolescents presenting with risk-behaviour.

Research methodology

Research approach and design

This phase followed a qualitative, explorative and descriptive approach to realise the objective of the study. The primary goal was to discover insights which can be probed into to develop further explanation and discover the facts based on how participants describe their reality (Creswell, 2014). The use of this design enabled and created opportunities for participants to share their views, knowledge and experiences in a way that is most comfortable to them (Creswell, 2014; Papalia; Feldman, 2011). For this reason, the researchers were able to obtain a substantial amount of information on what participants' regard as their needs in fostering adolescents where risk-behaviour is experienced.

Population and sampling

Fouché and De Vos (2011) describe a population as a collection of individuals having common characteristics that the researcher is interested in studying. For the purpose of this study, population is defined as both male and female parents fostering adolescents presenting with risk behaviour, residing in the North West Province, South Africa, as well as under the supervision of designated welfare organisations rendering foster care services. Participants were expected to have been caring for adolescents between the ages of 14 to17 years old, at least for a period of two years and more. The length of foster care placement was stipulated to ensure that both the adolescents and foster parents had sufficient time to adjust and identify changes taking place in their circumstances, and have made efforts to respond to such changes. The age of adolescents was stipulated to target those who are currently in their adolescent stage as it is critical in an individual's development characterised by risks and opportunities (Papalia & Feldman, 2011). Even though the population was restricted in terms of the length in fostering adolescents as well as their age, it was inclusive of foster parents from different backgrounds, i.e. ethnicity, gender, race and culture, ages, educational levels, income levels or creed. Therefore, participants were selected based on their ability to describe the phenomenon under investigation guided by their experiences in fostering adolescents presenting with risk behaviour. Data saturation was

achieved with a total number of 32 foster parents who participated in the study (Creswell & Plano-Clark, 2011).

Data collection

The first researcher conducted semi-structured interviews with open-ended questions to ascertain parents' views on what their psycho-social needs are in caring for adolescents presenting with risk behaviour. The use of an interview schedule enabled participants to elicit and elaborate in their own words, which in turn expanded the richness of data obtained and increased the study reliability. Participants took part in qualitative semi-structured interviews that lasted between 45 minutes to 1 hour (60 minutes).

Trustworthiness

To ensure that the findings of this study can be trusted, the researcher followed and adopted research principles as proposed by Creswell (2014) and Lincoln and Guba (1985).

The first researcher spendt some time to familiarise herself with the surroundings whereby the study was conducted. The researchers did not have any previous interactions with participants and therefore reached out to the mediators, who are also social workers rendering services to the foster parents who took part in this study. The researchers were of the opinion that the social workers are neutral persons and had a much better understanding and informed knowledge about participants' backgrounds, which in turn will allow objectivity (Creswell, 2014). The researchers gathered a susbtainial amount of literature pertaining to intervention for parents fostering adolescents presenting with risk-behaviour, and will use the outcome of this study to build on that and ensure confimability. The first researcher also ensured that interviews were audio-recorded and complemented with field notes to record non-verbal observable communication behaviour that had the potential to add value to the outcome of the study.

The researchers also engaged in a peer debriefing where biases were probed into, meaning explored, and the basis for interpretation clarified (Creswell, 2014; Lincoln & Guba, 1989). This helped the researchers to look into the aspects that are likely to influence the outcome of the study both positively and negatively, and attention was given to such. The researchers enhanced credibility through the use of observations, probing, taking written notes, and reflective discussions during supervison with study leaders.

Data analyses

This study was interested in gaining insight based on parents' experiences in fostering adolescents reported to be presenting with risk-behaviour. Obtained data was transcribed,

classified into different categories, and interpreted according to different themes and sub-themes that emerged. These themes were classified based on similarities and differences. The researchers also incorporated important information that derived from the interview narratives and observations. Based on data received and guided by literature, the researchers developed six themes to provide guidance in making sense out of a large amount of data obtained for the current study. The major core themes that emerged include: motivation for fostering the adolescents, experiences of fostering adolescents, nature of relationship with the fostered adolescents, risk-behaviour presented by adolescents in their foster care, foster parents' discipline strategies, as well as training and support recommended by foster parents.

Findings

Profile of the participants

The study was conducted in two districts; namely, Dr Kenneth Kaunda and Dr Ruth Mompati districts (North West Province, South Africa). All participants were legal foster parents of adolescents reported to be presenting with risk-behaviour. South Africa is a diverse society made up of different ethnic and cultural groups and languages. Participants were recruited based on their language capacity to answer the research questions and included the following ethnic groups: Tswana, Coloured (mixed race), Sotho, Zulu and Xhosa. At the time of the study their age ranged between 20 and 70 years. Twenty (20) Participants have fostered the adolescents in their care since birth and another twelve (12) between the ages of 7 and 16 years. The majority of participants indicated that they were not employed at the time of the study and dependent on state grants. Few reported to be employed in informal settings such as piece-jobs (temporary employment) as well as domestic employment. The majority of participants reported to be living in townships and others in informal settlements such as a squatter camp (living in a shack or house build out of zinc). Participants' highest level of education ranged between not having any formal education, to Grade 12 with very few having completed Grade 12.

Discussion of findings

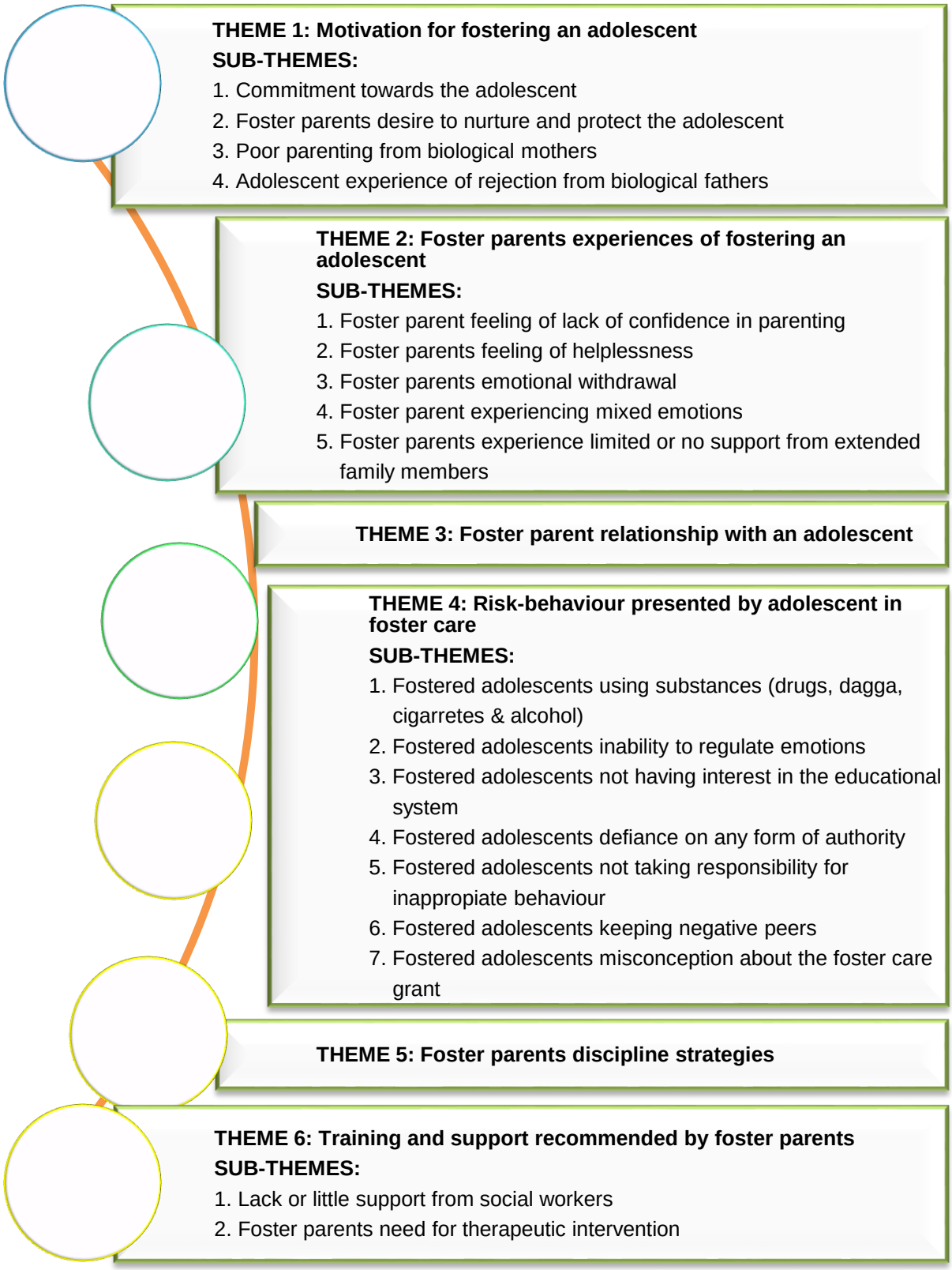

Figure 2: The overview of themes and sub-themes from the findings

Theme 1: Motivation for fostering adolescents

All participants reported that their motives to foster adolescents were due to the fact that no one was available to care for them. Participants expressed that they felt obligated to care for the adolescents, since they lost their mothers through death and the whereabouts of their father was unknown to them. Maintaining and retaining the adolescents within the kinship setting appeared to be an important aspect for some participants (Van der Westhuizen et al., 2012; Zuniga, 2012). These findings confirm what the afore-mention authours found. The implementation of kinship foster care appears to be regarded as appropriate and is commonly practiced in South Africa. Pretorius and Ross (2010) however, point out that, even though kinship placement seem to be a better option, a concern that arises is the potential overburden of this type of placement. The fact that these children have been part of the family since birth is a protective factor for them. However, this does not take away the loss they have suffered which has emotional and psychological effects on their well-being (Pretorius & Ross, 2010).

The majority of participants were either grandmothers or an older sister, cousin or niece to the fostered adolescents. Only two participants were not blood related to the adolescents they are fostering. The following quotes summarise participants' expressions:

> ***Participant 2:*** *"… no one will take care of them as they only have me. I am their only sister."*
>
> ***Participant 4:*** *"It was a matter of principle, these children were born here and they need to grow under my roof."*
>
> ***Participant 6:*** *"She [mother] passed away. I took her to live with me since then."*
>
> ***Participant 7:*** *"There was no one else who could look after the child even my late sister, his [adolescent] mother was under my care …"*
>
> ***Participant 9:*** *"I saw how my sister was treating them, they were not treated well. In 2014, they complained and it was very sad that their grandmother drank all the money."*
>
> ***Participant 11:*** *"We were all living with our grandmother. And when she died [grandmother] my aunty said to me since I am the first born, I will have to take over the parenting of these kids because our aunties are all married and we remained in our grandmother's house. I had no choice."*

According to Daniel (2011), parents who care for a foster child is often motivated by both internal and external motives. This includes fulfilling a desire to be needed, love for children, as well as adding value to the society by showing concerns and helping to fill the gap (Daniel, 2011). The

afore-mentioned quotes support this theory, and it is clear that foster parents have different reasons and circumstances that led to them fostering adolescents. In most situations it is those undesirable circumstances such as death of a parent, abandonment, rejection and lack of proper care from a biological parent.

Sub-theme 1: Commitment towards the adolescents

The majority of participants reported that they are committed to the adolescents and that they regard them as their children due to the biological relations they share.

Twenty-seven (27) participants mentioned that the biological parent passed away and they felt obligated and responsible to foster the adolescents. Three (4) participants reported that the adolescents' biological mothers abandoned them in their care, and one (1) participant indicated that she was very close to the adolescent's biological mother who was also her neighbour and when she, the mother, passed away she felt a need and agreed to care for the adolescent.

The afore-mentioned quotes suggest that most extended family members prefer to keep children within the nuclear family setting. One of the reasons could be to continue the family lineage. In addition, it apprears that family members are easily accessible due to the fact that most of them lived with the adolescent in the same home prior to fostering them.

Sub-theme 2: Foster parents desire to nurture and protect the adolescent.

Some participants felt a need to become a safe haven for the adolescents following the neglect and abandonment they endured while in the care of the primary caregivers, as reflected in the following responses:

> ***Participant 10: "****She [biological mother] was drinking a lot. I have been looking after them before their mother died because she was keeping their grant card at the loan sharks. I went to the social workers to change the card and enrol them under my care and they have been with me since then."*
>
> ***Participant 13****: "she [mother] would not look after them. She is just drinking. She used to be with them from Monday to Friday afternoon then she would go away till Sunday. Now she went AWOL".*
>
> ***Participant 14****: "Their mother is in [name of town]. It is just that she is not in the good state. She drinks a lot and does not worry about the children. She sleeps out. We heard that their father was arrested. These children need someone to love and I took it upon myself to care for them."*

Participant 18: *"Her [adolescent] mother left her when she was six months old and my mother took her in to look after her. Then I began helping my mother to look after her. I would take her to the clinic and registering her at school since the mother did not care about all these."*

Participant 20*: "She [the mother] abandoned her [foster care adolescent] and went away with friends when the child was six months, she came back after three years. She [the mother] came back in 2005 when her child was already three years. She died in September of the same year."*

Literature indicates that, irrespective of the nature of attachment originally established and experienced by adolescents in foster care, foster parents' ability to develop warmth and nurturing relationships remain crucial and are social and emotional resources that the adolescent requires. These aspects can be used as tools to navigate complex relations and emotional well-being later in life (Brock & Morale, 2016; Lionetti et al., 2015; Uzaina & Srivastava, 2016). Given the afore-mentioned quotes, it is clear that the majority of foster parents saw a need to provide care and protection to children who they observed were not awarded such opportunities by their primary care givers.

Sub-theme 3: Poor parenting by biological mother

One participant reported that she was the adolescents' late mother's neighbour and she observed how their maternal aunt regularly abused them, and this motivated her to take the adolescents into her care. Participant's response is summarised as follows:

Participant 30: "*Then another aunt who lived in London came back to South Africa, as a result, the children moved back into their mother's house and lived with their aunt. Her [aunt] parenting style was a bit of an issue with the kids. She was not able to be kind to them because she was suffering from depression as a result of her failed marriage in London. She refused to allow the older child to go to school. Then she [the aunt] locked the younger boy in the house with a plate of food, a mug of water and a bucket for relieving himself. The boy opened the windows and cried out loud from inside the house. He was noticed by neighbours and the police and social workers were called".*

Five (5) participants reported that the adolescents' biological mothers either neglected or abandoned the adolescents and this left them with no choice but to care for the adolescents as there was no one available to care for them.

Literature concurres with the afore-mentioned quotes on the circustances surrounding foster children. These children are often neglected, abused, or abandoned by those who have obligations to care for them (Breen, 2015; Every Child, 2011; Farinue, 2016). Given those circumstances, the state becomes corporate parent and takes the responsibility in ensuring that these children are protected and their immediate needs are met adequately. Foster care placement plays a critical role in ensuring that this constitutional obligation is achieved.

Sub-theme 4: Adolescents' experience or rejection from biological fathers.

Most importantly, almost all participants reported that the adolescents' biological fathers do not and have never shown interest in the adolescents, including those whose fathers are still alive. The majority of the foster parents are unmarried and are therefore caring for the adolescents alone. Collective responses expressed by participants were as follows:

> ***Participant 4:*** *"Their father was just a sperm donor. Their [adolescents] mother just came home with pregnancies and I was breeding them"*
>
> ***Participant 6:*** *"Look, my aunt gave birth to 7 children with different fathers and no one knows them [fathers]."*
>
> ***Participant 21****: "I don't want to lie; I don't know who are these children's fathers. I don't know them, and my daughters would not tell me even if I asked them. I don't know if they were sleeping with different men. Now, the eldest granddaughter is having a baby and she could not tell me who the father of her baby is. So I told her that she is walking in her mother's footsteps."*
>
> ***Participant 26:*** *"I have never seen these children's fathers. I know nothing about them. The first one came with her mother, when she was 3 months old and her mother left her. I raised [child name] since then and when she was 9 years old, her mother came back home pregnant again with [child's name] and she did the same thing. She left the baby and escape. When the baby was five years old, she came back home sick, HIV positive and very sick. She then died once again without telling me who are these children's fathers."*

Two (2) participants expressed that even though they have an idea of who the fathers to adolescents were, these fathers have not been part of the adolescents' lives and therefore make no contribution to their upbringing.

> ***Participant 23:*** *"He [the father] once came two or three years ago, but we did not get along very well because he was failing to support the children financially. He was only interested*

in the younger one, even this was a surprise to the social workers. He [the father] says because he loves her [the younger child] more."

***Participant 30**: "This child's father just left him. I even took him to court for maintenance but even that did not help as he does not care."*

It appears that one of the challenges faced by most adolescents in foster care is an experience of abandonment or rejection from biological fathers. This concurs with the findings of a study conducted by Van der Westhuizen et al. (2012) in South Africa. That study found that most adolescents who participated in the study expressed either not having any relationship with the biological fathers or being abandoned by them. The experience of rejection and abandonment by a parent is likely to have devastating effects into the lives of most adolescents. As a result, they may develop a feeling or even belief that if their own biological parents could not unconditionally love and care for them, then no one will genuinely care for them.

Theme 2: Foster parents' experiences of fostering adolescents presenting with risk-behaviour

Studies show that in instances where foster care placement breaks down or experiences disruption, foster parents often state risk-behviour as one of their main reasons for no longer being willing to foster the adolescent (Bester, 2014; Farineau, 2016).

Sub-theme 1: Foster parents' feelings of lack of confidence in parenting

Some participants reported that they have reached a point where they are unsure about how to parent the adolescents. Participants' views are exemplified by the following responses:

***Participant 2:** "Sometimes I would feel like I can't handle it or I would like bringing them here so that they could be taken somewhere because other sibling who is 15 turning 16 is troublesome."*

***Participant 11:** "I even asked him what is it that he wants in life? Then he told me that all he wants now is branded clothing, the NIKES and the likes. He wants a phone and a laptop and he wants to go to a fancy school. I thought maybe I should take him to my grandfather in the rural area because my grandfather is a pastor as I cannot take it anymore. But then I thought he would be troublesome there and the community may beat him up or bewitch him."*

***Participant 15:** "He is a "man" [fostered adolescent] what do you tell a man? He has guts to demand R 200.00 for alcohol and he would want it as in now."*

When foster parents no longer feel confident in their parenting, this can result in foster care placement disruptions or breakdown. For this reason, it may lead to foster care placement being abruptly terminated, leaving and exposing the adolescent to more vulnerabilities (Richards, 2014). These experiences have the potential to re-traumatise the adolescent, making them prevalent to risk-behaviour as a result of distress, which in turn may lead to feelings of hopelessness (Chiroro, Seedat & Woolnough, 2009).

Sub-theme 2: Foster parents' feelings of helplessness

Foster parents' inability to restore the family functioning, irrespective of exhausting their coping strategies may leave them feeling overwhelmed and may develop a negative attitude towards parenting and resort to practicing non-responsive parenting behaviour (Yousefia et al., 2011). Some participants expressed that they no longer know what to do with adolescents in their care and expressed their frustrations they encounter as a result. Participants summarised their experiences as follows:

> ***Participant 8****: "Being a parent is a challenge, it's painful. You also start having stress because of the responsibilities that come with caring for children."*
>
> ***Participant 9:*** *Whenever I hit him, he doesn't cry. So I stopped and left everything in God's hands. I think he is going through adolescent stage. When I ask him questions he doesn't answer. He will just stare."*
>
> ***Participant 11:*** *"I am just being patient, otherwise if he was not my mother's child, I would have given up on him. But I am hoping to God to intervene. I am not sure what to do anymore."*
>
> ***Participant 15:*** *"Now I need to know what to do with him, because he is now acting like a man, he even brings his girls here while we are watching TV. He [fostered adolescent] says we must stay out of his business. I only heard by the rumours that his girlfriend has aborted her pregnancy at the hospital. Worse, this girl is still very young because she is still in primary school. The girl's father once came with the police to beat this boy up."*

Feeling of helplessness is prevalent in foster care when the parent does not have any source of solid support. Sherman, Plante, Simonton, Latif and Annaissie (2009) point out that religion and spirituality tend to be more important in circumstances where individuals feel that they have exhausted all their avenues with little or limited impact. Given some of the afore-mentioned quotes, turning to religious beliefs seem to be amongst one of the commonly used coping

mechanisms for foster parents. Stressors such as risk-behaviour are likely to trigger reliance in faith, which gives them hope and the ability to become resilient, amongst other things.

Sub-theme 3: Foster parents' emotional withdrawal

Some participants reported that they decided not to say or do anything, to withdraw and chose to rather turn a blind eye. Foster parents are confronted with difficulties which may lead to parental stress, more so in circumstances where risk-behaviour is prevalent. Lohaus et al. (2017) points out that an experience of on-going parental stress may lead to reduction in parenting capacity, which can in turn be strainers for the parents' mental and emotional well-being and may result in a maladaptive way of coping. This can have lasting detrimental effects on the nature of the relationship that exists between the adolescents and foster parents. Participants stated the following:

> ***Participant 8:*** *"It's like I am nothing to them [fostered adolescents], my humanity is not recognised by them."*
>
> ***Participant 11:*** *"It is hard, the child would just swear at you and out of anger and frustration you would want to punish them by not giving them food and not buying clothes for them. But that makes them even worse. So now, I realised that it is not working, I have resolved to leave things to God to be in charge and give me the heart to endure."*
>
> ***Participant 16:*** *"I'm no longer whipping them because the younger one fights back. I just look at them. I don't have that energy anymore."*
>
> ***Participant 22:*** *"It really frustrates me because I might be wrong. Sometimes I feel like leaving them [fostered adolescent] just like that. I can't take it anymore."*

The afore-mentioned expressions suggest that some foster parents seem to find it difficult to emotionally cope and deal with the consequences of risk-behaviour presented by their fostered adolescents. It appears that some of them find it quite overwhelming, and that they have exhausted all their avenues. Some of these foster parents choose to resort to distancing themselves from the adolescents, which is likely going to worsen the presence of risk-behaviour.

Sub-theme 4: Foster parents experiencing mixed emotions

There were indications of mixed emotions from foster parents with regards to their feelings about fostering the adolescents. These views are exemplified by the following responses:

Participant 9: **"***When they came to stay with me, I didn't have heart problem now my heart's is always beating harder than before. I'm no longer saying anything, when dishes are washed or not I just keep quiet."*

Participant 10: *"She [fostered adolescent] is bad news. The fact that she is stealing, walking around at night and getting drunk. She comes the following day."*

Participant 11: "*. He is troublesome. He is stealing and taking drugs. He breaks into people's home and he would say 'I am under age; they can't take me to prison."*

Sub-theme 5: Foster parents experience limited or no support from extended family members

Perceived lack of or limited support by foster parents may contribute to an increase in them feeling overwhelmed (Hayes & Watson, 2013). Most foster parents reported to be caring for the adolescents alone. Participants expressed the following:

Participant 8: *"No one is helping us. Those who used to help us are long gone."*

Participant 11: *"He is so naughty! I spoke to my aunt, the one who normally assists when I need help. But she refused, she tells me she does not want trouble."*

Participant 16: *"It's just us. We resolve our own problems."*

Participant 18: *"No, they never, [fostered adolescent' name] is the witness to that, we are on our own. My child's father sometimes gives me money and with it we add to buy other household needs to last us up to the end of the month."*

Participant 22: *"Maybe their [fostered adolescents] relatives are wondering why I am requesting their help because I'm financially stable, they don't understand that I just need them to speak to them because I'm a woman and they are their uncles. I might be doing something wrong which I'm not aware of."*

Two participants reported that they experienced negative relations with extended family members who also do not want to be involved in proving support, and instead perceive foster parents fostering adolescents as a burden.

Participant 8: *"Now recently, I had to go report him [cousin living in the family home] at the police station because he was fighting me and causing trouble in the yard."*

Participant 30: *"Me and the boys [fostered adolescents] are not in good terms with their maternal aunt. We are fighting now and then; our fight is even taken to court. She even tells the boys that they are HIV positive."*

The afore-mentioned quotes suggest that some foster parents do not have anyone to rely on in assisting them with fostered adolescents. This can be a daunting experience and more so when the adolescent is presenting with risk-behaviour. Extended families are regarded or expected to be a source of support to fall back on when things are tough. The inability to receive support in one's extended family can be a devastating experience, leaving one overwhelmed and feeling helpless.

Theme 3: Foster parents' relationship with fostered adolescents

Research constantly show that the nature of the relationship that exists between the adolescent and foster parent is of significance, as it has the potential to either build or break the adolescent and the foster parent. When an adolescent experiences the relationship with the foster parent as warm, nurturing and caring, this is likely to help the adpolescent realise that someone deeply cares for them and this may in turn help shape their behaviour and attitude towards life in general (Armenta & Huerta, 2015; Alto & Petrenko, 2017; Escobar et al., 2014). Most importantly, participants expressed different views with regards to the relationships they share with their fostered adolescents. Some participants felt that they share close relationships characterised with love irrespective of the difficulties they experience.

Participant 8: *"At least they [fostered adolescents] are showing love towards me, even my own child, they really love him."*

Participant 17: *"For now the stage he [fostered adolescent] is in has changed him. So because of the stage he is going through it's not easy. He is begging to be naughty, he talks back when you are reprimanding him. He is smoking, he walks around at night because he is befriending friends with bad characters."*

Participant 26: *"They [fostered adolescents] are just quiet. I don't know if it because they are scared of me. They are obedient. I don't know if they change their characters when they are out there."*

Participant 13: "*She is difficult. She doesn't say anything. Even when she is angry, we will see by the facial expressions."*

Participant 8: *"I just want them [fostered adolescents] to remember that I am not just a sister to them, but I am also a mother figure, so when I ask them to fetch something for me, mostly they would complain and come up with many excuses."*

Given participants' expressions, it is clear that risk-behaviour damages the relationship that exists between fostered adolescents and parents. This concurs with literature on the effects of risk-behaviour among adolescents in foster care (Brown et al., 2014; Mosimege, 2017; Zuniga, 2012). For these reasons, some of these foster parents feel distant and disregard adolescents' negative behaviour. These reactions have the potential to cause further damage to both adolescent and parent. On one hand, a parent may begin to experience ongoing stress and frustration which may lead to depression. On the other hand, an adolescent may begin to feel isolated, neither loved nor cared for, and this may worsen the presence of risk-behaviour.

Theme 4: Risk-behaviour presented by adolescents in foster care

Risk-behaviour has been identified as one of the difficulties faced in foster care (Bester, 2014; Farineau, 2016). When foster parents feel that they are not equipped to handle risk-behaviour presented by adolescents in their care, it can become a frustrating experience that is likely to leave them feeling helpless and powerless. As a result, they may lose passion in their parenting, leaving them feeling incompetent and no longer willing to care for the adolescent. Instability in the lives of adolescents who have experienced some kind of abuse, neglect or abandonment can have long-lasting and devastating effects that may continue to affect the adolescent's ways of conduct. Thus, risk-behaviour has the potential to compromise every opportunity for the adolescents in foster care to mature into emotionally stable and resilient individuals.

Sub-theme 1: Substance use

Some participants reported that they have knowledge of adolescents using substances and these seem to affect the adolescents' total functioning. As a result of these adolescents using and abusing subtsances, such behaviour interferes with their lives, whereby they will neglect their school attendance, refuse to do chores, steal from the foster parents and have bad relationships with community members. Participants' views are summarised below:

Participant 11: *"I can't bring money home anymore because he can steal all of it. He is not even bathing anymore; all his clothes he has lost. He is taking glue and drugs."*

Participant 15: *"The teachers were also complaining about him saying he is a bully at school. He is like this because of the drugs that he is smoking."*

Participant 17: *"when he comes home he will be smelling marijuana. His eyes will change; he will be shaking."*

Participant 22: *"I wondered how are they smoking it and I also found the small plastics of marijuana. I took that bulb. Later that day the older boy came to the house and demand 'his thing'."*

Participant 30: *"The older boy admitted that he gave his brother dagga because he was smoking it."*

The afore-mentioned expressions from participants concur with literature on risk-behaviour presented by most fostered adolescents. Research has found that externalising behavioural problems are highly prevalent in fostered adolescents (Favela & Velazquez, 2016; Holtan et al., 2012). Even though adolescents might display similar behaviour, it is of importance to understand that the reaons for such behaviour are often different. It is those underlying issues that often hold a very strong emotional and psychological distress and contribute to the adolescent's inability to cope, therefore most of them resort to substance abuse (Landers et al., 2017; Mnisi & Botha, 2015). The emphasis is therefore placed on a need to use evidence-based intervention in building foster parents' capacity to understand and respond effectively to risk-behaviour.

Sub-theme 2: Fostered adolescents' inability to regulate emotions

Due to the lack of appropiate role models, most fostered adolescents do not have the ability to regulate their emotions and cope with stressful situations accordingly (Poiciana, 2010). This is due to the fact that some of them do not have adequate or appropiate interpersonal skills to help them handle or deal with chaotic situations. When confronted with harsh reality, they are likely to respond in the ways that they know and are often guided by negative behaviour on interrelationships that existed between them and their biological families, which is often anti-social.

Participant 9: *"He is very stubborn. He is not fighting with me but he is very stubborn."*

Participant 13: *"He [fostered adolescent] likes beating the young ones, I noticed he is short tempered. But I tell him that he is older, he must look after them"*

Participant 14: *"For [adolescent name] I think that she must have been affected by the arguments of her parents and that made her to be very stubborn and it could be that it is caused by the fact that they are not sharing the father. She is also affected by the fact that [adolescent sister's name] uncle is visiting her while she doesn't have any one from her fatherly side to visit. This makes her feel left out."*

Participant 20: *"The only issue is with the sixteen-year-old girl [fostered adolescent]. She has tendencies of being cheeky. But lately I am able to sort her out."*

Sub-theme 3: Fostered adolescents not being interested in the educational system

Researchers such as Bond (2018), Jones (2011) and Stott (2012) found that most adolescents leaving the foster care system often leave care without completing high school. For this reason, it is likely to be very difficult for these adolescents to make it on their own later in life. Life in contemporary society is very competetive and the inability for these adolescents to obtain a solid education put them at risk of poor outcomes, such as the inability to secure decent jobs, housing, or even successfully manage their everyday lifestyles (Mitchell, Jones & Renema, 2014).

Four (4) participants reported to be experiencing difficulties in getting their fostered adolescents to commit to school and responsibilities that come along with it. Below are summaries of expressions as shared by participants:

Participant 4: *"On Tuesday, his [adolescent] uncle found him here, and he asked him, 'Why are you not at school?' He was lying on the floor across the door and his uncle pulled him by the trousers and said he will hit him."*

Participant 15: *"No, he [fostered adolescent] is not in school, he is just lying at home. He was supposed to go to school last year and he addresses me in an unbecoming manner in my house."*

Participant 17: *"He [fostered adolescent] is beginning to be naughty, he talks back when you are reprimanding him. He is smoking, he walks around at night. He is not coping at school because he is befriending friends with bad characters. He says I talk a lot."*

Participant 27: *"She [fostered adolescent] doesn't want to go to school and we were referred to the social workers in [name of area] and they did come to the house and I told them that I spoke to her and they concluded that they will cut her foster care grant."*

Sub-theme 4: Fostered adolescents' defiance of any form of authority

Most adolescents in foster care have experienced some form of trauma in their lives, which include neglect, abuse, exposure to undesirable circumstances, as well as instability pertaining to home environment and care givers. These experiences place them at a high risk of experiencing emotional, psychological and behavioural problems (Octoman, Mclean & Sleep, 2013). Studies have repeatedly shown that some of these children are likely to present both external and internal risk behaviour when they reach adolesce (Bester, 2014; Escobar et al., 2014;

Landers et al., 2017). External behaviour includes substance abuse, defiance and the inability to form stable relationships, whereas internal behaviour includes withdrawal, the inability to regulate own emotions and anxiety (Brock & Morales, 2016; Cooley, Wojciak, Farineau & Mullis, 2015; Octoman et al., 2013).

Below are expressions as articulated by some of the participants:

> ***Participant 10:*** *"She is always arrested and people are always helping me to release her. Now I need to repay the lady who she stole the chocolates from. On Thursday when I was home, I was told that she didn't sleep at home, she slept at her boyfriend's place at colour blocking. She is disrespecting me. I have been giving her R 5 every day to school, only to find that she is saving those R 5's to buy alcohol on Fridays. She is not respecting me."*

> ***Participant 11:*** *"He [fostered adolescent] is able to swear at me in the street while everybody is watching. This happened when I was rebuking him because he had stolen from me."*

> ***Participant 15:*** *"We called in the police for him [fostered adolescent] many times. I told him he will go to jail but the issue is that every now and then, he would send them [younger brothers] to go borrow small money for him."*

> ***Participant 28:*** *"The social workers came home to see her [fostered adolescent] school report. I went to the school to fetch it but when I got there they told me that the child has been expelled because she was trying to control the teachers."*

Sub-theme 5: Foster adolescents not taking responsibility for inappropriate behaviour

As discussed previously, most adolescents in foster care learned maladaptive ways of coping with challenging circumstances. This does not suggest that they do not know the difference between right and wrong; instead their inability to regulate emotions and thoughts makes it difficult to realise how certain socially constructed expectations apply to them. It is for some of these reasons that social work therapeutic intervention becomes critical with the aim to help re-socialise and arrange the adolescent's thoughts in a manner that they will begin to identify and realise a need to take accountability for their own actions. Goodyer (2011) points out that it is important for foster parents to look beyond risk-behaviour when fulfilling their caring roles with adolescents in foster care. In so doing, it will put foster parents in a better position to offer support to the adolescents in ways that make them feel accepted and not judged or labelled. When fostered adolescents experience being loved, it can enhance stability and reduce the existence of risk-behaviour, and they can learn to take responsibility for their own actions

Acknowledging and taking responsibility for inappropriate behaviour was a concern. Two participants stated the following:

Participant 10: *"Their [fostered adolescents] behaviour, how they treat people and they don't speak to people in a polite manner. When you joke with them they would just respond in a disobedient manner. They are always fighting. [Adolescent name] do not respect. They are swearing each using our mother and our father's names."*

Participant 11: *"He [fostered adolescent] does not care, because he tells himself that he is under age therefore he won't go to prison."*

Sub-theme 6: Fostered adolescents keeping inappropriate or negative peers

Peers play a crucial role during adolescence stage and their influence on an adolescent becomes very important to help them develop their unique identity and desire for independence. This may be beneficial for their development, however it can also lead to a number of difficulties which include exploring with substance abuse, gangsterism and teenage pregnancy (girls), as well as risk of contracting HIV/AIDS (Uzaina & Srivastava, 2016). For these reasons, parents might see a need to become overly protective, which in turn can lead to creating a distance in relationship between the parents and their fostered adolescents.

As reflected in the following responses, some participants expressed concerns around peers their fostered adolescents keep:

Participant 9: *"One day he came home beaten up by the gangs. He was part of those gangs. Secondly, he was stabbed on the arm and on the buttocks. He was badly injured."*

Participant 10: *"[Adolescent name]'s bad behaviour is influenced by my other sibling who come immediately after me I believe that [adolescent name] is enticed by her actions."*

Participant 17: *"I can see them [adolescent's friends] they don't attend the school. He is clean but the people he is friends with are not tidy. They have given up."*

Participant 23: *"The real problem started when he went to high school. I could no longer contain him. He is mixing with many different friends. He can't even bath properly and he likes the streets. He only comes home when he is hungry. This past weekend he did not sleep at home."*

Participant 17: *"He is comparing himself with his friends, forgetting that we are struggling. I try to buy him the best of everything, he has Lacoste and Adidas sneakers. When I ask him*

why he is not wearing them, he would just say he will. His friends will come home saying that they heard that [adolescent name] is selling sneakers."

Sub-theme 7: Fostered adolescents' misconception about the foster care grant

Some adolescents' perceptions about the foster care grant seem to be one of the difficulties foster parents encountered. For these adolescents, they are of the opinion that the money belongs to them and they should get anything they want from the foster parents. Some of them will resort to demanding the money or expensive items such as clothes and shoes.

Participant 18: *"He is demanding I bout him expensive pair of shoes that cost me R 1 900.00. He called the police for me because he wanted to buy a sdory [a bucket hat] and he was playing music with the lyrics "I want my money."*

Participant 9: *"They sometimes annoy me because when they want something, they want it immediately."*

Participant 10: *"She [fostered adolescent] said that she is getting the grant or else she will take her card."*

Participant 16: *"He [fostered adolescent] sometimes demands the money from me, but I refuse to give it to him."*

Participant 15: *"Like now it is at the end of the month, we are in for it, shame on us, because he [fostered adolescent] is demanding money. I told him that I will call the police for him but he kept on saying I should go ahead and call the police."*

Participant 22: *"They demand things which we could not afford with their grant. As time went by they started to take their grant from me, it happened for two years. They were not buying anything in the house."*

The afore-mentioned quotes concurred with the findings of studies conducted by Van der Westhuizen et al. (2012), Ward et al. (2015) Roman, Davids, Moyo, Schilden, Lacante and Lens (2015) on foster parents in South Africa. The findings show that parenting adolescents can be extremely challenging, and more so when the family experiences financial difficulties. The majority of these foster parents live in circumstances that reflect the harsh reality of poverty, which makes it difficult to meet the adolescents' material needs. Some foster parents experience challenges where adolescents demand 'their money', referring to the foster care grant. This can be overwhelming given that the foster parents are already struggling to meet ends and have to rely on the government foster care grant to meet both their needs and that of fostered adolescents.

Theme 5: Foster parents' discipline strategies

Participants reported different strategies in responding to fostered adolescents' risk-behaviour. Some participants expressed that they prefer to sit the adolescents down and talk them through behaviour they regard as unacceptable. Most foster parents expressed that in an attempt to address this, they will often engage the adolescets in a conversation so as to help them understand the implications of their behaviour.

Below are some of the participants' views on how they attempt to discipline their fostered adolescents in positive ways:

> ***Participant 5:*** *"I will explain to them what is it that I want and don't want with a calm voice."*
>
> ***Participant 6:*** *"I explain to them all that needs to happen. I even tell them that I am going to church. That is why I will be away from home longer. I give them reasons."*
>
> ***Participant 21:*** *"I don't like to address issues in anger, but when I am not happy about something I tell all of them. I don't like beating children because it makes them worse. I set rules for them and I want them to adhere to those rules. Like going to church."*

Some foster parents reported that they resort to punishing adolescents for inappropriate behaviour using methods such at hitting, screaming, bribing or using loud tone of voice. The following reflections were expressed by participants:

> ***Participant 9:*** *"The 14-year-old [fostered adolescent] is very naughty, he doesn't want to take a bath, and I have to whip him first."*
>
> ***Participant 15:*** *"Then I would scream at him [fostered adolescent] and tell him to go by himself. He [fostered adolescent] is a nuisance to others because he refused to go to school. If he wants a cigarette, he must make a plan and get out of his room. He really irritates me because his sister is now into alcohol because of him."*
>
> ***Participant 22:*** *"I'm that person who can't speak soft, I speak loudly so they think that when I speak to them, I'm shouting at them or I'm fighting with them."*
>
> ***Participant 30:*** *"I used to beat them when they would misbehave."*

Some foster parents reported that they often invite relatives or their partners to intervene when they find it difficult to successfully discipline the adolescents. They summarised their experiences as follows:

Participant 9: *"The man who I have been staying with has gone to look for a job in Rustenburg. He sometimes advises me to consult with the people who are parenting boys and ask them to help me with advice as to how I should raise these boys. Unfortunately, the people I know of who have boys are drunkards."*

Participant 10: *"I usually speak to my boyfriend who helps me with advice. Those children are very disrespectful. As we are speaking now, they are kicked out of the house. I requested their aunt from their father's side to give them the room or the house they can stay in. I will go and stay with them because I can't turn my back on them."*

A substantial amount of literature emphasizes that parental intervention plays a crucial role in helping parents modify their children's behaviour and improve interaction thereof (Healey & Fisher, 2011; Lukke & Shebba, 2013; Poicana, 2010). The afore-mentioned narratives suggest that most foster parents seem to find it difficult in establishing responsive strategies in disciplining and coping with their fostered adolescents presenting with risk-behaviour. The findings show that there is still a need to enhance foster parents' cognitive, emotional and behavioural responses towards parenting their fostered adolescents presenting with risk-behaviour. Interventions that focus on parenting attitudes explore parents' beliefs and perceptions, with emphasis on the democratic relationship between parents and adolescents on a "no-lose" approach to conflict management, which has the potential to minimize the exercise of parental power. In so doing, this will help parents to develop the ability to understand and comprehend adolescents' behaviour and thought processes (Breiner, Ford & Gadsen, 2016).

Theme 6: Training and support recommended by foster parents

Participants expressed a need and desire for social workers to actively journey with them and their fostered adolescents. It is important for social workers rendering foster care services to recognise their on-going involvement in the lives of foster parents and the adolescents. Studies which includes Mnisi and Botha (2016), Ngwenya (2011) and Van der Westhuizen (2012) have shown a weak or rather superficial involvement of social workers within foster care placement. A lack of adequate support from social workers has a negative impact on their professional relationship with foster parents. In a study conducted by Ngwenya (2011), social workers stated a high and increaseing caseload, high staff turnover and lack of adequate support from management as some of the reasons that make it difficult for them to render quality services to these adolescents and foster parents.

Sub-theme 1: Lack of or little practical support from social workers

Professional guidance appears to be of significant importance and a need for some participants. Opportunities need to be created in ensuring that in the midst of all these adolescents and foster parents, needs are not compromised. One potential solution could be that the social workers arrange training sessions for the foster parents once every second month. This will ensure that they keep up with the parents' needs and develop strategies to support foster parents as a collective in a form of group or workshop interventions. All participants expressed a need to receive support that will help them with skills and knowledge pertaining to parenting. Below are some of the views shared by participants:

> ***Participant 11:*** *"The social worker who is supposed to help me never comes. She does not even know both these boys. She only knows the girl."*

> ***Participant 13:*** *"I need them [social workers] just to come and see how we live and what the conditions are."*

Sub-theme 2: Foster parents' need for ongoing therapeutic intervention

Most participants expressed a need for emotional and psychological support from social workers, more so especially as the adolescents grow older. They regard support not only in the form of finances, but also a shoulder to cry on when things get tougher in their attempts at raising these adolescents. Participants' experiences are summarised on the quotes below:

> ***Participant 16:*** *"At least they [social workers] can talk to them [fostered adolescents] and ask them what their problem is. The social worker should strongly reprimand them. I'm certain that after speaking to the social worker their behaviour will change."*

> ***Participant 20:*** *"The support I would like to get from the social workers is that they should sit these children down and talk to them."*

> ***Participant 22:*** *"If the social workers could counsel these children maybe something will change."*

> ***Participant 26:*** *"I would really appreciate the help. If they [social workers] can help her to stop smoking this things [dagga]. All the kids who are now addicts are very dangerous. They smoke everything that they can think of, as long as they are high."*

Two participants emphasise a need for parents to empower themselves and take control of the situation. They expressed that social workers have a lot of foster parents to work with and this

can be difficult, more so for those parents fostering adolescents presenting with risk-behaviour. Participants' views are captured as follows:

> ***Participant 6:*** *"Children are giving us problems and when we bring this issues to social workers, we don't get help because we are many. But what we need to do as parents is to also assist social workers and make things easy for them so that they [social workers] can help us. We need to work together as parents."*

> ***Participant 12:*** *"We should also learn how to reprimand children in the right manner and not expect social workers to do everything. In the end we are parents and must be responsible."*

Some participants expressed appreciation for assistance they receive from social workers such as training. These views are exemplified by the following responses:

> ***Participant 19:*** *"The parents who do not know how to raise the child, should be taught and trained just like the social workers here do with us. They call us on a monthly basis to come and share the problem we have with our children and they would help us with our problems. There are parents who do not have children but they are raising other children so they need to know how to raise the child."*

> ***Participant 21:*** *"I was attending parenting training but I did not finish the course because I was disturbed by my grand-grandchild as I had to assist looking after him. But I want to start attending again. They are just teaching us how to address challenges we face with these children."*

> ***Participant 23:*** *"All these years, I have been attending training. To be honest, these sessions are teaching and motivating us, because there are situations that are complex to us, so without this training, we would not know how to handle them."*

> ***Participant 25:*** *"They [social workers] used to come to [name of the area]. We were writing and we were taught and it really assisted us."*

Given the afore-mentioned quotes, it is clear that there is a need for foster parents to receive ongoing evidence-based intervention to enhance their parenting skills and gain knowledge on aspects such as risk-behaviour. The purpose of intervention while working with parents fostering wounded adolescents should be to promote healing, and this has to be done in the context of relationships these adolescents have (George, 2013). Participants' expressions resonate with George's (2013) findings, which is that most foster parents expressed that they lacked information and skills to address adolescents' risk-behaviour, which they believe made their task challenging to accommodate and bond well with the adolescents.

Discussion

Most adolescents enter the foster care system with additional emotional needs and often do not have the skills to regulate emotions. Such emotional and psychological difficulties often derive from adolescents' life encounters, which may include trauma, bereavement and attachment issues, and these are some of the aspects likely to complicate foster care placements (Carter, 2013; Smith, 2014; Tunno, 2015). This can be a daunting experience for foster parents, especially if they do not have the skills on how to handle such emotions (Forkey, Garner, Nalven, Schilling & Stirling, 2013). Given the afore-mentioned, it is imperative that foster parents are supported emotionally and practically to enable them to adequately care for and take pride and positive rewards in caring for adolescents entrusted in their care (MacDonald, Taylor, Spry & Holt, 2013). Opportunities need to be created for foster parents to recognise their capabilities and skills through practice-based methods such as problem-solving, discussions, videos, activities and role playing to guide intervention processes.

Parenting can be more stressful for foster parents as compared to the average parent. This is apparent more so due to the emotional damage endured by these adolescents' prior to entering the foster care system. The current study's findings show that foster parents are confronted with risk-behaviour such as substance use, defiance, poor or no school attendance, lack of support from relatives, financial constraints, unreasonable demands made by fostered adolescents, as well as limited or lack of therapeutic intervention from social workers. All these may lead to an experience of on-going stress for foster parents and may lead to poor parenting. This will in turn have detrimental effects on the nature of the relationship that exists between the foster parent and adolescent and if not addressed may result in placement disruption or breakdown. Foster parents' ability to recognise, manage and regulate their emotions can play a significant role in parenting adolescents in foster care. Parents' beliefs, behaviour, attitudes and emotion recognition skills can act as a protective factor to help adolescents learn to regulate their own emotions, especially those associated with distress.

The findings of this study confirms that foster parents are faced with a difficult task of caring for adolescents. This is more significant in instances where adolescents are defiant and refuse to adhere to any form of authority. More studies are needed to develop and understand the effectiveness of various interventions to address placement disruptions, and this needs to be aligned with the contemporary challenges as experienced by both adolescents and foster parents (George 2013; Ntshongwana & Tanga, 2018). There is a need for transition in the foster care system, and behaviour related disruptions could serve as an important aspect that requires further attention (Holtan, Handegard, Thornblad & Vis, 2012). Diverse issues as experienced by foster parents, especially those caring for adolescents at risk, need further exploration in an attempt to

develop evidence-based intervention strategies that will be responsive in an attempt to provide the relevant support needed (Smith, 2014; Ntshongwana & Tanga, 2018; Van Holen et al., 2017).

Limitations

While appropriate and effective in achieving the objective of this study, qualitative research has its limit due to the fact that it focuses on a particular context. Findings cannot be generalised to the entire foster care population of the North-West Province in South Africa, since the study was carried out only in three districts from the entire Province. The findings of this study however, makes a significant contribution to literature in understanding the needs and experiences of parents fostering adolescents presenting with risk-behaviour.

Practice recommendations

There is a need for social workers in child care practice to receive further training which incorporates better insight into contemporary difficulties that foster parents are faced with. This will in turn provide social workers with the necessary skills that will put them in a better position to render services that are practice informed, and tackle the core issues foster parents are grappling with. The current study recommends that there is a need for risk-behaviour informed interventions to foster parents where risk-behaviour is experienced. Specialised parenting interventions that focus on risk-behaviour, bereavement, adolescents' developmental stages and parenting behaviour may be beneficial to empower foster parents in coping effectively with difficulties they experience while caring for fostered adolescents. Support groups for foster parents may be effective to help them develop a platform where they can engage in discussions and share insight on some of the common experiences they have.

Future research or studies

There is a need for similar studies to be conducted in a different setting with a larger population and in other parts of South Africa. Future studies are needed to provide evidence intervention with the aim to assist foster parents deal and cope positively with adolescents in their care presenting with risk behaviour. It is necessary for future studies to look into the distinctive needs of fostered adolescents with the specific focus on trauma, bereavement, emotional damage and attachment issues they may have endured prior to foster care placement and which have the potential to affect them as they develop. This can create an opportunity for social workers to gain an understanding about the intensity of these experiences on adolescents and in turn can develop interventions that are informed by these aspects.

Conclusion

It is of significance to gain insight into foster parents' views on what their needs are. Understanding foster parents' thoughts and responses is of significance in determining their likelihood to respond and deal with adolescents presenting with risk-behaviour. Their experiences put them in a better position to articulate their lived experiences in fostering adolescents. Foster parents are in the forefront and should be seen as active partners in helping to re-socialize adolescents whose upbringing has been significantly damaged by circumstances in which they spent most of their childhood years. Foster care placement has the potential to re-write these adolescents' stories by providing nurture, care, love and stability in these adolescents' lives. Successful transition of these adolescents out of foster care into adulthood will not only be beneficial for the adolescents, but to society at large as they are likely to become responsible citizens and add value to the communities in which they live.

Compliance with ethical standards

This study followed ethical compliance as set out by the North-West University, Health Research Ethics Committee, and was approved with ethical reference number: NWU-00016-18-S1.

Informed consent

Prior the inception of the study, consent forms clearly stating the aim and objectives of the study was obtained from all respondents who took part in the study.

Conflict of interest

The authors declare that there is no conflict of interest pertaining to this study.

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ARTICLE 3:

Title: Overview of an adolescent risk-behaviour management (ARBM) programme for foster parents

(Article prepared for submission to the Journal of Progression Human Services for publication, JPHS Special Issue on Southern Africa)

Abstract

Despite extensive literature and knowledge on parenting programmes, a gap was identified in terms of programmes that focus on the needs of parents fostering adolescents presenting with risk-behaviours. This article reports on the results of one part of a larger study that aimed to develop an ARBM programme for foster parents. This part of the study focused on reviewing existing literature on parenting programmes in an attempt to obtain guidance and insight into what is already available, as well as to identify the gap this study attempted to fill. A critical review of literature was conducted where a range of databases were searched on parenting programmes targeting behavioural problems in adolescents. The ultimate goal of the literature review was to analyse available studies on adolescents parenting programmes and compare findings with regards to their effectiveness in addressing adolescent risk behaviours. The objective of this article is to develop and describe an ARBM programme for parents fostering adolescents presenting with risk-behaviours. The purpose thereof is to assist parents to improve their parental skills to help meet the psycho-social developmental needs of adolescents and promote their positive adjustment in foster care placement. Promoting positive relationships and interactions between foster parents and their adolescents is crucial in an attempt to help them develop effective ways in managing risk-behaviours and developing healthy parent-child relationships. The findings of the literature review show that enhancing parents' parenting knowledge, self-awareness, parenting styles, understanding of risk and protective factors, as well as risk behaviours in adolescents can be of utmost benefit for both the adolescent and parents.

Keywords: Parenting programmes, risk-behaviour, positive parenting, risk and protective factors, effective parenting, fostered adolescents, ARBM programme for foster parents

Introduction

The World Health Organisation (WHO) has for many years advocated for the implementation of parenting programmes to address behavioural problems amongst adolescents, with the emphasis on the development of stable relationships between children and their parents (Mejia, Calam & Sanders, 2012). Interventions entail any intentional interference that is assumed to likely have good chances to modify, slow down or eradicate risk factors in an attempt to activate protective factors (Soydan, 2010). Parenting programmes are interventions designed to enhance or change parental role performance through training, support and coaching, with the aim to influence the well-being of the parent and children in their care (Mejia et al., 2012).

Fostered adolescents' emotional and behavioural problems can have severe implications and may lead to delinquency, violent behaviours, substance abuse, suicide, unwanted pregnancies, or even infection of chronic diseases such as HIV/AIDS (Van der Westhuizen, Roux & Strydom, 2012). Given the typical adolescent stage that is characterised with a number of difficulties, which include identity confusion, making inappropriate choices such as substance abuse, engaging in risky sexual behaviour, and so forth. As pointed out by Griffith (2008), the rationale for parent training is to make a paradigm shift by moving away from traditional ways of addressing problem behaviours in adolescents through using professionals as change agents. When parents are taught new responsive and coping skills, this will in turn help them make use of skills and knowledge attained to help their adolescents adjust behaviourally and learn to replace maladaptive behaviours with appropriate adaptive ones.

Studies such as Armenta and Huerta (2015); Chavis (2012); Greeno, Uretsky, Lee, Moore, Barth and Shaw (2016); O'Brien and Daley (2011); Zhou, Chew, Lee, Chong, Quah, Hoo and Tan (2017), found parent management training to be the most effective approach in an attempt to influence positive changes in child behavioural outcomes. Hoskins (2014) points out that the family environment constitutes the foundation where children's behaviour is manifested, learned, encouraged and suppressed. Parents play a significant role in preparing their children for adult life through guidance, support and encouragement. Providing knowledge and skills on parenting to foster parents are crucial. Parents need to be equipped with the necessary tools that may help them to develop healthy thoughts and behaviour, as well as positive coping mechanisms (Catholic Charities, 2014).

The aim of an ARBM programme for foster parents is to empower foster parents through enhancing their parenting skills and knowledge to enable them to develop positive coping mechanisms in dealing with adolescents presenting with risk-behaviour. The content of an ARBM

programme for foster parents is designed and aims to enhance parents' confidence and instil an attitude that informs positive parenting in order for them to feel confident in their parenting.

Problem statement

There is a large and continuous increase in the number of adolescents entering foster care (Quiroga & Hamilton-Giachritsis, 2016). Circumstances surrounding fostered adolescents which include trauma and bereavement emanating from abuse, abandonment, and neglectful relations they previously experienced from their primary care givers. For these reasons, the nature of relationships established between the foster parents and adolescents are imperative. These relationships are significant as they have the potential to compensate and play a role in redefining fostered adolescents' sense of secured attachment. Studies such as Escobar, Pereira and Santelices (2014), Sroufe (2013), Quiroga and Hamilton-Giachritsis (2016), Zastrow and Kirst-Ashman (2016) and Tunno (2015) highlight the relationship between attachment styles and behavioural problems. As pointed out by Quiroga and Hamilton-Giachritsis (2016), the findings of one study found a link between insecure-avoidant attachment with externalising and internalising behaviours in children. Externalising behaviours include aggression, defiance, experimenting with substances (cigarettes & drugs), as well as inappropriate sexual behaviour. Whereas internalising behaviours include anxiety, somatic difficulties and symptoms of depression (Quiroga & Hamilton-Giachritsis, 2016).

The ability to develop a secure attachment has been identified across literature as a base for care that is nurturing and can have a significant impact on previously disadvantaged children's sense of resilience. Secure attachment can act as a protective factor and in turn protect these children from maladaptive ways of coping, as well as regulate their emotions and thoughts (Alto & Petrenko, 2017). Parent training has been identified across literature as having the potential to help parents address attachment issues between adolescents and their fostered parents (Hoskins, 2014, Tunno, 2015). This can be done through increased responsive parenting skills, modelling, and educating parents on the developmental needs of their children (Hoskins, 2014).

According to Baumrind (1971), authoritative parenting has been identified as the best approach to parenting. Literature however suggest that authoritative parenting is the hardest to achieve and requires parents to gain skills to enable them to apply this parenting practice (LoveLife, 2010). Focus group discussions were conducted in a study carried out by LoveLife (2010) in South Africa with 122 parents who were either adoptive, foster or biological parents of adolescents aged between 12 to 19 years of age. Parents who participated in that study had a number of 504 children ranging from the age of 0 to 17, and on average each parent had four (4) children. Participants were recruited from different parts of the country, which include Gauteng, Kwazulu-

Natal, Eastern Cape, Mpumalanga and Western Cape. Findings show that most parents who participated in the study showed signs of authoritarian parenting style. Parents in this particular study reported trying to enforce rules, struggle to find control and experience intense frustration as they find it difficult to control their adolescents who in turn rebel against their authority. Most of these parents felt despondet and develop negative attitudes towards their children and adolescents in general (LoveLife, 2010). That study recommended that there is a need to create programmes which aim to build parents' confidence, skills and knowledge. This will in turn develop parents to be open-minded about parenting so as to help them become confident in their parenting (LoveLife, 2010).

Aim of the study

The aim of this study was to conduct a literature review on the available programmes pertaining to adolescents presenting with risk-behaviours, to develop and describe a newly developed ARBM programme for foster parents.

Research method and data collection

The method used for this investigation was a literature study. The researchers used the information gained from the literature, as well as the outcomes obtained during phases 1 and 2, to identify themes and develop content for a programme for foster parents.

A literature study equipped the researchers with a complete and thorough justification for the subsequent steps, as well as with a sense of the importance of the undertaking (De Vos et al., 2011). A literature study was conducted on various aspects focusing on parenting adolescents where risk-behaviour is experienced. The researchers took cognisance that in order for the study to be meaningful, a need to make a thorough study on risk-behaviour in foster care was of importance. Most literature pertaining to parenting programmes is located internationally with very few programmes based in South Africa. A review of the existing parenting programmes provided insight into aspects that are of significance into a programme designed to meet the needs of parents fostering adolescents presenting with risk-behaviour. A draft of the proposed programme was compiled and a team of experts consisting of social workers were requested to peruse and provide input where necessary. This was to determine to what extent the programme meets the requirements in line with the aim and objectives of the programme. Aspects which include cultural sensitivity, user friendliness and implementation costs were also taken into consideration. Upon a number of reviews with experts and study leaders, the adolescent risk-behaviour management programme was developed. The researchers further developed adaptation guidelines to ensure that the content is appropriate for the audience it is intended for (Fraser & Galinsky, 2010). The

emphasis for intervention research is to design and develop a programme aimed at a specific social intervention, where programme formulation and evaluation are interwoven (Fraser & Galinsky, 2010).

Search strategy

The search included all journal articles published on parenting programmes both internationally and nationally. The search was carried out using strategies which include keywords such as parenting adolescents, foster parenting, positive parenting, parenting behaviours, effective parenting, parenting programme, risk-behaviour in fostered adolescents, evidence-based parenting and family orientated programmes. Data was searched through databases which include google scholar, SCOPUS, Psych info, Soc index, Ebsco-Host, JSTOR journals, Science Direct, Research gate, African journals (SAe publications), A-Z Publication Finder and Sabinet Online. Data search inclusion consisted of programmes that have previously been implemented and evaluated, as well as those that have been either developed or tested less than 10 years ago. Programmes on which the researchers could not locate any information pertaining to their effectiveness in the field were excluded.

Literature on theories informing parenting programmes

There is no single theory or perspective on parenting. However, most researchers have incorporated theories of social learning, attachment, human development, model of logic change, family theory and cognitive behavioural theory (Barlow, Smailagic, Ferriter, Bennett & Jones, 2014). These theories are often used to unpack and understand the complexities associated with parenting. Many studies on parenting programmes conclude that parenting training in general has the potential and is found to be effective in enabling parents managing children presenting with risk behaviour (Armenta & Hureata, 2015; Chamberlain, 2014; Greeno et al., 2016; Hoskins, 2014; O'Brien & Daley, 2014; Zhou et al., 2017). Structural parent training programmes that have proven to have positive effects in the general population are often regarded to be beneficial to the needs of parents within the welfare setting (Zhou, Chew, Lee, Chong, Quah, Ho & Tan, 2017). Eichenlaub, Mallillin and Haggerty (2014) point out that, skills training programmes are often not used to their best ability. In an attempt to achieve this objective, social learning theory, attachment theory, human development, model of logic change, family cognitive behavioural and family theories were used to guide the development of an adolescent risk-behaviour management programme for foster parents.

Social learning theory

Social learning theory is concerned about the cultural context in which learning is implemented. This theory holds a notion that social influences and environmental factors play a significant role on how people develop certain ways to respond to their experiences. Social interaction needs to be taken into account in an attempt to help regulate individuals' behaviours. Foster families are often exposed to a number of environmental and financial difficulties, and parents often do not feel fully prepared to care for adolescents, specifically those presenting with risk behaviours. These are some of the social stressors which may lead to dissatisfaction with parenting (Armenta & Hureata, 2015).

Attachment theory

With regards to parenting, attachment theory focuses on teaching parents' skills such as parental warmth, support and nurturing, to help them become responsive to their children's emotional needs and well-being (Hoskins, 2014). Parental warmth is the degree to which the adolescent feels loved, cared for and accepted. When an adolescent feel that their presence matters, it may result in an establishment of a positive relationship between adolescents and their foster parents. Parental support entails the existence of a caring and accepting relationship between adolescents and their foster parents (Hoskins, 2014). Parental nurturing involves parenting that is experienced by adolescents as creating opportunities for mistakes and growth. In such instances, parents clarify expectations, identify problems and possible consequences, and provide explanations and rationales by creating opportunities for adolescents to have a say on matters that affect their being (Hoskins, 2014).

Human development theory

Human development theory sees individuals as beings socialised within a social, cultural and historical context (Papalia & Feldman, 2012). This process of socialization often takes place within the immediate family where the child begins to learn the norms, values and customs that govern them. The experiences that the child gained from the immediate family is further influenced by the neighbourhood, community and society at large. These external influences are likely to bring along a number of complexities due to the ever-changing demands of the world.

Family theory

Globally, family is viewed as the foundation of society and an institution that provides its members with security, a sense of belonging, a sense of identity and socialisation amongst all other aspects (Department of Social Development, 2011; Kunz, 2013). Thomlison (2016) defines a family as a

group of people irrespective of their biological ties who share common values, history, and a sense of belonging. These connections extend beyond members residing in the same home, but also include shared experiences that are social, emotional and psychological in nature (White Paper on Families, 2012).

Given the afore-mentioned, it is of importance to take into cognisance that families in the contemporary society continue to evolve and are faced with a number of difficulties that do not guarantee the afore-mentioned aspects. Family life has become increasingly diverse and complex, likely to leave its members vulnerable to different forms of stress. Gray and Lombard (2008) argue that families could be at risk of being disintegrated due to number of contextual issues, which includes a lack of proper child care and support. Families are unique and each responds differently to the experiences and circumstances its members find itself in (Thomlison, 2016).

The bond shared by family members is key and has the potential to shape their personality and how they make sense of the world around them. Thomlison (2016) identified building family resilience as important in an attempt to strengthen and support families. When family members feel empowered it may help its members to develop healthy relations, which in turn has the potential to positively influence its members' physical, emotional, psychological and social wellbeing (White Paper on Families, 2012).

Cognitive behavioural theory (CBT)

Research shows that cognitive behavioural therapy (CBT) is most effective when working with parents and children where risk-behaviour is present. CBT theory is concerned about changing thoughts and holds the notion that by changing one's ways of thinking, it will in turn change or adjust how individuals respond to certain life events (Hoskins, 2014). Thus, there is a need for effective and efficient parental intervention through educating at-risk families on how to deal with difficulties such as risk-behaviour that may be present in the family functioning (Armenta & Huerta, 2015). Parents need to learn how to identify and manage their emotions while it does not negatively impact or undermine their parenting abilities (Chavis, 2012).

Parenting programmes addressing risk-behaviours presented by adolescents in foster care

The researchers studied evidence-based parenting programmes to be effective in addressing risk-behaviours presented by adolescents in foster care. The analysis of the evidence was done in a similar way to a primary qualitative approach. After the papers were inspected in detail, the researchers were able to identify recurring themes and develop a critique in this regard. With the

underlying theory of the study as the foundation, the researchers gained valuable insight into the phenomenon that was needed to address the aim of the study. After critically studying the eligible literature through an aggregative approach, where the researchers continuously moved through the available data, they were able to identify codes, themes and questions that emerged through the process. The key themes and concepts of each programme were identified and the researchers further attempted to compare the themes. The key feature of this method was to be critical in the discussion and review of each programme, as well as be able to identify themes and content for the newly developed programme.

Below are evidence-based parenting programmes that the researchers found to be effective in addressing risk-behaviours presented by adolescents in foster care:

Positive parenting programme (Tripple P)

Positive parenting programme (Tripple P) has been identified across literature and in many countries as one of the promising parental interventions due to its nature focusing on the parent-child interaction. Tripple P was originally designed to target families where there is an experience of child abuse, neglect and child behavioural problems (Zhou et al., 2017). This programme was originally developed in Australia and has been implemented in countries including Singapore and USA. Tripple P promotes the use of intensive parent training sessions and the use of positive and structured parenting practices that encourage a warm and supportive environment for children's learning and development (Zhou et al., 2017). The Tripple P continuum consists of levels Four (4) and Five (5). Level 4 focuses on early intervention, with the aim to prevent behavioural problems in children through teaching parents positive parenting skills. Level 5 provides training for at-risk families where behavioural problems are experienced.

The ultimate goal of Tripple P is to change parenting practices in an attempt to promote children's psycho-social wellbeing. This programme focuses on a need to provide parents with skills such as consistent and contingent use of reinforcement, appropriately reprimanding children for inappropriate behaviours, parents' sensitivity to the child, appropriate monitoring, and problem-solving skills (Chamberlain, 2014). Increasing responsive parenting skills through parents' coaching, interaction skills and educating parents on their children's developmental stages are significant for the success of parental intervention training (Hoskins, 2014). The focus is on emotions and thoughts with the aim to enhance parents' self-management skills and coping mechanisms with both their emotions and behaviours (Zhou et al., 2017). The content of Tripple P has been found to be generalisable across caregivers from different contexts as well as cultural backgrounds, and has thus been found to be a promising intervention for vulnerable families within the child welfare system (Hoskins, 2014; Zhou et al., 2017).

In addition, the effectiveness of Tripple P was evaluated through a meta-analysis conducted on 101 empirical studies. The findings show that both Levels 4 and 5 of Tripple P were found to be evidence-based and effective in reducing parents' dysfunctional parenting practices, increase parenting efficacy and satisfaction, as well as reduce risk-behaviour in children. Tripple P has shown to be a flexible approach in helping families and could be replicated in a number of different settings and social context. Both Levels 4 and 5 components of Tripple P are reported to have shown effective results in helping parents deal and cope with risk-behaviour presented by their children (Zhou et al., 2017).

KEEP parenting intervention programme

KEEP is a group of intervention programmes specifically designed for foster parents in an attempt to decrease externalising risk-behaviours presented by adolescents in foster care, and promote healthy adjustments for both the adolescents and foster parents. The main aim of the KEEP programme is to increase foster care placement stability by strengthening foster parents' parenting skills and knowledge (Greeno et al., 2016). KEEP is a 16-week programme and consists of at least 3-10 foster parents in a group session. The aim is to provide supervision, skills and support in behaviour management whereby positive reinforcement and discipline strategies are taught to parents. The ideal outcome of KEEP is to help parents acquire skills they need to manage adolescents' risk-behaviours. KEEP's sessional structure includes topics that focuses on teaching new behaviours using reward systems, setting limits and avoiding power struggles (Chamberlain, 2014).

KEEP intervention is found to be interactive and opportunities are created for parents to practice skills learned in a supportive environment. Means are also made for parents to implement learned skills in every session which in turn has shown the potential to decrease risk-behaviour in adolescents (Greeno et al., 2016). Foster parents and adolescents who received the KEEP intervention reported to have experienced positive placement change and improved placement stability (Chaberlain, 2014; Greeno et al, 2016; Price, Roesch & Walsh, 2012).

In a large study conducted by Price, Roesch and Walsh (2012), a randomly selected 700 foster parents participated in the study. A total of 359 participants received the KEEP intervention and 341 participants formed part of the control group and did not receive intervention. All participants were referred through welfare agencies and were foster parents and caregivers of children between 5 and 12 years old, reported to be presenting with risk-behaviours. The findings of this study suggest that the KEEP programme has shown to be effective in reducing a child's risk-behavioural problems, and most importantly, even at the point where such behaviours place the children at risk of placement disruption or breakdown (Price et al., 2012).

The afore-mentioned findings were on the KEEP intervention programme implemented by community service providers in San Diego, and suggest that, the findings showed a significant improvement in reduction of adolescent risk-behaviour as well as improvement in parents' attitude towards parenting. Price et al. (2012) conclude that KEEP intervention is a promising intervention for families where risk-behavioural problems are present. Most significantly, KEEP intervention moves from the developers and into real world settings, and as a result there is continuity of intervention that can be maintained (Price et al., 2012). As pointed out by authours such as Fraser and Galinsky (2010), Sanders, Turner and Markie-Dadds (2002), to establish an effective dissemination process it is of significance that programme developers form an alliance with key administrative and management staff to ensure that the adaptation process is supported by those likely to benefit and make use of the programme.

Mol an Ỏlge common sense parenting programme (CSP)

Mol an Ỏlge CSP programme was first implemented in Co. Moyo and Co. Roscommon in 2009 to target parents from all walks of life including a group where adolescents experienced risk behaviour. The content of this programme is informed by approaches used by Boys Town, USA, from which the common sense parenting programme was originally designed in 1917. The goal of Mol an Ỏlge CSP programme is to meet the needs of adolescents and families where risk-behaviours are realised. Adolescents and their families are engaged in different settings where they are taught practical skills to promote healthy relationships and self-determination. The programme is designed as a way to teach parents' practical and effective ways of responding to their adolescents' risk behaviours. The emphasis is on teaching parents' new skills to increase positive behaviour in their children, reduce negative behaviour, and reinforce alternative positive behaviour. This programme is interested in the manner in which parents discipline and care for their children and holds a notion that the formation of healthy relationships is of significance.

Mol an Ỏlge CSP theoretical foundation is on social learning, social interaction and coercion theory, with the focus on teaching a family model which incorporates an evidence-based and practice-informed approach (Reddy & Canavan, 2017). The content of that programme focuses on 'experimental learning' that consist of five training components, viz. modelling, instruction, practice, feedback and review. Parenting skills include effective communication skills, discipline, praise, decision-making, self-control, problem-solving and school related aspects. Modules are structured in a manner that create opportunities for parents to learn and practice newly learned skills in a neutral environment prior to parents implementing such skills with their adolescents. CPS is divided into three components, which include a parental booklet, a training CD as well as a trainers' guide.

In a recent study conducted by Reddy and Canavan (2017), the Mol an Ỏlge CPS implementation processes and outcomes within the Irish context was evaluated to assess its effectiveness. This took place between January 2015 to June 2016.The evaluation was carried out through the use of a mixed method, quasi-experimental design. Data were collected quantitatively with the use of a survey from participants who received training on the programme during pre- and post level, for six months. Follow-up qualitative data was gathered from individual participants through interviews, small group sessions and focus group discussions. For this stage of evaluation, sources of information included Mol an Ỏlge CSP beneficiaries, practitioners, facilitators and management of child and family agencies (Reddy & Canavan, 2017).

Findings obtained from evaluations conducted on this programme suggest that Mol an Ỏlge CSP has been rigorously evaluated and was found by participants to be evidence-based, as its practical components were regarded by participants to be beneficial and empowering (Griffith, 2008: Mason, Flemming, Thompson, Haggerty & Snyder, 2013; Reddy & Canavan, 2017). Participants described the ability to gain an in-depth understanding of their child's behaviour and family problems as of importance, as well as helped them gain strength and better perspectives of their adolescents' behaviour and their own parenting styles. Completion of activities were further recommended to be useful and provide guidance on the how as far as implementation is concerned. Participants expressed that group discussions and workshops created a balance in learning, as it encourages shared learning but also created opportunities for them to interact with one another sharing common problems.

Incredible years parenting programme (IYP)

Incredible years programme (IYP) was originally designed in the USA and was later adopted across Europe (Gardner & Leitjie, 2017). Initially, IYP provided intervention to biological parents of children between the ages of 3 to 8 years; however, it was later adopted and utilised for families including foster care where risk-behaviour was present (Gardner & Leitjies, 2017; McDaniel, Braiden, Onyekwelu, Murphy & Regan, 2011). IYP focuses on the enhancement of parenting skills, knowledge of child development, positive child behaviour and parent-child relation (Shapiro, Prinz & Sander, 2012). IYP is informed by the social learning and coercion theory and sees negative reinforcement as mechanisms to develop, maintain and encourage positive behaviour aimed to reduce children's behavioural problems (Gardner & Leitjien, 2017; Shapiro et al., 2012). Cognitive strategies are used to challenge parents' own behaviours so as to assess and identify barriers and propose potential solutions (Marcynyzyn et al., 2017). IYP training is informed by observational and experimental learning, whereby modelling, practice, self-regulation and reflection is central and this is done in a group setting in a form of problem-solving, goal setting,

skills training discussions, role play, DVD and homework activities. Emphasis is placed on developmentally appropriate expectations on children (Gardner & Leitjien, 2017).

IYP has been substantially evaluated by numerous studies in a randomised trial (Gardner & Leitjien, 2017). These studies' participants included welfare organisations that adopted IYP intervention, parents and children who received intervention as well as those who did not (Gardner & Leitjien, 2017; Menting, De Castro & Matthys, 2013). A recent meta-analysis study consisting of 50 trials in Europe and USA reveals that IYP shows consistent outcomes across multiple countries (Gardner & Leitjien, 2017). Most significantly, these recent study findings suggest that IYP is effective and can be implemented in disadvantaged communities and distressed families. Gardner and Leitjien (2017) point out that there have been significant improvements made to ensure that IYP can be adjusted and implemented, taking into account cultural sensitivity and the content in which the programme is implemented. Parents and trainers are encouraged to design their own goals and strategies as they go along. IYP has, however, been criticised for being too costly and time-consuming, contains an overwhelming number of hand-outs, class activities and homework, which makes it quite difficult for parents who have limited reading abilities (Shapiro et al., 2012). In addition, trainers reported to find it difficult to complete the curriculum at a given time, thus too little time with too much information. These experiences led to trainers rushing through the sessions and not adequately achieving the programme's desired goals. Leitjien, Gardner, Melendez-Torres, van Aaar, Hutchings, Schulz, Krierr, and Overbeek (2019) conclude in their study that there is a need for further research to look into how IYP can be make more accessible to recipients. The authors further point out that in their evaluation it did not become clear on how sustainable the effects of IYP is in the long-term. One needs to take this into account, given the fact that the majority of organisations rendering welfare services in South Africa are non-governmental organisations (NGO's) and are financially struggling to survive, as they mainly depend on government funding to implement such programmes in their organisations. The costs of having to run a programme such as IYP might not be practical.

The enhancing parenting skills programme (EPaS)

The enhancing parenting skills programme (EPaS) is a treatment programme designed for families with children presenting with behavioural problems. EPaS is grounded on social learning theory and specifical addresses child risk-behaviours. The programme's main goal is to engage families in a shared problem-solving environment with the aim to empower them in attaining desirable achievable goals. Families are viewed as being capable and having the skills that need to be enhanced. Intervention is based on behavioural principles, which pay attention to child management skills, such as the ability to enhance a positive child-parent relationship, increase desired behaviour through positive reinforcement, provide clear instructions, and make use of

limited settings (Williams & Hutchings, 2015). A small trial consisting of 36 families who attended a total of 10 weeks' sessions, as well as 12 controlled groups of families with children presenting with risk-behaviours participated in the evaluation study of EPaS. The findings showed that those families that received intervention showed and reported significant effectiveness in child behaviour and parental mental health. Whereas there was no significance for the controlled group families who did not receive intervention. Families that received intervention were reported to have shown an increased knowledge of behavioural principle and an increased use of behavioural intervention skills (Williams & Hutchings, 2015).

In recent studies conducted by Ward, Makusha and Bray (2015), Wessels, Lester and Ward (2016) in South Africa, group-based parenting programmes have been identified as an effective way of intervention for parents in South Africa. However, very little group-based parenting programmes are available in South Africa. There is no evidence found on those programmes targeting risk-behaviours presented by fostered adolescents. Sinovuyo Caring Families Programme (SCFP) is the only programme the researchers could locate in South Africa rendering services to both parents in general and adolescents reported to be presenting with risk-behaviour.

Sinovuyo Caring Families Programme (SCFP)

SCFP was collaboratively developed by the University of Oxford, Cape Town, Clowns Without Borders South Africa, UNICEF and the National Association of Child and Youth Care Workers in South Africa. The focus is on providing parents with skills on how to build positive relationships characterised with warmth, non-violence, as well as family budgeting. The emphasis is on enhancing good relations between parents and their adolescents (Ward et al., 2015). SCFP is delivered over 12 weeks consisting of two and half hours' sessions once a week by a trained community worker. Sessions involve parents and adolescents, of which some of the sessions are carried out jointly and others separately. Parents are provided with handouts and a handbook upon completion of the programme. Programme facilitators provide child care, transport and refreshment for parents attending the programme, and in instances where some parents are unable to attend, programme facilitators reach out to parents at their homes (Wessels et al., 2016).

Two preliminary tests of SCFP have been conducted in impoverished communities in the Eastern Cape, South Africa, and the findings suggest that the SCFP programme is a promising intervention where risk-behaviour is experienced. Feedback received indicates that there is significant improvement in relations between adolescents and parents, with specific reference to reduction in child abuse cases, more consistent discipline strategies used by parents, better supervision, and responsive parenting (Ward et al., 2015). In addition, SCFP has been evaluated

with the use of randomised controlled trials (RCT's) to determine the impact it has had on parents and their adolescents (Ward et al., 2015; Wessels et al., 2016). Further development and evaluation of this programme is promising and can provide guidance for future parenting interventions within South Africa, especially those targeting risk-behaviours presented by adolescents.

The newly developed ARBM programme for foster parents

Purpose of an ARBM programme for foster parents

The aim of the ARBM programme for foster parents is to empower foster parents through enhancing their parenting skills and knowledge to enable them to develop positive coping mechanisms in dealing with adolescents presenting with risk-behaviour. The content of an ARBM programme for foster parents is designed and aims to enhance parents' confidence and instil an attitude that informs positive parenting in order for them to feel comfortable and competent in their parenting endeavours.

The afore-mentioned programmes have the potential to minimize or even eradicate the existence of risk-behaviour amongst fostered adolescents. It is however, important when designing a programme to take into account the fact that, in South Africa majority of foster parents have limited or no formal education which is likely to pose challenges on how they learn. Designing a program that is context specific is of importance. ARBM programme for foster parents therefore, consisted of a lot more practical engagement as compared to written or homework activities. This was to enable foster parents to engage comfortably with the facilitator. Even though the programme is written and presented in English, difficult concepts are also explained in venecular, which is a language they all understand fully to make learning much pleasant. Most activities are carried out during the session and this was to prevent participants from feeling overwhelmed by having additional activites when they reach home.

Rationale of the ARBM programme for foster parents

Foster parents often do not have adequate skills and knowledge to cope with adolescents in their care, particularly those presenting with risk-behaviours (Barkan, Salaz, Estep, Mattos, Eichenlaub & Haggerty, 2014). While adolescents in general are likely to engage in some sort of risk-behaviours, for those in foster care such behaviour is often rooted in deep emotional uncertainty that derives from their multiple traumatic experiences they have had while in the care of their primary care givers (Escobar et al., 2014). In South Africa specifically, children land in foster care for a number of reasons, of which some are unique to South African context which include neglect, abuse, abandonment, poverty, or the HIV/AIDS pandemic leaving adolescents orphaned (Carter,

2013; Van der Westhuizen et al.,2012). These adolescents often suffer emotional and psychological effects of these experiences. In most instances, foster parents tend to find themselves to not be equipped with the appropriate skills to help regulate these adolescents' troubled emotional and psychological functioning (Bester, 2014). This in turn requires specialised skills in dealing and addressing such needs (Morin, 2017). Attachment is of importance, since feelings of being loved, understood and trusting a foster parent is of significance in an attempt to help these adolescents deal with these emotions, instead of suppressing them which in turn result in the occurance of risk-behaviour.

In this study, an ARBM programme for foster parents was developed to assist parents to gain an understanding into the significance of developing a positive attachment with adolescents in their care, adolescence stage of development, risk behaviour, trauma experienced by fostered adolescents, internal and external effects of loss in fostered adolescents' protective and risk factors, parenting styles and skills, effective communication, healthy relationship building, and setting realistic or practical discipline strategies. The intervention consisted of 9 parenting workshop sessions for foster parents. Table 8 gives a description of the sessions, the activities, as well as the learning outcomes of each session.

Table 1: Description of an ARBM programme for foster parents

Session	Activities	Learning outcomes
Session 1: Introduction and orientation to ARBM programme for foster parents	This session is the first official contact between the first researcher and participants. This session focuses on the introduction and orientation to an ARBM programme for foster parents. Participants are also presented with the opportunity to indicate their desired goals for attending an ARBM programme session. This is to help create a sense of belonging among group members and parents begin to realise that they have something in common, which may contribute significantly and enable them to openly express themselves, knowing that they are not alone and trust that they are safe to share their emotions and difficulties without feelings of being negatively judged. During the introduction process, participants are asked to share one memory in their lives that they hold dearly close to their hearts. The aim of this activity is to make participants feel good about themselves and develop positive spirit. Ground rules are established and common grounds are reached on how members in the group, including the facilitator, should relate and engage with one	• Get the opportunity to meet with other parents fostering adolescents • Understand the overview of ARBM programme content

Session	Activities	Learning outcomes
	another; this includes showing respect, being sensitive to one another, and valuing each other's comments and concerns. As Toseland and Rivas (2017) point out, a written contract when working with a group of people is necessary, as it helps create boundries such as confidentiality, respect for each other and structure. Presentation: The facilitator also highlights aspects pertaining to sessions' times, venue, and duration. Vertical group work approach was chosen as a method of delivery for these sessions. As pointed out by Nicholas, Rautenbach and Mainstry (2011), the vertical approach to social group work exists when people develop into a group and become instruments to gain positive outcomes. This group was a closed group. Toseland and Rivas (2014) point out that, in order for a group to experience cohesion, it is of importance to start with and end with the same members. This enables one to measure growth and growth in the group. A closed group was found to be helpful as it was expected of members to learn new skills and knowledge. In addition, this group was classified as a treatment group. The reason for this is that the group composition was based on common concerns, needs and experiences. The group was based on foster parents' desire to gain knowledge and skills on how to manage their fostered adolescents' risk-behaviour.	
Session 2: Understanding the adolescence stage of development.	Activity 1: Participants are asked to reflect on their own adolescence experience. Upon completion of individual exercises, participants are asked to engage in small groups of five (5) and discuss the aspects that they have in common and those that differ. Handouts are given to participants for discussion in small groups and feedback is later provided to the larger group. In small groups participants are requested to identify a representative to provide feedback to the larger group. Participants' feedback is written down on the flip chart. Activity 2:	• Understand the transition and changes an adolescent goes through during this stage of development. • Understand how changes as experienced by an adolescent affect an adolescent. • Acquire skills on how a foster parent can help an adolescent deal with developmental changes in a positive way.

Session	Activities	Learning outcomes
	In a larger group, participants are asked, guided by the presentation, to brainstorm on their understanding of changes that contemporary adolescents experience. Of those aspects, participants are further requested to distinguish between those aspects that adolescents experience as a result of their developmental stage and those as a result of other social factors, as well as how they often deal with such. Programme activities were used to assist and provide guidance to foster parents to engage in focused and meaningful discussions. These activities were selected based on their relevance to help elaborate on the topics, as well as to create a practical picture of participants' experiences (Toseland & Rivas, 2014). Participants' feedback is discussed in a larger group. Presentation: The facilitator shares information on adolescence developmental stages, changes they experience and how those changes may affect them, as well as how parents can cope with changes experienced by adolescents while in their care.	
Session 3: Understanding risk-behaviour	Activity 1: In small groups, participants are asked to discuss the behaviours they observed in their adolescents that they (foster parents) regard as risk, as well as motivate their reasons. Participants are also requested to share in small groups on how they have dealt with such behaviours (each group to identify a representative to provide feedback to the larger group). Presentation: Facilitator provided a presentation which covers the effects of childhood maltreatment on fostered adolescents, signs of risk behaviour, as well as some of the reasons behind fostered adolescents presenting with risk behaviours.	• Understand what constitute as risk behaviour in a fostered adolescent • Understand non-verbal behavioural styles of communication common in adolescents • Ability to identify signs of risk behaviour in an adolescent prior to such behaviours escalating • Understand some of the reasons a fostered adolescent present with risk behaviours
Session 4: Developing a positive attachment	Interactive activity: Participants are asked in a larger group to think of aspects that make them feel that they are loved by others, as well as what they do in return for those that they feel they love in	• Gain an understanding of what attachment is • Understand the attachment an

Session	Activities	Learning outcomes
	return (This activity aims to help participants explore their own and others' behaviours that sent a message to themselves and others to suggest that they are being loved unconditionally). Presentation: The presentation focuses on what is attachment, adolescent attachment with primary caregiver and the impact on relationship with foster parent, importance of attachment on relationship between foster parent and adolescent, develop a secure attachment with your fostered adolescent.	adolescent may have had with the primary care giver and its impact on the relationship with the foster parent • Learn skills on how a foster parent can develop a secure attachment with adolescent
Session 5: How can a foster parent help an adolescent deal with prior care trauma	Activity 1: In small groups, participants are provided with as small box of puzzles, and in each of these puzzles there is a missing piece, however, participants are not made aware of the missing piece. In their small groups, participants are asked to build the puzzles. Discussion: Upon completion of the above exercise, the facilitator engages participants in a discussion to reflect on their experiences, emotions and thoughts while completing the task. Presentation: The facilitator summarises the experiences as shared by participants and elaborates on this by sharing information on the presentation sheet, which includes: What is prior care trauma; the effects of prior care trauma on a fostered adolescent; bereavement, loss and grief in a fostered adolescent; how can a foster parent help said adolescent deal and cope with prior care trauma.	• Understand what prior care trauma is. • Understand the effects of prior care trauma on a fostered adolescent • Understand bereavement, loss and grief in a fostered adolescent. • Gain knowledge on how a foster parent can support a fostered adolescent in dealing and coping with prior care trauma.
Session 6: Management of risk-behaviour	Interactive activity: In small goup discussions participants are asked to discuss how they often deal with the differences that take place between themselves and their fostered adolescents. Video: Participants are engaged in watching videos Video1 (5 minutes) on an adolescent presenting with risk-behaviour and parent responding inappropriately. Video 2 (5 minutes) on adolescent presenting with risk-behaviour and parent responding sensitively. Upon watching the videos participants are	• Understand a need for creating a supportive environment responsive to their fostered adolescents' needs. • Learn skills on how to communicate effectively. • Learn skills on how to develop the

Session	Activities	Learning outcomes
	asked to jot down their thoughts on each video. Activity: Participants are engaged in a small group discussion to reflect on the two videos. Participants' reflections are written on the flip chart. Presentation: The facilitator provides clarity and elaboration on discusion by sharing information on aspects, which include creating a supportive environment, effective communication, skills in building adolescent's self-esteem, and promoting and increasing behavioural regulation in a fostered adolescent.	adolescent's self-esteem • Learn skills on how to promote and increase behavioural regulation in a fostered adolescent.
Session 7: Parenting style	Activity: In small groups, participants are requested to discuss on how each of their culture/ethnicity views the following parenting behaviour: discipline, gender role, communication (verbal and non-verbal) and dressing. Participants are further asked to discus in small groups their understanding of what makes a good and bad parent. Presentation: Facilitator provides clarity and elaboration on discussion by sharing information as per information sheet, which includes the role of parenting, different types of parenting styles and its impact on adolescents, and moving from authoritarian to authoritative parenting style.	• Discuss the role of parenting • Gain an understanding on the different types of parenting and how each parenting style impacts an adolescent • Gain skills on how a parent can move from authoritarian to authoritative parenting style • Define and explain positive parenting • Explore characteristics that are necessary for positive parenting •
Session 8: Healthy parent-child relationship	Interactive activity: In a larger group discussion, the facilitator will first explore participants' understanding of what makes a healthy versus unhealthy relationship amongst parents and children, as well as what would they classify as characteristics of a trusting and untrusting relationship. Interactive activity: In small groups participants are asked to discuss aspects that they believe may contribute to positive and negative	• Gain knowledge on unhealthy and healthy parent/adolescent relationships • Acquire skills on how to build positive relationships with their fostered adolescents • Develop skills on how to handle stress

Session	Activities	Learning outcomes
	relationships between adolescents and parents. Presentation: The facilitator provides a presentation as per information sheet, which include healthy and unhealthy parent/adolescent relationship, the key to building a positive relationship with a fostered adolescent, and managing parental stress.	associated with parenting
Session 9: Setting realistic and practical discipline and reinforcement strategies	Interactive activity: In a larger group, participants are asked to identify aspects they enjoy most and those they enjoy least. Participants are further asked to identify at least three aspects they like about their fostered adolescents as well as their reasons therefor. Presentation: The facilitator provides clarity and elaboration on discussion by sharing information as per information sheet, which include parents reflecting on their own attitudes towards parenting, learning techniques to help them improve their parenting practices, distinguish between punishment and discipline approaches to parenting, learn skills for effective and responsive parenting, as well as tips for positive parenting	• Reflect on their own attitudes towards parenting • Learn techniques to help them improve their parenting practices • Distinguish between punishment and discipline approaches to parenting • Learn skills for effective and responsive parenting • Learn tips for positive parenting

Conclusion

Being part of a newly developed programme has the potential to provide foster parents with the opportunity to psychologically and emotionally re-arrange their thoughts and look at their situations from a different point of view. In addition, participants' involvement in the study contributed and added value to the existing knowledge, especially within the evolving and complex needs in the foster care system within the South African context. The researchers are also of the opinion that the outcomes of this study may also have the potential to strengthen and add value to current intervention processes, specifically to those that endeavour to assist parents in any form of alternative care to cope and deal with adolescents presenting with risk-behaviours.

The next discussion is on article four (4) that focuses on the evaluation of an ARBM programme for foster parents.

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ARTICLE 4

Title: Evaluation of the ARBM programme for foster parents to manage adolescent risk-behaviour

(Article prepared for submission to Children and Youth Review Services, International Journal Publication).

Abstract

Literature across the globe emphasise the important role that parents play in their children's future development through parenting. Through socialization processes, parents have a significant influence on their children's emotional, physical and psychological well-being. Parenting interventions are regarded as a vehicle through which child development and protection can be promoted. The current article reports on the results of one part of a larger study. The focus was on evaluating the content of an adolescent risk-behaviour management programme for foster parents. Participants consisted of foster parents who were recruited from designated welfare organisations within Dr Kenneth Kaunda and Dr Ruth Mompati districts in the North-West Province, South Africa. This study adopted a qualitative approach with the use of semi-structured interviews conducted through a focus group discussion to collect data. Findings suggest that equipping parents with a range of parenting skills and practices have the potential to motivate, empower and prepare them to respond positively to risk-behaviours presented by adolescents in their care.

Keywords: Positive parenting, intervention, evidence-based intervention, evaluation, logic model evaluation framework

Introduction

Parenting entails specific behaviours that may be learned, observed or acquired that a parent uses in raising their children. Such parenting behaviour is often influenced by a number of aspects, which includes a parent's attitude, knowledge, culture, gender, age, socio-economic status, as well as the context in which they live (Howestein, Kumar, Casamassimo, Mc Tingue, Coury & Yin, 2015; Nanu & Nijloveanu, 2015). Baumrind (1971) identified two dimensions of parenting i.e. responsive and demanding parenting styles, believed to often be practiced by parents in raising children. For this theory, when parents are authoritative in their parenting, such parents tend to have high responsiveness and demand on their children. Authoritarian parents tend to be low in responding to their children's needs, however, place high demands in terms of their expectations on their children. Permissive parents are those who tend to be highly responsive towards their children's needs with little demands on their children. Nanu and Nijloveanu (2015) on one hand describe responsive as parenting characterised with warmth, support and love that is experienced between a parent and a developing adolescent. Such parenting is informed by a feeling of acceptance and emotional connection. On the other hand, demanding is described as parenting whereby a parent shows concern and havs certain expectations that are believed is required for the child to be responsible and take responsibility for their actions.

Parenting style is one of the determining factors on children's ability to become resilient, and may also contribute to the presence of risk-behaviour in children (Howestein et al., 2015). Literature emphasise that when adolescents experience their interaction with parents as warm and nurturing, it creates an opportunity for growth and positive adjustment. However, if this relationship is experienced as negative, it may lead to emotional and behavioural difficulties. Parenting is crucial not only for the family but the society at large. This makes parenting interventions of significant importance to provide parents with skills, insight and knowledge in parenting their children in an ever-changing societal context (Whittaker & Cowley, 2012).

Systematic parenting interventions have the potential to positively impact parenting; however, programme availability coupled with implementation and recipients' availability and attitudes towards the content of the programme is at the heart of any successful programme (Whittaker & Cowley, 2012). A positive child-parent relationship that provides social, emotional and cognitive support has the potential to contribute to a development of secure attachment and positive social adjustment. When adolescents know that they are loved unconditionally, accepted for who they are, it may in turn reduce the risk of these adolescents engaging in risk-behaviour such as delinquency (Hutchings, Griffith, Bywaters & Williams, 2016).

Parenting in South Africa

South Africa is one of the very diverse societies with unique cultural, ethnic and religious differences. All these aspects influence how parents raise their children. Raising adolescents has become increasing difficult due to a number of environmental factors, which include poverty, political instability, the impact of the HIV/AIDS pandemic, domestic violence, child abuse and abandonment, only some of the social factors that complicate parenting within the South African society (Manderson & Block, 2016). These experiences lead to children finding themselves in a foster care setting, bringing along emotional and psychological scars inherited from their previous experiences in their lives. For most of these foster families, it poses a difficult task. As a result, families experience different types of stressors and some families may find it difficult to cope on their own, which in turn may lead to dysfunctional relations as well as dissatisfaction with parenting roles (Armenta & Huereta, 2015). These may result in harsh parenting practices characterised with less support, emotional bonding and healthy relationships between the parent and child (Ward, Makusha & Bray, 2015). For these reasons such families require constant support to motivate, empower and provide them with the necessary skills in coping with their parenting role.

Interventions that focus on parent training based on social learning and behaviour management principles have been identified as promising in an attempt to address externalised behavioural problems in children (Sanders & Morawska, 2014; Social Policy Evaluation and Research Unit, 2015). Such programmes have been replicated in a number of different settings with diverse populations, and the findings show a significant increase in positive parent-child relationships and prove to reduce inconsistent and punitive parenting practices (Sanders & Morawska, 2014). Pre-service training, even though they are necessary, tend to provide more pyscho-educational content and to some degree tend to offer very limited information on helping parents understand the roots of emotional and behavioural problems (Benesh & Cui, 2015).

When parents are equipped with skills to respond appropriately to stressors associated with parenting, it can put them in a position to reflect, assess their own behaviour and increase their knowledge on how to effectively respond to their children's needs (Armenta & Huereta, 2015). Effective elements of foster parent training include an increase in positive parent-child interaction, relations as well as emotional communication skills, which include teaching parents to use practical discipline strategies (Prescher, Schmidt & Laliberte, 2008). Creating opportunities where foster parents are provided with an understanding of their children's developmental stages may create an opportunity for them to develop appropriate skills that can help redirect traumatised children and minimise the presence of risk-behaviour (Forkey, Garner, Nalven, Schilling & Stirling, 2013).

Effectiveness on any parenting programme is often informed by selecting a model that is appropriate for the context in which the programme is implemente. Armenta and Huereta (2015) point out that offering parental training through a community-based organisation has the potential to create effective intervention. Such intervention may be viewed as less threatening and as a result may produce positive gains and increase accessibility. Programmes delivered in-person place emphasis on group discussions where parents can reflect and share their own parenting experiences, which in turn will help them develop new specific skills such as abilities to process their own emotions, attitudes and behaviour towards parenting (Solomon, Niec & Schoonover, 2016).

The evaluation of an ARBM programme for foster parents

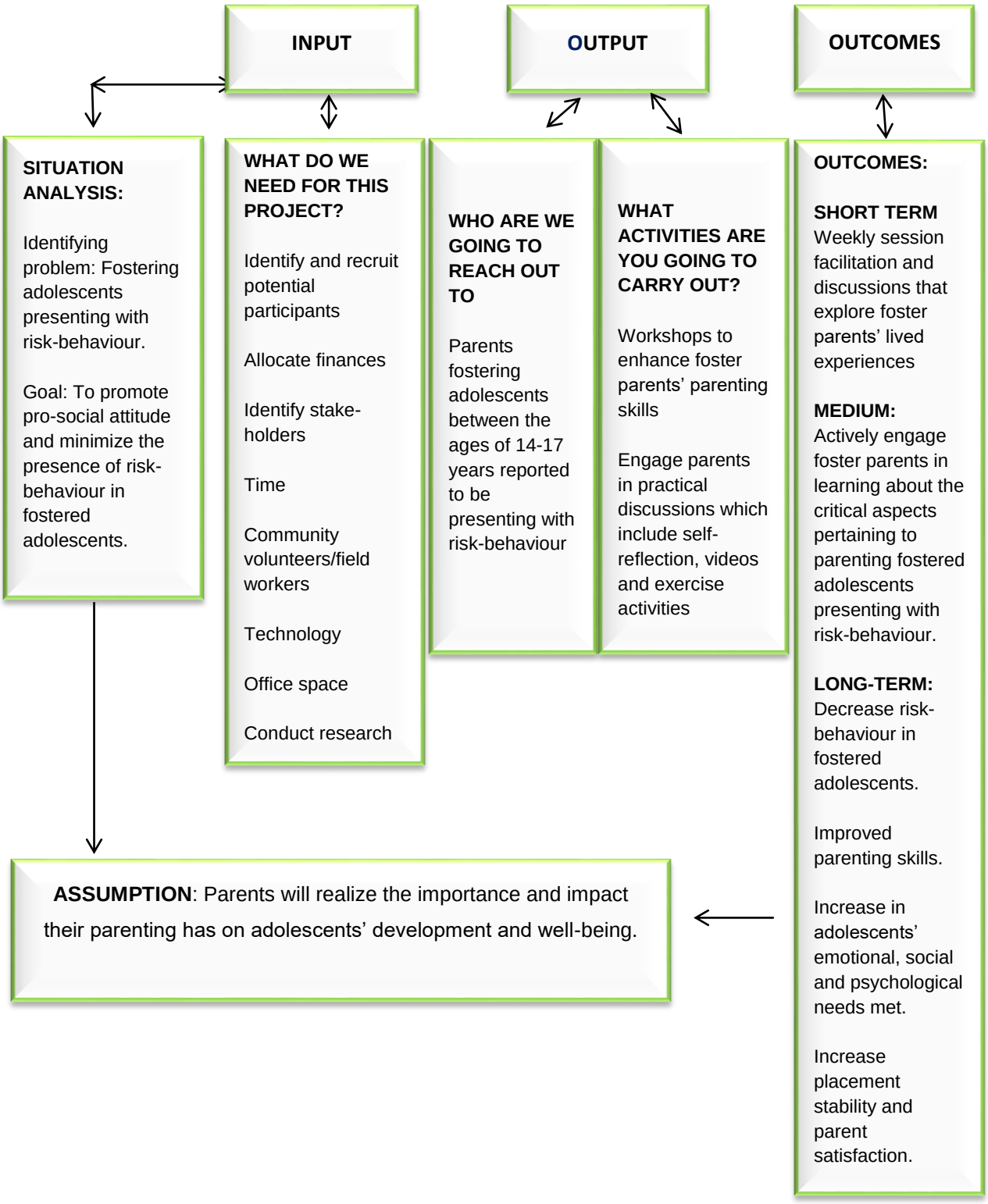
This study focused on evaluating the newly developed ARBM programme presented to foster parents. The aim of this programme was to empower foster parents with parenting skills and knowledge to develop positive coping mechanisms, especially in dealing with adolescents presenting with risk-behaviour.

Evaluation is not about merely getting information about the project: it is a process that focuses on the quality of services rendered through using the project as an intervention (Thomas & Rothman, 2013). Therefore, evaluation can be described as a systematic assessment of intervention services rendered to a particular group of people in an attempt to respond to a specific need. The evaluation process creates an opportunity for experts, guided by feedback received from recipients, to reflect back on the process as well as the strategy adopted in implementing the project (Thomas & Rothman, 2013). For this reason, there is no universal approach pertaining to an evaluation standard to be followed. Evaluation of each and every project is often informed by the context in which it exists, the size of the project, as well as its objectives (Hayes, Parchman & Howard, 2011). Contextual factors were taken into consideration such as the cultural, political economical and historical circumstances likely to impact the implementation of a project either positively or negatively (Israel, Schulz, Coombe, Parker & Reves, 2019).

This study adopted a logic model approach in evaluating the content of an adolescent risk-behaviour management programme. Hayes et al. (2011), describe the logic model as a map that shows the relationship between different elements that make up the programme. It provides the underlying assumption and process to follow in order to achieve the desired outcome. Engaging in the process of the logic model helped the researchers map out the programme structure, resources needed, target population, as well as the desired short- and long-term goals. Thus, the logic model provided insight with regards to the relationship between the programme activities and the desired outcomes (Holliday, 2014). Information below depicts the processes that the

researchers embarked on in realising the implementation of an adolescent risk-behaviour management programme.

Diagram 1: The logical model adopted in this study



Assumption of this study

The assumption of the ARBM programme is that, with adequate knowledge and skill foster parents will be able to better manage risk-behaviour of their adolescents in foster care. Foster parents often do not have adequate skills to cope with adolescents in their care, particularly those presenting with risk-behaviours (Bester, 2014; Ngwenya, 2011). Even though typical adolescents are likely to engage in some sort of risk-behaviours, for those in foster care such behaviour is often rooted in deep emotional uncertainty that derives from their multiple traumatic experiences they have had while in the care of their primary care givers (Escobar, Pereira & Santelices, 2014). In South Africa specifically, children land in foster care for a number of reasons, which include neglect, abuse, abandonment, poverty, and the HIV/AIDS pandemic leaving adolescents orphaned (Carter, 2013; Van der Westhuizen, Roux & Strydom, 2012). In most instances, foster parents tend to find themselves not equipped with appropriate skills to help regulate these adolescents' unstable and underdeveloped emotional and psychological functioning (Bester, 2014). This in turn suggests that there is a need for specialised intervention where foster parents can be supported with skills and knowledge in dealing and addressing such needs (Morin, 2017). Given the afore-mentioned literature evidence, the possibility of developing an adolescent risk-behaviour management for foster parents emerged.

The idea of a project is the foundation for future planning of said project, as it forms the integral part of its success. The establishment of a project or even a talk of its possible existence is often informed by a particular need identified either in the society in general, a specific community, or even within an organization (Hall, 2012). The researchers started off by exploring and reflecting on the idea of the project. In so doing, networking and relationship building was established with organisations rendering foster care services in the North West Province. It was during this process that the feasibility of the project was assessed. In so doing, the first researcher conducted a needs analysis with potential beneficiaries, and thus the planning process started. This will help ensure accurate judgement of a need for the project. Thus, a systematic project has a specific, often short period of time attached to it and clearly stating its start and end (Hall, 2012). Aaltonin and Kujala (2010) point out that a clear scope and purpose of the project needs to be established. In so doing, the first researcher reviewed evidence-based literature and familiarised herself with all potential settings where beneficiaries are aligned with to explore the nature of the project and determine whether there is a need for such a project. The purpose of the newly developed ARBM programme for foster parents was to empower foster parents with parenting skills and knowledge to develop positive coping mechanisms, especially in dealing with adolescents presenting with risk-behaviour.

The objectice of the ARBM programme for foster parents

The project's aim and objectives often involve what the project hopes to achieve and how the team intents to get there. Project objectives provide guidance as well as structure, which in turn motivates members to assess their progress as they carry out each phase of the project (Woodruff, 2019). The aim of an ARBM programme for foster parents was to enhance foster parents' confidence and instil a positive parenting attitude in order for them to feel comfortable and competent in their parenting endeavours. Foster parents were expected to attend parenting workshop sessions scheduled for a total of 9 separately presented sessions, which consisted of 2-hour sessions twice a week. Funds were made available to cover participants' expenses which includeed lunch as well as a token of appreciation. The following were the programme's sessional objectives:

Table 1: Summary of ARBM programme for foster parents' sessional content and objectives

Session	Objectives
Session 1: Introduction and welcoming to the ARBM programme. **Sessional content:** Part 1.1: Introduction and welcoming participants. Part 1.2: Draw up workshop rules. Part 1.3: Participants' expectations for attending the ARBM programme. Part 1.4: An overview of the ARBM programme for foster parents.	• To gain basic knowledge on participants' background through getting to know one another. • Foster parents get the opportunity to meet with other parents fostering adolescents. • Jointly explore how to create a conducive learning environment where all participants feel their views are respected, accepted and valued. • Discuss the goals, content and objectives of the ARBM programme for foster parents. • Explore participants' expectations for attending the ARBM programme.

Session	Objectives
Session 2: Understanding the adolescence stage of development. **Sessional content:** Part 2.1: Changes that the adolescence stage brings along. Part 2.2: How do changes experienced during the adolescence stage affect an adolescent? Part 2.3: Dealing with adolescents' developmental changes.	• Discuss the transition and changes adolescents go through during this stage of development • Discuss how changes as experienced by an adolescent affect their total functioning. • How a parent can help an adolescent deal with developmental changes in a positive way.
Session 3: Understanding risk-behaviour **Sessional content:** Part 3.1: What is risk-behaviour in a fostered adolescent? Part 3.2: Understand non-verbal behavioural styles of communication common in an adolescent. Part 3.3: Understand some of the reasons behind fostered adolescents presenting with risk-behaviour.	• Understand what constitutes risk-behaviour in a fostered adolescent. • Understand non-verbal behavioural styles of communication common in adolescents. • Ability to identify signs of risk behaviour in an adolescent prior to such behaviours escalating. • Understand some of the reasons a fostered adolescent present with risk-behaviours.
Session 4: Developing a positive attachment. **Sessional content:** Part 4.1: What is attachment?	• Gain understanding of what attachment is. • Understand the attachment an adolescent may have had with the primary care giver and its impact on the relationship with foster parent.

Session	Objectives
Part 4.2: Attachment with primary caregiver and the impact on relationship with foster parent. Part 4.3: Importance of attachment on relationship between foster parent and an adolescent. Part 4.4: Develop a secure attachment with your fostered adolescent.	• Learn skills on how a foster parent can develop a secure attachment with adolescents.
Session 5: Helping a fostered adolescent deal with prior care trauma. **Sessional content:** Part 5.1: What is prior care trauma? Part 5.2: The effects of prior care trauma on a fostered adolescent. Part 5.3: Bereavement, loss and grief in a fostered adolescent. Part 5.3: How can a foster parent help an adolescent deal and cope with prior care trauma?	• Understand what prior care trauma is. • Understand the effects of prior care trauma on a fostered adolescent. • Understand bereavement, loss and grief in a fostered adolescent. • Gain knowledge on how a foster parent can support a fostered adolescent in dealing and coping with prior care trauma.
Session 6: Management of risk-behaviour. **Sessional content:** Part 6.1: Create a supportive environment. Part 6.2: Effective communication. Part 6.3: Skills in building adolescent's self-esteem.	• Understand a need for creating a supportive environment responsive to their fostered adolescent's needs. • Learn skills on how to communicate effectively. • Learn skills on how to develop the adolescent's self-esteem.

Session	Objectives
Part 6.4: Promoting and increasing behavioural regulation in a fostered adolescent.	• Learn skills on how to promote and increase behavioural regulation in a fostered adolescent.
Session 7: Parenting styles. **Sessional content:** Part 7.1. The role of parenting. Part 7.2. Different types of parenting styles and their impact on adolescents. Part 7.3: Moving from authoritarian to authoritative parenting style.	• Discuss the role of parenting as well as how the parenting role has evolved and changed in the current society. • Gain an understanding on the different types of parenting and how each parenting style impacts an adolescent. • Gain skills on how a parent can move from authoritarian to authoritative parenting style. • Define and explain positive parenting. • Explore characteristics that are necessary for positive parenting.
Session 8: Healthy parent-adolescent relationship building. **Sessional content:** Part 8.1: Healthy and unhealthy parent/adolescent relationships. Part 8.2: Key to building a positive relationship with a fostered adolescent. Part 8.3: Managing parental stress.	• Gain knowledge on unhealthy and healthy parent/adolescent relationships. • Acquire skills on how to build positive relationships with their fostered adolescents. • Develop skills on how to handle stress associated with parenting.
Session 9: Setting realistic and practical discipline and reinforcement strategies.	• Reflect on their own attitudes towards parenting.

Session	Objectives
Sessional content: Part 9.1: Reflecting on your own parenting behaviour. Part 9.2: Techniques to help a foster parent improve parenting practices. Part 9.3: Distinguish between punishment and discipline. Part 9.4: Skills for effective and responsive parenting. Part 9.5: Practical tips for positive parenting.	• Learn techniques to help them improve their parenting practices. • Distinguish between punishment and discipline approaches to parenting. • Learn skills for effective and responsive parenting. • Learn tips for positive parenting.

Most programmes are rarely evaluated to understand its success or lack thereof. A programme's lack of success can be attributed to any number of programme-related reasons, including poor programme design, poor or incomplete programme implementation, and/or failure to reach sufficient numbers of the target audience (Dusenbury et al., 2003; Duerden & Witt, 2012).

Research aim and objective

The overall aim of this research study was to develop an ARBM programme for foster parents.

The objective of this article was to evaluate the content of the adolescent risk-behaviour management (ARBM) programme for foster parents.

Research methodology

Research approach and design

The aim of this study was to gain a better understanding of foster parents' experiences of the ARBM intervention presented to them. The researchers evaluated the content of the ARBM programme for foster parents and a qualitative research approach was used. The qualitative approach appeared to be appropriate as it assisted the researchers to explore and describe the implementation difficulties.

An evaluation design was used. Evaluation can be defined as “the systematic and objective assessment of an on-going or completed project or programme, its design, implementation and results” (Austrian Development Agency, 2008). The purpose thereof was to examine the operations of a programme with regards to its faithfulness in terms of adhering to its protocols, as well as to determine whether activities are implemented as planned and to identify a program’s strengths, weaknesses, and areas for improvement. The researcher took into consideration the ever-changing context in which the programme is intended for, and thus recognises the fiscal, socioeconomic, demographic, interpersonal, and inter-organizational settings in which the programme is implemented (Center for Advancement of Community Based Public Health, 2000). To achieve this objective, the content validity of the ARBM programme for foster parents was evaluated through a focus group discussion (Rubin & Babbie, 2011).

Population and sampling

The population of this study consisted of 12 foster parents who attended at least 70% of the training sessions. Particpants were recruited after attending the ARBM programme for foster parents training.

Process of sample recruitment and informed consent

An open invitation was sent to all foster parents who received training on the newly developed ARBM programme for foster parents. Participants were recruited upon completion of training to evaluate the content of a newly developed programme. To be elegible for participation in a focus group discussion, participants were expected to have attended at least 70% of the training on the programme. The reason for this is that the researchers were of the opinion that this will put them in a better position to evaluate the ARBM programme for foster parents, as they will be familiar with a sufficient amount of information on the content. Upon participants expressing their willingness to take part in the focus group discussions, trained field workers arranged an information session to provide the participants with more insight regarding focus group discussions, as well as to enable them to ask questions or seek further clarity where necessary. Consent forms were issued for potential participants to go through at a time convenient to them, and only when they were happy with its content return it to the mediator within 5 days’ period, where they signed it in the mediators’ presence. Participants were informed that should they be willing to participate in a fous group discussion, they were expected to first attend training. Upon receipt of the signed consent form, the mediators took participants’ names and contact details and field workers contacted them at least a week in advance to provide them with basic details pertaining to the programme prior to sessions commencing. Field workers followed up with the participants a day prior to the actual session to remind participants of the scheduled session.

Data collection method

Focus group discussions were used to collect data. Focus groups entail purposeful interaction between a group of individuals with common interest and characteristics, with the aim to explore their views, opinions, wishes and concerns in a group setting with the intention to provide insight into a specific topic. The use of a focus group created an opportunity for different perspectives, group dynamics and collective recommendations (Harrell & Bradley, 2009). Greeff (2011) points out that a focus group often includes six to ten participants. The evaluation tool was formulated in such a way that the experiences of the participants, as well as possible practice guidelines for future research, could be captured and explored.

This study used semi-structured interviews which served as a guide for communication flow during focus group discussions. The use of open-ended and semi-structured questions enabled the first researcher to collect rich data from various participants with different perspectives, which in turn encouraged a greater depth of insight into the effectiveness of the ARBM programme for foster parents. The advantage of using a qualitative approach in a focus group setting is that it allowed the first researcher the opportunity to rigorously interact with participants to obtain the group's feelings, perceptions and opinions (Harrell & Bradley, 2009). This in turn created an opportunity to better explore, understand and interpret participants' collective views as well as their perceptions on what the content of a capacity building programme for parents fostering adolescents presenting with risk-behaviours should be. Discussions were facilitated until data saturation was realised.

The researchers identified six pre-selected questions with themes pertaining to the content of the ARBM programme for foster parents which were regarded to be appropriate and added value in evaluating the content of the programme. This approach also enabled participants to engage in a robust discussion that enhanced their knowledge, which in turn helped to achieve a multi-dimensional view and increased objectivity. The first researcher encouraged participation and made use of probing to ensure that discussions were aimed at answering the research question (De Vos et al., 2011).

The evaluation questions were formulated in a way that it is clear, easy to interpret and in a language that participants could understand without difficulty (Greeff, 2011). The researchers used the services of a professional independent person to transcribe the focus group discussions. The reason for this that with verbatim transcription, mixed voices in instances where participants speak simultaneously might prove to be problematic in analysing such data.

A structured evaluation sheet informed by literature, objectives and the content of the ARBM programme for foster parents was designed in a manner that created an opportunity for foster parents to provide constructive written feedback. The interaction between participants in a natural setting provided face validity and the first researcher's direct interaction with participants allowed for clarity, probing and follow-up, which in turn can provide deeper meaning and greater insight. To ensure reliability, data were audio-recorded and used to ensure that data are presented exactly as it occurred and in line with participants' needs. The use of a structured sheet provided direction for the researcher to ensure a logical flow and systematic documentation of data. This allowed flexibility on how and when the questions are phrased to help direct participants in their responses (MacPhail, Khoza, Abler & Ranganathan, 2016). The use of focus group discussions created an opportunity to strengthen validity of data obtained, and the process occurred until data saturation was reached. The researcher was able to probe answers, pursue a line of discussion opened up by the participants, and providing for a dialogue to ensue based on participants' reflections on the context and content (Edwards & Holland, 2013). Based on the findings obtained from focus group discussions, the researchers further refined the content of the newly developed ARBM programme for foster parents (Fraser &r Galinksy, 2010).

Ethical compliance

This study was carried out in compliance with ethical standards as prescribed by the North-West University's ethics committee. Participants were informed that their participation was entirely voluntary and they could withdraw their participation should they feel a need to do so. The researchers also respected participants' differences in terms of culture, ethnicity, and religious denominations, and such were treated with sensitivity.

Data analysis

Data were interpreted and analysed according to themes and categories that emerged from a focus group discussion (De Vos et al., 2011). Thematic analysis was adopted for the purpose of analysing obtained data (Guest, 2012). The first researcher coded focus group transcripts manually using charts and highlighters to identify connections, and pinpoint, examine and record patterns as well as themes within available data. Themes were categorised for analysis whereby the researchers look for both similarities and differences emerging from participant's reflections on a presented programme (Fereday & Muir-Cochrane, 2006). In so doing, the researcher engaged in a process of coding as outlined by Braun and Clarke (2006) as follows; 1) Familiarise with data, 2) generate initial codes, 3) search for themes among codes, 4) review themes, 5) define and name themes, and 6) produce the final report. In addition, the second researcher co-coded obtained data to verify it against the transcripts in ensuring robustness and the reliability

of coding completed by the first researcher (Lincoln & Guba, 1985). Reflective discussion sessions between the first researcher and the other two researchers also helped to improve data reliability. Additional notes obtained during the focus group discussion were also synthetized into common themes and transcribed.

Research findings

In instances where parents experience difficulties in parenting, such as the presence of risk-behaviour, there is a need for interventions that will provide them with insight in order for them to cope effectively. Parents can benefit from an evidence-based intervention, where they are activiely involved in a range of activities such as discussions, role plays and intercative activites. These activities should focus on expanding parents' understanding as well as enable them to reflect on their own lived experiences (Al-Hassan & Landsford, 2011; Zhou, Chew, Lee, Chong, Quah, Hoo & Tan, 2017).

Figure 2: Figure on themes that emerged from the findings

A total of nine (9) themes emerged from this study. Themes were developed based on the views, expressions and experiences as articulated by participants based on them attending an ARBM programme for foster parents.

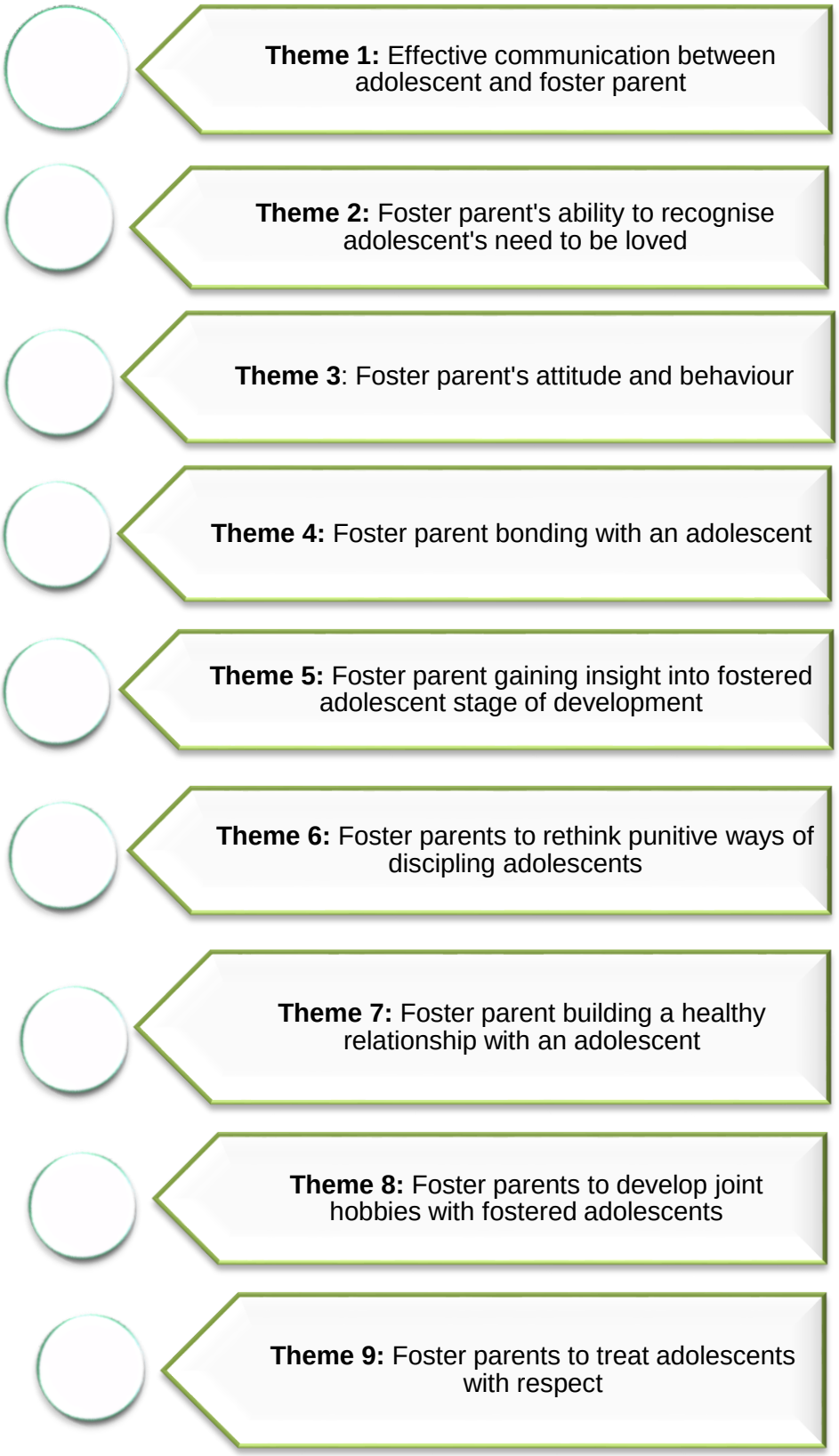


Figure 1: Figure on themes that emerged from the findings

Findings

The findings of this study are based on insight shared by participants based on their experiences of attending ARBM programme for foster parents.

Theme 1: Effective communication between adolescent and foster parent

Effective communication was part of session 6 that focused on the management of risk-behaviour in fostered adolescents. Effective communication is of importance in managing risk-behaviour. Coleman, Vellacott, Solari, Solari, Lukke and Shebba (2016) identified a “stage framework”. They are of the opinion that it can be significant in helping foster parents manage adolescents’ risk-behaviours. The stage framework is elaborated as follows;

S – represents significance: Foster parents’ ability to remain calm at all times and keep focused in ensuring that they create and maintain a caring stable relationship that allows the adolescent successful transition to adulthood (Coleman et al., 2016).

T – represents two-way communication: Adolescents’ ability to feel that their opinions matter and they are listened to is of importance for their development. Active listening is crucial and does not only yield effective communication, but can shape the nature of the relationship that exists between adolescent and a foster parent (Coleman et al., 2016).

A – represents authority: Foster parent’s exercise of authority should be based on mutual respect. Power and punishment may have negative implications, as adolescents may interpret those as parents being overly controlling, and as a result retaliate. Rules should be re-negotiated during adolescence, taking into account their developmental stage rather than being ‘forced’ (Coleman et al., 2016).

G – represents generational gap: Parents should guard against falling into the trap of looking at the adolescents through the eyes of ‘previous generation’ experiences. Such behaviour is not helpful; instead ir may be tarnishing for adolescents suggesting that they are not good enough or worthy. It is of significance for parents to recognise that the current generation functions under enormous pressure from a number of societal changes such as global competitiveness, social media, and an ever-changing environment. All this is likely to make current adolescents be much more vulnerable as compared to the previous generations (Coleman et al., 2016).

E – represents emotions: In general, adolescents find it quite difficult to manage their ever-changing emotions effectively. For adolescents in foster care this might even have devastating effects, as they also need to deal with emotions pertaining to trauma they encountered during

their early upbringing. It is essential for foster parents to receive support in learning how to deal with such emotions (Coleman et al., 2016).

Meaningful and purposeful communication were identified as significant by some participants.

> ***Participant A:*** *"For me communication was an important part of the programme. When you realise that the child is out of order, you need to sit down with the child and talk to him/her".*
>
> ***Participant B:*** *"The most interesting thing is that we can talk to each other openly and our relationship will become much stronger".*
>
> ***Participant F:*** *"I realise that how we communicate is very important either by words or actions. Since I started attending these workshops, I feel relieved and even my foster son told me I changed. He asked me what it is that they have given me at the workshops. Before we could not sit together and have a decent conversation. It has always been about arguments and shouting. I can see now when I speak to him properly, he does not overreact. I think he realises that I am learning to appreciate the little he does and he keeps on doing to impress me".*

Some participants expressed that gaining knowledge on the importance of effective communication was of significance to them. They expressed that, they recognise that, in order for them to develop and maintain a healthy relationship with their fostered adolescents, communicating openly and effectively is necessary.

Theme 2: Foster parents' ability to recognise an adolescent need to be loved

Session 5 focused on prior care trauma, where foster parents were given knowledge on trauma that fostered adolescents may have experienced prior to them coming to foster care. Bereavement, loss and grief's effects were also discussed to enhance foster parents' understanding on the effects it may have on their relationship with fostered adolescents.

Loss hits hard and often leaves individuals with mixed emotions, which affect how they see themselves, others and the world around them. Grief is experienced in reaction to many kinds of loss, not only those resulting from death. Loss can occur as a result of income, ill health, separation form a partner or parent, divorce, death or even a place one used to see as home (Tanag, 2017). Adolescents in foster care has experienced loss in many ways. Firstly, the difficulties they experienced while in the care of their biological parents led to them being removed and placed in foster care. Secondly, the biological parents' inability to nurture, care and protect them resulted in these adolescents losing the opportunity to feel protected.

For developing adolescents, although they are aware that one of the reasons for foster care placement is to protect them, in their view this is also experienced as a loss in a sense that they are being moved from a place they have always regarded as home (Henry, 2014).

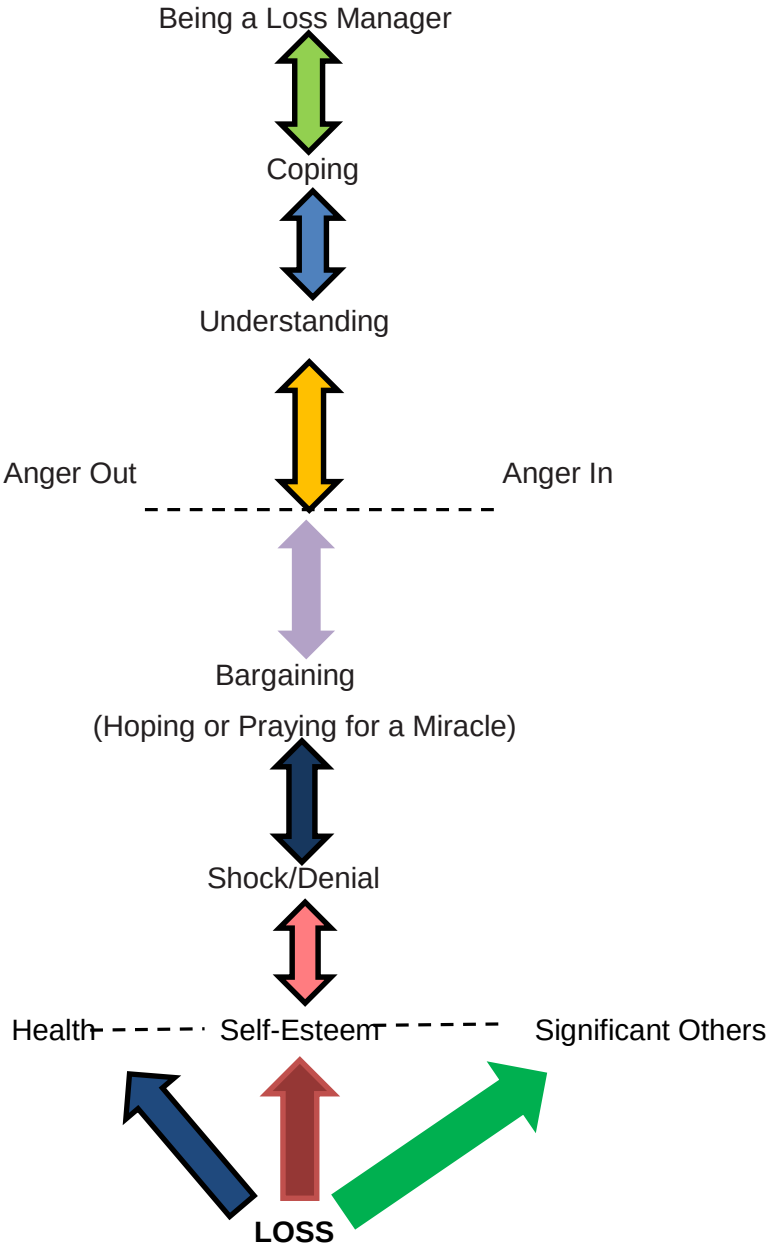
Given the current circumstances in South Africa, the HIV/AIDS pandemic has left a large number of children orphaned. These experiences further disadvantage these adolescents, knowing that their hope of ever having that particular parent has just vanished before their eyes. The death of a loved one can further result in stressors that can affect one's emotional, behavioural, physical, cognitive, social, spiritual and financial well-being (Aoun, Breen, Howting, Rumbold, McNamara & Hegney, 2015). Given the number of losses most fostered adolescents experience, this leads to grief.

Henry (2014) points out that efforts need to be made to help adolescents in foster care deal with grief they experienced as a result of a number of losses they have suffered. "When we acknowledge that they are being loved by their parents, but those parents may have made wrong choices in their parenting abilities we make it easier for children to accept the possibility of being parented by others". Helping an adolescent positively work through the grief they experienced is at the core of effective intervention. This can be done with the pathway through the grieving process developed by Pasztor (2009 as cited in Tanag, 2017).

The pathway through the grieving process is identified as one of the best practical tools used in the 'PRIDE' (parent resource for information, development and education published by child welfare league of America-www.cwla.org). Its focus aims to develop and support foster and adoptive parents. The pathway through the grieving process signifies the difficult task adolescents are faced with in dealing with the losses they have experienced through grieving. According to this model, there is no one-size-fits-all in dealing with significant losses suffered by adolescents, specifically those in foster care, and as a result adolescents are likely to go back and forth. This may even be worsened by other multiple losses these adolescents may experience as they develop (Tanag, 2017).

Diagram 2: Grief process

Below is a diagram and summary of how the grieving process works, as outlined by Tanag (2017):



Loss: It is significant to recognise that an experience of loss is unique to all individuals. There are number of difficulties or change in behaviour associated with loss, which include the inability to concentrate, feelings of numbness, anxiety, powerlessness, being overwhelmed, sleeping difficulties, anger, guilt or even depression (Eldenstein, Burge & Waterman, 2001 as cited in Tanag, 2017).

Shock/denial: It is often quite difficult for adolescents to process and truly understand the changes taking place in their lives, especially with regards to loss. They are likely to react in shock

as they find it difficult to make sense of sudden changes the loss has brought about in their lives and how it occurred. This can even be more difficult when the loss experienced is sudden.

Bargaining: This entails a process whereby the adolescent may begin to realise that loss is real. They may begin to hope and pray for a miracle to happen. The adolescent may begin to think that if they behave accordingly, this may create an opportunity for him/her to get his/her life back to where it was before the loss occured.

Anger: This is when the adolescent begins to realise that things are not necessarily going to change as they wish. The adolescent may begin to test boundaries by behaving inappropriately in an attempt to see if the foster family will still keep him/her, irrespective of bad behaviour displayed. This can be expressed through outward (outburst, aggression or defiance) or inward (passive, withdrawal or self-harm) behavior.

Understand:

Foster parents letting an adolescent know that they recognise their sad feelings is of importance. Through normalising these feelings, it shows the adolescent that the foster parent understands and this can make him/her feel safe and contained.

Cope: This will be different for all grieving adolescents and often requires teamwork between foster parents and welfare team members, which might include social workers, psychologists, and in some instances, psychiatrists. It is significant for those involved to recognise that the ultimate aim is to support, empathise and help the adolescent become a loss manager. The ultimate experience of loss occurs when these adolescents enter foster care.

Most participants expressed that being part of the programme made them realise the importance of taking their fostered adolescents' emotional well-being into consideration in their engagement and interrelation with them.

> ***Participant C:*** *"Things are better now because we are no longer bossing our family members around without taking into consideration how they feel, after this training we are more considerate of their feelings".*

> ***Participant E:*** *"Understanding that these children are hurt and damaged by behaviour of their parents open up my eyes. When [name of facilitator] discussed that it opened up my eyes because for me I have always told myself that my foster child misbehaves because he lacks respect".*

Participant F: *"I have learned that above all showing love to my foster child is very important and it will save us a lot of stress and screaming".*

Participant J: *"Helping the child feel belong is what was important to me. This programme made me realise that it is not only about giving the child food, school and a roof over their head but showing love and care".*

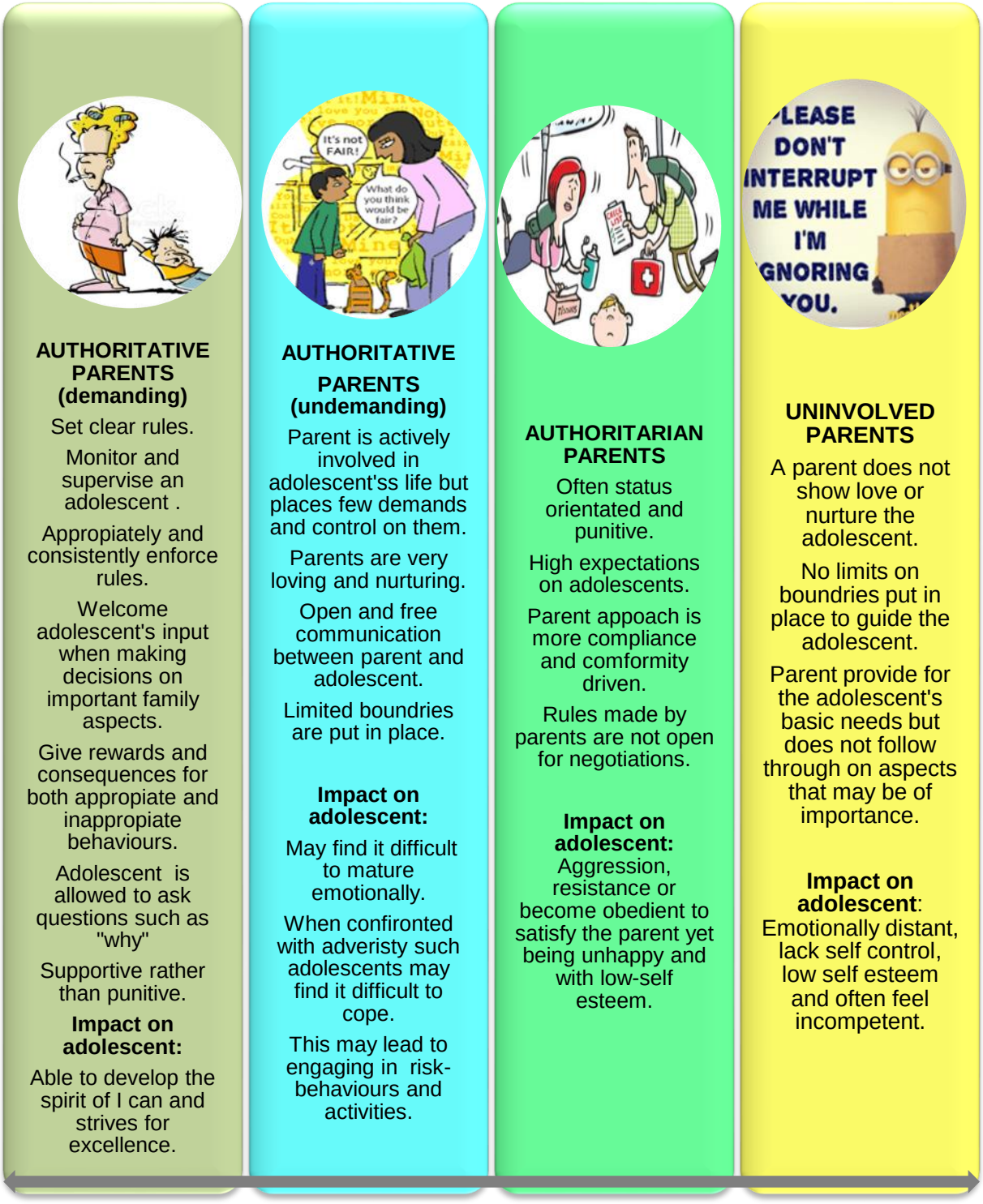
Children with unresolved grief bring these painful emotions that they often do not have the ability to regulate with them into foster care. The reason for this is that for most of these children, they previously lacked appropriate role models who could help them shape how they deal with stressful situations. Therefore, they may present with risk-behaviour to protect themself or even to test boundries in an attempt to assess foster parents' commitment towards them (Escobar et al., 2014). Thus, in order for foster parents to be able to develop a sense of belonging with fostered adolescents, there is a need for them to understand aspects pertaining to attachment and the impact it has on the adolescents. The goal for developing a secure attachment is connection but not control, and as a result, foster parents' ability to become sensitive and responsive is critical.

5.7.3 Theme 3: Foster parents' attitudes and parenting behaviour

Foster parents' attitude and parenting behaviour was part of Session 7, which focused on different parenting styles. Coleman et al. (2016) point out that in order for adolescents to feel safe and cared for, it is necessary for foster parents to create structure with clear and practical boundaries. This will in turn help adolescents learn how to manage their own behaviour. Foster parents need to set boundaries that are beneficial to both the adolescents and family functioning. However, when setting boundaries, they need to take into account the adolescent's developmental stage. Adolescents can get quite frustrated should they feel that they are being treated like children. Consistency is of importance and foster parents should explain why it is necessary to have boundaries.

The diagram below summarises the different parenting styles as identified by Baumrind (1971), which is believed to be practiced by most parents across the globe.

Diagram 3: Different parenting styles

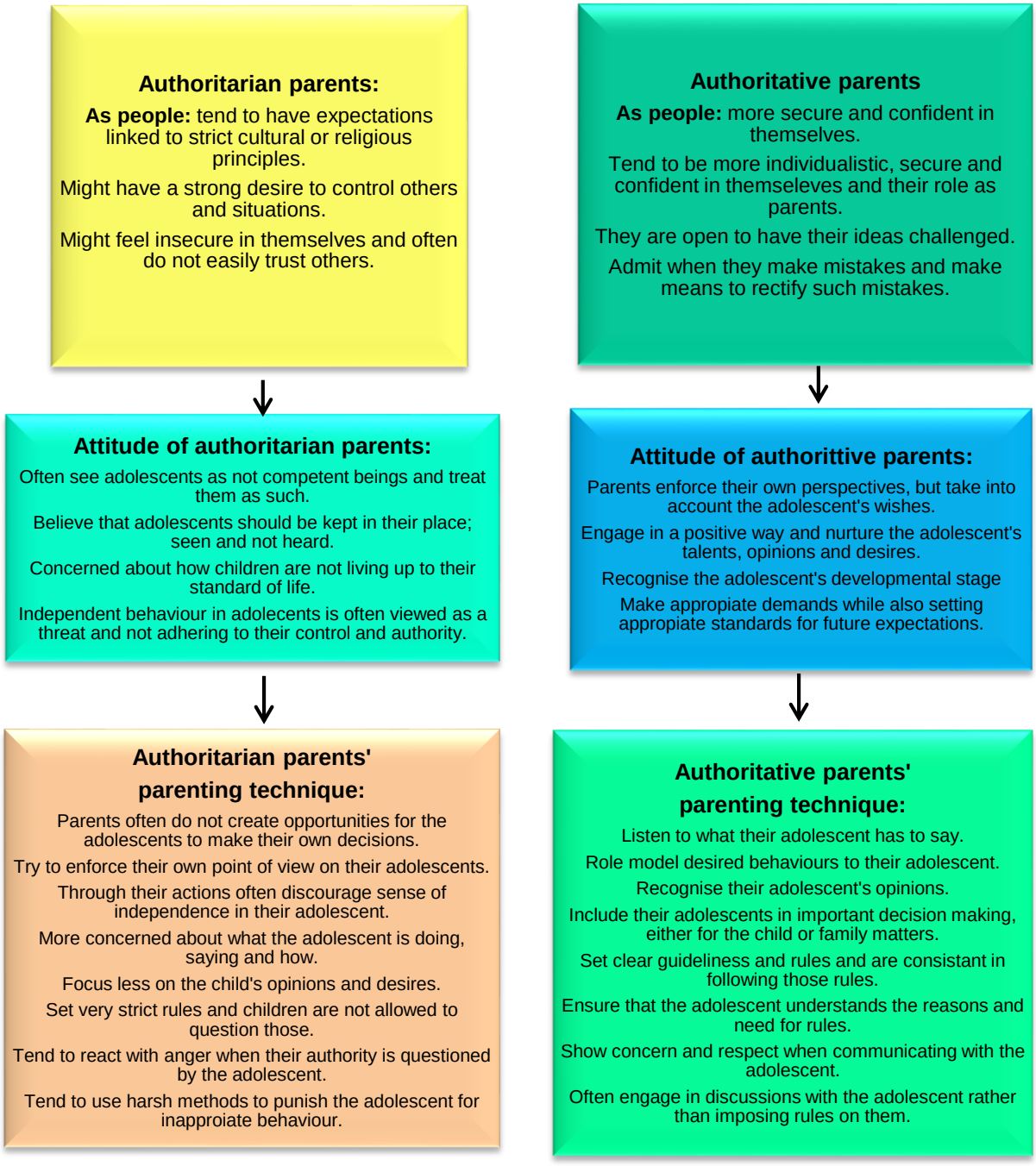


Findings of this study concur with those of a study conducted by LoveLife (2010) show that most parents in South Africa tend to be authoritarian, and even more so when their children reach

adolescent stage. This type of parenting may be seen as punitive and likely to lead to an adolescent presenting with risk-behaviour.

The diagram below provides an overview on how foster parents can move from authoritarian to authoritative parenting style (LoveLife, 2010).

Diagram 4: How foster parents can move away from authoritarian to authoritative parenting style



Some participants reported that being in the programme created an opportunity for them to reflect on their own behaviours as they parent their fostered adolescents. The following quotations are the views as expressed by paricipants:

> ***Participant B:*** *"It is important not to mock the child with who they are. We need to celebrate and accept what these children love".*
>
> ***Participant E:*** *"We should not be short-tempered because what we are planting today will walk in our favour one day. We need to continue with what we have been doing on the programme, we start with the first step and when we have passed it, we move to the next step".*
>
> ***Participant H:*** *"I learnt that anger destroys the person. I also learnt how to build a person who has been destroyed. We have been underestimating these children, thinking that they do not understand death because they lost parent at a young age and clearly we were wrong. Giving them money does not mean they will not suffer inside. We need to build them".*
>
> ***Participant J:*** *"Do you remember the time when we were learning to build the puzzles, my focus and my aim was to build a person. Those puzzles really helped us. Once you have created a person, it is easier for you to bring them close to you and afterwards give them love and talk to them with love. This person will open up to you and you will learn more about his/her character".*

Most participants expressed that they found the content of ARBM programme useful and beneficial pertaing to parents' ability to assess and reflect on their own attitudes and behaviour towards parenting. Most adolescents in foster care lack appropiate role models, interpersonal skills, moral principles and most importantly, have experienced patterns of attachment that left them vulnerable (Armenta & Huerta, 2015; Alto & Petrenko, 2017). This suggests that parents fostering these adolescents have a difficult role to play. It requires not only commitment but understanding into these difficulties, as well as knowledge on how to help the adolescent cope positively with these psychosocial difficulties.

Theme 4: Foster bonding with fostered adolescent

Session 4 focused on attachment with the emphasis on how foster parents can develop a secure attachment with fostered adolescents. Attachment theory has over the past decades payed attention to how early interaction between the child and caregiver in the early days of the child's life shapes future social and emotional being, including one's character. Literature continues to

show that the presence of parental involvement, acceptance, affection and nurture are of significance as it promotes security, a sense of determination as well as emotional and mental well-being in children (Norman, 2017). When children experience warmth from those close to them, this can serve as a foundation for future social relations in life, where the adolescent will be able to establish and maintain secure attachments with those close to them. Attachment trauma occurs in relationships where there is, first of all, a close emotional bond between the child and the primary care giver (Tassie, 2015). As a result, this creates a sense of dependency whereby the child becomes fully depended on the care giver to meet his/her needs. Any change in this relationship may leave the child with mixed feelings that are likely to result in excessive fear, which may lead to trauma. Attachment trauma can also surface as a result of primary care givers being neglectful, abusive and emotionally disconnected form the child.

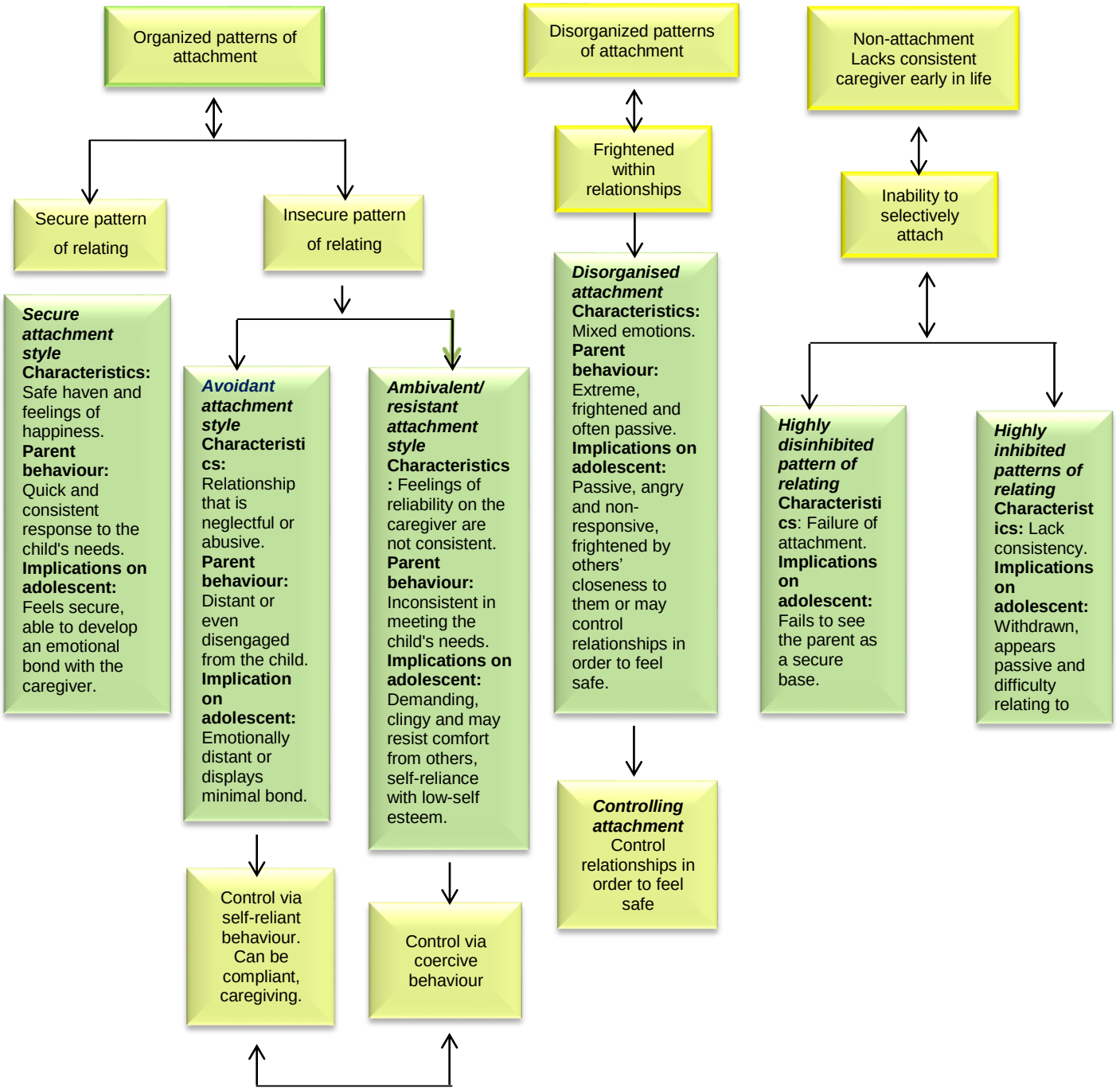
It is important to take into consideration that, specifically in South Africa, most adolescents land in foster care often due to factors such as abuse, neglect and orphanage, which has serious implications in most of these children's lives. Perry (2009) points out that the experience of attachment trauma has a significant impact on children's neurobiological function, as it tampers with their brain development and their ability to respond to stressful situations. In his theory, Bowlby (1973 as cited in Norman, 2017) identified patterns of attachment that is believed to exist between children and their caregivers. For this theory, patterns and the nature of the emotional bond that exists between the child and primary care giver may have a rippling effect on the child as the child develops. Bowlby's theory of attachment has been well-researched and most researchers hold the same sentiment, i.e. that each pattern of attachment can be viewed as 'internal working models' that are often influenced by parental behaviour in terms of responses towards the child's immediate needs (Norman, 2017).

Attachment is not only important for the child's needs when they are younger, but it is also crucial for their development later on, more so during adolescence stage. Schofield and Beek (2009) point out that, there is a close relationship between attachment and the adolescent's ability to be resilient. Foster parents have the potential to help build the adolescent' resilience. Resilience entails the adolescent's vigorous ability to deal, cope and learn from adversity they encountered (Schofield & Beek, 2009). This theory holds a notion that when we experience pain or crisis as a shared experience, it often helps, and we may begin to transform the pain into a meaningful and learning curve to help share our future endeavours (Tassie, 2015). Attachment theory emphasises that the stable presence of a parent who is able to handle an adolescent with sensitivity, acceptance, reliability as well as provide emotional support, is likely to compensate for the trauma the adolescent experienced during childhood to become resilient. When foster parents develop skills, insight and knowledge on how to better respond to the emotional trauma

adolescents in their care suffered, this will not only act as a protective factor against risk-behaviours but will also help reduce anxiety in adolescents, making them to feel capable and self-determined to be the best of their ability. Therefore, the presence of a secure base can act as a foundation as well as a fall-back plan for adolescents, should they fail on their own attempts, they will know that they have the foster parent to fall back on.

The diagram below provides a summary on the nature of attachment patterns with the primary caregiver and the impact on the relationship with foster parents.

Diagram 5: Patterns of attachments



(Golding, 2008)

Participants expressed that they found the sessional content on attachment as significant in their attempts to support the fostered adolescents. Participants' views are as follows:

> ***Participant D:*** *"I am glad that I became part of this programme. Being here made me realise mistakes I made that affected my relationship with my foster child. When I am frustrated, I used to tell her that she will just turn out like her mother. I actually feel so guilty about some of the thing I said but I am ready to change and I think she will also realise that. I learned that when I speak I must also listen to myself. I have learned to understand and show my child love when I reprimand her".*

> ***Participant B:*** *"I need to share this with you all. It was my foster son's birthday yesterday and even though I did not have much money, I remembered what [name of facilitator] taught us that it is not all about money we can do little things to show our foster children love and that we appreciate and accept them. So I bought a cake and chips and took it to his school. Eish the look on his face touched my heart. He was very happy and felt very good that I brought cake for him. Even when he returned from school he said 'thank you mama".*

> ***Participant I****: "As mothers we need to know that our children have the ability to understand, therefore, when they have done wrong we need to sit down with them and talk to them. Sometimes we think that our children are wrong only to realise that we are the ones who are in the wrong".*

Foster parents' ability to develop and maintain healthy relationships with their fostered adolescents are critical for both the foster parent's and adolescent's well-being. When the fostered adolescent experiences the relationship with their foster parent as comforting, encouraging and non-judgemental, they are likely to open up to a parent believing that the parent has their best interest at heart. Thus, through healthy relationship building, the fostered adolescent may gain trust and see a need to bond with the foster parents.

Theme 5: Foster parents gaining insight into adolescence stage of development

Session 2 focused on providing foster parents with knowledge on the changes that adolescents go through, how these changes affect an adolescent, as well as how as foster parents can support these adolescents. Adolescence is a stage of life characterised by significant changes, which include biological, physical, intellectual, social and emotional changes. Socially, how adolescents begin to relate to their peers and family, change, and they often see influence from friends as more superior in their lives compared to that of their parents (Uzaina & Srivastava, 2016). The reason for this is that they also begin to develop their unique identity, and search for their independence and place in the society. It is through their peers that they believe they can

successfully navigate their being in society. This, however, may lead to a number of difficulties, which include exploring with substance use, sexuality, and even testing the limits within their home settings, such as disobeying or disregarding parents' rules or defying any form of authority likely to interfere with their freedom (Uzaina & Srivastava, 2016). Biologically, adolescents' hormones change and they begin to experience puberty, which may affect how they feel about themselves. This has a significant impact not only on adolescents' physical appearance but also on their emotions. Adolescents may experience a combination of fluctuating emotions, which can impact negatively on their behaviour and this may result in anxiety, depression, aggression and even suicidal thoughts (LoveLife, 2010).

Given the above, it is clear that the impact of puberty and the psychosocial demands during adolescence stage can often have unpredictable effects, and as a result, the need for moral support, values and guidance from families is paramount. For adolescents in foster care, foster parents have a critical role to fill, which include offering practical and emotional support to adolescents that are emotionally wounded as a result of their previous experiences during their upbringing. The relationship between adolescents and their parents is of importance; however, these relationships are put into a different perspective which may require parents to re-negotiate the nature of the relationship they share with adolescents. Positive interaction characterised by trust, open communication and unconditional love is the key to shape adolescents' ability to regulate their emotions and develop fulfilling relations later in life (Kapenovic, Bohlin, Skoog & Gerdner, 2017). Adolescents' perception on to what extent parents involve themselves in their affairs is of importance. In some instances, adolescents are likely to view parents' behaviour as interfering in their affairs, more so on those they regard as private. For these reasons adolescents may reject parents' behaviour, seeing it as interference or parents 'policing' them. As a result, adolescents may reject parents' attitude with the view that parents do not trust their capabilities and sense of independency they strive to achieve.

Some participants expressed that it was necessary for them to learn the changes and difficulties adolescents go through and the impact it has on their relationship. Below are the views as expressed by some participants:

> ***Participant A****: "Learning about what happens in the mind of adolescents was important to me because I started to see things differently. The session also reminded us that we have been there ourselves and it was still difficult even while we were cared for by our own parents. So I think it's more tough for our fostered children as their experience is worse".*

***Participant D**: "I use to wonder why my child does not behave like my neighbour's child because he [neighbour child] is such a sweet child but these workshops made me realise that I should love and accept [adolescent's name] as he is and not try to change him".*

***Participant G**: "I was very naughty when I was young and used to think that my mom is irritating but I am glad that she did not give up on me. I want to do the same for my foster child. Our times were better, there was nothing such as abuse, rape and drugs. Being here in this workshops make me realise that our children are in trouble because life is fast and has changed too much".*

Participants expressed a need to understand the child's development as significant. The ability to reflect on their own adolescence stage created an opportunity for them to re-arrange their thoughts around their fostered adolescents' behaviour. The age of the child, the nature of risk-behaviour presented, as well as social context are likely to influence the nature of intervention (Van der Westhuizen et al., 2012). Effective parenting support needs to take into account the age group of children in foster care rather than providing a uniform way for parents of all ages (Nanu & Nijloveanu, 2015; Ward et al., 2015). Parents' understanding of the developmental stage in which their children are in is significant, as it has an influence in their parenting (Breiner, Ford & Gadsen, 2016). To develop effectively, fostered adolescents need care that enhances their psychosocial maturity and well-being. This in turn prepares them to deal and cope with stressful life events that they may encounter as they journey through their adolescence stage.

Theme 6: Foster parents to rethink punitive ways of disciplining adolescents

Session 9 focused on setting realistic and practical discipline and reinforcement strategies. This session provided an opportunity for parents to reflect on their parenting styles and provided them with tips and skills for responsive parenting as opposed to reactive parenting.

Some participants expressed that the content of this session made them feel and see a need to re-arrange their attitudes towards parenting. There was a general agreement that they need to think back and assess their parenting behaviour within the context they currently live in.

Participant B: "I have learnt lots of things, things that I did not thought of before. I learnt the correct ways of handling the child. I have lot of anger and I used to shout at the child but since August when I started attending these workshops I have been very calm when I reprimand my child. My serenity is that of a judge at the court. Whenever I try to shout, there is a voice that is telling me to keep calm. Yesterday I was at the school and I receive complaints about the child but I didn't even fight about it, I spoke to him in very peaceful manner. This is the most important lesson that I have learnt".

Participant C: *"I grew up getting lots of hiding from my parents even today I cannot tell you what some of the hitting was for. We were raised not to question anything our parents do but now we are raising different children and they want answers to everything. I think we as parents need to accept and understand that so that we do not push our children away and they end up using drugs, leaving school or even falling pregnant while they are young. These sessions have taught me that talking in a calm manner is the way to go and we should not try to control the children too much without understanding what they need".*

Participant H: *"I learned that as parents we must be honest. Children become demanding on us because we do not sit and explain. We need to do away with this thing that this is my house, my rules or the high way. Even as adults when someone ask you to do something you want to first understand the reasons why. So we must treat our children the same".*

Participants' afore-mentioned expressions suggest that the manner in which they (foster parents) were socialised shape their practices. Current research recognises the influence cultural customs and principles have on parenting. Parents' interaction with their wider social context is an important contribution towards parenting. Factors such as poverty, violence and political context in which children are raised play a role in parents' approach and attitude towards parenting (Ward et al., 2015). The unpredictability associated with these factors has profound effects on personal and social resources or survival in an attempt to meet the adolescents' needs. In South Africa, a study conducted by Latouf (2008) found that authoritative parenting style in black and white parents was associated with resilience, whereas authoritarian was linked with emotional coping strategies for adolescents, which is in contrast with the international studies characterising authoritarian parenting as harsh parenting with unrealistic demands. It is, however, of importance to understand parenting in South Africa taking into account the unique and diverse culture which influence parents' attitudes to parenting (Ward et al., 2015).

Theme 7: Foster parent building a healthy relationship with fostered adolescent

Session 8 focused on foster parents building a healthy adolescent-parent relationship. This session provided parents with knowledge on what constitutes as healthy and unhealthy relationships between a parent and an adolescent.

Below are the important aspects that were discussed that are regarded as key to building a positive relationship with a fostered adolescent.

- **Unconditional love:**

    - Adolescent needs to know that his/her presence matter and is protected.

- Spend bonding time together – purposefully make time to spend with your adolescent.

- **Ongoing communication:**
  - Do not just give instructions, but show listening with understanding.
- **Meaningful affection:**
  - Show that your fostered adolescent is special to you.
- **Shared experiences:**
  - Pay attention to the little things that are of importance to your fostered adolescent.
- **Eye contact during interaction:**
  - Show that you have an interest in what the adolescent has to say.
- **Apologise when you make mistakes in your parenting:**
  - As a parent you cannot always be right, acknowledge when you are wrong.

Some participants expressed that the opportunity for them to assess their own behaviour was a significant part of the programme.

> ***Participant B:*** *"We learnt a lot from [name of the facilitator]. I have realised that firstly I need to do self- introspection before I can judge others".*

> ***Participant D:*** *"I learned that we must live in peace with others. I cannot expect you to have peace whilst I don't have peace. The same goes to our foster children. They need this love more because they never have it from their real mothers".*

> ***Participant G:*** *"I learned that I must not always be quick to judge my child and put myself in their shoes. Sometimes as parents we just do as we wish not realising that we hurt our children and we are also teaching them bad habits then later we get surprised when they behave five times worse. I used to have this thing that a child cannot ask me questions. He must just do as I tell him to. But now I realise that if I carry on like that I will be grooming him to be secretive and do things behind my back".*

Foster parents' ability to regulate their own behaviour and emotions can in turn help fostered adolescent learn to regulate their own ways of expressing disappointment, hurt and frustrations

(Castro, Halberstadt, Lozada & Craig, 2015). The afore-mentioned narratives suggests that foster parents need to gain skills and knowledge that will help them regulate their own emotions and learn appropriate coping mechanisms. Parents' beliefs, behaviour and emotion recognition skills ha the potential to reduce stress associated with parenting and increase parenting capacities.

Theme 8: Foster parents to develop positive hobbies

Session 6 focused on managing fostered adolescents' risk-behaviour. Most participants expressed that finding something they have in common with their adolescent is significant, more so if they feel a need to rebuild their relationship with their fostered adolescents. Participants identified purposefully making time to spend with adolescents as an important aspect that emerged from the ARBM programme. This is in line with the findings of a study conducted by Storer, Barkan, Stenhouse, Eichenlaub, Mallillin, and Haggerty (2014), with adolescents in foster care who expressed a need to spend adequate, purposeful and meaningful time with foster parents. For that study, quality time was identified as a foundation for trusting and open relationships based on honesty between the adolescent and foster parent (Storer et al., 2014).

> ***Participant C:*** *"Since attending this programme I started doing things with my fostered child. During weekend we cleaned a garden together and we were talking about things like if he has a girlfriend and stuff. I told him if he does have sex he must use condoms because in this days you just can't trust anyone and gamble with your life".*

> ***Participant E:*** *"My fostered son is singing in a choir and I intend to support him by going there and watch him sing. As [name of facilitator] has taught us it is important to do things and show interest in extra mural activities that our children do. They need to realise that we care and love them. When we show them love even if we shout they will know that we do it not to hurt them but out of love and that we want what is best for them":*

Theme 9: Foster parents to treat adolescents with respect

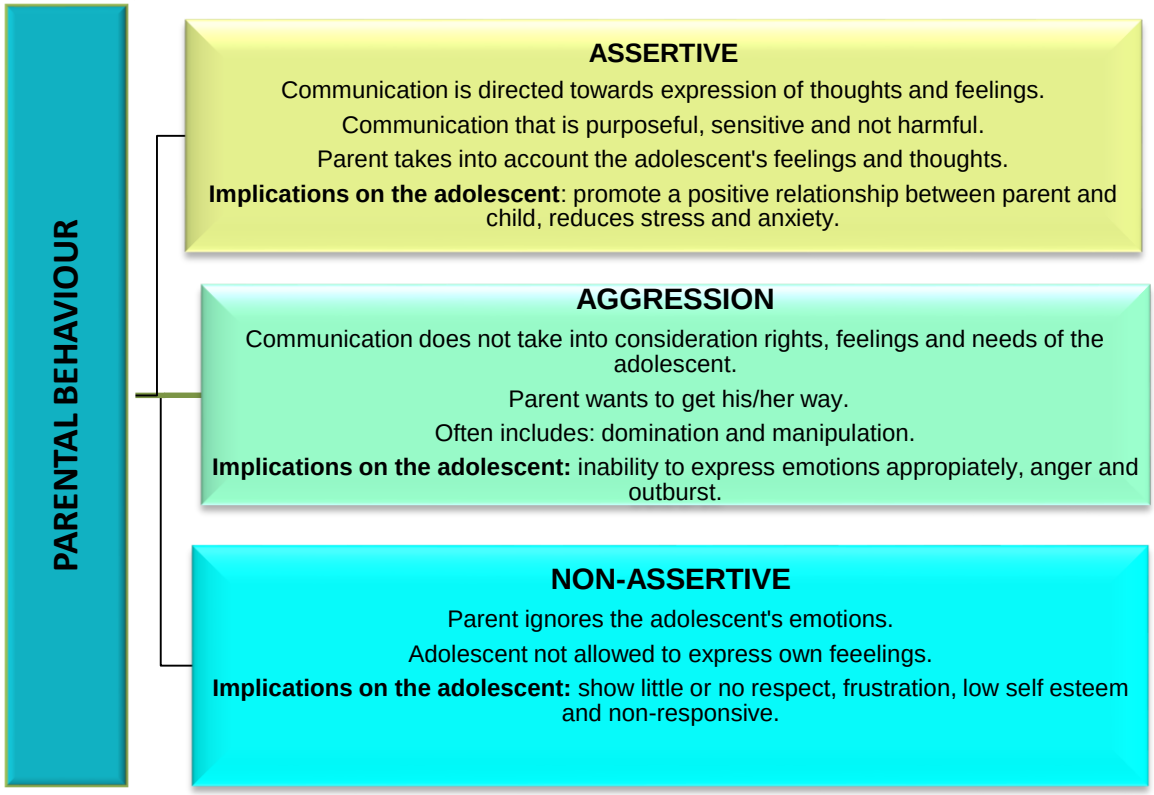
Session 9 focuses on setting realistic and practical discipline and reinforcement strategies. This session creates an opportunity for parents to reflect on how they respond to adolescents' risk-behaviour during their interaction with them.

Parenting behaviour can be characterised into three categories i.e. aggressive, assertive and non-assertive.

The diagram below shows different behaviour that may be present in parenting and the implications each is likely to have on the adolescent**.**

Diagram 6: Parenting behaviour

The diagram below focuses on different behaviour parents are likely to present with during their parenting. Parent behaviour is of importance, as it has the potential to influence the adolescent's behaviour.



Assertive behaviour has a number of positive benefits for both parent and adolescent for the following reasons:

Assertive parenting behaviour has the potential to promote:

- A positive relationship between yourself and your adolescent;
- A sense of worth for both adolescent and a parent;
- The ability to maintain your self-control as a parent.

Most participants expressed that they felt the importance and understood a need to recognise and attend to their fostered adolescents' emotions.

Participant C: *"It was important for me to learn on how to respect our children's feelings".*

***Participant F**: "After we did an exercise about adolescent stage, it opened my eyes because all this time I will say my child is stubborn and arrogant. It open my eyes to start treating and talking to him with respect without demanding and telling him what to do and not to all the time. I think I need to learn to trust him so that he can open up with me".*

***Participant J:** "This programme made me realise that feelings are important because they also affect how our children behave. I am doing my best to practice what I learned here at home and I can already feel and see positive change. Attending this programme made me realise my own mistakes and I am willing to work on them and build myself in a good way."*

Majority of participants identified the ability to show respect at all times during their interaction with adolescents as important. The attachment theory highlights that when children do not experience unconditional love, warmth and nurture from caring parents, it puts them at risk to develop psychosocial problems (Escobar et al., 2014; Nanu & Nijloveanu, 2015), whereas a lack of appropriate emotional bond could lead to a child lacking empathy for others. Such a child may cause others pain and show no insight or remorse for such actions. If not addressed, these behaviours may expose these children to further risk of becoming anti-social, which will make it difficult for them to develop and maintain a positive relationship with others. Thus, attachment is not only about feeling, but thoughts and behaviour are also an intergral part of developing a secure bond.

Participants' general comment on the content of ARBM programme for foster parents

Participants were able to share their general views with regards to their experiences in attending the ARBM programme.

***Participant A: "**You [facilitator] taught me to build a person because firstly you built me and after that I went to build my family. Even my child can see that I'm a changed happy person. The child was asking me if something was wrong with me and I told him that I have been attending these workshops. So I would like to thank you [facilitator], please continue to build other people."*

***Participant B:** "We had a good time and opportunity to share our troubles. You were patient with us, you gave us so many examples about your own parenting background and we learnt from them. We appreciate everything that you did for us. The teachings that you gave us were not only applicable to the children who we are fostering but also to our biological children. I learnt that we should always think before we speak and avoid shouting at our children".*

Participant C: *"I'm able to guide my younger sister's child. We have learnt so much about the building a character".*

Participant D: *"I have also learnt so much since the beginning of this programme. I learnt the correct methods of bringing up these children. I realised that changing the manner in which I used to speak to him has assisted because he has shown improvement at the school. I just wish that the programme would just continue because we are learning so much here".*

Participant E: *"Our minds are now opened to new things, I used to shout and swear at them but since the start of this programme, I have changed. I can talk in a polite manner and if they didn't do what they were supposed to do, I remind them politely to do so."*

Participant F*: "I am overjoyed, since I have joined this group that is led by [name of the facilitator] I feel like a new revived person. Firstly, I want to say to [the name of facilitator] the love that she showed us she must not end with us. My wish is that young foster mothers would lead us taking these further amongst us as foster parents. One is never too old to learn. I am very happy".*

Participant G: *"The love that we experienced opened our ears to hear what [name of facilitator] was teaching us. We have never felt that you are above us, you were always on our level".*

Participant F: *"I learned to respect myself not only how I dress but also what comes out of my mouth especially when I am angry. I used to resort to swearing but I learned that it will only frustrate me and my foster child".*

Participant H*: "I'm very grateful for the love that you [the facilitator] have given us. At first when we started with the programme I was annoyed but through the journey I realised that you are opening up our minds to new things. We are more re-energized and we are no longer fighting with these children. So since we have been attending this programme I'm polite, I'm no longer fighting. My husband was even surprised to see me so polite, he was asking if we are being yelled at, at our 'school'. I'm no longer fighting with these children; I address issues in a polite way".*

Participant I: *"We have really learnt a lot, I was telling my cousin that I'm now a student, and she was eager to know what is it that we are learning here and I told her and she was impressed. My wish is that we start a society just so we can continue to spread the love that we shared in this group".*

Participant J: *"From the bottom of my heart I am really glad that I became part of this workshops. I liked it when you taught us that children do not always learn from what we tell them it's a right thing. They look at how we carry ourselves as the saying practice what you preach. Since I have been on this programme there is peace in my home, being here made me a better person".*

Participants' expressions about their experiences in being part of the ARBM programme for foster parents suggests that social learning is effective when carried out in the context in which they live. Cain and Combs-Orme (2013) point out that parenting interventions need to pay attention to correcting deficits in behaviour through "psycho-educational" discussions, which include both the content and social support elements such as videos, role plays, activities and feedback. Such interventions have shown to improve parenting attitude, quality, knowledge and skills and reduce parenting stress. Parents' maturity, positive coping and psychological adjustment are important predictors of effective parenting. When parents have appropriate insight about their adolescents' needs, it puts them in a better position to develop a positive attitude towards their role as parents (Escobar et al., 2014).

Discussion

Parenting practices differ depending on a number of aspects such as family values, culture and socio-economic status. Even though parental practices differ, the common goals of parenting include ensuring the well-being of children, therefore preparing them to be able to handle adversity that life might bring along as they develop. In addition, parenting also provides an opportunity to transfer cultural norms and societal values to the future generation. Raising children in a contemporary society can be extremely challenging and more so for those parents caring for fostered adolescents.

Adolescence is a critical transition period marked by a number of changes such as physical, emotional, social and cognitive development. Adolescents in foster care tend to lack the very benefits that typical adolescents receive from their parents. In most instances when adolescents in foster care reach maturity age, i.e. 18 years old, without committed families, they may find themselves in a difficult predicament with no support, trying to make it on their own. Should they not be emotionally stable, they are likely to find it difficult to cope, respond or adjust to life's demands.

An increase in the number of adolescents entering foster care as well as them presenting with risk-behaviour is a challenge for foster care system both a national and international concern. In addition to that, foster care disruption or breakdown worsen the already overburdened foster care

setting. Foster parents' ability to provide needed psychosocial support to adolescents in care is critical. More trauma and risk-behaviour informed studies are needed to increase foster parents' capacity to effectively cope with difficulties these adolescents bring along.

This study holds the notion that all parents have the potential to improve their parenting abilities. It is therefore of significance that foster parents are equipped with relevant skills to help them develop adaptive coping skills, as well as see their every interaction with fostered adolescents as an opportunity to assess and, where necessary, make changes in their parenting styles. Evidence-based parent interventions have been identified as vital in helping foster parents develop knowledge and skills to navigate their parenting role effectively. Parents can benefit significantly by gaining new insight as well as being part of a supportive network with other parents (Al-Hassan & Landsford, 2011).

Social support such as joining a foster parent support group can be of significance in helping foster parents engage in discussions and share insights on their experiences as foster carers. This can act as a mitigating factor in reducing stress associated with parenting, and is key to increase parental positive adjustment and coping skills (Prescher et al., 2008). Positive parenting has the potential to promote a safe environment that may compensate for the broken patterns of attachment these adolescents experienced during their childhood upbringing. (Al-Hassan & Landsford, 2011). For most of these adolescents, their foster parents' ability to help them re-build or compensate their ability to bond with a parent is critical (Alto & Petrenko, 2017). Fostered adolescent's ability to experience a relationship where trust, unconditional love and commitment is visible are likely to feel accepted and valued, which in turn enhance their general well-being (Derby, Gomez & Alford, 2016).

Derby et al. (2016) identified healthy relationships with foster parents as one of the protective factors for adolescents in foster care. Adolescents' ability to experience and maintain a healthy relationship with foster parents can positively contribute towards their ability to regulate emotions, which in turn can minimise risk-behaviour and promote pro-social behaviour. Parents gaining knowledge and facts about developmental changes that take place during adolescence stage is necessary. This is likely to put them in a better position to respond with sensitivity and understand what behaviour constitutes developmental changes, as well as those that suggest other problems such as emotional or psychological difficulties (Sanders & Morawska, 2014).

Findings of this study suggest that foster parents recognise their role in parenting adolescents, however, to a certain degree, lack or have limited insight on the effects that prior care trauma has on these adolescents. There is a need for trauma-informed intervention to help foster parents understand the significant impact this has on fostered adolescents, as well as guidance and

support on how to cope with these difficulties. There is a need for foster parents to receive specialised training on aspects likely to interfere with fostered adolescents' emotional, psychological, behavioural and general well-being. The existence of these difficulties require more than crisis intervention, but also knowledge and skills that will in turn help parents learn how to regulate their own emotions, modify and adjust their parenting behaviour, and taking into consideration the adolescents' needs.

Limitations

Findings of this study cannot be generalised to the entire population of foster parents in the North-West Province, South Africa, since a small sample participated to further evaluate the content of the ARBM programme for foster parents. Notwithstanding the afore-mentioned limitations, this study makes a significant contribution within the foster care setting, as it seeks to respond to the real lived accounts of parents fostering adolescents where risk-behaviour is experienced. Evidence-based parenting interventions for adolescents in foster care is emerging in South Africa, and this study adds value to future endeavours in addressing placement disruptions and risk-behaviour in fostered adolescents. This will in turn play a significant role in improving the outcome of adolescents in foster care, their future development, and general well-being in a society at large.

Future research

It will be beneficial for future research to replicate the content of ARBM programme with a larger sample as well as in other Provinces within South Africa. A condensed version of ARBM programme be developed for intervention with adolescents reported to be presenting with risk-behaviour in foster care. There is a need for future studies to further examine the impact of adolescent risk-behaviour management with foster parents in other settings, such as adoption.

Practice recommendations

Specifically, in South Africa, due to its diverse nature, taking cultural differences and communication difficulties where participants have little or no ability to communicate in English is critical and require a lot more attention in foster care research. Foster parents' ability to receive critical information in a language they clearly understand proves to be effective and rewarding.

Conclusion

Research suggests that irrespective of the damaging nature of attachment originally established between adolescents and their primary care giver, establishment of a healthy relationship with a parent remains crucial. Social and emotional resources are needed and can be used as a tool to

help the adolescent navigate through life in general, as well as complex relationships later in life. Targeting attachment patterns issues has the potential to help protect fostered adolescents from maladaptive ways of coping and be able to regulate their emotions and become resilient. There is a need for foster parents to receive solid information on the profound neurocognitive, social and emotional changes adolescents go through. Understanding such changes has the potential to help guide foster parents' expectations and be able to re-negotiate their relationship in a manner that it builds the adolescent's sense of self, and in the same instance providing parenting satisfaction.

Compliance with ethical standards

This study followed ethical compliance as set out by the North-West University, Health Research Ethics Committee, and was approved with ethical reference number: NWU-00016-18-S1.

Informed consent

Prior to the inception of the study, consent forms clearly stating the aim and objectives of the study were obtained from all respondents who took part in the study.

Conflict of interest

The authors declare that there is no conflict of interest pertaining to this study.

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The next section provides the main findings of the overal study. Conclusions are drawn guided by literature and findings of the study based on its objectives and aim. Recommendations are made for future studies and practice.

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SECTION C: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

3.1 Introduction

This section focuses on the overall study's main findings, conclusions and recommendations for practice and future research. The central theoretical argument will be discussed and a summary provided.

3.2 General summary, findings and conclusions

This section provides the summary of the most important findings and conclusions drawn from this study, the methodology adopted for the purpose of this study, the aim of each objective, as well as findings as stated in articles 1, 2, 3 and 4 will be briefly summarised.

3.2.1 Central theoretical argument

This study holds the assumption that foster parents attending a capacity building programme will be able to gain new insights to cope and deal with adolescents' risk-behaviour while in their care. Thus, the primary goal of parenting programmes is to enhance parents' knowledge, attitude and practices in relation to caring for their fostered adolescents. Based on the empirical literature and investigation findings, the aim of this study was to develop and evaluate an adolescents' risk-behaviour management programme for foster parents.

3.2.2 Aim and objectives

Based on the **aim** of the study, the following objectives were established:

Objective 1:

By means of an empirical investigation assess parental behaviour and skills based on their self-reported own responses.

Objective 2:

Establish the needs of parents towards the content of an ARBM programme for foster parents.

Objective 3:

From the literature review, insight from a panel of experts and empirical findings of objective 1 and 2 develop and describe ARBM programme for foster parents.

Objective 4:

Evaluate the content of an ARBM programme for foster parents.

3.2.3 Empirical investigation

This study utilised a mixed-method approach using an integration of both qualitative and quantitative research approaches against the explanatory sequential design in collecting, comparing and analysing data. The study was conducted in the following four (4) phases:

Phase 1: The first set of data was rigorously collected quantitatively, with a sample of foster parents reported to be fostering adolescents presenting with risk-behaviour in the North-West Province. Potential respondents were recruited to complete a parenting style and dimension questionnaire (PSDQ) to assess parents' own behaviours in terms of responsiveness, coercion, and psychological control (Addendum F).

Phase 2: Upon the findings obtained from this data, the researchers then built on the findings obtained and developed the qualitative phase 2 of the study. During this phase, 50% of foster parents were purposefully selected from the overall population of foster parents who participated in the quantitative phase of the study. The first researcher conducted semi-structured interviews with open-ended questions to ascertain parents' views on what their needs are towards the content of an adolescent risk-behaviour management programme. An interview-schedule was designed by the researchers guided by literature (Addendum H). The findings obtained during phase one (1) was used as a guide in developing the interview schedule.

Phase 3: A critical approach was utilized to review local and international literature and identify dimensions and concepts associated with programmes designed to support foster parents. The researchers developed and blended the existing literature on the subject matter to guide them in designing the adolescents' risk-behaviour management programme. The first researcher presented a newly developed ARBM programme for foster parents to participants who agreed to attend training.

Phase 4: The aim of this phase was to gain a better understanding of foster parents' experiences of intervention that they received from the ARBM programme for foster parents training presented to them. Data was collected by means of focus group discussions (Addendum J). This phase adopted a qualitative approach with the use of semi-structured interviews, which served as a guide for communication flow during focus group discussions. Discussions were facilitated until data saturation was reached. Participants were recruited upon completion of training to evaluate the content of a newly developed programme. The population for this phase consisted of 10

members. Participants were purposively selected and this was done on the basis that they attended at least 70% of ARBM training provided. Focus group discussions were used to collect data.

3.2.4 Literature study

There has been a significant amount of work done to stabilise and address difficulties experienced in foster care both globally and nationally. However, a gap still exists in literature pertaining to parenting programmes which target adolescent risk-behaviour in foster care. The is a need to help practitioners gain insight into the complexities surrounding adolescents in foster care, specifically in South Africa. Foster parents are in the forefront of caring for these adolescents and therefore should be viewed and integrated as active partners who act in helping to re-socialize adolescents whose upbringing has been significantly damaged by circumstances in which they spent most of their childhood years. Foster care placement has the potential to re-write these adolescents' stories by providing nurture, care, love and stability in these adolescents' lives. Successful transition of these adolescents out of foster care into adulthood will not only be beneficial for the adolescents, but to society at large, as they are likely to become responsible citizens and add value to the communities in which they live.

Literature on parenting interventions is still emerging in South Africa. The current study therefore makes a significant contribution that adds value to the existing body of knowledge. The first researcher reviewed a vast amount of literature both internationally and nationally. Sources that were used to retrieve relevant literature includes books, journal articles, government legislation and programmes designed to address risk-behaviour. Most of the literature sources were obtained from the North-West University's Ferdinand Postma Library, and a heartfelt thank you to Mr Nestus Venter, North-West University librarian, who played a crucial role in assisting with the location of relevant literature.

3.3 Main conclusions from the literature and this study

Based on the findings of the study, the researchers make the following conclusions:

3.4 Article 1: Exploring South African foster parents' behaviours and attitudes towards parenting adolescents presenting with risk-behaviour

Foster parents are in the forefront of caring for adolescents presenting with risk-behaviours therefore, gaining insight into their parenting styles is crucial as it may have profound consequences for the adolescents. Psychosocial factors surrounding the foster care environment needs to be taken into account to help practitioners understand the complexities surrounding the

foster care system, specifically in South Africa.The findings show that respondents' biographical information, which include level of education, age, ethnicity, employment and age of own biological children, play a role in their parenting attitudes and behaviour.

3.5 Article 2: The psychosocial needs of South African parents fostering adolescents presenting with risk-behaviour

It is of importance to gain insight into foster parents' views on what their needs are. Their experiences put them in a better position to articulate their lived experiences in fostering adolescents. Foster parents are in the forefront and should be seen as active partners in helping to re-socialize adolescents whose upbringing has been significantly damaged by circumstances in which they spent most of their childhood years. Foster care placement has the potential to re-write these adolescents' stories by providing nurture, care, love and stability in these adolescents' lives. Successful transition of these adolescents out of foster care into adulthood will not only be beneficial for the adolescents, but to society at large, as they are likely to become responsible citizens and add value to the communities in which they live.

3.6 Article 3: Overview of an adolescent risk-behaviour management (ARBM) programme for foster parents

Being part of a newly developed ARBM programme for foster parents may have provided foster parents with the opportunity to psychologically and emotionally re-arrange their thoughts and look at their situations from a different point of view. In addition, participants' involvement in the study contributed and added value to the existing knowledge, especially within the evolving and complex needs in the foster care system in the South African context. The researchers are also of the opinion that the outcomes of this study may have the potential to strengthen and add value to current intervention processes, specifically to those that endeavour to assist parents in any form of alternative care to cope and deal with adolescents presenting with-risk behaviours. Participants seem to have benefited indirectly through gaining new knowledge and insight from being trained in the newly developed ARBM programme for foster parents.

3.7 Article 4: Evaluation of the ARBM programme for foster parents to manage adolescent risk-behaviour

Research suggests that irrespective of the damaging nature of attachment originally established between adolescents and their primary care giver, the establishment of a healthy relationship with a parent remains crucial. Social and emotional resources are needed and can be used as a tool to help the adolescent navigate life in general, as well as complex relationships later in life. Targeting attachment pattern issues has the potential to help protect fostered adolescents from

maladaptive ways of coping and be able to regulate their emotions and become resilient. There is a need for foster parents to receive scientific information on the profound neurocognitive, social and emotional changes adolescents go through. Understanding such changes has the potential to help guide foster parents' expectations and be able to re-negotiate their relationship in a manner in which it builds the adolescent's sense of self and in the same breath providing parenting satisfaction.

3.8 Conclusion pertaining to the central theoretical argument

There is an increase in the number of adolescents entering the foster care system, and this brings along a number of challenges such as placement disruption or even breakdown. To develop effectively, adolescents in foster care require care that enhances their emotional, physical, psychological and emotional well-being. This will in turn prepare them to deal and cope with stressful life events that they may encounter as they journey through their developmental milestones. Equipping foster parents with the necessary and relevant skills in an attempt to meet the adolescents' psychosocial needs has the potential to minimize the existence of risk-behaviour. Quality of parenting has been found across literature to be important for the re-socialization of adolescents who have been previously wounded. Even though a substantial amount of literature shows that parental intervention plays a critical role in helping foster parents modify their adolescents' behaviour and improve interaction thereof, there is still a need to enhance parents' cognitive, emotional and behavioural responses towards parenting adolescents, specifically in instances where risk-behaviour is experienced.

3.8.1 Recommendations for practice and future research

This section provides final conclusions based on the findings of the study which has implications for the welfare setting, specifically within the South African context. Recommendations are made for future research as well as practice.

3.8.1.1 Recommendations for practice

- Findings of this study have implications for child welfare practice, specifically in South Africa. There is a significant increase in the number of adolescents entering the foster care system, and this requires that practitioners pay more attention to the needs of parents fostering these adolescents.

- There is a need for evidence-based interventions that are effective and responsive to the needs of both foster parents and adolescents in their foster care.

- Additional training for social workers and other practitioners that focus on trauma and risk-behaviour will serve as an advantage within the foster care setting.

- This study further recommends that there is a need for specialised parenting interventions that focus on risk-behaviour, bereavement, adolescents' developmental stages and parenting behaviour may be beneficial to empower foster parents in coping effectively with difficulties they experience while caring for fostered adolescents.

- Support groups for foster parents may play a significant role in enabling them with the opportunity to reflect, explore and re-arrange their parenting practices.

3.8.1.2 Recommendations for future research

- There is a need for more studies to be conducted with foster parents to explore their parenting attitudes and behaviour, with the emphasis on those parents fostering adolescents presenting with risk-behaviour.

- Replicating this study within different settings across South Africa with a large and diverse population will be beneficial, as it will provide a variety of views on the subject matter.

- Future studies need to look into different ethnic groups and gender so as to determine both foster mothers' and fathers' attitudes towards fostered adolescents presenting with risk-behaviour.

- Future studies are needed to strengthen and provide evidence-based interventions that will be effective in helping foster parents gain adaptive coping skills.

- It will be beneficial for future research to replicate the content of an ARBM programme for foster parents in the North West Province with a different population.

3.9 Final conclusions

Research internationally and nationally consistently show that young people leaving state care are often unprepared and some tend to find it difficult to successfully transition into adulthood. Lack of adequate social services, limited family support, as well as limited or lack of knowledge in addressing the needs of teenagers while in foster care may be identified as some of the main challenges faced by the current foster care system. Most of these adolescents have experienced difficulties and traumatic upbringing while in the care of their primary caregivers. These emotional scars and trauma do not necessarily disappear when these adolescents enter foster care. The current foster care system pays little attention to the emotional and psychological needs of

adolescents, which leads to an increase in risk behaviours amongst adolescents in foster care. The ARBM programme for foster parents makes a valuable contribution towards a call to address the foster care crisis that the South African welfare setting is currently faced with.

The next section provides a consolidated bibiliography of literature, policies and framework used in this study.

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ADDENDUM A: APPROVAL FROM HEALTH RESERCH ETHICS COMMITTEE (HREC)

NWU®
NORTH-WEST UNIVERSITY
NOORDWES-UNIVERSITEIT
YUNIBESITI YA BOKONE BOPHIRIMA

Private Bag X6001, Potchefstroom
South Africa 2520

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

Health Sciences Ethics Office for Research, Training and Support

Health Research Ethics Committee (HREC)
Tel: 018-285 2291
Email: Wayne.Towers@nwu.ac.za

15 June 2018

To whom it may concern

APPROVAL OF THE RESEARCH STUDY FROM THE HEALTH RESEARCH ETHICS COMMITTEE (HREC) OF THE FACULTY OF HEALTH SCIENCES

Ethics number: NWU-00016-18-S1

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

Study title: The development of adolescent risk-behaviour management programme for foster parents

Study leader/supervisor: Dr H Malan

Student: F Mmusi-26375753

Application type: Single study

Risk level: Medium

You are kindly informed that this application was reviewed at the meeting of the Health Research Ethics Committee, Faculty of Health Sciences, North-West University, held on 13/03/2018. Following review of the application, it has been decided that the study is approved. Approval in this letter means that **final ethics approval** was indeed granted for the **research methodology and the ethical aspects** of this study and that the HREC has **no further ethical concerns** relating to the research ethics process, except for the outstanding documentation indicated below, which must be provided to the HREC by the researcher.

It is important to mention that this letter indicates that there are no further ethical concerns that exist, regarding the execution of the research.

A final ethics letter will be issued upon the receipt of the following documentation:

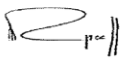
a. A copy of the approval letter from you as the provincial Department of Social Development, indicating that the study can be undertaken
b. A copy of the goodwill permission letters from you as the Director of one of the non-governmental organisations (NGOs) to be included in the study, granting access to the various facilities.

The mentioned document, as indicated above, should be submitted to Ethics-HRECProcess@nwu.ac.za by the researcher, for review before the ethics approval certificate can be provided. This approval is provided *for a year*, after which continuation of the study is dependent on receipt of an annual (or as otherwise stipulated) monitoring report and the concomitant issuing of a letter of continuation for another year.

If you have any questions or need further assistance, please contact the Faculty of Health Sciences Ethics Office for Research, Training and Support at Ethics-HRECApply@nwu.ac.za.

Yours sincerely

Prof Wayne Towers
HREC Chairperson



Prof Minrie Greeff
Ethics Office Head

Current details: (23239522) G:\My Drive\9. Research and Postgraduate Education\9.1.5 Ethics\NWU-00016-18-S1\9.1.5.3.6_GL_NWU-00016-18-S1_15-06-2018.docm
15 June 2018
File reference: 9.1.5.3.6

ADDENDUM B: PERMISSION LETTER TO ORGANISATION

FATIMA IPELENG MMUSI

North-West University
11 Hoffman Street
E8 JC Coetzee building, Room 215
Potchefstroom, 2520
Cell: 082 216 8889 / (018)299 1677 (w)
Email: Fatima.Mmusi@nwu.ac.za
Email: fimmusi@gmail.com

Date: 29 June 2018

Attention: The Manager

NG Welfare

North-West Province

Dear Sir/Madam

RE: REQUEST FOR PERMISSION TO CONDUCT A RESEARCH STUDY

I hereby request permission to conduct a research study at your organization. I am currently studying towards a Doctoral degree in social work at the North-West University. Part of my studies involve carrying out a research project.

I am interested in completing a study entitled **"The development of an adolescents' risk-behaviour management programme for foster parents"**. The study is interested in a specific group, viz. parents fostering adolescents reported to be presenting with risk-behaviour. The study will be carried out in 4 phases. During the first phase, the researcher will conduct a quantitative survey and participants will be expected to tick the answer most appropriate to them. The findings of the first phase will be followed up with a qualitative inquiry which will be done through interviews with potential participants. For ethical purposes, possible participants are expected to sign consent forms if they agree to participate, since participation is entirely voluntary.

Upon completion of the study the researcher, intends to design and present the programme to foster parents, which will later be evaluated in a form of a focus group discussion. Any identifying information will be kept anonymous and the information to be written up in the research report will contain no identifying information that can be directly linked to either participants or your

organization, as you are not expected to complete any information in this regard. I undertake to provide your organization with a bound copy on the outcome of the study, along with training materials, brochures and information sessions on the programme that may be adopted for future use by your organization to provide on-going support to foster parents in your case load.

Your approval to conduct this study will be greatly appreciated. I will be happy to avail myself or any additional information that might be required by your office regarding the study.

I trust to hear from you in this regard.

Sincerely yours,

Fatima Mmusi (Ms)

North-West University, PhD student

ADDENDUM C: GOODWILL PERMISSION LETTER FROM AN ORGANISATION

NG WELSYN POTCHEFSTROOM
Geregistreerde Kinderbeskermingsorganisasie
074-510NPO
Maherrystraat 28, Potchefstroom, 2520
ngwpotch@mweb.co.za
(018) 297 7347 / 297 8317

NG WELFARE POTCHEFSTROOM
Registered Child Protection Organisation
Non Profit Organisation
28 Maherry Street, Potchefstroom, 2520
PO Box 470, Potchefstroom, 2520
(018) 297 7348 / 086 553 8821

we touch lives
we give hope

Kinder- en Gesinsorgdienste | Child and Family Care Services

22 March 2018

Ms. Fatima Mmusi

University of North West

11 Hoffman Street

E8 JC Coetzee Building

Room 215

Potchefstroom 2520

Dear Fatima

PERMISSION TO CONDUCT A RESEARCH STUDY: DEVELOPMENT OF ADOLESCENTS RISK BEHAVIOUR MANAGEMENT PROGRAMME FOR FOSTER PARENTS

Your letter dated 12 February 2018 and received on 22 March 2018 refers.

Our organization is always willing to assist students in their studies and research. Approval is therefore granted by our Organization to conduct the study involving our foster parents as the participants in the study on the following conditions:

- Foster parents will be contacted during our foster parent group sessions
- If additional foster parents need to be contacted the names and telephone numbers will be provided to you to make the necessary arrangements
- Participants will sign the consent form as provide by you.
- The programme that will be developed based on the research will be made available to our organization and our staff will be trained in using the programme.
- The arrangements for the research will not have any cost implications for NG Welfare Potchefstroom

We wish you the best with the research and belief that there is a need for such a programme that will benefit both foster parents and foster children.

Yours faithfully

ELNA FRANCKE

SOCIAL WORKER

REG NUMBER: 1005122

ADDENDUM D: RECRUITMENT ADVERT FOR PHASES 1 & 2 OF THE STUDY

ADVERTISEMENT TO TAKE PART IN A STUDY

Are you a parent fostering an adolescent? Please join us as we would like to hear from you.

WHAT THE STUDY IS ABOUT:

- We would like you to share your views with us in fostering an adolescent as well as share your experiences in an interview.

HOW DO I JOIN:

- You must be fostering an adolescent.
- You have been fostering the same adolescent for 2 years or more.
- You are living in the North-West Province.

WHAT IS EXPECTED OF ME:

- 20-30 minutes of your time to complete a survey.
- Provided that you are also interested on being interviewed, this will require a maximum of 60 minutes of your time.

WILL I BE PAID TO TAKE PART:

- You will not be paid to take part in the study.
- For your inconvenience, you will be provided with travelling fees and a meal.

WHERE WILL THIS STUDY TAKE PLACE:

- Survey completion and interviews will take place at a welfare organisation where you receive foster care support services.

HOW DO I GET INVOLVED:

- Should you wish to participate, please speak to the secretary at your welfare organisation to give you further details with regards to being part of the study.
- Alternatively, you can contact the researcher Ms. Mmusi (018) 299 1677 or Fatima.Mmusi@nwu.ac.za or study leader Dr. Malan (018) 299 1675 or Hanelie.Malan@nwu.ac.za

ADDENDUM E: INFORMED CONSENT

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

Health Research Ethics Committee
Faculty of Health Sciences
NORTH-WEST University
(Potchefstroom Campus)
2018 -08- 13
HREC Stamp

INFORMED CONSENT DOCUMENTATION FOR FOSTER PARENT PARTICIPATION IN A RESEARCH STUDY

TITLE OF THE RESEARCH STUDY: The development of adolescents' risk-behaviour management programme for foster parents.

ETHICS REFERENCE NUMBERS: NWU-00016-18S1

PRINCIPAL INVESTIGATOR: Dr. Hanelie Malan

POST GRADUATE STUDENT: Fatima Ipeleng Mmusi

ADDRESS:
Mail: North- West University, Private Bag X6001, 2520, Potchefstroom, North- West Province, South Africa.
Physical address: JC Coetzee E8 building, second floor, Room 210, Department of Social Work
Email: Fatima. Mmusi@nwu.ac.za
CONTACT NUMBER: 082 216 8889/ (018) 299 1677

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

This study has been approved by the **Health Research Ethics Committee of the Faculty of Health Sciences of the North-West University (NWU-00016-18S1)** and will be conducted according to the ethical guidelines and principles of Ethics in Health Research: Principles, Processes and Structures (DoH, 2015) and other international ethical guidelines applicable to

this study. It might be necessary for the research ethics committee members or other relevant people to inspect the research records.

What is this research study all about?

This study is about

- Firstly, we plan to develop a risk-behaviour management programme for foster parents. Our aim to develop this programme is to encourage healthy relationship between yourselves and adolescents in your foster care. Through this programme we are interested in giving you skills and more information that will enable you to discipline your fostered adolescent in a manner that will be beneficial to both yourself and your adolescent. Secondly we would like to obtain information from you regarding aspects of the programme that you feel has provided you with valuable knowledge as well as aspects you feel requires more attention.

Why have you been invited to participate?

You also fit the research because you are…

- Fostering an adolescent aged between 14-17 years of age
- Your foster child is behaving in a manner that you find hard to cope or handle
- You receive support services from a social worker at a welfare organisation in North-West province
- You have been with your fostered adolescent for 2 years or more
- You are willing to receive training on risk-behaviour management programme for foster parents
- You agree to sign an agreement form stating that you are not forced to participate in the study
- You are willing to attend maximum of 9 sessions amounting to 1 hourly session once a week
- You are able to understand English clearly since the programme will be presented in English

You will not be able to take part in this research if:

- You are willing to receive training however, not able to attend at least 70% of the training sessions

What will be expected of you?

You will be expected to spend a maximum of 1 hour (60 minutes) to attend training on adolescent risk-behaviour management programme. You will be expected to do some activities such as discussions, exercises to stimulate your understanding while information of the programme is shared with you. Should you wish to participate in small group discussions to share your views about the information seminars you attended, kindly talk to the field worker for further details.

Will you gain anything from taking part in this research?

You will not directly gain any material means such as money by taking part in this study.

Are there risks involved in you taking part in this research and what will be done to prevent them?

- The risk to you in this study is minimum. The purpose of information seminars is to empower you. You might experience emotional discomfort provided that information shared during the seminars evokes painful memories you experienced. The researcher arranged with a social worker to avail herself at the seminar venue should you feel a need to talk to her. The facilitator is professional and received training on how to engage with people in a training environment.
- There are more gains for you in joining this study than there are risks.

How will we protect your confidentiality and who will see your findings?

No information that can be directly linked to you or welfare organisation whereby you receive services will be mentioned in the final report. Part of presenting this programme to you is to also get your views and thought about the programme of which you can give your input at a later stage on how the programme could be improved to meet the needs of foster parents such as yourself. This will help us in our attempts to improve information in the programme according to your needs as a foster parent.

We would like to bring to your attention that even though your personal information will not be shared with anyone, some of the information you share with the researcher will be seen by other experienced and professional persons who provides guidance and support to the researcher. Once the study is completed and the results are reported the researcher will destroy any information in her possession that was shared between yourselves and her.

What will happen with the findings or samples?

The findings of this study will be used only for the purpose of this study. Any future use of information collected for the purpose of this study or the outcomes will require written permission from the North West University Ethics Committee that will stand on your behalf to protect your rights.

How will you know about the results of this research?

The researcher will arrange a meeting with organisations managers to share the results of the study and she will request the manager of an organization where you receive support services to share that information with you.

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

You will not be paid for taking part in this study. The researcher has received funding support from National Research Funding (NRF) carry out this study. You will however, be given money

for transport in order for you to travel to the organisation for the interview. You will also be given a meal every time you come to the organisation to attend training sessions and evaluate it. You will receive an amount of R50 to thank you for making time and recognise the importance of this study.

Is there anything else that you should know or do?

- You can contact Fatima Mmusi on 018 299 1677 (work) if you have any further questions or have any problems.
- You can also contact the Health Research Ethics Committee via Mrs Carolien van Zyl at 018 299 1206 or carolien.vanzyl@nwu.ac.za if you have any concerns that were not answered about the research or if you have complaints about the research.

- You will receive a copy of this information and consent form for your own purposes.

Declaration by participant

By signing below, I ..... agree to take part in the research study titled: The development and evaluation of a capacity building programme for parents fostering adolescents presenting with risk behaviours.

I declare that:

- I have read this information/it was explained to me by a trusted person in a language with which I am fluent and comfortable.
- The research was clearly explained to me.
- I have had a chance to ask questions to both the person getting the consent from me, as well as the researcher and all my questions have been answered.
- I understand that taking part in this study is **voluntary** and I have not been pressurised to take part.
- I may choose to leave the study at any time and will not be handled in a negative way if I do so.
- I may be asked to leave the study before it has finished, if the researcher feels it is in the best interest, or if I do not follow the study plan, as agreed to.

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

....

Signature of participant **Signature of witness**

Declaration by person obtaining consent

I *(name)* ..... declare that:

- I clearly and in detail explained the information in this document to

  .....

- I did/did not use an interpreter.
- I encouraged him/her to ask questions and took adequate time to answer them.
- I am satisfied that he/she adequately understands all aspects of the research, as discussed above
- I gave him/her time to discuss it with others if he/she wished to do so.

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

....

Signature of person obtaining consent **Signature of witness**

Declaration by researcher

I *(name)* ..... declare that:

- I explained the information in this document to field workers whom I trained for this purpose.
- I did not use an interpreter
- I encouraged her to ask questions and took adequate time to answer them.
- The informed consent was obtained by an independent person.
- I am satisfied that she adequately understands all aspects of the research, as described above.
- I am satisfied that she had time to discuss it with others if he/she wished to do so.

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

....

Signature of researcher **Signature of witness**

ADDENDUM F: PARENTAL DIMENSION QUESTIONNAIRRE (PSDQ)

Questionnaire/ Mametlelelo ya D – Dipotso patlisiso tsa mekgwa le dikakanyo tsa botsadi.

SECTION A: FOSTER PARENT IDENTIFYING DATA/ KAROLO YA A: TSHEDIMOSETSO YA BOTHO

1. What area do you live in**/ O phela mo tikologong efe?**	
Potchefstroom**/ Tlokwe**	
Ventersdorp**/ Tshing**	
Klerksdorp**/ Matlosana**	
Mahikeng	
Lichtenburg**/ Ditsobotla**	
Vryburg/ Huhudi	
Other (specify)**/ Mo tikologong e e farologaneng (thlalosa)**	

2. My ethnicity is …./ ***Botso jwame ke ….***	
Tswana**/ Motswana**	
Sotho **/ Mosotho**	
Afrikaans**/ Moafrikaanse**	

Other (specify)/ **Botso bo bongwe (thlalosa)**	

3. My religious denomination is ... / ***Bodumedi le kereke yame ke ...***	
Christian**/ Mokeresete**	
Muslim**/ Momoseleme**	
Hindu/ **Mohindu**	
Other (specify)/ **Tse dingwe (Thlalosa)**	

4. My home language is ….**/ Puo ya me yako gae ke…**	
Tswana**/ Setswana**	
Sotho**/ Sesotho**	
Afrikaans**/ Seafrikaanse**	
English**/ Seesimane**	
Other (specify)/ **E nngwe (Thlalosa)**	

5. My marital status is ...**/Kemo yame ya lenyalo ke ...**	
Married**/ Ke nnyetse/ nyetswe**	

Single**/ Ga ke a nyala/ nyalwa**	
Divorced**/ Ke thladile/ tlhadilwe**	
Other (specify)/ **Kemo e nngwe (thlalosa)**	

6. My age group is/ **Sethlopa same sa dingwaga ke**..	
20-29 years/ **Dingwaga dile 20- 29**	
30-39 years/ **Dingwaga dile 30- 39**	
40-49 years**/ Dingwaga dile 40- 49**	
50-59 years**/ Dingwaga dile 50- 59**	
60-69 years**/ Dingwaga dile 60- 69**	
70 and above**/ Dingwaga dile 70 le go feta**	

7. My gender is …**/ Bong jwame ke …**	
Male**/ Monna**	
Female**/ Mosadi**	
Other/ **Bong bo bongwe (thlalosa)**	

8. My highest educational level is…**/Kemo ya kwa godimo ya me ya thuto ke...**	
Grade 1-7**/ Kereiti ya 1 go 7**	
Grade 8-9**/ Kereiti ya 8 go 9**	
Grade 10-11**/ Kereiti ya 10 go 11**	
Grade 12**/ Kereiti ya 12**	
Tertiary education**/ Thuto ya Thešiari**	

9. I am currently …**/ Jaanong jaana ...**	
Employed**/ Ke thapilwe/ ke a bereka**	
Unemployed**/ Ga ke bereke**	
Other**/ Seemo se sengwe (thlalosa)**	

10. Number of my biological children living with me are…**/ Palo ya bana ba madi a me ba ba dulang le nna ...**	
1**/ Ngwe**	
2**/ Pedi**	
3/ **Tharo**	
4/ **Nne**	

5 or more**/ Thlano kgotsa go feta**	
11. Age group of my biological children are…**/ Dilemo tsa bana ba madi a me ...**	
0-3 years**/ Dilemo tse 0-3**	
4-6 years**/ Dilemo tse 4-6**	
7-12 years**/ Dlemo tse 7-12**	
13-18 years**/ Dilemo tse13- 18**	
Other (specify)**/ Tsedingwe (Thlalosa)**	

12. How many foster child/children do you have in your care**/ O na le bana ba ba bokae ba masiela ba o ba tlhokomelang mo go wena?**	
1	
2	
3	
4	
5 or more**/ 5 le go feta**	

13. I parent my foster child/children with…/ **Ke godisa bana ba masiela ka thuso ya ga mang ...**	
My spouse/partner**/ Le mogatsa / molekane**	

Help from my family**/ Ka thuso ya balosika**	
Alone/ **O le esi**	
Other (specify)/**Batho ba bangwe (tlhalosa)**	

14. My foster child/children are…/ **Ngwana/ bana ba me ba masiela ba dilemo di le ...**	
0-3 years/ **Dilemo tse 0-3**	
4-6 years/ **Dilemo tse 4-6**	
7-12 years/ **Dilemo tse 7-12**	
13-18 years/ **Dilemo tse 13-18**	
Other/ **Tsedingwe (thlalosa)**	

15. I have been caring for my foster child/children for …**/ Ke na le dilemo di le .... ke tlhokomela ngwana / bana ba masiela**	
2 years/ **Dingwaga tse 2**	
3-4 years/ **Dingwaga tse 3-4**	
5-6 years/ **Dingwaga tse 5-6**	
7-8 years/ **Dingwaga tse 7- 8**	
More (specify)/ **Go feta (thlalosa)**	

SECTION B: FOSTER CHILD IDENTIFYING DATA

1. My foster child's culture/ethnicity is …./ **Setso sa ngwana kgotsa bana ba ka ba masiela ke …**	
Tswana/ **Motswana/ Batswana**	
Sotho/ **Mosotho/ Basotho**	
Afrikaans/ **Moafrikanse/ Baafrikanse**	
Other (specify)/ **Ke morafe o sele (thlalosa)**	

2. My foster child's gender is …./ **Bong jwa ngwana waka wa lesiela ke …**	
Female/ **Mosadi**	
Male/ **Monna**	
Other (specify)/ **Bong bo bongwe (thlalosa)**	

3. My foster child's religious denomination is/ **Bodumedi le kereke ya ngwana wa me wa lesiela ke ...**	
Christian/ **Mokeresete**	
Muslim/ **Momoseleme**	
Hindu/ **Mohindu**	
Other (specify)/ **Tse dingwe (Thlalosa)**	

SECTION 2/ KAROLO YA 2:

The Parenting styles and dimensions questionnaire (PSDQ) (Robinson, C.C., Roper, S.O., & Hart, C.H. (1995).

Make a rating for each item i.e. how often do you exhibit this behavior with your child/ren. Tick the column most applicable to you/ **Atlhola ntlha e nngwe le e nngwe mme o bontshe gore o dira gakae ditiro tse di latelang mo ngwaneng / mo baneng ba gago. Tshwaya kolomo e e tsamaisanang le wena go feta.**

EXHIBIT THIS BEHAVIOUR/ KE BONTSHA MEKGWA E:

	Parent's own behavior/ Maitsholo a ka jaaka motsadi	**Never/ Gope**	**Once in a while/ Ka sewelo**	**About half of the time/ Halofo ya nako**	**Very often/ Gantsi**	**Always/ Ka nako tsothle**
1.	I encourage the child to talk about the child's trouble **Ke kgothatsa ngwana gore a bue ka mathata a gagwe.**					
2.	I guide my child by punishment more than by reason **Ke supetsa ngwana wa me tsela gantsi ka petso go feta ka go buisana fela.**					
3.	I know the names of my child's friends **Ke itse maina a ditsala tsa ngwana wa me**					
4.	I find it difficult to discipline my child **Go thata mo go nna go otlhaya le go kgalemela ngwana wa me**					
5.	I give praise when my child is good **Ke rata go boka ngwana fa a dira sentle**					

	Parent's own behavior/ Maitsholo a ka jaaka motsadi	Never/ Gope	Once in a while/ Ka sewelo	About half of the time/ Halofo ya nako	Very often/ Gantsi	Always/ Ka nako tsothle
6.	I spank when my child is disobedient **Ke betsa fa ngwana a tswa mo tseleng**					
7.	I joke and play with my child **Ke dira metlae le go tshameka le ngwana wa me**					
8.	I withhold scolding and/or criticism even when my child acts contrary to my wishes **Ke itshekologa go rogana le go bua dilo tse di sa siamang le fa ngwana a dira se se leng kgatlhanong le thato ya me**.					
9.	I show sympathy when my child is hurt or frustrated **Ke bontsha go tshwenyega fa ngwana a utlwile botlhoko kgotsa a tshwenyegile**					
10.	I punish by taking privileges away from my child with little if any explanation **Ke otlhaya ka go tlosa dilo tse ngwana a di ratang kwa ntle ga go tlhalosa sepe**					
11.	I spoil my child **Ke direla ngwana wa me sengwe le sengwe se a se batlang**					

	Parent's own behavior/ Maitsholo a ka jaaka motsadi	Never/ Gope	Once in a while/ Ka sewelo	About half of the time/ Halofo ya nako	Very often/ Gantsi	Always/ Ka nako tsothle
12.	I give comfort and understanding when my child is upset **Ke rata go gomotsa le go fa ngwana tsebe go utlwelela fa a tshwenyegile**					
13.	I yell or shout when my child misbehaves **Ke rata go goa le go šhauta fa ngwana wa me a sa itshole sentle**					
14.	I am easy going and relaxed with my child **Ke phedisana monate ebile ke phela ke iketla le ngwana wa me**					
15.	I allow my child to annoy someone else **Ke letlelela ngwana wa me go bogisa motho yo mongwe**					
16.	I tell my child my expectations regarding behavior before the child engages in an activity **Ke bolelela ngwana wa me ditsholofelo tsa mokgwa wa go itshola pele ngwana a tsena mo tirong e e rileng.**					
17.	I scold and criticize to make my child improve **Ke a omanya mme ke omanya go dira gore ngwana wa me a tokafale**					

	Parent's own behavior/ Maitsholo a ka jaaka motsadi	Never/ Gope	Once in a while/ Ka sewelo	About half of the time/ Halofo ya nako	Very often/ Gantsi	Always/ Ka nako tsothle
18.	I show patience with my child **Ke rata go bontsha bopelotelele mo ngwaneng wa me**					
19.	I grab my child when he/she is being disobedient **Ke phamolakaka ngwana wa me fa a tlhoka tsebe**					
20.	I state punishments to my child and do not actually do them **Ke bolelela ngwana wa me ka dikotlhao mme ga ke di dire nako e ntsi**					
21.	I am responsive to my child's feelings or needs **Ke arabela maikutlo le ditlhokego tsa ngwana wa me**					
22.	I allow my child to give inputs into family rules **Ke letlelela ngwana wa me go tla ka dikakanyo tsa gagwe mo melawaneng ya mo lelapeng**					
23.	I argue with my child **Ke omana le ngwana wa me**					
24.	I appear confident about parenting abilities					

	Parent's own behavior/ Maitsholo a ka jaaka motsadi	Never/ Gope	Once in a while/ Ka sewelo	About half of the time/ Halofo ya nako	Very often/ Gantsi	Always/ Ka nako tsothle
	Ke ipona ke itshepa ka bokgoni jwa me jwa botsadi					
25.	I give my child reasons why rules should be obeyed **Ke fa ngwana wa me mabaka a goreng melawana e tshwanetse go arabelwa**					
26.	I appear to be more concerned with own feelings than with my child **Ke bonagala e kete ke tshwenyegile go feta ka maikutlo a me go feta a ngwana wa me**					
27.	I tell my child that I appreciate what the child tries to accomplish **Ke bolelela ngwana wa me gore ke itumelela se ene a ratang go kgona go se dira**					
28.	I punish by putting my child off somewhere alone with little if any explanation **Ke otlhaya ngwana wa me ka go mo tswalela a le nosi mo lefelong lengwe kwa ntle ga go mo tlhalosetsa gannye kgotsa sepe goreng ke dira jalo**					
29.	I help my child to understand the impact of behavior by encouraging the child to talk about the consequences of his/her behaviour **Ke thusa ngwana wa me go tlhaloganya kutlwalo ya ditiro tsa motho ka go mo**					

	Parent's own behavior/ Maitsholo a ka jaaka motsadi	Never/ Gope	Once in a while/ Ka sewelo	About half of the time/ Halofo ya nako	Very often/ Gantsi	Always/ Ka nako tsothle
	tlhotlheletsa le go bua le ene ka ga dipheletso tsa ditiro tsa gagwe					
30.	I am afraid that disciplining my child for misbehavior will cause the child not to like me **Ke tshaba gore go otlhaya le go omanya ngwana wa me fa a tlhoka tsebe go ka dira gore a se nthate**					
31.	I take my child's desires into account before asking the child to do something **Ke ela tlhoko ditlhokego tsa ngwana wa me pele ke mmotsa go dira sengwe**					
32.	I explode in anger towards my child **Ke thubega ka kgalefo mo ngwaneng wa me**					
33.	I am aware of problems or concerns about my child in school **Ke itse ka ga mathata le ditshwenyego ka ngwana wa me kwa sekolong**					
34.	I threaten my child with punishment more often than actually giving it **Ke tshosetsa ngwana wa me ka petso gantsi thata le fe ke sa mmetse gantsi**					
35.	I express affection by hugging, kissing and holding my child					

	Parent's own behavior/ Maitsholo a ka jaaka motsadi	Never/ Gope	Once in a while/ Ka sewelo	About half of the time/ Halofo ya nako	Very often/ Gantsi	Always/ Ka nako tsothle
	Ke bontsha lorato ka go tshwara le go atla le go khabara ngwana wa me					
36.	I ignore my child's misbehaviors **Ga ke ele tlhoko kgotsa ga ke bone fa ngwana wa me a tlhoka tsebe**					
37.	I use physical punishment as a way of disciplining my child **Ke betsa ngwana wa me mo mmeleng go mo otlhaya**					
38.	I carry out discipline after my child misbehaves **Ke otlhaya ngwana wa me fa a tlhoka tsebe**					
39.	I apologize to my child when making a mistake in parenting **Ke kopa ngwana wa me tshwarelo fa ke dira diphoso mo tirong ya botsadi**					
40.	I tell my child what to do **Ke bolelela ngwana wa me gore a dire eng**					
41.	I give in to my child when the child causes a commotion about something **Ke dumelela dikopo tsa ngwana wa me fa a lwa mme a tsosa pheretlho fa a batla sengwe**					

	Parent's own behavior/ Maitsholo a ka jaaka motsadi	Never/ Gope	Once in a while/ Ka sewelo	About half of the time/ Halofo ya nako	Very often/ Gantsi	Always/ Ka nako tsothle
42.	I talk it over/reason with my child when the child misbehaves **Ke buisana le ngwana wa me sentle fa a sa itshware sentle me a tlhoka tsebe**					
43.	I slap my child when the child misbehaves **Ke betsa ngwana wa me ka mpama fa a itshola bobe**					
44.	I disagree with my child **Ke farologana/ ganetsana le ngwana wa me ka dikakanyo**					
45.	I allow my child to interrupt others **Ke letlelela ngwana wa me go tsena ba bangwe mo ganong**					
46.	I have warm and intimate times together with my child **Ke na le dinako mo ke jang dinako tsa lorato le maitiso a a monate le ngwana wa me**					
47.	When two children are fighting, I discipline children first and ask questions later **Fa bana ba babedi ba lwa ke otlhaya bana pele mme morago ke tla botsa dipotso**					

	Parent's own behavior/ Maitsholo a ka jaaka motsadi	Never/ Gope	Once in a while/ Ka sewelo	About half of the time/ Halofo ya nako	Very often/ Gantsi	Always/ Ka nako tsothle
48.	I encourage my child to freely express himself/ herself even when disagreeing with parents **Ke tlhotlheletsa ngwana wa me gore a itlhalose mme a bue ka kgololesego le ka dinako fa a sa utlwane le batsadi ba gagwe**					
49.	I bribe my child with rewards to bring about compliance **Ke ntsha pipamolomo ka dikabelo go dira gore ngwana wa me a arabele se ke se batlang**					
50.	I scold or criticize when my child's behavior does not meet my expectations **Ke a omanya mme ke a bua fa maitshwaro a ngwana wa me a sa arabele ditsholofelo tsa me**					
51.	I show respect for my child's opinions by encouraging my child to express him/herself **Ke bontsha dikakanyo tsa ngwana wa me tlotlo ka go mo rotloetsa gore a ithute go ikemela ka boene**					
52.	I set strict well-established rules for my child **Ke beela ngwana wa me melawana e e gagametseng e e dumelanweng kgale**					

	Parent's own behavior/ Maitsholo a ka jaaka motsadi	Never/ Gope	Once in a while/ Ka sewelo	About half of the time/ Halofo ya nako	Very often/ Gantsi	Always/ Ka nako tsothle
53.	I explain to my child how I feel about the child's good and bad behavior **Ke tlhalosetsa ngwana wa me gore ke ikutlwa jang fa ngwana a itshwara sentle kgotsa fa a itshwara maswe**					
54.	I use threats as punishment with little or no justification **Ke dirisa maitshwaro a go tshosetsa ngwana ka go mmetsa ntle le go tlhalosa mabaka**					
55.	I take into account my child's preferences in making plans for the family **Ke ela tlhoko dithato tsa ngwana wa me fa ke logela lelapa maano**					
56.	When my child asks why he/she has to conform, I state: because I said so, or I am your parent and I want you to **Fa ngwana wa me a tshwanetse go arabela taelo ke mo raya ke re: Ka gore ke a re jalo, kgotsa, ke nna motsadi wa gago mme ke nna ke rayang gore o dire jalo**					
57.	I appear unsure on how to solve my child's misbehavior **Ke bonagala e kete ga ke itse gore ke rarabolole jang botlhokatsebe ba ngwana wa me**					

	Parent's own behavior/ Maitsholo a ka jaaka motsadi	Never/ Gope	Once in a while/ Ka sewelo	About half of the time/ Halofo ya nako	Very often/ Gantsi	Always/ Ka nako tsothle
58.	I explain the consequences of the child's behavior **Ke tlhalosetsa ngwana dipheletso tsa boitshwaro jwa gagwe**					
59.	I demand that my child does/do things **Ke pateletsa ngwana wa me a dire dilo**					
60.	I channel my child's behavior into a more acceptable activity **Ke laolela boitshwaro jwa ngwana wa me go nna ditiro tse di amogelesegang go feta**					
61.	I shove my child when the child is disobedient **Ke phamola ngwana wa me kwa ka diatla fa a tlhoka tsebe**					
62.	I emphasize the reasons for rules **Ke gatelela mabaka a gore go nne le melawana**					

ADDENDUM G: RECRUITMENT ADVERT FOR PHASES 3 & 4

We Are Foster Parents

ADVERTISEMENT TO ATTEND INFORMATION SEMINARS AND SMALL GROUP DISCUSSIONS

Are you a parent fostering an adolescent and living in the North-West Province? We have an exciting, interactive and informative parents' seminar event planned for you.

SHOULD YOU BE INTERESTED, WE ARE LOOKING FOR:

- Parents fostering adolescents and willing to sign up for parents' seminars followed by group discussions where you can share your views on information you received during seminars.
- These seminars may be beneficial to you and your fostered adolescent.

WHAT IS EXPECTED OF ME:

- Our seminars will take place once a week and we will cover a total of 9 sessions (9 weeks).
- Each session will be facilitated for 2 hours twice a week.

WILL I BE PAID TO TAKE PART:

- You will not be paid to take part in the study.
- For your inconvenience you will be provided with a meal and a token of appreciation.

WHERE WILL THIS STUDY TAKE PLACE:

- Seminars will be held in a secured location and you will be informed of the exact place before the seminar begins.

HOW DO I GET INVOLVED:

- Should you wish to participate, please speak to the secretary at your welfare organisation to give you further details with regards to being part of the study.

- Alternatively, you can contact the researcher Ms. Mmusi (018) 299 1677 or Fatima.Mmusi@nwu.ac.za or study leader Dr. Malan (018) 299 1675 or Hanelie.Malan@nwu.ac.za

ADDENDUM H: INTERVIEW SCHEDULE FOR PHASE 2

INTERVIEW SCHEDULE WITH FOSTER PARENTS

NAME OF STUDY: THE DEVELOPMENT OF AN ADOLESCENT RISK-BEHAVIOUR MANAGEMENT PROGRAMME FOR FOSTER PARENTS

SECTION A: INFORMATION FOR PARTICIPANTS

It is with great pleasure that I welcome you. I would appreciate it if you can be as honest as possible, as your answer will be of great value to this study. Remember, there is no right or wrong answers and information shared will be kept confidential. I would like to re-iterate that your participation is voluntary. You are therefore allowed to withdraw from the study at any time if you feel uncomfortable and by so doing would not have any negative effects on you. Finally, please be aware that your participation in the study is entirely of your free will and you can withdraw at any time if you feel to do so.

SECTION B: ABOUT YOU AS A FOSTER PARENT

1. What motivated you to foster your adolescent?

……
……
……

SECTION C: EXPERIENCE AS A FOSTER PARENT

2. How would you describe you foster adolescent as a person?

……
……
……

SECTION D: RELATIONSHIP WITH FOSTERED ADOLESCENT

3. How will you describe your relationship with your fostered adolescent?

……
……
……

4. Given the nature of the relationship you share with your fostered adolescent, what would you identify as rewarding and less rewarding? Please motivate your answer.

……
……
……

5. Given the above, how do you and your fostered adolescent deal with differences when you encounter problems between the two of you?

……
……
……

SECTION E: RISK-BEHAVIOUR PRESENTED BY YOUR FOSTERED ADOLESCENT

6. Based on your experience in caring for your fostered adolescent, what would you identify as most disturbing behaviour that he/she portrays while in your care?

……
……
……

Elicit a detailed description of a particular incident/s.

……
……
……

7. Given the above, how do you deal with disturbing behaviours that your fostered adolescent portrays?

……
……
……

SECTION F: TRAINING AND SUPPORT FOR FOSTER PARENTS

8. In your opinion, what will you suggest needs to be done to support you and your adolescent?

……

……

……

Thank you for your participation.

ADDENDUM I: CONFIDENTIALITY AGREEMENT FOR TRANSCRIPTION OF INTERVIEWS

Private Bag X1290, Potchefstroom
South Africa 2520

Tel: +2718 299-1111/2222
Fax: +2718 299-4910
Web: http://www.nwu.ac.za

Social Work
Tel: +27018 2991677
Email: Fatima.Mmusi@nwu.ac.za

30 April 2019

CONFIDENTIALITY AGREEMENT FOR TRASCRIPTION

Research study title: The development of an adolescents' risk-behaviour management programme for foster parents

Thank you for your participation in agreeing to transcribe interviews for this research project. Protecting participants' confidentiality is of importance to thi study, and you are therefore requested to sign this confidentiality agreement.

I……, transcriptionist agree to maintain full confidentiality of all research audio and written information pertaining to the afore-mentioned study.

Furthermore, I agree to:

- Ensure protection of any identifying information that may be directly linked to individual participants.
- Ensure that all recordings and information related to this study will be handled and will be password protected in my computer and kept safe at all times.
- Having completed the transcription, and received confirmation from the researcher that she is satisfied with the work that I have performed, I will destroy all data in my possession.
- Return all materials to the researcher in a timely manner upon completion of transcription.

- Delete any remaining electronic and written information pertaining to the study.
- I am aware that I can be held responsible for any breach of this agreement.

Name…….

Signed on this day……...of …….2019

ADDENDUM J: FOCUS GROUP DISCUSSION INTERVIEW SCHEDULE

FOCUS GROUP DISCUSSION INTERVIEW SCHEDULE

The layout below was used as a guideline during the process of facilitating the focus group:

Introduction

The purpose of the focus group interaction is to create an opportunity to explore the views of foster parents based on the information they received during training.

The discussion will be conducted in English.

Focus group discussion

What is a focus group discussion?

A focus group discussion is an organised discussion in a group, with the focus on a specific topic. The discussion has an interaction flow where different experiences, perceptions and recommendations are shared.

Why this focus group discussion?

During this group discussion, the focus was on how information obtained by foster parents from the presented adolescents' risk-behaviour management programme can be used to help foster parents deal and cope with behaviour presented by adolescents in their care. To ensure that this research is evidence-based, it is significant to explore participants' experiences with regards to information they received from a programme presented to them prior to focus group discussions.

What is expected of the participant?

The participation in the research study is voluntary – in instances where foster parents do not feel comfortable to answer a question, the individual would have the choice not to. The focus group discussion included participants with different experiences, and therefore the opinions of others should be respected.

The focus group discussion could be valuable to all individuals due to the diversity of backgrounds, experiences and perceptions, and therefore it is important that the communication is honest and genuine and that there is a willingness to share and interact.

Do you have any questions?

……

Focus group discussion topics:

1). What are your views on the adolescent risk-behaviour management programme?

……

2). How did you feel about the workshops?

……
……

3). What did you find interesting about the adolescent risk-behaviour management programme?

……
……

4). What will you describe as the most enjoyable memory you had from attending the adolescent risk-behaviour management programme?

……
……

5). Should you wish to invite parents to attend an adolescent risk-behaviour management programme, what will you tell them about the programme?

……
……..

6). If you were to make changes or add something to improve the adolescent risk-behaviour management programme, what would it be?

……
……

7). Of everything we discussed, what will you describe as most rewarding?

……
……

Thank you for your participation.

ADDENDUM K: ARBM PROGRAMME FOR FOSTER PARENTS

F.I. MMUSI

INTRODUCTION

PURPOSE OF ADOLESCENT'S RISK-BEHAVIOUR MANAGEMENT PROGRAMME

The aim of the adolescent risk-behaviour management programme is to empower foster parents with parenting skills and knowledge to develop positive coping mechanisms, especially in dealing with adolescents presenting with risk-behaviour. The adolescent management programme workshops will be conducted weekly for 9 two-hour sessions. This programme focuses on enhancing parents' confidence and instilling a positive parenting attitude in order for them to feel comfortable and competent in their parenting endeavours.

LEARNING OUTCOMES

Upon completion of adolescent risk-behaviour management workshop sessions foster parents will gain the following from each session:

Session 1:

- Get the opportunity to meet with other parents fostering adolescents.

Session 2:

- Understand the transition and changes an adolescent goes through during this stage of development.
- Understand how changes as experienced by an adolescent them.
- Acquire skills on how a foster parent can help an adolescent to deal with developmental changes in a positive way.

Session 3:

- Understand what constitutes as risk behaviour in a fostered adolescent.
- Understand non-verbal behavioural styles of communication common in adolescents.
- Ability to identify signs of risk behaviour in an adolescent prior to such behaviour escalating.
- Understand some of the reasons why a fostered adolescent presents with risk behaviour.

Session 4:

- Gain understanding of what attachment is.
- Understand the attachment an adolescent may have had with the primary caregiver and its impact on the relationship with foster parent.
- Learn skills on how a foster parent can develop secure attachment with an adolescent.

Session 5:

- Understand what prior care trauma is.
- Understand the effects of prior care trauma on a fostered adolescent.
- Understand bereavement, loss and grief in a fostered adolescent.
- Gain knowledge on how a foster parent can support a fostered adolescent in dealing and coping with prior care trauma.

Session 6:

- Understand a need for creating a supportive environment responsive to their fostered adolescent's needs.
- Learn skills on how to communicate effectively.
- Learn skills on how to develop the adolescent's self-esteem
- Learn skills on how to promote and increase behavioural regulation in a fostered adolescent.

Session 7:

- Discuss the role of parenting.
- Gain understanding on the different types of parenting and how each parenting style impacts an adolescent.
- Gain skills on how a parent can move from authoritarian to authoritative parenting style.
- Define and explain positive parenting.
- Explore characteristics that are necessary for positive parenting.

Session 8:

- Gain knowledge on unhealthy and healthy parent-adolescent relationships.
- Acquire skills on how to build positive relationships with their fostered adolescents.
- Develop skills on how to handle stress associated with parenting.

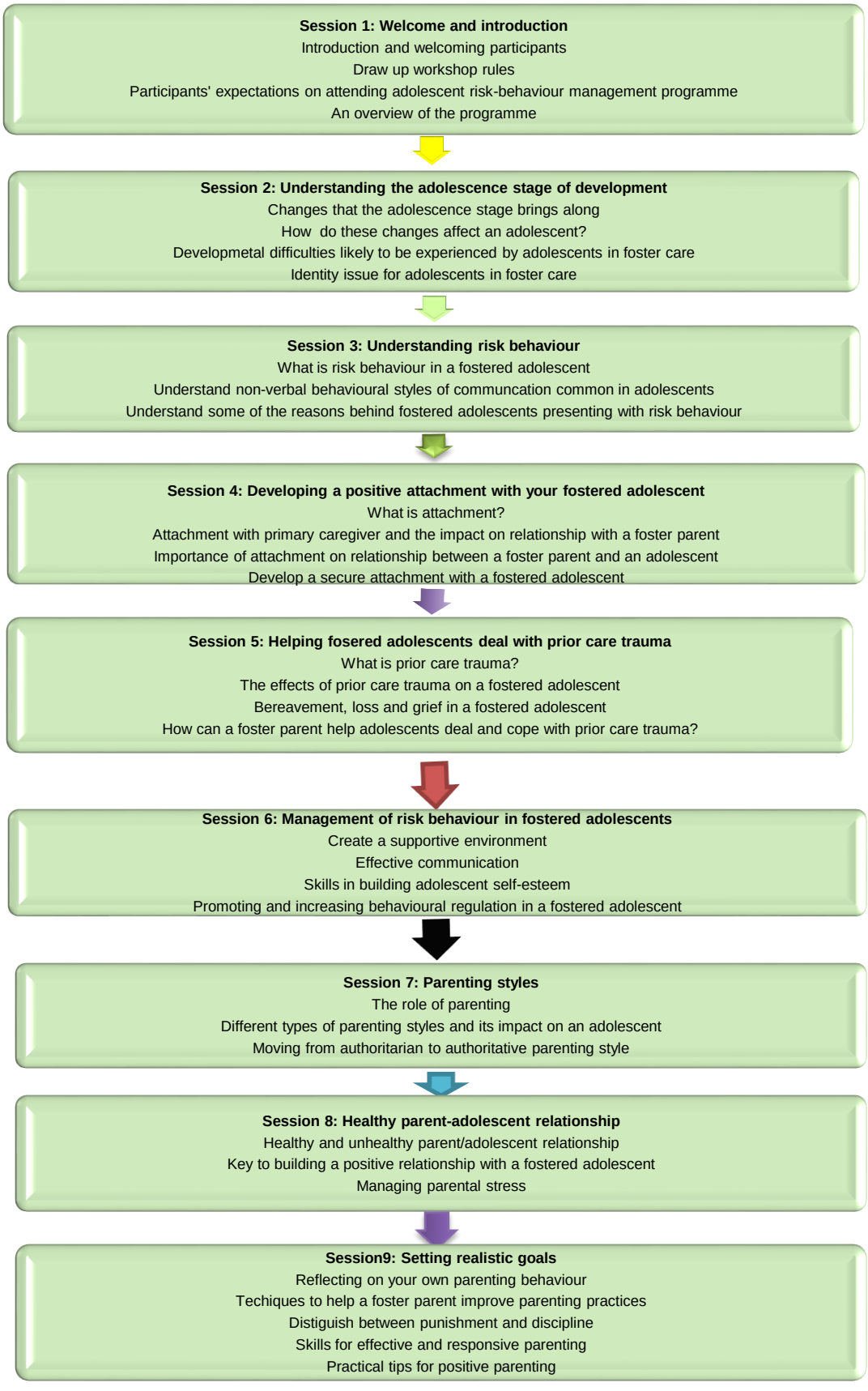
Session 9:

- Reflect on their own attitudes towards parenting.
- Learn techniques to help them improve their parenting practices.
- Distinguish between punishment and discipline approaches to parenting.
- Learn skills for effective and responsive parenting.
- Learn tips for positive parenting.

PROGRAMME OVERVIEW

The adolescents' risk-behaviour management programme consists of 9 sessions, with learning outcomes to be achieved at the end of each session. Every session is discussed separately.

PROGRAMME CONTENT



SESSION 1

WELCOMING AND INTRDODUCTION TO ADOLESCENTS' RISK-BEHAVIOUR

MANAGEMENT PROGRAMME

Session 1 content:

Part 1.1: Introduction and welcoming participants.

Part 1.2: Draw up workshop rules.

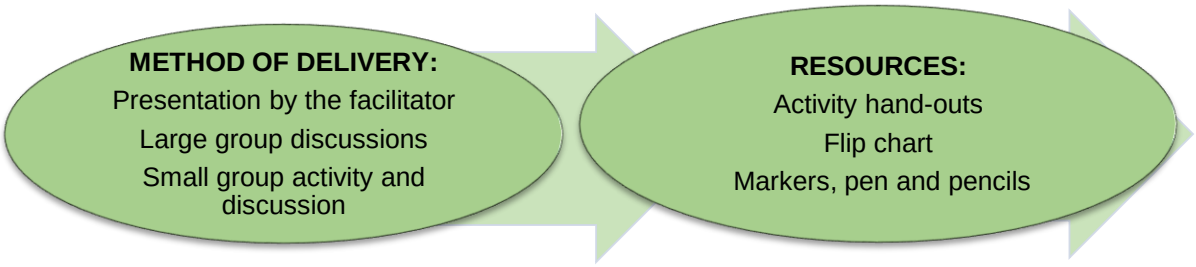
Part 1.3: Participants' expectations for attending the risk-behaviour management programme.

Part 1.4: An overview of the programme.

Session 1 objectives:

- To gain basic knowledge on participants' background through getting to know one another.
- Jointly explore on how to create a conducive learning environment where all participants feel their views are respected, accepted and valued.
- Briefly discuss the goals, content and objectives of the adolescent risk-behaviour management programme for foster parents.
- Explore participants' expectations for attending the risk-behaviour management programme.

Session time: 2 hours



Part 1.1: Welcoming and introduction to the adolescents' risk-behaviour management programme

Learning outcomes:

Upon completion of this session, participants will:

- Get to know the programme facilitator;
- Get the opportunity to meet with other foster parents who have similar interest on attending the adolescents' risk-behaviour management programme.

 # Presentation guide (15 – 30 minutes)

- The facilitator first introduces herself and thanks participants for recognising the importance of the workshop sessions.
- Participants are requested to introduce themselves and indicate what their desires are for attending the programme.

Part 1.2: Draw up workshop rules

 # Interactive activity: (10 – 15 minutes)

- Participants are given an activity to decide on the house rules.
- A volunteer is requested to write down the rules on a flip chart.

Part 1.3: Participants' expectations for attending the risk-behaviour management programme.

#Learning activity (use Annexure 2 for this activity)

- Participants are asked to break into small groups of five (5) persons per group and asked to discuss what they desire to learn from attending the adolescent risk-behaviour management programme workshops.
- Participants in each small group are asked to identify one representative to give feedback to the larger group.

Part 1.4: An overview of the programme

#Presentation guide (15 – 30 minutes)

Facilitator provides:

- An overview on the goals and objectives of adolescents' risk-behaviour management programme.
- Knowledge and skills that participants are expected to gain from attending these workshop sessions.
- An overview on the programme sessional breakdown.

Adolescent risk-behaviour management programme information sheet.

Goal of the adolescents' risk-behaviour management programme.

The aim of adolescents' risk-behaviour management programme is to promote positive relationships and interactions between foster parents and their adolescents in an attempt to help them develop effective ways in managing risk-behaviour. It is thus to enhance parents' parenting

knowledge, self-awareness, attitudes, instrumental parenting styles, understanding risk and protective factors and risk behaviours in adolescents, as well as different discipline practices. This in turn is likely to increase parental satisfaction and reduce stress associated with parenting their fostered adolescents. The purpose thereof is to assist parents improve their parental skills to help meet the psycho-social developmental needs of adolescents and promote their positive adjustment in foster care placement.

SESSION 2:

UNDERSTANDING THE ADOLESCENCE STAGE OF DEVELOPMENT

Session content:

Part 2.1: Changes that the adolescence stage brings along.

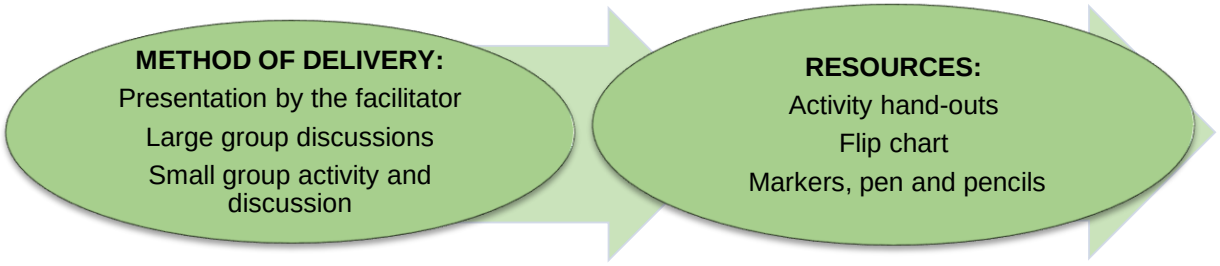
Part 2.2: How do changes experienced during the adolescence stage, affect an adolescent?

Part 2.3: Dealing with adolescents' developmental changes.

Session 2 objectives:

- Discuss the transition and changes an adolescent goes through during this stage of development.
- Discuss how changes experienced by an adolescent affect their total functioning.
- How a parent can help an adolescent deal with developmental changes in a positive way.

Session time: 2 hours



Learning outcomes:

After completing these activities, participants will:

- Based on their own adolescent's experiences, identify changes adolescents are likely to go through.
- Identify the similarities and differences of their own adolescent's experience as compared to adolescents in the contemporary society.
- Identify ways on how a parent can help adolescents deal with developmental changes.

 # Learning activity (use *Annexure 3* for this activity)

- Participants are given an activity to reflect on their own adolescence stage.
- Upon completion of the individual exercise, participants are asked to engage in small groups of five (5) and discuss the aspects they identified from their adolescence stage that they have in common and those that differs.
- Handouts are given to participants for discussion in small group and later provide feedback to the larger group.
- In small groups participants are requested to identify a representative who will provide feedback to the larger group. Participants' feedback is written down on the flip chart.

 # Learning activity

In small groups, participants are asked to brainstorm the following questions:

- How will you say adolescents during your time are similar or different from adolescents now?
- Discussion and provide feedback to the larger group by writing responses on the chart.

Part 2.1: Changes that the adolescence stage brings along

 # Presentation guide

Following the afore-mentioned activities and discussions, the facilitator provides clarity and elaboration by sharing information as per the information sheet below:

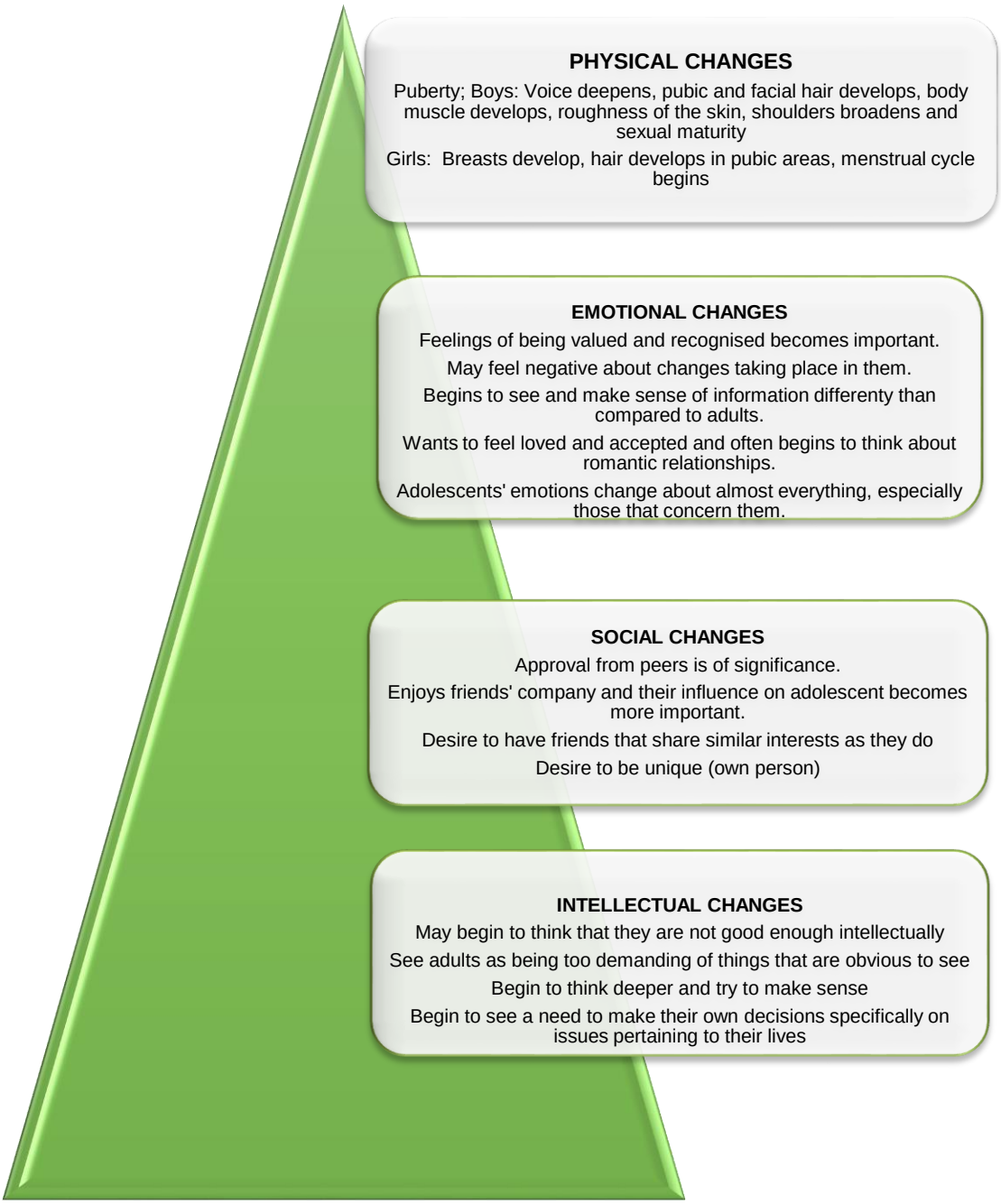
Information sheet

What is the adolescence stage?

- Often referred to as a transitional stage that brings along rapid change and development.
- These changes take place on the adolescent's body (physical), mind (thinking), self (how they see themselves) and emotions (how they feel about themselves and others).
- Begins around the age of 11 and lasts up to 18, 19 or 20, depending on an adolescent's maturity.

What are some of the changes an adolescent experience during the adolescence stage of development?

A number of changes take place when an individual reaches the adolescence stage. A diagram below shows some of the changes experienced by adolescents:



Part 2.2: How do changes experienced during the adolescence stage, affect an adolescent?

The adolescent:

- Sees this as an opportunity to explore themselves as individuals and explore the world around them.
- Accepts their body changes and learn how to respect and take care of it.

- Desires to obtain own identity that defines their uniqueness and how they view themselves and others around them.
- Develops more appropriate relationships with others of different sexes.
- Time for exploration which might include experimenting with risky activities such as sexual risky behaviour, alcohol, drug abuse, multiple dating, and so forth.
- Disapproves or begins to question parents' views, principles and influences on certain aspects of their lives.
- Might begin to question parents' morals, values and belief systems and how they relate and interact with parents' changes.
- Begin to challenge parents' authority often and tests the boundaries, which might result in conflict between adolescents and the parents.
- Determines their sexual orientation (heterosexual, homosexual or bisexual).
- A need to explore issues pertaining to sex, sexually transmitted diseases, use of contraceptives and pregnancy.

Part 2.3: Dealing with adolescents' developmental changes

How can a parent help an adolescent deal with developmental changes in positive ways?

Even though peers are more important during the adolescence stage, adolescents look up to parents for a secure base.

The following are some of the skills parents require to effectively deal with adolescents' developmental changes:

- Minimise parental influence and allow your adolescent a sense of independency.
- Need to renegotiate relationship and nature of interaction with the adolescent.
- Establish an environment that allows self-disclosure from an adolescent.
- Maintain warmth and a responsive family environment by encouraging them to speak openly about what makes them happy and sad.
- Provide clear and reasonable expectations but not in a controlling manner.

SESSION 3:

UNDERSTANDING RISK-BEHAVIOUR

Session content:

Part 3.1: What is risk behaviour in a fostered adolescent?

Part 3.2: Understand non-verbal behavioural styles of communication common in an adolescent.

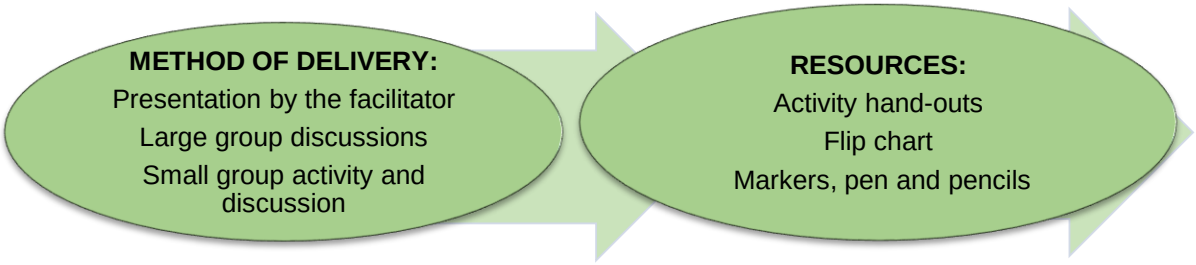
Part 3.3: Understand some of the reasons behind fostered adolescents presenting with risk behaviour.

Session 3 objectives:

Upon completion of this session it is expected that participants will:

- Understand what constitutes as risk behaviour in a fostered adolescent.
- Understand non-verbal behavioural styles of communication common in adolescents.
- Ability to identify signs of risk behaviour in an adolescent prior to such behaviour escalating.
- Understand some of the reasons a fostered adolescent presents with risk behaviour.

Session time: 2 hours



Learning outcomes:

After completing these activity participants will:

- Explore their understanding of risk-behaviour.
- Identify similarities and differences they observed on their fostered adolescents' behaviour.

#Learning activity (10 – 15 minutes)

- In small groups participants are asked to discuss behaviour they observed from their fostered adolescents and regarded as unacceptable and motivate the reasons for it.
  - Each group identifies a representative to give feedback to a larger group.

#Presentation guide:

- Facilitator provides clarity and will elaborate on discussion by sharing information as per information sheet below:

Information sheet

Part 3.1: The presence of risk-behaviour in a fostered adolescent?

- Risk-behaviour in adolescents is often described as any behaviour in the view of a parent likely to pose difficulties in the adolescent's life and which may result in negative consequences for the adolescent.

- Risk-behaviour often includes: bullying, manipulation, excessive lying, truancy, rebelliousness, defiance, aggression, dictatorial behaviour, rejecting the educational system, and a general lack of discipline.

- Transference of anger emotions onto the foster parent and or environment around them.

An adolescent demonstrating the aforementioned risk-behaviour is likely to:

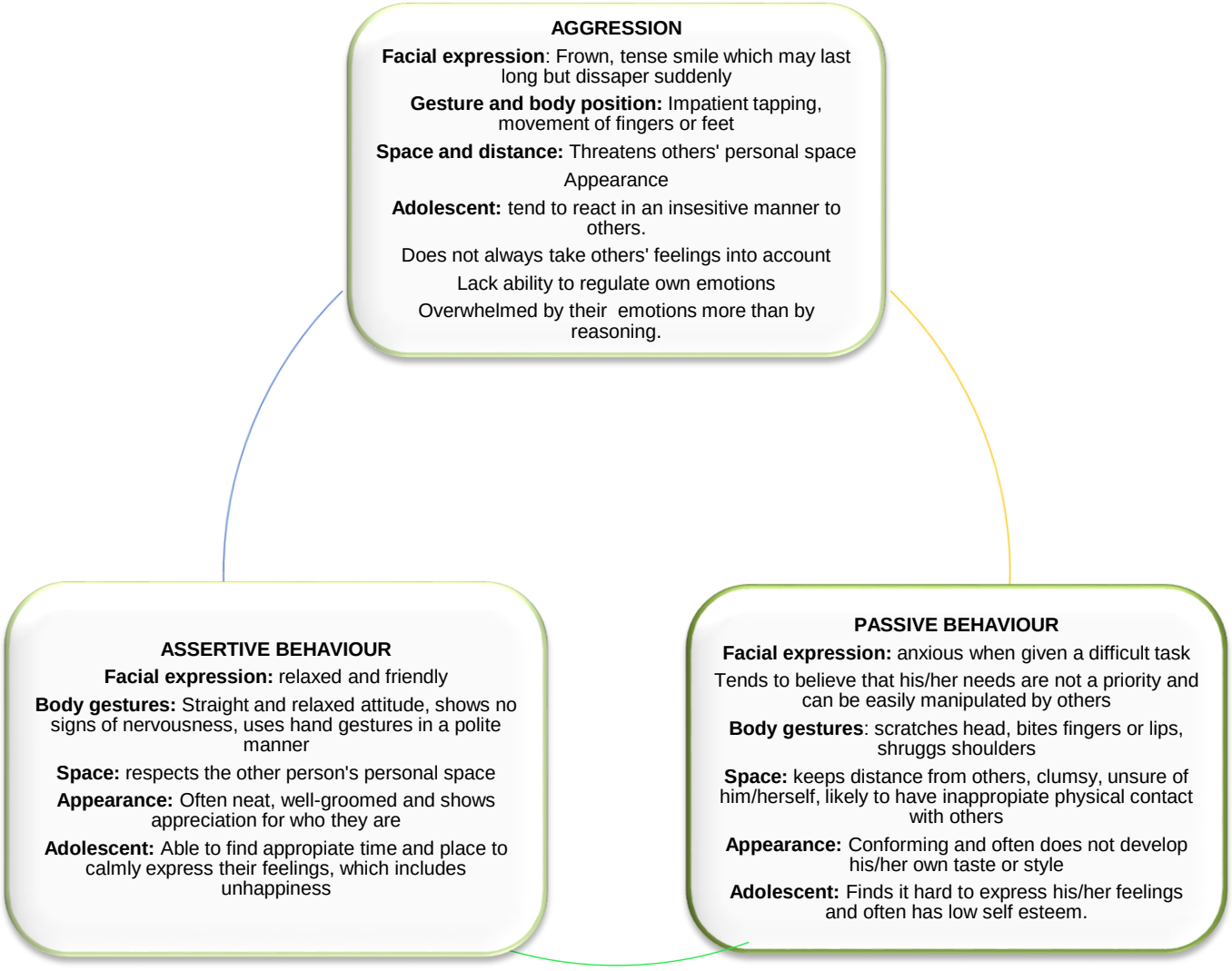
- engage in activities such as experimenting with both legal and illegal drugs;
- engage in risky sexual activities or behaviour;
- engage in criminal activities and be in trouble with the law;
- unable to develop or maintain fulfilling relationships with others;
- lose focus in life;
- unable to reach their potential such as complete their primary or high school education.

Motive for risk-behaviour in fostered adolescents

Most fostered adolescents derive from families where they experienced neglect and abuse and they enter into foster care with a strong possibility of attachment disorders. As a result:

- these adolescents may not accept that foster parents want to care for them and can love them.
- Because of the negative internal working model, they may even believe that they are not worthy to be loved and are to blame for being abandoned or taken away from their biological parents.
- These adolescents come into the foster care with insecure attachment patterns and are likely to transfer these patterns of attachment in a relationship with the foster parent.

Part 3.2: Understand non-verbal behavioural styles of communication common in adolescents



Part 3.3: Understand some of the reasons behind a fostered adolescent presenting with risk behaviour.

- Risk-behaviour may serve a necessary purpose for an adolescent often as a way of protecting themselves.
- May be a way of an adolescent to communicate something about their previously unmet needs or current concerns.
- Fostered adolescents' history of maltreatment, trauma and attachment difficulties may contribute significantly in them presenting with risk-behaviour.

- Deep-rooted anger towards their primary care-givers may suffice during the adolescence stage as they battle to figure out who they are.
- An adolescent may feel they are not good enough and as a result no one can truly care nor love them unconditionally.
- Adolescents may present risk-behaviour to test the parents' love and commitment towards them.

It is of importance for a foster parent to understand that emotional and behavioural difficulties presented by adolescents in their care are signs of attachment problems. Below are some of the behaviour that may be present:

- **Withdrawal:**
  - Poor eye contact
  - Builds an emotional wall around him/herself
  - Lack of or poor interaction with foster parent and family
  - Physical and emotional isolation
- **Inappropriate affection towards others**
  - Will show affection to anyone including strangers
  - Experience others as less important
- **Overly self-reliable**
  - Believes that he/she can make it on his/her own
  - Gives impression that he/she does not need parents' guidance or support
- **Lack of or poor sense of self**
  - Not caring about own appearance
  - Enjoys company of "shady" individuals
  - Over-indulge

- **Poor impulse control**
  - Often anxious even for small things
  - Gets frustrated easily
  - Unable to plan
  - Wants immediate satisfaction of his/her needs
- **Control issue**
  - Often wants to be in control of almost everything
  - Gets very angry when he/she does not get his/her way

SESSION 4:

DEVELOPING A POSITIVE ATTACHMENT

Session 4 content:

Part 4.1: What is attachment?

Part 4.2: Attachment with primary caregiver and the impact on relationship with foster parent.

Part 4.3: Importance of attachment on relationship between foster parent and adolescent.

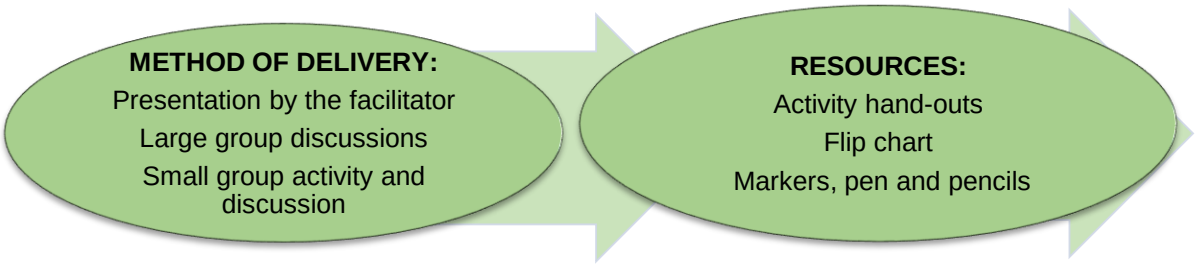
Part 4.4: Develop a secure attachment with your fostered adolescent.

Session 4 objectives:

Upon completion of this session it is expected that participants will be able to:

- Gain understanding of what attachment is.
- Understand the attachment an adolescent may have had with the primary care giver and its impact on the relationship with foster parent.
- Learn skills on how a foster parent can develop a secure attachment with adolescent.

Session time: 2 hours



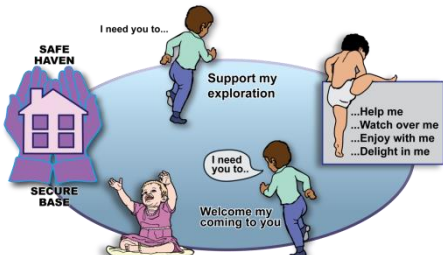
Learning outcomes:

After completing these activity participants will:

Be able to identify behaviour that sent a message to others or even themselves to suggest that they are being loved unconditionally.

#Learning activity: (10 – 15 minutes)

- Participants are asked in a larger group to think of aspects that make them feel loved and cared for by others.
- Participants are asked to further think of what it is that they do in return for those that they feel they love and love them back.



#Presentation guide: (15 – 30 minutes)

- Participants are asked in large group to discuss their understanding on what attachment is.
- Facilitator provides clarity and elaboration on discussion by sharing information as per information sheet below:

Information sheet

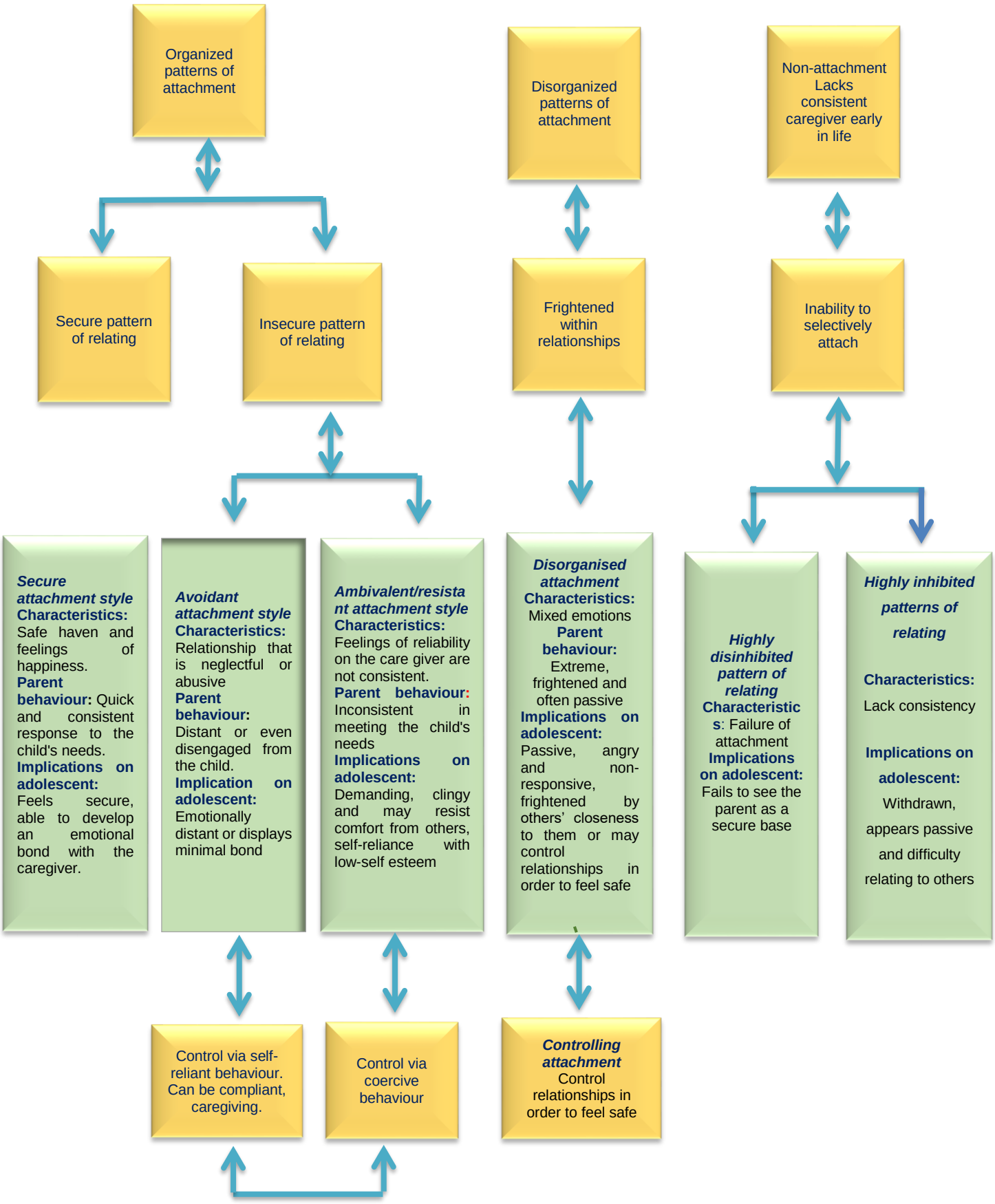
Part 4.1: What is attachment?

Attachment refers to:

- A relationship that is regarded to be the foundation for future relations with others.
- Strong bond that is shared between people and the relationship is of a special nature.
- A safe haven especially during times of adversity.

Part 4.2: Attachment with primary caregiver and the impact on relationship with foster parent

PATTERNS OF ATTACHMENT Golding, K. (2008). *Nurturing Attachments.*



Part 4.3: Importance of attachment on relationship between foster parent and adolescent

Attachment has the potential to:

- Act as a protective factor against risk-behaviour.
- Promote resilience in fostered adolescents.
- Create internal stability in an adolescent's emotional and behavioural well-being.
- Strengthen the relationship between a foster parent and adolescent.

Part 4.4: Develop a secure attachment with a fostered adolescent

Looking beyond risk-behaviour

The fostered adolescent's early experiences shape his/her core beliefs about self, others and life in general.

Prior trauma, abuse and neglect experienced while in the care of the primary caregiver is often experienced as rejection, harsh and unpredictable. These negative core beliefs lead to misinterpretation of a parent's behaviour and is seen as controlling and threatening instead of helpful and supportive. Understanding the core beliefs and looking beyond the adolescent's risk-behaviour a foster parent can help the child to develop a more trusting, positive and healthy mind-set.

Developing a secure attachment with your fostered adolescent is of importance and requires you as a foster parent to practice the following:

- **Show parental sensitivity**

- Acknowledge and show concern on how your adolescent feels.
- Respond to the adolescent when he/she is physically not well.
- Help your adolescent to express and cope with feelings of anger and frustration.
- Share your adolescent's excitement over his/her achievements, no matter how small.
- Help your adolescent deal with ambivalent feelings, especially towards his/her biological parents.
- Genuinely respond in a manner that shows care when your adolescent is hurt or struggling with severe emotions.

- **Establish a supportive relationship**

- This will help promote resilience in your adolescent.
- The adolescent feels protected.

- **Pay attention to adolescent's both verbal and non-verbal emotional expression and follow up**

- Promotes feeling of being respected and valued.
- The adolescent feels being listened to and understood.

- **Tone of voice**

- The tone of voice when communicating with the adolescent is of importance. Use a soft, gentle and relaxed tone when communicating.
- An adolescent respond more on the tone of voice than the on the words.
- Fostered adolescents have often been previously shouted and screamed at and are therefore very sensitive to tone of voice.

- A harsh and hard tone of voice can prevent attachment because it triggers traumatic memories.

Laugh together

- Laughter reduces stress as it conveys involvement and approval.
- When the foster parent laughs and has fun with the adolescent it sends the message that the foster parent enjoys his/her company.
- Sharing a joke and laughter once in a while create a fun atmosphere.
- Laughter causes the brain to release chemicals that bring good feelings.
- When the adolescent feels good, the environment is created for positive attachment.

Initiate positive interaction

- Whenever necessary, make affectionate gestures such as a hug.
- Ask your adolescent how his/her day was whenever they were away from home. This will make them feel important and cared for.
- Once in a while play games together.
- Accompany your adolescent for shopping and allow him/her to buy clothes of his/her choice.
- Purposefully arrange time to go on special outings.
- Support your adolescent's extra-mural activities, e.g. if he plays soccer, once in a while go and watch the match.

Acceptance behaviour

- Hang adolescent's pictures on the wall.
- Involve your adolescent in decision making with regards to family affairs.

Understand the adolescent's behaviour first

Behaviour problems emanate from the adolescent's sense of insecurity, distress and attachment difficulties.

- The foster parent must be sensitive to the underlying emotional problem and address those problems instead of only punish the behaviour. Punishment may aggravate the child's problem behaviour.

Impact of a secure attachment of a developing adolescent:

- Adolescent's primary needs and security are significant.
- Ability for an adolescent to feel belonging with a parent that they feel provide them with stability and unconditional love.
- An adolescent need to know that he/she is very important and is protected.
- Attachment styles have significant influence on social relations and long-lasting effects on an adolescent's behaviour and personality.

SESSION 5:

HELPING A FOSTERED ADOLESCENT DEAL WITH PRIOR-CARE TRAUMA

Session 5: Content

Part 5.1: What is prior care trauma?

Part 5.2: The effects of prior care trauma on a fostered adolescent.

Part 5.3: Bereavement, loss and grief in a fostered adolescent.

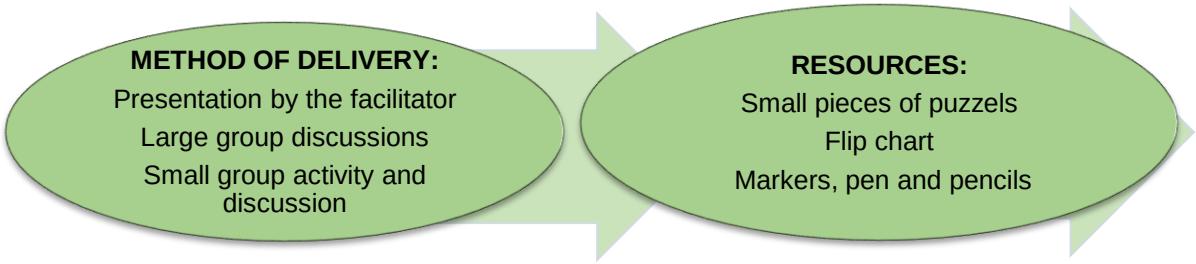
Part 5.3: How can a foster parent help an adolescent deal and cope with prior care-trauma?

Session 5 objectives are:

Upon completion of this session it is expected that participants will be able to:

- Understand what prior-care trauma is.
- Understand the effects of prior-care trauma on a fostered adolescent.
- Understand bereavement, loss and grief in a fostered adolescent.
- Gain knowledge on how a foster parent can support a fostered adolescent in dealing and coping with prior-care trauma.

Session time: 2 hours



Learning outcomes:

After completing these activities participants will:

- Begin to realise the significance and reality of loss in the eyes of fostered adolescents.
- Understand the impact grief, loss and bereavement can have on fostered adolescents.
- Challenges adolescents face trying to fill or figure out reasons for grief in their lives.
- Learn skills on how a foster parent can support their adolescent in dealing with prior care trauma (neglect, abuse, loss, grief and bereavement).

#Learning activity: (10 – 15 minutes)

- In small groups participants are provided with a small box of puzzles and in each of these puzzles there is a missing piece, however, participants are not made aware of the missing piece.
- In their small groups, participants are asked to build allocated puzzles.
- Upon completion participants are asked to reflect on their thoughts and feelings on the missing piece of the puzzle.

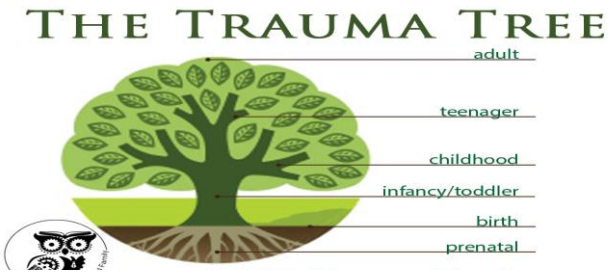
#Presentation guide: (15 – 30 minutes)

- Facilitator provides clarity and elaborates on discussion by sharing information as per information sheet below:

Part 5.1: What is prior-care trauma?

Prior care trauma refers to the emotional impact abuse, neglect and abandonment most adolescents in foster care have experienced.

- This may include accidents, violent acts and attacks (other than domestic violence), medical and surgical procedures, grief and loss (death of parents and siblings), and the trauma of the removal from their biological parents.
- Some of these adolescents were previously exposed to repetitive traumatic incidents and as a result suffer from complex trauma and post-traumatic stress disorder.



According Santiago Ursano, Gray Pynoos Spiegel *et al.* (2013) the DMS V (2013) defines trauma as exposure to actual or threatening death, serious injury or sexual violence in one or more of the following ways:

- Directly experiencing the traumatic event/s.
- Witnessing in person the events as it occurs to others, especially caretakers.
- Learning that the events occurred to others.

TYPES OF TRAUMA IN FOSTERED ADOLESCENTS

- Meinck (2014) points out that child abuse is any form of physical and/or emotional maltreatment, sexual abuse or other exploitation, resulting in actual or potential harm to the child's well-being, survival, development or dignity in the context of a relationship of responsibility, trust or power.
- There are clear links between neglect and abuse and later emotional, behavioural, psychological and interpersonal problems and disorders in childhood and adulthood.

Below is an elaboration on how physical sexual, emotional neglect and domestic violence can affect a developing child:

- **Physical neglect:**

- Failure to protect the child from harm or danger and meet the child's need of shelter, food and clothing.
- A poor or inadequate income or unemployment may contribute to physical neglect and shortage of food.
- More often there are also additional factors present such as alcohol or drug abuse, emotional instability of the parent and inadequate parenting skills.

- **Emotional neglect:**

- Failure to provide in the child's emotional needs such as nurturing and well-being.
- It includes ignoring or dismissing a child's emotional reaction by shaming and humiliating a child with derogatory words or hurtful names.
- It can be verbal or non-verbal, such as not acknowledging a child's needs, ignoring cries for help, or treating the child as unlovable or as a "bad child".
- The experiences of neglect may lead to a child becoming fearful, which turns to terror if it lasts for long periods.
- The fear and terror will have the same effect on the child's brain and body as in the case of abuse.
- Severe neglect can cause long-term developmental delays in children.
- Emotional neglect is more harmful to children than physical neglect and it also has a significant effect on all levels of the child's development.
- Children who experienced emotional neglect are more likely to have severe developmental delays than children exposed to other forms of abuse.

- **Sexual abuse:**

- Any sexual contact or activity with a child by an adult or older child. It includes sexual touching, penetration and nonsexual acts such as exposure and displays of explicit

sexual material.

- Sexual abuse is extremely damaging for a child as the sexual activities are developmentally inappropriate and interferes with the child's normal development processes.

- It leads to psychological and interpersonal problems in the short term and an increased risk of maladjustment later in life.

Physical abuse:

- Any form of direct harm to the body. It includes severe corporal punishment resulting in bruises and injuries on the body and assault of the child by beating.

- Children are seriously affected by physical abuse because of the trauma it inflicts and it has damaging effects on all levels of a child's development.

Domestic violence:

- It is extremely traumatizing for children to witness domestic violence between their parents or one parent and a partner.

- The child depends on the parent for security and as a result experiences anxiety and fear during episodes of domestic violence. It may lead to depression, low school performance, difficulties in social relationships and even to fighting and bullying behaviour.

- The more serious and brutal the level of violence that the child witnesses, the higher the possibility of post-traumatic stress disorder.

Part 5.2: The effects of prior-care trauma on a fostered adolescent

Even though they may no longer be directly exposed to traumatic circumstances, the effects last long. It is of importance to take the following effects into account when caring for a fostered adolescent who has experienced trauma:

- **Emotional and physical neglect effects:**

    - Almost all children who experienced emotional neglect and abuse develop anxious avoidant attachment to their caregivers.

- Parents who are emotionally absent for their children have often been neglected themselves and had insecure attachment with their parents.

- **Physical abuse effects:**

  - The child's bond to the parents is usually disorganized.
  - Parents who physically abuse their children have often been abused themselves.
  - They have disorganized attachment patterns.
  - They have been exposed to domestic violence as a child. They often also assault their partners.

- **Sexual abuse effects:**

  - Children who have been sexually abused develop severe attachment disorder, more so provided that the abuser is a parent.
  - They may often suffer from post-traumatic stress disorder.
  - They are at risk of developing anxiety disorders, major depressive disorders, alcohol and drug abuse, and anti-social behaviour in adulthood.

- **Physical abuse effects:**

  - The child's shares disorganised attachment with a parent
  - Parents who physically abuse their children have often been the victims of abuse themselves.
  - Such parents have disorganized attachment patterns and have been exposed to domestic violence as children.

Exposure to domestic violence effects:

- The more daunting behaviour of the parent the more likely that the child will develop disorganized attachment.
- If the parent is overwhelmed and very anxious him/herself, they may not be emotionally available for the child and this may lead to insecure and disorganised attachment patterns.

- The greater the severity of violence that the child is exposed to, the higher the possibility of post-traumatic stress disorder as the child develops.

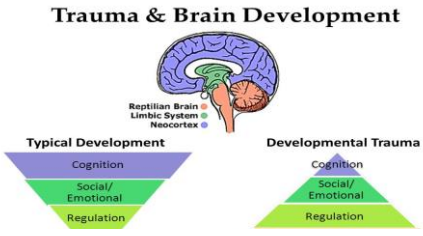
Complex trauma

- Children in foster care may suffer from complex trauma. Complex trauma refers to:
- traumatic incidents that occur repeatedly over a period of time within a specific relationship and often worsen over a period of time;
- trauma that happens during sexual and physical abuse of children.

NEUROBIOLOGY OF TRAUMA

A child's brain is certainly underdeveloped and highly fragile to both the positive and negative effects of the environment.

- Early life experiences have deep-rooted effects on the development of the brain.
- The brain develops sequentially and the vast majority of the structural organization happens in early childhood.
- Exposure to traumatic events and circumstances such as neglect, maltreatment and abuse have devastating consequences on the development of the child's brain.
- If not adressed they may have dire consequences in the child’s life span.



Symptoms of trauma in adolescents

Below are the symptoms of trauma as identified by D'Andrea, Ford, Stolbach, Spinazzola, & van der Kolk (2012, p. 187-200). These symptoms are likely to affect the adolescent's total functioning.

- **Dysregulation of effect and behaviour**

- Explosive anger
- Aggression
- Withdrawal
- Self-harm
- Emotional difficulties/distant
- Impulsivity

- **Disturbance of attention and consciousness**

- Inability to concentrate
- Disruptive behaviour
- Inability to focus

- **Disturbance in attributions of self and the world**

- Severe self-esteem issues
- Poor sense of self
- Difficulties in understanding and accepting responsibility for own inappropriate behaviour

- **Interpersonal difficulties**

- Diminishes social skills
- Suspicious of others
- Lack of or very little trust in others
- Defensive at most times

Part 5.3: Bereavement, loss and grief in a fostered adolescent

- **What is bereavement, loss and grief?**

Bereavement: refers to a period of mourning a loved one who has been lost through death.
Loss: loss is hard and often leaves individuals with mixed feelings or unanswered questions that often affects how they see themselves, others and the world around them. Loss can be classified as follows: (loss of income, spouse, a home, caregiver, etc.).

Grief: is an intense emotional breakdown experienced in response to many kinds of losses not only those resulting from death.

The diagram below shows the path an adolescent is likely to go through during grieving process:

THE PATH THROUGH THE GRIEVING PROCESS (Pasztor, 2009, as cited in Tanag, 2017).

Below is a summary of how the grieving process works as outlined by Tanag (2017):

Loss:

- It is significant to recognise that an experience of loss is unique to all individuals.
- There are a number of difficulties or change in behaviour associated with loss. This includes; inability to concentrate, feelings of numbness, anxiety, powerlessness, overwhelmed, sleeping difficulties, anger, guilt, or even depression (Eldenstein, Burge & Waterman, 2001, as cited in Tanag, 2017, p.18).

Shock/ denial:

- It is often quite difficult for adolescents to process and truly understand the changes taking place in their lives, especially with regards to loss.
- Adolescents are likely to react in shock as they find it difficult to make sense of sudden changes the loss has brought in their lives and how it occurred. This can even be more difficult when loss experienced is sudden.

Bargaining:

- This entails a process whereby the adolescent may begin to realise that loss is real.
- Adolescent may begin to hope and pray for a miracle to happen.
- The adolescent may begin to think that if they behave appropriately, this may create an opportunity for him/her to get his/her life back to where it was before the loss occurred.

Anger:

- This is when the adolescent begins to realise that things are not necessarily going to change as they wished.
- The adolescent may begin to test boundaries by behaving inappropriately in an attempt to see if the foster family will still keep him/her irrespective of bad behaviour displayed.
- This can be expressed through outward (outburst, aggression or defiance) or inward (passive, withdrawal or self-harm) behaviour.

Understand:

- Let an adolescent know that you recognise his/her sad feelings
- Normalise the anger he/she is experiencing
- Make an adolescent know that you are there for him/her and he/she is safe with you

Cope:

- This will be different for all grieving adolescents and often requires teamwork between foster parents and welfare team members which might include social workers, psychologists and, in some instances, psychiatrists.

- It is of significance for those involved to recognise that the ultimate aim is to support, empathise and help an adolescent become a loss manager.

Important aspects to note:

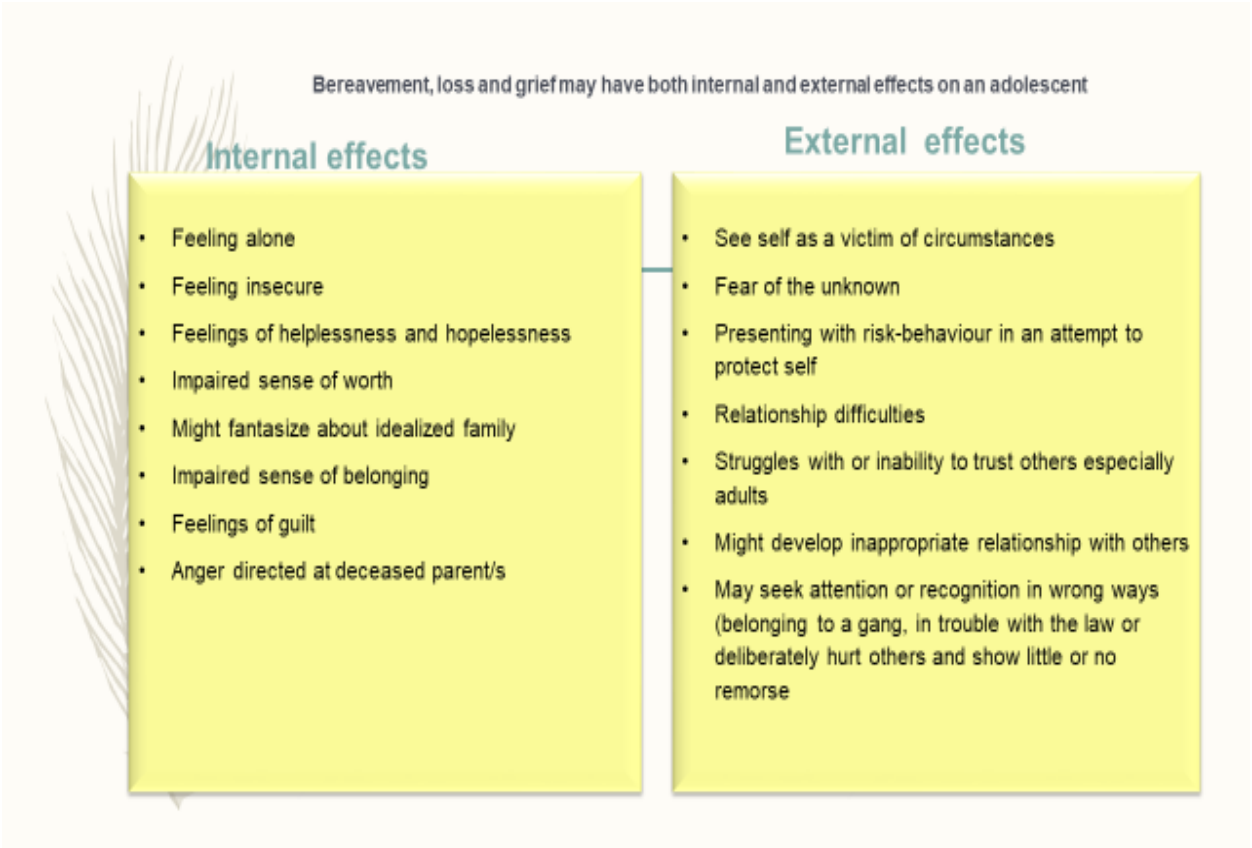
The afore-mentioned pathway through the grieving process signifies the difficult journey adolescents who experienced loss are likely to go through.

- The ultimate experience of loss occurs when an adolescent enters foster care.
- Foster parent's task is to give an adolescent the assurance that they are safe in their care and openly engage with them to discuss their feelings.
- There is no straight and narrow and an adolescent is likely to go backward and forward and start over again, and this is more so when there is experience of other losses.

The effects of bereavement in fostered adolescents

Bereavement may have both internal and external effects on an adolescent.

The diagram below provides an overview on what such effects may be:

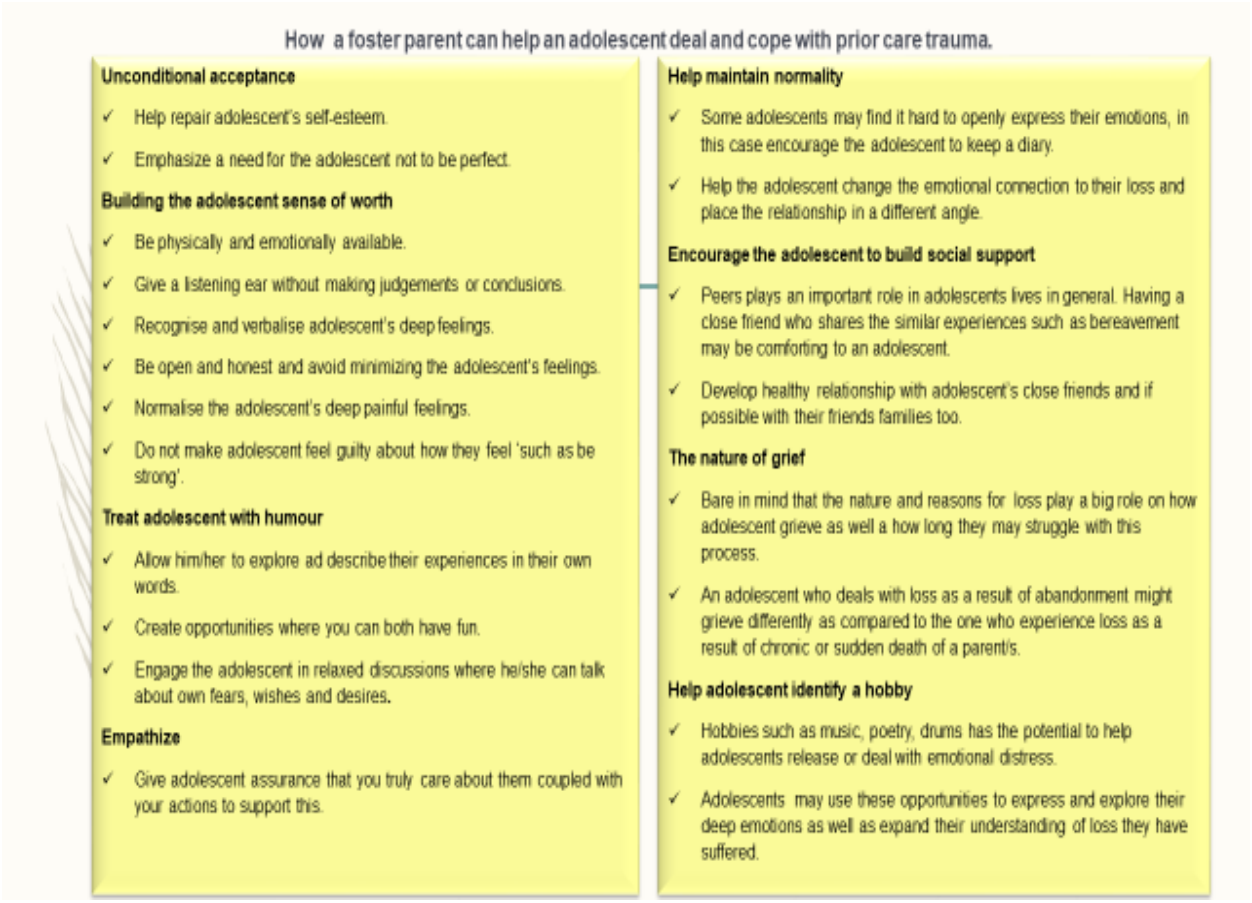


It is of importance to note that an adolescent may experience any of the above either simultaneously or separately.

Part 5.3: How can a foster parent help an adolescent deal and cope with prior-care trauma?

The aim is not to make them give up their emotional feelings but to help an adolescent find appropriate ways in dealing with such complicated feelings.

The diagram below provides a summary on how a foster parent can help an adolescent deal and cope with prior care trauma.



SESSION 6:

MANAGEMENT OF RISK-BEHAVIOUR

Session content:

Part 6.1: Create a supportive environment.

Part 6.2: Effective communication.

Part 6.3: Skills in building adolescent's self-esteem.

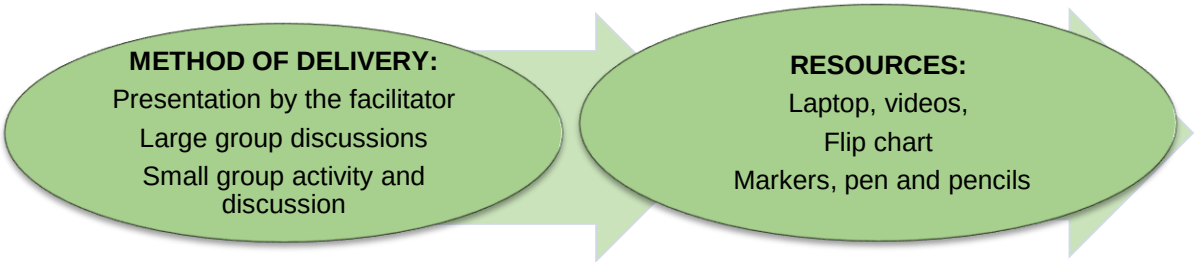
Part 6.4: Promoting and increasing behavioural regulation in a fostered adolescent.

Session 6 objectives are:

Upon completion of this session it is expected that participants will:

- Understand the need for creating a supportive environment responsive to their fostered adolescent's needs.
- Learn skills on how to communicate effectively.
- Learn skills on how to develop the adolescent's self-esteem
- Learn skills on how to promote and increase behavioural regulation in a fostered adolescent.

Session time: 2 hours



Learning outcomes:

After completing these activity participants will:

- Be able to distinguish between appropriate and inappropriate ways of responding to behaviour presented by adolescents in their foster care, which they may disapprove of.

- Be able to think about their own behaviour and reactions to their fostered adolescent's inappropriate behaviour.
- Begin to identify areas where they might need to improve their own responses.

#Learning activity: (10 – 15 minutes)

- In a larger group, participants are requested to watch two videos. Video 1 (5 minutes) on a parent showing sensitivity to the adolescents' emotional stress. Video 2 presents a parent with less support and understanding on the adolescent's stress experience.
- The facilitator engages the larger group in a discussion to reflect on the afore-mentioned videos and important aspects of the discussion are written on a flip chart.

#Presentation guide: (15 – 30 minutes)

- The facilitator provides clarity and elaborates on the discussion by sharing information as per the information sheet below:

Information sheet

Part 6.1. Create a supportive environment.

What is a supportive environment?

- A home environment that allows the adolescent to freely express their emotions.
- Ensures that the adolescent's emotional, physical, psychological and emotional needs are met.
- Encourages independency and growth.

In an attempt to provide a supportive environment, it is of importance for a foster parent to take cognisance of the following:

- Pay attention to the adolescent's good behaviour and motivate him/her to use that to do away with negative habits.
- Notice and respond to any changes you observe in the adolescent's life, such as mood or behaviour, and verbalise those changes.
- Acknowledge the adolescent's capabilities and attempts to make positive changes.

Part 6.2. Effective communication

What is effective communication?

Effective communication is a skill that can be learned. The following are of importance in enhancing effective communication between parent and adolescent:

- Effective communication requires that one engages with their thoughts and emotions when talking to others.
- Being calm and relaxed increases the chances of us communicating effectively with others.
- Keep straight shoulders and eye contact when talking to others.
- Speak openly and clearly.
- Observe the other person's behaviour and reactions (both verbal and non-verbal ways of communication).

Part 6.3. Skills in building adolescent's self-esteem

Below is a summary of five basic skills a foster parent can develop in building an adolescent's positive self-esteem (Bailey, Perkins & Wilkins, 1995):

- **Adolescent encouragement:**

- Recognise the adolescent's effort despite mistakes they make in their behaviour and learning.
- Through encouragement you socialise your adolescent to respect themselves and in turn transfer that to others.
- When a parent has confidence in the adolescent, this will in turn help the adolescent gain self-confidence.

- **Can-do attitude:**

- Work together with an adolescent to make decisions and solve problems.
- Recognise an adolescent's ability to be creative and unique.
- Help guide an adolescent's behaviour in a constructive way, making them realise that you believe they are able and can do things differently.
- Focus on teaching an adolescent what he/she 'can do' instead of focusing on what they 'cannot do'.
- Be patient, model and coach an adolescent and this will enhance his/her sense of independency.

- **Self-control:**

- As a parent learn to manage your anger and show respect for your adolescent's feelings.
- Your adolescent knowing what you expect is likely to co-operate and this may in turn help create a conducive, supportive and positive family environment.

- **Choices:**

- As a parent you cannot control every situation, be open-minded, flexible and allow your adolescent to make choices within reasonable and practical restrictions.

- Calmly explore the adolescent's choices with him/her without posing your own perceived judgements.
- When adolescents are able to make decisions about affairs concerning their lives, this help them to learn to be responsible and develop a sense of independency.
- Learn to negotiate with your adolescent and avoid a power struggle and this will in turn enable your adolescent to learn to be self-disciplined.
- Guide your adolescent on the importance of taking responsibility for the choices he/she makes.
- Be genuine and do not instil fear in your adolescent.

Self-control:

- A need to take control of your emotions as a parent.
- Self-control will help you as a parent act responsibly and in turn transfer the same skill to your adolescent.
- It is important to think before you react.
- Listening to understand is the key to self-control.

Respecting feelings:

- An adolescent, like each and every individual, experiences multiple feelings and at times such feelings can be mixed emotions.
- Feelings can lead to a wide range of behaviour depending on the nature of feelings.
- It is important to give voice to your adolescent' feelings by recognising those feelings and creating opportunity where he/she can calmly talk about those feelings.
- It is necessary for a parent to put aside his/her feelings; in this manner the parent is able to carefully listen to the adolescent's feelings in a non-judgemental manner.
- Creates an opportunity for your adolescent to learn to respect their own feelings and that of others.

Part 6.4. Promoting and increasing behavioural regulation in a fostered adolescent.

- As a parent it is of importance that you make an effort to guide your adolescent in a path you would like him/her to take.

- In this journey it is important that you become practical and realistic in your wishes, expectations and desires.

Below are the seven important aspects of mindful parenting as identified by Barbierie (2007) that could be helpful in promoting and increasing behavioural regulation in your fostered adolescent:

- **Discipline begins with you as a parent**

  - Relating to your adolescent in a calm and respectable manner will transfer the same attitude to him/her.

- **Moving beyond punishment and reward system**

  - Unconditional love and acceptance.

- **Parent-talk: your words are important**

  - The tone and language a parent uses in communicating to the adolescent may have an impact on his/her self-esteem.

- **Unconditional love and guidance**

  - The relationship developed between a parent and adolescent should not be driven by a power struggle.

- **Adolescents are prone to make mistakes just like parents do**

  - A parent's role is to help shape the adolescent's ability to learn to make informed decisions and learn from mistakes he/she encounters along the way.

- **Countering the stress of busyness**

  - Parents need to ask themselves how much time do they really put aside to spend and pay attention to their adolescent's concerns.

- **Make your adolescent feel important and wanted**

  - Focus on building a loving relationship which in turn may teach our adolescents how to receive and give love.

SESSION 7:

PARENTING STYLES

Session content:

Part 7.1: The role of parenting.

Part 7.2: Different types of parenting styles and its impact on adolescents.

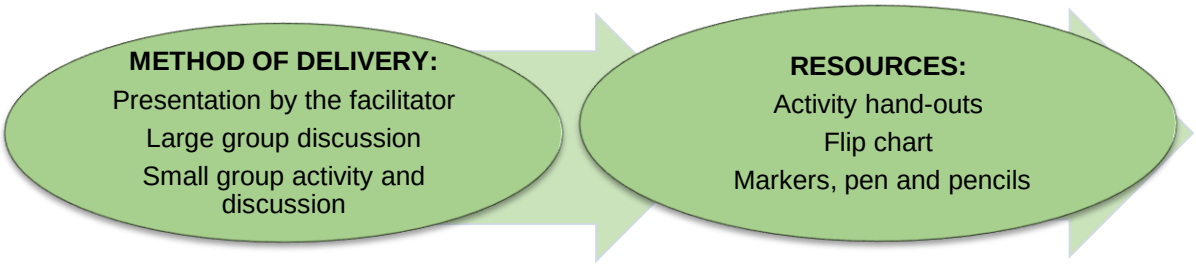
Part 7.3: Moving from authoritarian to authoritative parenting style.

Session 7 objectives are:

Upon completion of this session it is expected that participants will:

- Discuss the role of parenting as well as how the parenting role has evolved and changed in the current society.
- Gain understanding on the different types of parenting and how each parenting style impacts an adolescent.
- Gain skills on how a parent can move from authoritarian to authoritative parenting style.
- Define and explain positive parenting.
- Explore characteristics that are necessary for positive parenting.

Session time: 2 hours



Learning activity

Upon completion of this activity participants will be:

- Able to explore and discuss their own beliefs about parenting.
- Reflect on their own parenting attitudes and behaviour.

- # **Learning activity:(10 – 15 minutes**)
- In a larger group, participants are engaged in a discussion to give their views on what the aim of parenting is**.**

#Presentation guide: (15 – 30 minutes)

- The facilitator provides clarity and elaboration on discussion by sharing information as per information sheet below:

Information sheet

Part 7.1. The role of parenting

- Parenting practices differ depending on a number of aspects, which include family values, culture, ethnicity and socio-economic status.
- Even though parenting practices may differ, the common goal for parenting is to:
  - Ensure the well-being of your adolescent.

- Prepare your adolescent to be able to positively deal with complexities they may encounter later in life.

- Transfer cultural values and norms to your adolescent for their survival later in life.

Important aspects to remember with regards to parenting:

- There are no perfect parents.

- Raising children, especially adolescents, has become extremely difficult in the current ever-changing society.

- All parents have the potential to improve and every opportunity with your adolescent is an opportunity to assess your parenting and, where necessary, make adjustment to your parenting style through support, skills and knowledge.

- Parenting requires on-going maintenance and constant repair.

- Instil moral or cultural principles and values to your adolescent for their survival later in life but do not force this into them, rather help them understand why this is important and how will it benefit them. Their understanding will help them make informed decisions.

Part 7.2. Different types of parenting styles and its impact on an adolescent

The diagram below summarises the different parenting styles as identified by Baumrind' (1971).

AUTHORITATIVE PARENTS (demanding)

Set clear rules.

Monitor and supervise an adolescent .

Appropiately and consistently enforce rules.

Welcome adolescent's input when making decisions on important family aspects.

Give rewards and consequences for both appropiate and inappropiate behaviours.

Adolescent is allowed to ask questions such as "why".

Supportive rather than punitive.

Impact on adolescent:

Able to develop the spirit of I can and strives for excellence.

AUTHORITATIVE PARENTS (undemanding)

Parent is actively involved in adolescent'ss life but places few demands and control on them.

Parents are very loving and nurturing.

Open and free communication between parent and adolescent.

Limited boundries are put in place.

Impact on adolescent:

May find it difficult to mature emotionally.

When confronted with adveristy, such adolescents may find it difficult to cope.

This may lead to engaging in risk-behaviour and activities.

AUTHORITARIAN PARENTS

Often status orientated and punitive.

High expectations on adolescents.

Parent appoach is more compliance and comformity driven.

Rules made by parents are not open for negotiation.

Impact on adolescent: Aggression, resistance or become obedient to satisfy the parent yet being unhappy and with low-self esteem.

UNINVOLVED PARENTS

A parent does not show love or nurtures the adolescent.

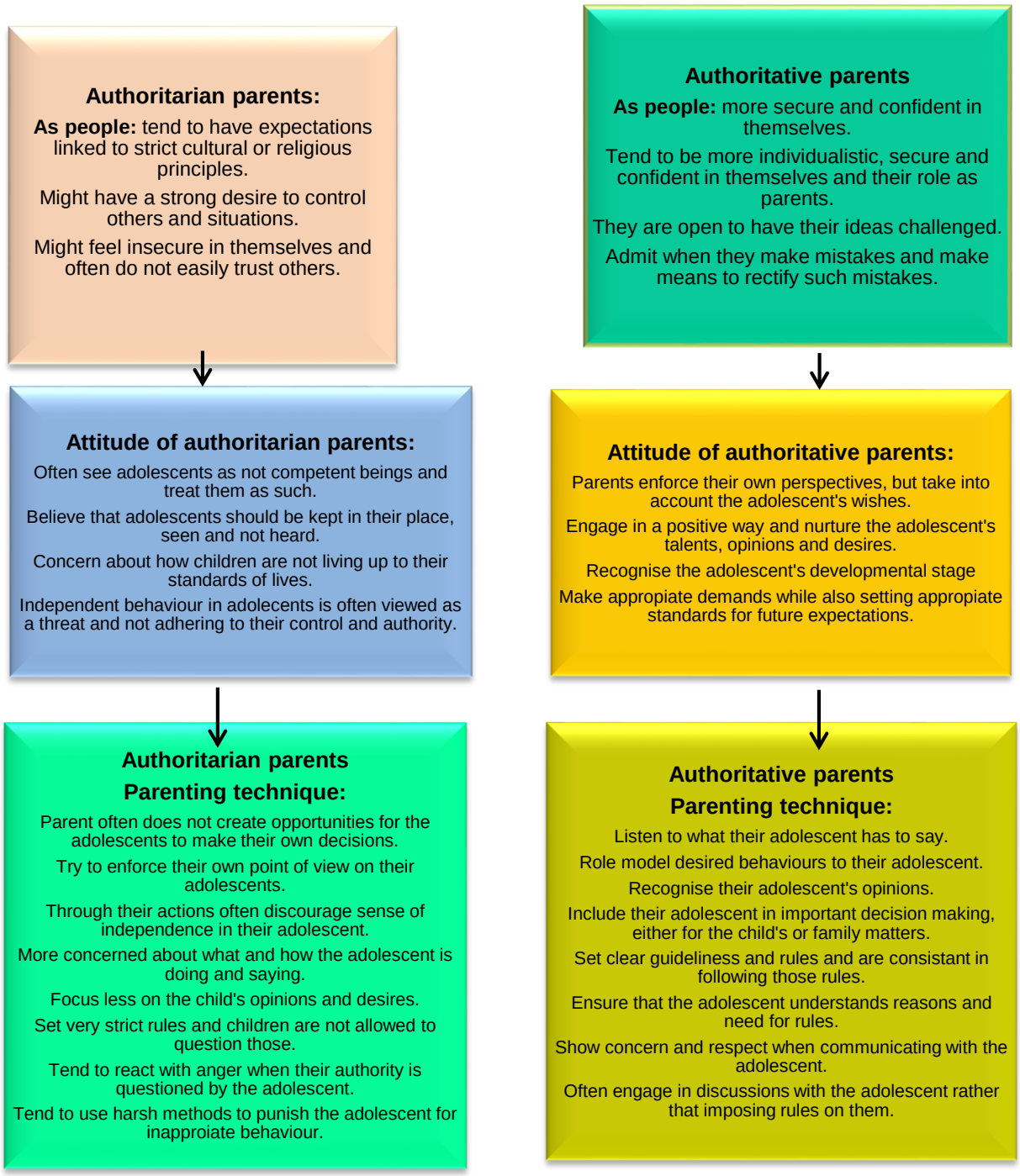
No limits on boundries put in place to guide the adolescent.

Parent provides for the adolescent's basic needs but does not follow through on aspects that may be of importance.

Impact on adolescent: Emotionally distant, lacks self control, low self-esteem and often feels incompetent.

Part 7.3: Moving from authoritarian to authoritative parenting styles

The diagram below provides a summary on how parents can move from being overly protective to being responsive parents (Love life, 2010).



SESSION 8:

HEALTHY PARENT-ADOLESCENT RELATIONSHIP BUILDING

Session content:

Part 8.1: Healthy and unhealthy parent/adolescent relationship.

Part 8.2: Key to building a positive relationship with a fostered adolescent.

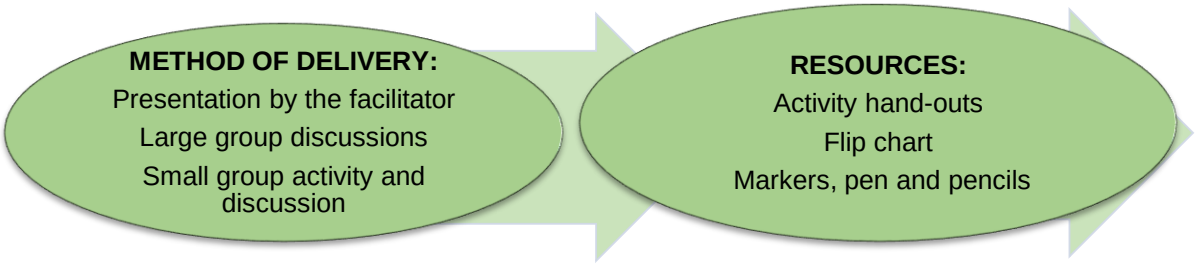
Part 8.3: Managing parental stress.

Session 8 objectives are:

Upon completion of this session it is expected that participants will:

- Gain knowledge on unhealthy and healthy parent/adolescent relationships.
- Acquire skills on how to build positive relationships with their fostered adolescents.
- Develop skills on how to handle stress associated with parenting.

Session time: 2 hours



Learning outcomes:

Upon completion of this activity participants will:

- Explore and assess their beliefs on aspects they regard as contributing to positive and negative parenting.

 # Learning activity (15 – 30 minutes)

- In small groups, participants are asked to discuss aspects that they believe may contribute to positive and negative relationships between adolescents and parents.

Information sheet

Part 8.1: Healthy and unhealthy parent/adolescent relationship

Healthy relationship:

- Supportive, comforting and encouraging.
- Conflict is acknowledged and means are made to resolve it.

Unhealthy relationship:

- Distant.
- Avoid conflict or, if acknowledged, blame others for its existence.
- Suspicious.
- Fault-finder.

N.B: The stronger the relationship with your adolescent, the more likely that he/she will embrace your values and moral principles.

Part 8.2: Key to building a positive relationship with a fostered adolescent

- **Unconditional love**

- Adolescent needs to know that his/her presence matters and is protected.
- Spend bonding time together – purposefully make time to spend with your adolescent.

- **Ongoing communication**

- Do not just instruct but show listening with understanding.

- **Meaningful affection**

- Show that your fostered adolescent is special to you.

- **Shared experiences**

- Pay attention to little things that are of importance to your fostered adolescent.

- **Eye contact during interaction**

- Show that you are interested in what the adolescent has to say.

- **Apologise when you make mistakes in your parenting**

- As a parent you cannot always be right, acknowledge when you are wrong.

Part 8.3: Managing parental stress

- Stress experienced as a result of parenting in general may:

- Have an impact on the parent's well-being.
- Affect the relationship between adolescent and a parent.
- Jeopardise the opportunity for a foster parent to bond with the adolescent.

- As a parent, remember that you have the responsibility to take care of yourself. Your well-being is of much importance while you carry out the task of parenting. The diagram below shows how you can use the acronym 'parent' to relax yourself in different ways.

PARENT ACRONYM

P - Positive self image.

Take a good care of your physical image, it will boost your inner being 'when you look good you feel good'.

A - Appreciate the small things you achieve.

Recognise that parenting is a journey where you learn and experience.

R - Read to empower yourself and relax your thoughts.

Gaining more knowledge on your parenting skills can empower you to be more confident in your parenting.

E - Excercise moderately not only physically, but once a week also do something you really enjoy such as spoiling yourself.

When you make time for yourself it also enables you to reflect.

N - Nurture your emotions.

When you are hurt or happy express your feelings with those you trust or close to you. At times we just need someone to listen.

T - Take time out from your everyday activities and meet up with friends or join a social club or any activity that will help you clear your mind.

Clearing your mind may create an opportunity to think things through and learn from others who may have the same experiences as you do.

SESSION 9

SETTING REALISTIC AND PRACTICAL DISCIPLINE AND REINFORCEMENT STRATEGIES

Session content:

Part 9.1: Reflecting on your own parenting behaviour.

Part 9.2: Techniques to help a foster parent improve parenting practices.

Part 9.3: Distinguish between punishment and discipline.

Part 9.4: Skills for effective and responsive parenting.

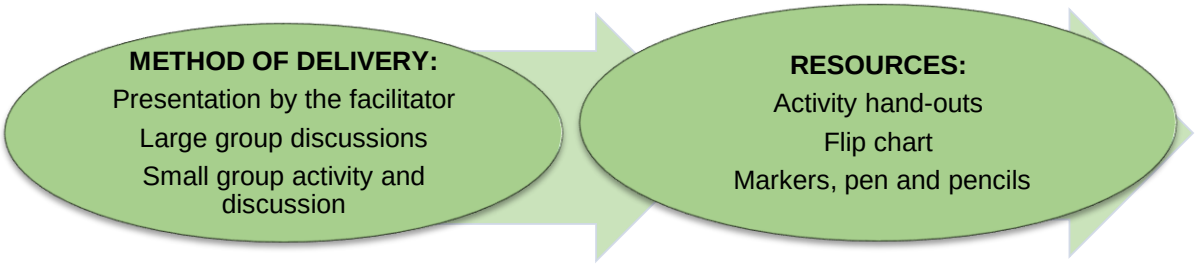
Part 9.5: Practical tips for positive parenting.

Session 9 objectives:

Upon completion of this session participants will:

- Reflect on their own attitudes towards parenting.
- Learn techniques to help them improve their parenting practices.
- Distinguish between punishment and discipline approaches to parenting.
- Learn skills for effective and responsive parenting.
- Learn tips for positive parenting.

Session time: 2 hours



Learning outcomes:

Upon completion of this activity participants will:

- Explore and discuss their own experiences of parenting.
- Begin to think of some of the positive attributes their fostered adolescents possess.

 # Learning activity (10 – 15 minutes)

- In a larger group, participants are asked to identify aspects they enjoy most and those they enjoy least.
- Participants are further asked to identify at least three aspects they like about their fostered adolescents and their reasons thereof.

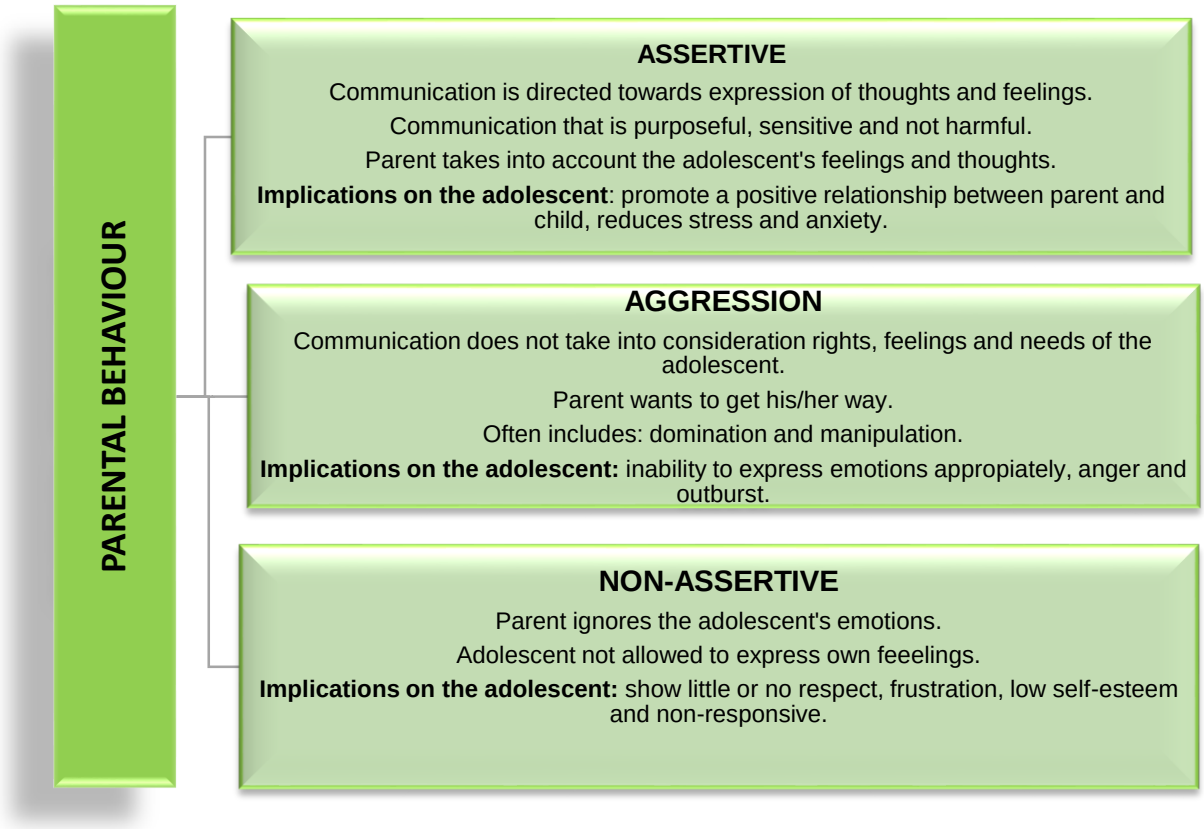
- **# Presentation guide: (15 – 30 minutes)** The facilitator provides clarity and elaboration on discussion by sharing information as per information sheet below:

Information sheet

Part 9.1: Reflecting on your own parenting behaviour

Parenting behaviour can be characterised into three categories, i.e. aggressive, assertive and non-assertive.

The diagram below shows different behaviours that may be present in parenting and the implications each is likely to have on the adolescent.



Assertive behaviour has a number of positive benefits for both parent and adolescent, for the following reasons:

Assertive parenting behaviour has the potential to promote:

- Positive relationship between yourself and your adolescent.
- Sense of worth on both adolescent and parent.
- Ability to maintain your self-control as a parent.

Part 9.2. Techniques to help a foster parent improve parenting practices

- **Assertiveness:**

- Communication that is assertive pay attention to details.

- **Focus:**

- Positive parenting begins with a need to know your plan and purpose for having your children.

- Be clear on what is acceptable and do not contradict yourself.

- Focus – proactive parenting prevents reactive and fearful methods.

- **Modelling:**

- Positive parenting demands that we practice what we preach.

- Adolescents observe what parents do more than listening to what they have to say.

- Be exemplary with the behaviour you desire on your adolescent, such as emotional control, problem solving and learning from mistakes made.

- **Consistency:**

- Inconsistency can lead to confusion and an adolescent can use inconsistent parenting to their advantage.

- Being consistent as a parent you teach your adolescent responsibility.

- Consistency also helps a parent ensure that structure is created and rules are followed.

- **Preventing:**

- As much as your adolescent may believe that they have grown up and therefore can make their own decisions, always be there to provide guidance and support even if they make mistakes.

- Avoid dwelling on the previous mistakes they made, rather guide them on how to develop measures to prevent them from making those same mistakes.

- Allow your adolescent to grow through little mistakes they make, assuring them of your support and understanding.

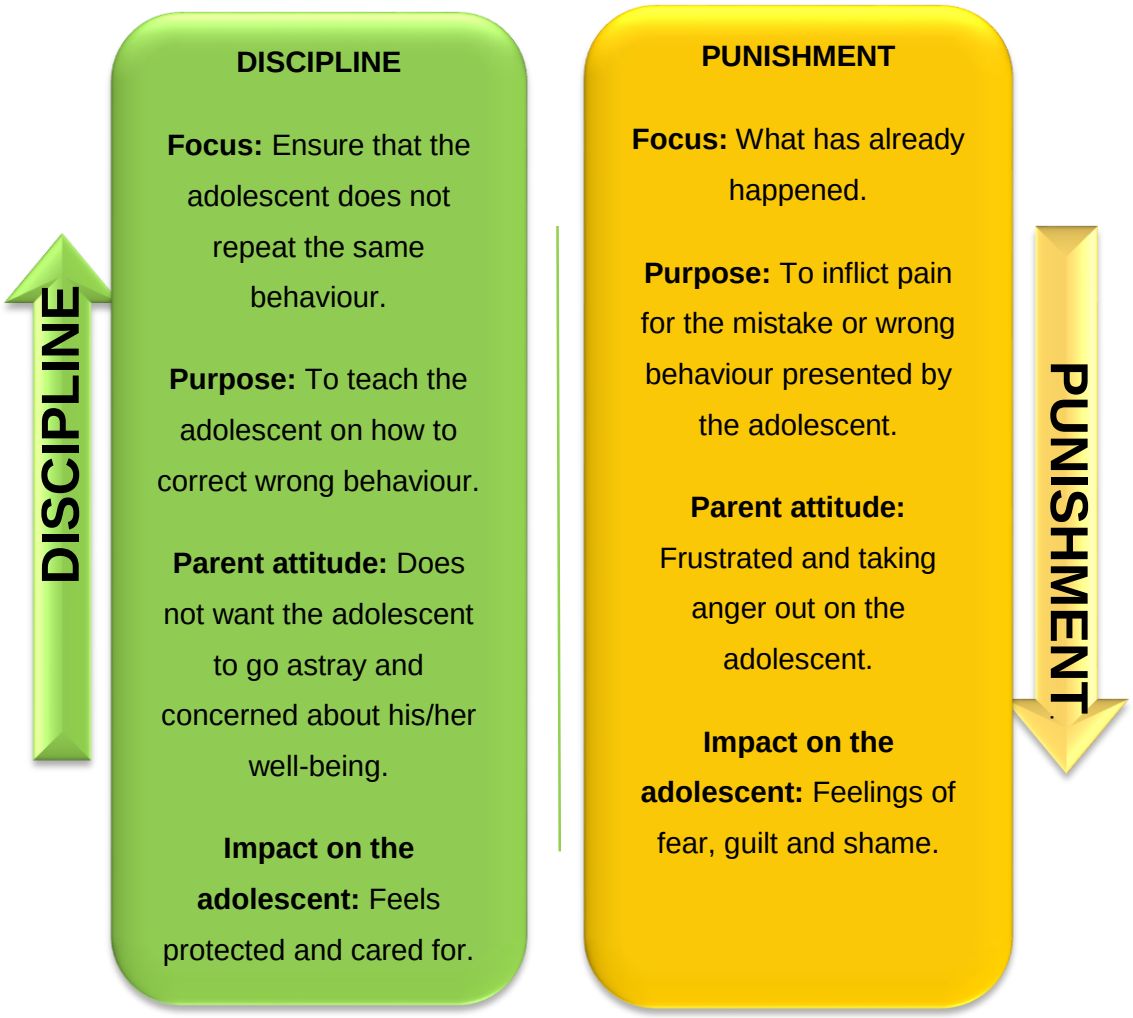
Mentoring:

- Provide your adolescent with guidance on an on-going basis even if they make mistakes.

Empathy:

- Put yourself in your adolescent's shoes.
- Listen to what your adolescent is communicating either verbally and non-verbally.

Part 9.3: Distinguish between punishment and discipline



Part 9.4: Skills for effective and responsive parenting

DESCRIBE:

Describe the inappropiate behaviour you have observed in your adolescent.

Use clear direct speech.

Be open-minded, specific and do not make conclusions.

Example: "When don't respond while I talk to you, it makes me feel frustrated".

EXPLAIN:

Openly and clearly say what are you feeling about your adolescent's observed behaviour. Always focus on the issue at hand.

Use short sentences instead of long explanatory stories, but avoid not saying anything.

Explain to your adolescent what you think is likely to happen, should they continue with their behaviour.

Take your adolescent's feelings into consideration.

SPECIFY:

Let your adolescent know what behaviour you expect from him/her.

Example: "I feel quite dissapointed when it appears that you ignore my instructions without giving me a reason".

CONSEQUENCES:

State the negative consequences that are likely to arise, should the behaviour continue.

Do not threaten your adolescent, negotiate.

Example: "If you continue to ignore me while I talk to you, it will harm our relationship".

Part 9.5: Practical tips for positive parenting

Useful parenting behaviour for your adolescent's development:

Be honest in evaluating your parenting behaviour and apologise whenever you make mistakes in parenting.

Be consistent.

Make time for a family conference.

Be a safe space for your adolescent.

Listen to understand and continue to teach.

Show unconditional love at all times.

Praise your adolescent whenever he/ she tries his/ her best.

Parenting pitfalls to avoid:

Power struggle.

Screaming, shouting or yelling.

Not saying anything but do not label or judge.

Criticising and imposing own views and opinions.

Revenge and retaliation.

Comparing your adolescent with others, no matter how good others may be in your eyes.

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SECTION E: ANNEXURES

ANNEXURE 1 (SESSION 1)

EXPECTATIONS FROM ATTENDING THE ADOLESCENTS' RISK-BEHAVIOUR MANAGEMENT PROGRAMME FOR FOSTER PARENTS

1. Name at least five topics you would like these workshops to cover

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2. Of the above-mentioned topics, which of those are your three priorities? Motivate why.

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3. What do you hope to achieve after attending these workshops?

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ANNEXURE 2 (SESSION 1)

SETTING GROUND RULES

1. How will these rules help us in the process of this workshop?

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2. Why it is necessary for people to help set their own rules?

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3.In your opinion, what will encourage you to follow the rules?

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4. What are the final rules you agree on as a larger group?

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ANNEXURE 3 (SESSION 2)

REFLECTING ON OWN EXPERIENCES AS AN ADOLESCENT

N.B: To complete this exercise, please take few moments to think about yourself as a teenager. You are not expected to remember everything. Only write responses on those aspects that you do remember.

1. How will you describe yourself as an adolescent?

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2. What are your fondest memories you have about the time you were an adolescent?

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3.vWhat aspects about yourself you did not like and why?

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4.vHow will you describe your relationship with your parents at that time?

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5.vName three (3) things you liked about your parents.

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6. Name at least three (3) things you like least about your parents.

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7. Could you tell your parents what you like and do not like about them?

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8. Could you talk to your parents about difficult topics such as anything about sex, dating, culture and religion?

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9. Which of your parents did you look up to and why?

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ANNEXURE 4: (SESSION 7)

REFLECTING ON OWN PARENTING BEHAVIOUR

Earlier during this session, you were asked to share what your concerns were regarding your adolescent's behaviour. Now answer the questions below as honestly as possible.

1). How am I a good parent to my adolescent?

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2). What are some of the things I do to show that I am a good parent?

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3). What are some of the things I am not so good at?

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4). How can I do things that I am not good at differently?

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5). One thing that my fostered adolescent can do to help me become a better parent is…

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ANNEXURE 5 (SESSION 5)

REFLECTING ON OWN EXPERIENCES OF BEREAVEMENT, LOSS AND GRIEF

Think of one person you hold very dear to your heart that has passed on, then answer the questions below:

1. What is the fondest memory you have about your loved one that has passed away?

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2. How often do you think about these memories?

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3. If you were to write them a letter, what will be the most important thing to tell them?

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4. How would you like to remember your loved ones that have passed away?

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5. If you were to turn back the hands of time, what will you do differently with your loved ones who have passed away?

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