



College of Law and Management Studies

An investigation of the knowledge and attitudes of kinship care amongst social workers employed by the Department of Social Development in KwaZulu-Natal: Implications for child protection policy and practice.

Miriam Sinethemba Mkhize

218057214

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Supervisor: Professor Johannes John-Langba

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Abstract

Although kinship care is historically a valuable source of care and support within the social structure of families in Africa, however it is not a legally recognised form of alternative care option in South Africa. The foster care system is experiencing a backlog; as a result, children are exposed to unstable care. The reserve in the foster care system is as a consequence of increasing kinship caregivers attempting to bring in additional financial backing through the foster care grant. The legal recognition of kinship care has the potential to address this backlog and has positive implications for child protection policy and practice frameworks in South Africa. This study aimed to examine the knowledge, attitude, and practice of social workers towards kinship care in South Africa and its policy and practice implication on child protection.

Grounded on the Theory of Planned Behaviour, this study employed a quantitative research design to examine knowledge, attitudes, subjective norms and perceived behavioural control of public sector social workers towards kinship care. Additionally, the Ecological Systems theory was utilised to explore the implications of kinship care on child protection policy and practice. A convenient sample of social workers (n=100) in the public sector in the uMgungundlovu district of KwaZulu-Natal province in South Africa participated in the study. Participants from five regional offices in uMgungundlovu district a self-administered questionnaires consisting of five measures that assessed knowledge, attitudes, subjective norms and perceived behavioural control towards kinship care as an alternative child protection intervention.

Descriptive findings indicate that over two-thirds (77%; n=77) of the participants had previous kinship care experience, whereas only above a quarter (n=23; 23%) had no prior

experience in kinship care practise. More than half (60%; n= 60) of the social workers had high knowledge of kinship care which reflects the central principle of family reunification in social work practice. Over half (52%; n=52) of the participants reported a positive attitude towards kinship care. Subjective norms were a high predictor of behaviour in this study as approximately (61%; n=61) of the participants agreed that “they feel under social pressure to explore kinship care when a child comes into care”. In contrast, perceived behavioural control was reported to low predictor of behaviour, (46%; n=46) of the participants disagreed that “it would be easy to place a child in foster care, without contacting their kin first.” This indicates a low control over the social worker’s choices towards this practice. Finally, the literature reviewed strongly supported that kinship care has positive implications for policy and child protection practice.

The implications of kinship care for child protection policy and practice are in the best interest of children in kinship placements. Concurrently, improving the practice of social workers and other child protection professionals in providing a mandated and guided practice in child placement. The pertinent policy recommendations of this study are under the Draft Children’s Amendment Bill-2018 and Social Assistance Bill-2018 towards the legal recognition of Kinship care in child welfare policy and affording kinship caregivers additional financial support through the Child Support Grant (CSG Top-up grant). Overall, the policy, practice, and research recommendations are directed at informing practice interventions for professionals and policy towards legal recognition of kinship care for the best interest of vulnerable children in South Africa.

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Dedication

I can do all things through Christ, who gives me strength (Philippians 4:13). This dissertation is dedicated to my mother, *Gcwabe, Ngunezi, Mumbo omhlophe!* Thank you for instilling a passion for vulnerable and abandoned children in me through your effortless role in parenting and raising children. Thank you for your unconditional love and support.

A special dedication to all orphaned and abandoned children and youth. I hope that you know that you deserve to grow into whatever you were meant to be. You deserve to live a life full of love, hope, and determination to reach your full potential.

Declaration regarding originality

I, Miriam Mkhize, declare that:

- A. The research reported in this dissertation, except where otherwise indicated, is my original research.
- B. This dissertation has not been submitted for any degree or examination at any other university.
- C. This dissertation does not contain other persons' data, pictures, graphs or other information, unless specifically acknowledged as being sourced from other persons.
- D. This dissertation does not contain other persons' writing, unless specifically acknowledged as being sourced from other researchers. Where other written sources have been quoted, then:
 - E. their words have been re-written, but the general information attributed to them has been referenced;
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Signed: 

Date: 11 September 2020

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CHAPTER ONE: INTRODUCTION

This chapter introduces the background and context, problem statement, and rationale and significance of the study. After that, the specific aims, objectives, and research questions are outlined, and key concepts of the study are defined and the structure of the dissertation is outlined.

1.1 Background and context

In the United Kingdom (UK), kinship care has been formally recognized as part of the requirement to give preference to a placement of a child with a family member, was enshrined in the Children Act 1989 (Sec 23 (2) ii). The provisions outline that the potential of care by kin needs to be considered before care proceedings are included in the initial care plan put to the court (Nandy & Selwyn; Farmer & Vaisey, 2011). The Family Rights Group estimates between 200,000 and 300,000 children living in kinship care” (Richards and Tapsfield, 2003, p. 5). On the other hand, in the United States, an estimation of 2.4 million children are raised by their kin, particularly grandparents (Washington, Cryer-Coupet, Coakley, Labban, Gleeson & Shears, 2014).

The lack of parental care has worsened over the years globally; however, United Nations Children’s Fund (UNICEF) (2003) argues that this social problem is most prevalent in Africa. In traditional African communities, the lack of parental care was not prevalent as it is currently, partly because of the collective nature of those societies who believed that a child belonged to the entire community as opposed to a particular family (Chirwa, 2016). Community ties have

weakened over time and more especially, the increase in social problems as a result of socio-economic challenges most experienced by the African population (Chirwa, 2016).

Kinship care is historically a significant source of care and support within customary African societies. In the African culture, the notion of unity and collaborative effort in child-rearing is significant to the African people (Assim, 2013). The African proverb also reflects this “it takes a village to raise a child” and the practice of Ubuntu which is one of the critical ideologies within the African culture. The emphasis is on the collective sense of responsibility for the upbringing of children in the extended family and kinship community (Ojo, 2005).

In the continent of Africa, there has been resistance to implement kinship care into child protection legislative frameworks. Chirwa (2013) emphasizes that most African states have failed to adopt sufficient alternative care measures for children deprived of a family environment. This is projected in the insufficient number of African countries ratifying and signatory to the Convention on the Rights of the Child (CRC) in 1989, which seeks to promote children’s right to family life. Countries such as Botswana and Zimbabwe are the few who have implemented kinship care in their legislative framework (Chirwa, 2013).

Alternative Care in South Africa defined in section 28 (b) of the Constitution as, when parents or guardians cannot care for their children then, and the State must provide children with alternative care – preferably in a family-like environment (Constitution of Republic of South Africa, 1996). There are three types of alternative care identified in the Children’s Act 38 of 2005, namely, foster care, child and youth centers, and temporary safe shelters. Foster care has become the most preferred form of alternative care as opposed to other types of care (Children’s Act, 2005).

Foster care remains the viable option of care for children when family care fails (Muchanyerei, 2013). The Department of Social Development (DSD) estimates 457 154 children in South Africa were in foster care in 2017 (DSD, 2017). Recently, 386, 019 children were estimated to be in foster care in 2019 whereby, KwaZulu-Natal has the second highest number of children in foster care at 75 177 (Shung-King, Lake, Sanders & Hendricks, 2019).

In South Africa, approximately one in five children are in the care of grandparents and other kin (Shung-King et al., 2019). In the case where children are without family, the state is responsible for placing children in alternative care. The practice of kinship care increased as a result of upward mobility, migrant labour, and globalisation in search of employment and better opportunities (Child Gauge, 2001). Furthermore, the HIV and AIDS pandemic has left many children orphaned, which placed a burden for extended families and mostly grandparents to care for children (Dave, 2013).

There has been a rise in the number of children in South Africa who need alternative care, and as a result, this has placed pressure on the alternative care system (Fourié, 2017). Due to the backlog of the court orders to finalise foster care many children and parents displaced within the system (Child Gauge, 2001; DSD, 2017). Fourié (2017) asserts that as a result of the backlog, children are exposed to unstable care and are moved from the care of their foster parents. This unstable care has a detrimental impact on the well-being and development of the child. The majority of foster care applicants from relatives of children in need of care require foster care placements due to financial reasons, some declined by Social Assistance Security Agency (SASA) and end up diverging to foster care via a court order (Ngwenya, 2011).

1.2 Problem statement

Kinship care has an afrocentric history (Makhiwane, Nduna & Khalema, 2016). According to Dave (2013), it is just gaining recognition in the child protection system as an alternative care option for children without parental care. This is unlike the legal position in the United Kingdom (UK), United States of America, (US), and other Western continents where kinship care began to be formally regulated and utilised in child welfare policies and practices over two decades ago (Assima, 2013). Whereas, in South Africa, this legal commitment is still yet to be facilitated, which accounts for the current crisis in the alternative care system.

The problem identified with kinship care in South Africa is that it is informally recognised as a form of alternative care and is not conceptualized in policy and practice frameworks in South Africa (Breen, 2015). As a result, there is limited existing research on kinship care practice; the majority of the existing literature is from the United States or the United Kingdom. Due to the limited body of knowledge available on the kinship care process or practice, the researcher seeks to find out how this has implications on the social workers' practice.

Kinship care is not currently a legally recognised form of care in South Africa. Presently, kinship care is arranged by families privately; typically, kinship carers include aunts, uncles, and older siblings, more especially grandmothers (Assima, 2013). Research shows that the majority of orphaned and vulnerable children reside in the care of their grandparents or extended family (Assima, 2013). Therefore, this asserts the need for kinship care to be legally recognised to safeguard and protect children living in kinship care.

1.3 Rationale and significance of the study

The rationale of this study is motivated by the gap in research focusing on addressing the current foster care system crisis and a limitation on research on kinship care in South Africa. Scholars have recommended that immediate changes need to be made to improve how kinship care legislation and policy are created and practiced in South Africa (Dave, 2013; Assima, 2013). The current foster care system based on research shows that it might have negative psychological implications on children due to the instability of its nature and mostly unrelated family environments (Testa, 2004; Harden, 2004).

In contrast, kinship care is often deemed as family-based care that is deemed as best alternative for children without parental care (Roby, 2011). Therefore, this study addresses the gap in research focusing on addressing the current foster care system crisis and a limitation on research on kinship care in South Africa.

This study informs practice interventions for child protection professionals and social work practice to alleviate the burden in the foster care system and reduce the administrative workload of social workers. Secondly, the study seeks to inform policy reform by advocating for the inclusion of kinship care in social work policy. This study aims to improve both social work policy and practice by providing empirical evidence to promote the Children's Act Amendment Bill -2018 to be legally recognised for the benefit of kinship caregivers and their children.

1.4 Aims and objectives of the study

This study aims to examine knowledge, attitude, and practice of social workers towards kinship care among public sector social workers in South Africa and the implications for child protection policy and practice. The specific objectives include to:

1. Assess social workers' knowledge about kinship care as a child protection intervention.
2. Examine social workers' attitude towards kinship care as a child protection intervention
3. Identify the subjective norms related to the practice of kinship care by social workers.
4. Identify the perceived behavioural control related to the practice of kinship care by social workers.

1.5 Research questions

The research questions of this study include:

1. What is the social worker's knowledge about kinship care as a child protection intervention?
2. What are the social worker's attitudes towards kinship care as a child protection intervention?
3. What are the subjective norms related to the practice and implications of kinship care?
4. What is the perceived behavioural control related to the practice of kinship care by social workers?

1.6 Definition of key terms

The following key terms are relevant to this study which include:

Attitudes. This refers to a set of emotions, beliefs, and behaviours toward a particular object, person, thing, or event (Ajzen & Fishbein, 1980).

Child Protection. This refers to the process “which involves measures and structures designed to prevent and respond to violence, abuse, neglect, and exploitation of children” (Child

Care Policy, 2017, p.21). It is a broad term used “to describe philosophies, policies, standards, guidelines, and procedures to protect children from both intentional and unintentional harm” (Child Care Policy, 2017, p.21).

Family/Family Environment. A family refers to a non-institutional or non-state established structure within which the care and upbringing of the child generally take place (Child Care Policy, 2017).

Foster Care. This is a form of alternative care for a child who is in the care of a person who is not the parent or guardian of the child as a result of a court order (Child Care Policy, 2017).

Kinship care. This is raising children by grandparents, other extended family members, and adults with whom they have a close family-like relationship when biological parents are unable to (Child Care Policy, 2017).

Perceived behavioural control. Perceived behavioural control notions that behavioural performance is determined by intention and behavioural control (Ajzen, 1991).

Social worker. A social worker refers to a person registered and authorised under section 17 of the Social Service Professions Act 110 of 1978 as amended (Act No. 110 of 1978).

Subjective norms. The subjective norms are determined by whether important referents approve or disapprove of the performance of the behaviour, weighted by the motivation to comply with the referents (Ajzen & Fishbein, 1980).

Department of Social Development. The department of social development management and oversight over social security, encompassing social assistance and social insurance policies, which aim to prevent and alleviate poverty in the event of life cycle risks (Child Care Policy, 2017).

1.7 Structure of the dissertation

The structure of this dissertation is as follows:

- Chapter 1: This chapter introduces the background and context, problem statement, and rationale and significance of the study. After that, the specific aims, objectives, and research questions are outlined, and key concepts of the study are defined and the structure of the dissertation is outlined.
- Chapter 2: This chapter presents the literature reviewed for this research paper. This includes policies and legislation relevant to the topic, literature pertinent to the study's research objectives, relevant theoretical frameworks, and a conclusion of the chapter.
- Chapter 3: This chapter presents the research method undertaken for this study. This includes: the research design, population and sampling framework, data collection procedure and instruments (i.e., measures), the validity and reliability of the measures, data management and analysis, ethical considerations and finally, limitations complete the chapter.
- Chapter 4: This chapter reports the findings of statistical analyses relevant to the objectives of the study. By presenting descriptive information, a bivariate analysis, which includes socio-demographic influences, scoring of the knowledge and attitude objectives, subjective norms and perceived behavioural control descriptive analysis, are reported.
- Chapter 5: This chapter provides a discussion of the research findings of the study. The discussion will explain the study findings of the research objectives presented in chapter 4. In addition, explain the Theory of Planned Behaviour in relation to the study results and finally, link relevant literature and to the study findings on kinship care.

- Chapter 6: This chapter reports the main conclusions of the pertaining to the research objectives of the study. Thereafter, the chapter reports on the implications of child protection policy and practice relating to kinship care. Finally, the recommendations of the study are presented.
- References: The references outline the list of references cited in this study.
- Appendix: The appendix presents the appendices included in this study.

CHAPTER TWO: LITERATURE REVIEW

This chapter presents the literature reviewed for this research paper. This includes policies and legislation relevant to the topic, literature pertinent to the study's research objectives, relevant theoretical frameworks, and a conclusion of the chapter.

2.1 Policies and legislation

The central policies relevant to this study include international, regional and domestic child protection policies such as the United Nations Convention on the Rights of the Child, African Charter of the Rights and Welfare of the Child, the South African White Paper on Families and Child Care and Protection Policy. The legislation included in this chapter is the Constitution of the Republic of South Africa of 1996, South African's Children's Act of 2005, the Children's Act Amendment Bill-2018 and the Social Assistance Act of 2004.

United Nations Convention on the Rights of the Child of 1989 (UNCRC). The basic premise of this convention is to reiterate that all children have a right to care and protection. The UNCRC of 1989 is the most recognized international human rights treaty which seeks to promote the rights of children. The instrument's core four principles include the non-discrimination of children, the best interest of the child, the right to life, respect and development, and the respect of children's views (UNCRC, 1989). Article 20 obligates government states that have signed the Convention are obligated to provide alternative care where parents are unable to care for their children. By placing children in a family setting that promotes their 'full and harmonious development' (UNCRC, 1989, p. 6).

African Charter of the Rights and Welfare of the Child of 1999 (African Children's Charter). The African Children's Charter was established during the organization of African Unity (OAU) assembly meeting, which was held in Ethiopia in July 1999 (Lloyd, 2000). The charter was drafted to address unique human rights problems and priorities culturally relevant to the African region. The African Children's Charter provides comprehensive and transformational children's rights specific to the socio-economic and cultural context of children in Africa. South Africa ratified the African Children's Charter in 1999 among 11 African member states to prioritize the socio-economic rights of children and for the child to be cared for within a family environment. Under both these instruments, alternative care is prioritized as the best-suited option for children deprived of parental care.

Some scholars have critiqued the UNCRC on the right to alternative care and with particular reference to the status of kinship care. The works of Chirwa (2016), Gose (2002), Kaime (2008), Kamchedzera (2012), Lloyd (2008) and Mezmur (2008) highlight the gap this study seeks to fill, which is the lack of kinship care envisaged within the context of the right to alternative care. Moreover, the instrument's silence on making policy provisions for kinship care (Assima, 2013).

Domestically, to reinforce the above mentioned into domestic legislation in South Africa, in terms of Section 28 (1) (b) of the Constitution of South Africa, 1996 which stipulates that "every child has the right to family care or parental care or to appropriate alternative care when removed from the family environment." The focus on alternative care being on foster care is outlined in the establishment of policy and legislation in South Africa where kinship care is not legally recognised. Currently, no legal provisions have been made.

The White Paper on Families of 1997. South Africa's family policy development can be traced back to the institutional segregation of population groups that prevailed during the apartheid era (Amoateng & Ritcher, 2007). This gave rise to a dualistic family policy separated by race, and white families were viewed as more superior to other racial family populations (White Paper on Families, 2013). Post-apartheid in 1994, the development of the White Paper of Social Welfare 103 of 1997 brought about a paradigm shift from the residual model to a development model of social welfare.

The White Paper defines family as, "a societal group that is related by blood (kinship), adoption, foster care or the ties of marriage (civil, customary or religious), civil union or cohabitation, and go beyond a particular physical residence" (White paper, 1997, p.11). The policy's tenants are aimed to firstly, promote family life, and strengthen families through a coherent, well-coordinated framework. Secondly, empower family members by enabling them to identify, negotiate around, and maximize the economic, labour market, and other opportunities available in the country. Lastly, to improve the capacities of families and their members to establish social interactions which make a meaningful contribution towards a sense of community, social cohesion and human solidarity (White Paper on Families, 2013).

The White Paper is a transformative policy concerning re-defining and contextualising families in South Africa. Similarly, the white paper is a critical policy that seeks to strengthen family life in the context of South Africa. In addition, the policy adopts a rights-based approach to families (Knijn & Patel, 2018; Sonke Gender Justice Network, 2012). Although this policy is relevant to this research as kinship care is centralized within family-based care, it falls short in accounting for non-traditional family care and extended family structures.

South Africa's Child Care and Protection Policy of 2017. In mitigating some shortfalls in policies relating to family care, this policy is a commitment to “the government of South Africa to pursue a rights-based developmental approach to child care and protection that ensures that all rights of children are safeguarded and equalize their opportunities to develop their full potential” (Child Care Policy, 2017, p. 16). This is the first proposed policy in South Africa to legally recognize kinship care as a legitimate form of family care.

The policy recognizes that “absence of a biological parent, a child’s residence with and care by a family member is the most beneficial option” (Child Care and Protection Policy, 2017, p.46). The policy recognizes “family care as the preferred option only: if it is in the best interests of the child, and if the family and caregivers receive an appropriate package of support to address risks” (Child Care and Protection Policy, 2017, p. 126). The policy further stipulates that for a child to be placed in kinship care, an assessment by a social worker should be conducted and that children and their caregivers receive appropriate care and protection services (Child Care and Protection Policy, 2017).

The assessment should take place through an administrative process, rather than a court-based process by “a social worker to make a determination as to the opportunities and risks to the child’s care and development, as well as their need for protection” (Child Care and Protection Policy, 2017, p.127). Furthermore, the Child Care and Protection Policy (2017) supports the recommendation of section 32 of the Children’s Amendment Bill-2018 to be altered to ensure that kinship caregivers are recognized as caregivers who have the right to exercise parental responsibilities and rights (PRR) (Child Care and Protection Policy, 2017, Proudlock, 2018).

The policy recommends this process should be mandatory as caregivers require PRR to be able to access social grants, schooling, birth registration, and health care services for children

in their care (Child Care and Protection Policy, 2017, Proudlock, 2018). The provisional head of Social Development (HOD) may recognize the care of a child by a prospective relative after an assessment of the child and caregiver is conducted by a social worker (Child Care Protection Policy, 2017).

It worth noting, the possible administrative burden and additional requests to the office of the family advocate to provide PPR agreements under section 22 of the children's act may be a challenge to the system (Proudlock & Rohrs, 2018). This is the main critique of this policy in relation to kinship care provisions. Overall, this policy aims to provide legal recognition and better support to kinship carers and the children in their care.

South African Children's Act 35 of 2005. The enactment of this legislation was to give effect to the children's rights stipulated in Section 28 of the Constitution of South Africa, 1996. The Children's Act 38 of 2005, which came into effect in April 2010 is aimed at giving effect to the international instrument's obligation regarding the protection of children's rights and well-being. The Act aimed to give effect to the constitutional rights of children, with a specific interest in family care and alternative care and protection from maltreatment, neglect, abuse or degradation (Children's Act, 2005). This Act seeks to provide care and protection to children who need such care and protection to promote the protection, development, and well-being of children (Children's Act, 2005).

Foster care as set out in Chapter 12 of the act in conjunction with Chapter 4 (relating to the children's court) and Chapter 9 (relating to children in need of care and protection) of the Act, are pertinent in guiding the process of children in need of alternative care options. A child who is in need of care and protection may be placed in the custody of a suitable foster parent, designated by the court and under the supervision of a social worker (Children's Act, 2005;

Skelton, 2012). Section 150 of the Children's Act makes provision for children in need of care and protection to be placed in alternative care, who meet the stipulations under section 150 (1) (a) to (i). The implementation of the Children's Act 38 of 2005 regarding alternative care does not only affect children removed from care but families and social service professionals delivering this service (Sibanda, 2013).

Therefore, placement of children in alternative care, particularly foster care, is to promote family preservation and reunification, through ensuring that children are placed in caring and nurturing foster environments (Johnson, 2005). Foster care should, promote the goals of permanency planning, which is the placement of children in stable family environments (Child Protection Policy, 2017). Foster care has been the most preferred care option for children; however, this system has had shortcomings in terms of overburdening the child welfare system (Skelton, 2012). The weakness of this Act is the limited distinction between kinship foster care and non-relative foster care. Skelton (2012) proposes the inclusion of a second option of kinship care to be divided into "court-ordered kinship care (under section 150 provisions) and an administrative process for relatives caring for children but are in need of financial support" (Skelton, 2012, p. 345).

The Children's Act applies to this research, as it is the only act that guides the alternative care process for children in need of care and protection. There has been an ongoing debate about the concept of kinship care to be included as a form of alternative care for children; however, no finality has been reached.

Children's Amendment Bill (B-2018). The Children's Amendment Bill has been drafted to make statutory recommendations to be included in the amendment of the Children's Act of 2005 and 2007 (amendment). The Children's Act is critiqued for not providing valuable

recognition to the contribution made by kinship carers to strengthened care for and protect the children in their care (Proudlock, 2018). The Children's Amendment Bill- 2018 is intended to address the systematic problems in the alternative care system of the foster care system.

In an attempt to rectify the shortfall in the Children's Act, a Children's Amendment Bill (B-2018) was drafted to amend sections [s150 (1) (a); s32 (5) & 41(A) (2)] of the Children's Act. These suggested amendments are crucial in informing the rationale of this study to recognise kinship care in the Children's Act legally. The amendment proposed in s150 (1) (a) of the bill is as follows: "a child is in need of care and protection if, the child - has been abandoned or orphaned and is [without any visible means of support] not in the care of a family member" (Children's Amendment Bill, 2018, p.8).

This amendment would mean that orphans and abandoned children in the care of extended family would no longer be considered children in need of alternative care (Proudlock & Rohrs, 2018). This amendment is aimed at complementing the Social Assistance Amendment Bill -2018, which aims to provide more accessible financial support (child support grant (CSG) Top-up) to relatives caring for orphans (Proudlock & Rohrs, 2018). If the cabinet approves both laws, this would have positive implications for social work practice by decreasing the burden on the foster care system more so the backlog and kinship caregiver does not require court-orders for the CSG Top-up grant.

The Children's Amendment Bill (B-2018) applies to this research as it reinforces the legal recognition of kinship care in South Africa. Therefore, it has implications for social work policy and practice, kinship caregivers and additional social assistance for caregivers.

Social Assistance Act 14, of 2004. Section 27 of the Constitution provides for the right of everyone to access social security if they are unable to support themselves and their dependents.

The South African Social Security Agency Act (Act No. 9 of 2004) (SASSA) makes provision for the establishment of the administration, management, and payment of social grants. To disburse social grants on behalf of the Department of Social Development, which makes provision for the child support grants, foster care grants and care dependency grants for children (Van Rensburg, 2005). For this research, the focus will be on the Child Support Grant and Foster Care Grant as it applies to children in alternative care.

The child support grant was introduced in 1998 with an initial value of R100 and had not been extended to children up to the age of eighteen years in 2009 (Lund, 2008, Hall, 2019). The child support grant has become the single most significant programme for alleviating child poverty in South Africa (Hall, 2019). There are two eligibility criterion for this grant, firstly, children being eligible until they turn 18 years and the income threshold (means test) which was R4, 200 per month for single caregivers and R8, 400 per couple (Hall, 2019). The child support grant was R400 in 2019. Hall (2019) reports that nearly 12.4 million children received the child support grant. In contrast, the foster care grant, is not subjected to a means test (Hall, 2019).

The foster care grant was R1000 in 2019. An estimate of 386,000 South African children received the foster care grant in 2019 (Hall, 2019). In 2002, former Minister of Social Development announced an unwritten policy to place orphan children living with relatives into formal foster care (Hall & Sambu, 2015). There was an increase in relatives caring for orphaned children applying for the foster care grant, which has led to a rise in applications and has subsequently led to the backlog (Roelen and Shelmerdine, 2014; Fourié, 2018).

A recommendation was made to amend the Social Assistance Bill 2018 to extend the child support grant (also referred to as the “CSG top-up”) for orphans in the care of relatives and

children in child-headed households as approved by Cabinet on 9 December 2015 (Hall & Skeleton, 2017, Proudlock & Rohrs, 2018).

This act applies to this research because children who are in alternative care are eligible for social grants, which are regulated by SASA. The shortfall of the act is the eligibility criteria for social assistance in section 5(1)(e), forms, procedures and process for applications and payments. Some scholars report that one of the challenges with accessing social grants is the administrative process involved in applying for social grants, the documentation required and accessing SASA offices (Proudlock & Rohrs, 2018; Fourié, 2018). In addition, the eligibility for child support grants versus foster care grants in relation to orphaned children hinders relatives caring for orphaned children to access appropriate social grants (Hall & Skeleton, 2017).

2.2 Social worker's knowledge of kinship care

The National Association of Social Workers (NASW) has prescribed core ethics and values for the social work profession, which are namely, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence (NASW, 2013). The value of competence requires that social workers practice only within their scope of knowledge and ability, that they may enhance and develop their professional expertise (NASW, 2013). The NASW established a separate guide focused on social workers in the field of child welfare. The guide proposes that social workers in child welfare shall continuously build their knowledge and skills to provide the current beneficial and culturally appropriate services to children (NASW, 2013).

Hudson (1997) proposes that professional knowledge of social work can be categorised into five main knowledge forms. This is namely, theoretical, empirical (research), procedural (legislative policy and organizational), practice wisdom (gained from experience) and personal knowledge (cultural, beliefs and values)” (Hudson, 1997, p.35). Similarly, social work knowledge can be attributed to the social work curriculum or education, which emphasizes theoretical knowledge, practice knowledge, and personal knowledge. Hudson (1997) argues that for practitioners to make informed decisions is to be knowledgeable about their area of practice.

Gleeson (1995) argues that for kinship care to be realized in public child welfare, there is a need to transform social work education to involve teaching and curriculum development to address kinship care. This is yet to be seen in the social work curriculum in South Africa. Kinship care is viewed as a child welfare service that will raise concerns of the five curriculum areas in social work, namely, human behaviour and social environment, social welfare policy and services, social work practice research and field practicum (Gleeson, 1995, p.186).

Research on social work education and curriculum supports the gap in the social work curriculum incorporating knowledge and skill in relevant legislation, theoretical frameworks, and statutory procedures required in child welfare. De Jager (2013) conducted a study to evaluate the preparedness of newly graduated social work practitioners from the University of Western Cape (UWC), the results showed that the participants were ill-informed about various legislation particularly implementing the Children’s Act, lack of knowledge and skill in the statutory social work procedure.

Furthermore, Bradley (2003) and Hochfeld et al. (2013) critique the social work curriculum by reporting weakness in interventions and theories taught to lack an afrocentric focus to inform knowledge and practice in reality. The Foster Care Association of South Africa

suggests that all foster care practitioners should be trained to render foster care services (Children's Institute, 2001). This is particularly important as social workers are expected to undergo continued professional development to improve their knowledge of current practice and intervention framework by the Social African Council for Social Services Professionals (SACSSP).

To add to this, the United Nations established training for alternative care in Africa, mainly aimed at equipping social worker's knowledge and skills on the foster care process particularly assessment and training prospective foster parents (UNICEF, 2014). In South Africa, the Department of Social Development and various non-governmental organizations (NGOs) such as Child Welfare facilitate the foster care process and are expected to train social workers on being competent in this procedure and the Children's Act as the guiding legislation for this practice (UNICEF, 2014). There is a lack of evidence supporting compliance by the Department of Social Development and various NGOs providing social services professionals continuous legislative training on legislation about the foster care process or kinship care process.

Lastly, Irizarrya, Millera, and Bowdend (2016) conducted a mixed-methods study in Australia to examine staff and carer's perspective on kinship care. The results showed that the staff demonstrated knowledge of the theoretical basis for practice in kinship care and consistency in adhering to professional values (Irizarrya et al., 2016). Additionally, the study highlighted that training for staff was essential to ensure the best outcome to ensure that insufficient relevant knowledge and training do not remain an issue (Irizarrya et al., 2016).

In summary, there is still a gap that exists in recent research focusing on exploring the social worker's knowledge of kinship care, particularly in South Africa. Generally, there is a

limitation in the research available which examines the social worker's expertise and competence with regards to facilitating the kinship care process. There is a gap in this area, and the researcher seeks to add to this body of knowledge by conducting research that will examine the knowledge of practitioners on kinship care.

2.3 Social worker's attitude towards kinship care

An attitude is a "mental and neural state of readiness, organized through experience, exerting a directive or dynamic influence upon the individual's response to all objects and situations with which it is related" (Gordon, 1933, p. 6). There have been various research conducted to assess the attitudes of practitioners in the child welfare system towards kinship care.

Brisebois (2012) conducted a qualitative study to explore the attitude of caseworkers on kinship caregivers and policies. The results showed that the majority of the caseworkers had a positive attitude towards kinship caregivers, their motivation, and competence (Brisebois, 2012). Furthermore, the study showed that practice barriers such as limited resources etc. hinders the positive attitude of the caseworker's towards kinship care (Brisebois, 2012). Similarly, Mosek (1989) and Beeman, Sandra, Boisen, and Laura's (1999) research study supports that majority of practitioners generally have a positive attitude towards kinship care.

Brisebois, Kernsmith, and Carcone (2013) conducted a study to examine professional attitudes about kinship care and the impact of their perspective on the removal decision of children. This study reported that practitioners had a positive attitude towards kinship care (Brisebois et al., 2013). In contrast, the study also reported that some professionals held a negative attitude towards kinship care, and this had a negative implication on their practice

(Brisebois et al., 2013). For instance, those professionals who had a negative attitude towards kinship care were less likely to recommend kinship care or embrace kinship care practice as a placement option for children.

Peters' (2004) study relates to the caseworkers' attitude towards kinship care. Similar to the studies discussed above, this study showed that workers who held a positive attitude towards kinship care had a positive practice experience, and those held negative beliefs had a negative practice experience (Peters, 2004). By contrast, this study differs as it showed that some workers experienced triangulation or an ambivalent attitude towards kinship care (Peters, 2004).

Furthermore, Mosek (1989) conducted a study to examine the influence of attitude on personal, professional, and setting factors on permanency decisions in child welfare. This study shows that caseworker's professional (Bias and beliefs) effects on kinship care (in the form of education and work experience) influence professional's practice of kinship care (permanency planning) (Mosek, 1989).

This research sought to assess the social worker's attitude towards kinship care, and the literature supports that majority of practitioners held a positive attitude towards kinship care. This literature is limited as there is a gap in research conducted in the South African context; hence this study seeks to examine social worker's attitudes contextually to fill this gap.

2.4 Kinship care policy implications and effect on child protection.

The Children's Act is the guiding legislation on providing legislative protection of children in alternative care in South Africa. There is a lack of legal recognition of kinship care in child protection policies and legislation, which excludes children living with relatives (Skelton, 2012;

Proudlock & Rohrs, 2018). Presently, there have been calls for the reform of policies and law in South African's child protection system to recognize kinship care; however, these are yet to be approved.

South Africa's draft Child Care and Protection Policy of 2017, Children's Amendment Bill of 2018, and the Social Assistance Amendment Bill of 2018 are the draft policy and legislation which has been recommendation towards the legal recognition of kinship care in South Africa. The inclusion of kinship care in the child protection system would have positive implications for children and caregivers. Specifically, the draft Child Care and Protection Policy of 2017 outlines the requirements for kinship caregivers to not only be recognised legally but for them to have parental rights and responsibilities to be able to make decisions concerning the children's health and well-being (Proudlock & Rohrs, 2018).

Similarly, the Children's Amendment Bill-2018 recommends the inclusion of kinship care in the amendment would mean that orphans and abandoned children in the care of extended family would no longer be considered children in need of alternative care (Proudlock & Rohrs, 2018). This amendment is aimed at complementing the Social Assistance Amendment Bill - 2018, which aims to provide more accessible financial support (child support grant (CSG) Top-up) to relatives caring for orphans and abandoned children.

Similarly, in the appeal case from Krugersdorp Children's Court Matter namely, SS vs Presiding Officer of the Children's Court 2012 (6) SA 45 (GSJ) whereby, the legal issue was whether a minor child was in need of care and protection as envisioned by Section 150 (1) (a) of the Children's Act and whether the child qualified for foster care placement in the care of a relative. Although, the Child Commissioner found that the minor was not in need of care and

protection as envisioned by Section 150 (1) (a), this was limited to the financial position of the caregiver (Khampepe, 2017).

The High Court dismissed the Commissioner's judgement being limited to a narrow interpretation of Section 150, and found that it was in the best interest of the child to be considered in need of care and protection and placed in the foster care of their grandmother (Khampepe, 2017). The High court made the recommendation for the executive to adopt clear and firm policy approach to the issue of children being cared for by relatives (Khampepe, 2017). The South African Law Reform Commission (2002), Children's Institute (2001) and Centre for Child Law (2014) supports this recommendation by stating that children will not be exposed to risk because of poverty and economic need in caregiving families.

O'Brien (2012) contends that literature shows that outcomes for children in kinship care are "seen as positive in terms of identity formation, stability of placement, behavioural and mental health outcomes, enabling siblings to live together, and child protection"(p.127). Similarly, Washington et al. (2014) reported that maternal and paternal involvement heeds promotive factors of competence in African American children in informal kinship care. The results of her study supported O'Brien's assertion that outcomes of children in kinship care yield better educational, behavioural, mental health and overall developmental outcomes. In addition, Washington et al. (2014) and Kiraly (2011) report that stability is longer for children placed with kin. The instability in alternative care is said to have been one of the significant shortfalls of the foster care system in South Africa (Fourié, 2017).

The literature supports the stance that kinship care placements have more positive developmental outcomes for children as opposed to other types of care. Therefore, this supports the rationale for this research as it is to promote the best interest of children and advocate for

kinship placement. Thus, the policy mentioned above reform will benefit children and caregivers in a kinship placement. This will ensure that children's rights, as envisioned in the Constitution, are released and afforded to them. Furthermore, the policy implications are in the best interest of the children living with their relatives. Thus, policy implications towards kinship care based on the literature examined above have a positive effect on child protection and child development.

2.5 Kinship care practice implications and effect on child protection

Currently, the South African foster care system is overburdened; there is a backlog in foster care orders and deemed to be in a crisis (Centre for Child Law, 2014; Breen, 2015; Fourié, 2017). Research shows that this crisis is caused by the increase in informal kinship care for these caregivers to be assisted through the statutory foster care process (Fourié, 2017; Breen, 2015).

The implications for practice would be as recommended by Skelton (2012); Breen (2015) and Proudlock and Rohrs (2018) on the extension of the court-ordered foster care procedure for kinship carers to add an administrative process by SASA to administer the top-up child support grant for kinship carers. This will result in reducing the current backlog of the foster care system, reduce the number of children eligible for foster care grants and reduce the administrative workload for social workers (Skelton, 2012; Centre for Child Law, 2014). Furthermore, the administrative responsibility will shift from social workers to SASA officials as the recommendation is for this new proposed top-up grant to be administered by them (Proudlock & Rohrs, 2018).

Moreover, research shows that majority of social workers are overburdened by the administrative workload caused by the foster system (Skelton, 2012; Fourié, 2017). The

children's institute emphasizes that this will allow social workers to focus on preventative work, monitoring and evaluating rather than paperwork and administrative process (Centre for Child Law, 2014). Consequently, children will be provided with appropriate supervision and care, which is not as timeously as the foster care process (Breen, 2015).

In summary, policy and practice implications of kinship care in the South African context show that there is a need to strengthen and make policy provisions for kinship care. The research asserted that the recommendation for kinship to be legally recognised has a positive effect on child protection services and alleviates the burden on social service professionals.

2.5 Theoretical framework

The theoretical frameworks which underpin this study, as shown in figure 2.1, the Theory of Planned Behaviour by (Ajzen & Fishbein, 1980) which originated from the Theory of Reasoned Action pioneered by (Fishbein in 1967) and the Ecological Systems theory theorised by Bronfenbrenner in 1979.

The Theory of Planned Behaviour (TPB). The Theory of Planned Behaviour (TPB) is an extension of the Theory of Reasoned Action (TRA) in 1980 to predict an individual's intention to engage in specific behaviour at a given time. Ajzen (1980) postulates that the theory of reasoned action predicts behavioural intention, attitudes and behaviour. The Theory of Planned Behaviour is grounded on three constructs, namely: attitudes, subjective norms and perceived behavioural control (see Figure 2.1). The TPB's addition of *perceived behavioural control (PBC)* to the theory of reasoned action, "in an effort to account for factors outside a person's volitional control that may affect intentions and behaviour" (Ajzen, 1991, p.411). The

assumption is that “behavioural performance is determined by motivation (intention) and ability (behavioural control)” (Ajzen, 1991, p.411).

The basic tenants of this theory, as illustrated in figure 2.1, are that the most accurate determinant of behaviour is behavioural intention (what one intends to do or not do) (Fishbein & Ajzen, 1980). Secondly, the direct determinant of people’s behavioural intentions is their attitudes towards performing the behaviour (self-evaluation of one’s behaviour) (Fishbein & Ajzen, 1980). Lastly, the behaviour is determined by the subjective norms associated with the behaviour (what important others think one should do) (Albarracin, Fishbein, Johnson, Mullerlere & 2001).

The theory of planned behaviour is the chosen theoretical framework for this proposed study, as the theory appropriately explain the relationship between attitudes, beliefs, intentions, and behaviour. This theory is most suited to address the research objectives of this study, which is to examine the subjective norms related to the practice and implications of kinship care. Secondly, to identify the perceived behavioural control related to the practice of kinship care by social workers and lastly, to examine the social worker’s attitude towards kinship care as a child protection intervention. Therefore, this theory is best suited and most relevant in making inferences for the objectives of this study.

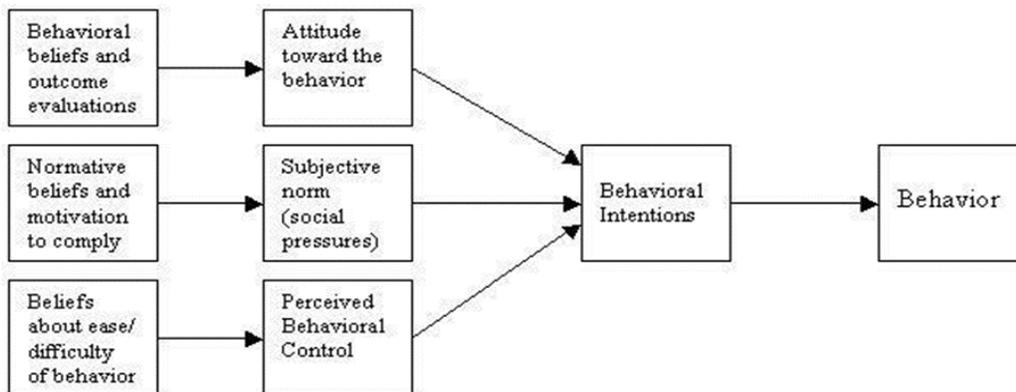


Figure 2.1 Schematic representation of TPB (Ajzen & Fishbein, 1980).

As Figure 2.1 depicts, there are two determinants of behavioural intentions namely, the personal competent and social component. The first determinant of behaviour intention is an attitude, and attitude is determined by a person's belief about an outcome or towards performing the behaviour under consideration (Ajzen & Fishbein, 1980). The likelihood of performing a "behaviour will be strong if a favourable attitude is held towards performing the behaviour" (Tlou, 2009, p. 29). Moreover, attitudes towards a behaviour (for example, kinship care process) is a much better predictor of that behaviour than the attitude towards the target of the behaviour (for example, placement of children in kinship care) (Ajzen & Fishbein, 1980).

Additionally, behavioural intention attributes that attitude towards the behaviour is determined by a person's beliefs regarding the outcomes of performing the behaviour weighed against the evaluation of the outcomes (Ajzen & Fishbein, 1980; Fishbein & Middlestadt, 1989; Montano & Kasprzyk, 2002). For instance, a person who holds a belief that positively viewed outcomes will result from executing the behaviour (i.e., most likely place a child in kinship care). As opposed to a person who holds negatively valued outcome (less likely to place children in kinship care).

Subjective norm is the second determinant of intention, "referred to as a person's perception of social pressure to perform or not to perform a particular behaviour" (Tlou, 2009, p.90). The subjective norms are determined by whether important referents approve or disapprove of the performance of the behaviour, weighted by the motivation to comply with the referents (Ajzen & Fishbein, 1980). The beliefs that underlie a person's subjective norm are normative. For example, a person who believes that important referents think they should perform a particular behaviour (e.g., a social worker's supervisor feels that they should

recommend kinship care as a placement option) and is motivated to comply with the referent's wishes, will hold a subjective norm. Therefore, people are most likely to perform a behaviour approved by important referents (Ajzen & Fishbein, 1980; Fishbein & Middlestadt, 1989; Montano & Kasprzyk, 2002).

Thirdly, perceived behavioural control notions that behavioural performance is determined by intention and behavioural control (Ajzen, 1991). By contrast, control beliefs "refers to the perception of factors likely to facilitate or inhibit the performance of behaviour" (Ajzen, 1991, p. 413). These factors include both internal factors such as (information, personal deficiencies, skills, abilities, and emotions) and external factors (for example, opportunities, dependence on others and barriers) (Tlou, 2009). People who perceive that they receive access to the necessary resources will experience a high level of perceived behavioural control (Ajzen, 1991). For example, social workers who are motivated and perceive that they have resources and opportunities to perform kinship care will have a positive control belief.

Critique of the Theory of Planned Behaviour. Trafimow (2009) has placed criticism on the definitional issue of the theory relating to the definition of attitude, whether the attitude is a cognitive variable. In contrast, other researchers believe that attitudes contain both an affective and a cognitive component (Triandis, 1980). To prove this, the researcher used factor analysis research; results showed that they found two factors –one affective item and the cognitive item (Triandis, 1980).

Dutta-Bergman (2005) critiques the theory from a social constructionist perspective, emphasizing the shortfall of the theory disregards the aggregate setting wherein people exist and exclusively centers on the individual factor. Contrary to this, the inclusion of subjective norms may account for the collective influence on individualistic decision-making (Dutta-Bergman,

2005). This is not significant as it's driven by an individual motive and keeps the locus of decision-making with the individual (Tlou, 2009).

Kippax and Crawford (1993) argue that norms and opinions do not necessarily determine behaviour and activity (Kippax & Crawford, 1993). The researchers maintain that this is proof that the relationship between beliefs, norms, and behaviour is not direct, but rather complex and multi-layered (Kippax & Crawford, 1993).

Strengths of Theory of Planned Behaviour. The strengths of this theory is to explain the relationship between attitudes and behaviour (Armitage & Connor, 2001). The strengths of theories are a powerful predictor of behaviour. A study conducted by Hartwick and Warshaw (1988) indicated importance of subjective norms and attitudes towards predicting behaviour, behavioural intention explained future behaviour. The theory addresses non-volitional behaviour and explains intentions not covered in the theory of reasoned action (Kok, 1996).

Ecological Systems Theory. Ecological systems theory provides a framework for situating the different influences that impact on individual development at different spheres of society (Bronfenbrenner, 1979). While this study does not seek to prove any theory, the ecological systems theory provides a framework to understand kinship care practice and policy implications coherently.

Bronfenbrenner's (1979) ecological model of child development explains the relationships and levels of interaction between the individual and its environment, consisting of five different levels of the environment including the microsystem, the mesosystem, the exo-system, the macro-system, and the chronosystem (Bronfenbrenner, 1979). Bronfenbrenner (1979) argues that the macro-systems of society result in defining the character of the exosystem, mesosystems, and microsystems of that society. They provide the context within which

individual development takes place (Bronfenbrenner, 1979). Therefore, Bronfenbrenner (1979) emphasizes the importance of understanding and studying the public policy of society. In this study, policy affecting children is important to be aware of, as it provides the context within which children can develop and thrive in terms of their social development and welfare.

For this study, the focus will be on the macro-level system as the macro-system informs policy and practice implications relating to kinship care for kinship caregivers and children. An important factor that policy-makers and practitioners need to consider is that kinship foster caregivers are significantly more likely to be older, have low educational attainment, live in poverty, and are more at risk of poor health than non-kinship foster caregivers (Hong et al., 2011). Green (2004) argues that policy-makers and practitioners working with kinship caregivers, and children must initiate innovative intervention strategies for providing care and support given their socio-economic conditions. Furthermore, Green (2004) also notes that many kinship caregivers receive little or no support before taking children into their homes, have inadequate resources.

Hawkins and Bland (2002) suggest that the current foster care policies must be revised to provide support for kinship foster caregivers and children rather than focusing solely on adoption. Green (2004) concurs by arguing that legislators must implement policies that individually meet the needs of kinship foster caregivers. Policies such as instruction and information about available resources, available support groups from the communities, and how to deal with children's behavioural problems (Strozier & Krisman, 2007). One way to enact policies that are in the best interest of kinship foster caregivers and their children is for policy-makers to collaborate with child welfare workers and practitioners working with caregivers and children. There's a need for re-evaluation to assess if the legislation is sufficiently meeting the

needs of families in need, particularly kinship foster care families (Anderson, 2006; Gourdine 2007; O'Brien et al. 2001). Gourdine (2007) maintains that child welfare systems have increasingly relied on relatives to bear the responsibility of child-rearing. O'Brien et al. (2001) assert that kinship foster caregivers seeking permanent guardianship need financial assistance and other tangible support.

A critique of the ecological systems theory. The most noted strength of the ecological perspective is that it offers an understanding of the human problems to essentially be outcomes of continuous transactions of different types between environments and people (Ginsburg, 1990). Bronfenbrenner's theory is inclusive of the "environments in which families are intertwined and recognizes their dynamic nature, thereby helping the professionals entrusted with working with family members increase their understanding of the complexities of family function" (Ginsburg, 1990, p.7).

In contrast, weakness in Bronfenbrenner's ecological systems theory is the lack of depth regarding "detailed analysis of the specific biological contributors to development, references to which are difficult to uncover, even though he categorized his theory as a bio-ecological model" (Berk, 2008, p. 25). Moreover, critics of the ecological theory argue that its application leads practitioners to perceive problems with such broad perspectives that practitioners attempt to plan so comprehensively actual effectiveness of practice gets jeopardized (Henderson, 1994).

2.6 Conclusion

To conclude, this chapter discussed the UNCRC as an imperative underpinning instrument to South Africa's children's rights. The policy and legislative discussions are crucial to this study

and included the following: White Paper on Families, draft Child Care and Protection Policy, Children's Amendment Bill-2018, and Social Assistance Bill-2018; Constitution of the Republic of South Africa of 1996, South African's Children's Act of 2005, the Children's Act Amendment Bill-2018 and the Social Assistance Act.

These policy and legislative frameworks seek to legally recognize kinship care in the child protection system and advocate for financial support for kinship caregivers by CGS Top-up grant. The literature examined in this chapter is specific to the study's research objectives, highlighted that there is a limitation in context-specific research on kinship care in South Africa. Lastly, the theory of planned behaviour and the ecological systems theory is relevant theoretical frameworks that underpin the aim of this study. The following chapter presents the research methods.

CHAPTER THREE: METHODOLOGY

This chapter outlines the research method undertaken for this study. This includes: the research design, population and sampling framework, data collection procedure and instruments (i.e., measures), the validity and reliability of the measures, data management and analysis, ethical considerations and finally, limitations of the study will complete the chapter.

3.1 Research design

This study aimed to examine the perceptions of social workers on the knowledge, attitude, policy, and practice implications of kinship care. This study utilised a quantitative research design and a desk-top research method. The study employed a quantitative design to analyse the social worker's knowledge, attitudes, subjective norms, and perceived behavioural control towards kinship care.

The quantitative research design used for this study was a cross-sectional study, which De Vos et al. (2011) defines as a study in which one single group or event is studied only once. This research design was most effective for this study, as analysis of data is not time consuming and this method ensures objectivity (Neuman, 2014).

The quantitative approach is knowledge building, and its great strength is providing data that is descriptive which gives us a better understanding of social reality (Rubin & Babbie, 2010). This research design is most effective for this study, as analysis of data is not time-consuming, and this method ensures objectivity (Neuman, 2014). Furthermore, due to the sample size of n=100 participants, this design is most appropriate.

3.2 Research paradigm

Research is a process of producing new knowledge, and two primary purposes of conducting research include filling a knowledge gap or problem-solving. Kuhn (1962) defines the research paradigm as common beliefs and agreements shared by scientists on how knowledge is to be understood and addressed. There are three main paradigms in social science research namely, positivism, interpretivism, and critical social science (Babbie & Mouton, 2001).

For the purpose of this study, the post-positivism paradigm was utilised. The term 'positivism' was coined by Auguste Comte to reflect a strictly empirical approach in which claims about knowledge are based directly on experience; it emphasizes facts and the causes of behaviour (Bogdan & Biklen, 2003). This paradigm is concerned with filling the gap in factual knowledge, objectivity and the use of inductive theory (Babbie & Mouton, 2001). The three main principles in positivism include empirical knowledge through observation and experience, the objective nature of the researcher having minimal interaction with the participant and lastly, emphasis on the causal relationship of variables (Rubin & Babbie, 2001).

Teddlie and Johnson (2009) propose that dissatisfaction with positivism became increasingly widespread, thereby increasing the appeal of post-positivism. There are limitations to the positivism paradigm which have been adapted in the post-positivism paradigm. Creswell (2006) proposes that "post-positivism as an extension of positivism, since it challenges the traditional notion of the absolute and objective truth of knowledge in the social sciences" (Creswell, 2006, p.6). Moreover, post-positivist approaches show a much greater openness to different methodological approaches and often include qualitative, as well as quantitative methods. Similarly, Panhwar, Ansari and Shah (2017) posit that this paradigm balances both

positivist and interpretivist approaches. In the post-positivism paradigm, reality can be approximated, objective and external (Panhwar et al., 2017).

3.3 Study site

The location where this study was conducted is in the province of KwaZulu-Natal in South Africa. The community type is mixed (rural and urban districts). The Map of uMgungundlovu district municipality depicts the study site which are within the uMsunduzi local municipality and uMshwati local municipality (KwaZulu-Natal Provincial Government, 2020). The community was limited to regional offices of the Department of Social Development within the uMgungundlovu district in KwaZulu Natal South Africa (see Figure 3.1).

In KwaZulu-Natal, 3.6 million (17%) of the population consists of children between the ages 0-19 years of age (Department of Social Development, 2019). This province also has the second highest population of children in foster care South Africa at 81 1699 (20%) in 2017. According to the recent annual report for the 2018/2019 financial year, the Department of Social Development reported 1929 social workers employed during the beginning of April 2018. The scope of practice of social workers in this province includes five main programmes which are Social Welfare Services, Children and Families, Restorative Services and Development and Research (Department of Social Development, 2019).



Figure 3.1 Map of uMgungundlovu District Municipality

(Source: KZNONLINE: <http://www.kznonline.gov.za/> /umgungundlovu-district-municipality).

3.3 Population and sampling

The population in research refers to individuals who have the characteristics for which the study is looking (Strydom & Venter, 2002). Similarly, population refers to the unit from which a sample is drawn in order to study a research problem (Strydom & Venter, 2002). Sampling refers to the process of selecting participants who will provide data that is required for the purpose of the research (Babbie & Mouton, 2009).

The population of this study includes social workers employed by the Department of Social Development in the uMgungundlovu District Municipality in KwaZulu- Natal. The sampling procedure for this study was a convenient sampling of social workers employed by the Department of Social Development in KwaZulu Natal, South Africa. According to Blanche, Durrheim & Painter (2006) and Etikan (2016), the objective of convenient sampling is to collect

information from participants who are easily accessible to the researcher. Etikan et al. (2016) postulate that convenience sampling is a “type of non-random sampling where members of the target population that meet certain practical criteria, such as accessibility, geographical proximity, availability at a given time or willingness to participate are included for the study” (Etikan et al., 2016, p.2).

The sampling procedure was fitting for this study considering the scope of practice of social workers is social welfare services and working with children and families. Participants were recruited through the Department of Social Development in KwaZulu Natal in the uMgungundlovu district. The researcher went to the various regional offices from Monday to Friday, between 9am to 1pm to recruit the participants with the approval of each office’s regional manager.

The inclusion criteria for this study included social workers employed by the Department of Social Development; and who practice within the uMgungundlovu district, KwaZulu-Natal. The exclusion criteria included the following: student social workers; unregistered social workers not practising within the uMgungundlovu district; and social works not employed in the Department of Social Development.

3.4 Data collection approach

According to Creswell (1998), data collection is defined as “a series of interrelated activities aimed at gathering high-quality information to answer emerging research questions” (Creswell, 1998, p.111). This process involves applying the measuring instrument to the sample for the investigation (Mouton, 1996). Participants were recruited through the Department of Social

Development in KwaZulu Natal in the uMgungundlovu district. The researcher went to the regional offices in Pietermaritzburg, Taylors Halt and New Hanover from Monday to Friday, between 9am to 1pm to recruit the participants with prior approval of each office's regional manager.

Data collection instrument. The instrument utilised for this study was a survey questionnaire that was adapted from Brisebois (2012) (see Appendix 1). According to Babbie (1990), a survey in research provides a numeric description of trends, attitudes, or opinions of a population by studying a sample of that population. This study employed a self-administered questionnaire which was distributed by the researcher to all participants for the questionnaire to be completed by the participants and returned to the researcher. The participants completed the questionnaire in private and dropped them in a sealed box in their office reception area.

The participation of the social workers was contingent upon their signed informed consent forms, which was attached to the survey questionnaires. The questionnaire was the most appropriate tool as it will be able to objectively answer the research objectives such as to examine the knowledge, attitudes, subjective norms, and perceived behavioural control of social workers.

The instrument used was a structured self-report questionnaire consisting of four sections that are central to the study's variables. The first section included occupational information on the employment details of the participant. Section A of the questionnaire was socio-demographic information on some necessary background information of the participant. Section B of the questionnaire was the measure of knowledge and skills of kinship care. Section C was a measure of the social worker's attitude towards kinship care. Section D included a measure of subjective and perceived behavioural control towards kinship care. This approximated time of completion

for the questionnaire was 15 – 20 minutes depending on the person's ability to read and comprehend the questions (Please see appendix 1).

Variables. The central study variables include the following *Measures*. This study adapted Brisebois's (2012) kinship care questionnaire, which utilised four measures, the knowledge scale, the attitude scale and the subjective norms and perceived behavioural control scale. The measures are described below as follows:

Knowledge scale. This scale was adapted from Brisebois (2012), which the researcher adapted this scale to be context-specific to South African policies and social work knowledge of kinship care. This scale was a 5 point Likert scale which had 9 items.

Attitude scale. The attitude scale was adapted to measure attitudes towards kinship care (Brisebois, 2012). This scale was a 5 point Likert scale which had 13 items.

Subjective norms: The subjective norms scale was adapted to measure subjective norms towards kinship care (Brisebois, 2012). This scale was a 5 point Likert scale with 11 items.

Perceived behaviour control scale. The perceived behavioural control scale adapted to measure perceived behavioural control towards kinship care (Brisebois, 2012). This scale was a 5 point Likert scale with 6 items.

3.5 Validity of measures

Babbie (2004) refers to validity as the “extent to which an empirical indicator accurately reflects the concept it is intended to measure” (p.143). In other words, validity focuses on the accuracy of the concept measured. No validity was tested by the researcher for this study as the researcher utilised measurement instruments whose validities have already been tested by Brisebois (2012) with a reported internal validity of .71 (Brisebois, 2012).

3.6 Reliability of measures

According to Rubin and Babbie (2011), reliability is the degree of consistency in measurement. Reliability refers to the ability of a test to produce similar results each time it is used to measure the same thing. No test is perfectly reliable because of measurement errors (Neuman, 2010).

Internal consistency estimates indicate the degree to which scores among scale items, or scores among subsets of times, correlate with each other, i.e., and it tells us the consistency of performance by one person on each item of a single test (Neuman, 2010). The tool used in this research to measure internal consistency was Cronbach's Coefficient Alpha (the average of the correlations between scores of all possible subsets of half the items on a scale), which was conducted using SPSS (Rubin & Babbie, 2011). When the coefficient alpha is above .70 is considered to be good and acceptable that the scale is reliable, whereas, a coefficient alpha below .50 is deemed to be weak (Rubin & Babbie, 2011).

The researcher conducted the Cronbach Alpha reliability test using SPSS to measure the reliability of the measuring instrument. The results from the Cronbach Alpha (r statistics) were as follows, and the knowledge scale had nine items and reliability score of .79; the attitude scale had 13 items and reliability score of .60; the subjective norms scale had five items and reliability of .50 and perceived behavioural control scale had six items and a reliability of .50 (see Table 3.1)

Table 3.1 Reliability coefficients of the central study variables

Scale	Number of items	Mean	Cronbach's alpha
--------------	------------------------	-------------	-------------------------

<i>Knowledge toward kinship care</i>	9	34.1	.79
<i>Attitudes toward kinship care</i>	13	38.1	.60
<i>Subjective norms towards kinship care</i>	5	13.1	.50
<i>Perceived behavioural control towards kinship care</i>	6	18.5	.50

3.7 Data management and analysis

Rubin and Babbie (2005) regard quantitative data analysis as the techniques used by researchers to convert data to a numerical form subject to statistical analysis. Monette, Sullivan, and DeJong (2008) highlight that the purpose of data analysis is to reduce data into an interpretable form for research problems to be studied, tested, and conclusions are drawn. Furthermore, statistical analysis is a procedure of classifying and tabulating numerical data to obtain meaning and information. This involves applying the measuring instrument to the sample for the investigation (Mouton, 1996).

The statistical analysis utilised in this study was descriptive analytical techniques that were applied to organise, analyse, and interpret the quantitative data. Babbie and Mouton (2001) outline descriptive analysis as a way to present quantitative descriptions in a manageable form. This study used the Statistical Package for the Social Sciences (SPSS) data analysis software (version 25, IBM 2020) to analyse and verify the data collected. SPSS is a data management and statistical analysis tool which has a versatile data processing capability (Babbie, Halley & Zaino, 2003; Russel & Booth, 2005).

Rubin and Babbie (2011) emphasize that conduct quantitative analysis, the researchers engage in the process of coding after the data has been collected. The researcher coded each of the survey questionnaires which were completed by the participants. Furthermore, the end of the coding process is the conversion of data items into numerical codes (Rubin and Babbie, 2011). Thereafter, the researcher entered the coded data onto SPSS software. After that, the data cleaning process was conducted on SPSS by the researcher using case summaries and running frequencies on all the variable items to correct any possible coding errors.

Lastly, the researcher conducted descriptive statistics to analyse the sociodemographic information by running frequencies on SPSS to provide a mode of central tendency and graphs and tables. Additionally, scores for the knowledge and attitude measures were transformed and scored using SPSS; then, the scores were categorised using the median split into a high or low knowledge and positive attitude or negative attitude. Lastly, frequencies were run on SPSS to determine the most reported subjective norm and perceived behavioural control item.

3.8 Ethical considerations

Ethics in science concerns itself with what is wrong and what is right when conducting research. It guides researchers in every aspect of their research procedures (Mouton, 2001; De Vos et al., 2011). The ethical measures in this study included human participant's protection, obtaining informed consent, voluntary participation, confidentiality and anonymity, privacy, and the right to withdraw from the study.

Human participants' protection. Human participation's protection is concerned with the paramount importance of researchers to "respect the rights, privacy, dignity, and sensitivities of

their research populations and also the integrity of the institutions within which the research occurs” (Creswell, 2006, p.56). To minimize such harm, this study underwent a full ethical approval process of the University of KwaZulu- Natal’s Human and Social Sciences Research Ethics Committee (HSSREC). The study reference number is HSSREC/00000689/2019 (see Appendix 2).

Additionally, the researcher obtained a gatekeeper’s letter of support from the Department of Social Development, whereby the researcher had to present her proposed research study to a panel of academics in KwaZulu-Natal and the provincial Head of the Department of Social Development (see gatekeeper’s letter Appendix 3).

Risks and benefits of participating in the study. The fundamental ethical rule of research is that it must bring no harm to participants (Babbie, 2001). Participants can be harmed physically or psychologically. Psychological harm to participants is often more difficult to predict and to determine than physical discomfort but has more consequences to participants (De Vos et al., 2005). The nature of this study ensured that there was minimal psychical or psychological harm to participants of this study. The benefits of being part of this study are that the social workers have the opportunity to add towards policy reform and share their professional experience to improve social work policy and practice.

Informed consent. Researchers are expected to inform their participants about the purpose of the study so that participants can make an informed decision of whether or not to participate in the research study (De Vos et al., 2011). Written informed consent was obtained from the participants through a written informed consent form, which accompanied the questionnaire. The informed consent form comprised of an information sheet that outlined information about the study (e.g., aim of the study), recruitment procedure, voluntary participation and confidentiality,

storage information, contact details of the researcher, supervisor and HSSREC and lastly the consent form (See Appendix 4).

Voluntary participation and privacy. Rubin and Babbie (2011) state that participation should at all times be voluntary and no participant should be coerced into participating in a research study. In efforts to ensure voluntary participation, participants were informed by their supervisor about the nature of the research study prior to participation. Written informed consent forms were obtained from all participant with an information sheet which informed the participants about all the research procedures and emphasized that participation in this study was voluntary (See Appendix 4).

Privacy is defined as that which is not normally intended for others to see and analyse (De Vos et al., 2011). Participants were afforded privacy by not including their identifying particulars on the survey questionnaire and by dropping off their completed questionnaires in a sealed box at their office reception area to be collected by the researcher.

The right to withdraw from the study. The right to withdraw from the study is an extension in ensuring voluntary participation. As outlined in the written informed consent form, the participants could withdraw, discontinue, or from the study at any time if they wished to. This right is explained before engagement in the research through the informed consent form (Holloway, 2005).

Anonymity and confidentiality. Babbie (2001) defines anonymity as having the participant information unidentifiable (e.g., no one, including the researcher, should not be able to identify the respondents after the investigation). Anonymity was ensured through self-

administered questionnaires used in this study, where the researcher had no contact with the respondents and thus could not identify the respondents.

Confidentiality, on the other hand, implies the handling of information in a confidential matter (De Vos et al., 2011). The participants were made aware of confidentiality as an ethical obligation in a written consent form. De Vos et al. (2011) state that confidentiality means that no information that the participant divulges is made public or available to others. Anonymity and confidentiality were ensured in the informed consent form to ensure that the participant's responses remained confidential. Additionally, this study provided confidentiality and anonymity by the random allocation of questionnaire numbers to each participant by using a unique participant identifier (PID) number for each questionnaire. Lastly, electronic storing and coding of data from SPSS which was locked and password-protected to ensure confidentiality.

3.9 Limitations of the study

De Vos et al. (2011) posits that limitations exist in all research studies, and they need to be stated clearly. The limitations of this study are argued relative to sampling and the data collection instrument.

Sampling. A limitation of this study is the sample size of (n=100), which is a small sample. Additionally, this study employed convenience sampling, as a result cannot be generalised into a larger population. Participants in this study were located in the geographical area in the uMgungundlovu district; therefore, this precludes the generalization of findings to the broader population of social workers rendering foster care services in KwaZulu-Natal.

Self-report. The data collected for this research was based on self-report questionnaires. Self-reporting may have resulted in participants to provide socially desirable responses. Crowne and Marlowe (1960) stipulate social desirability occurs when respondents misrepresent their true feelings because they know their responses are being recorded. Participant's responses may have endorsed socially desirable responses, which may be assumed favourable to the researcher or their organisation.

Survey instrument. This study utilized self-administered questionnaire. While it was descriptive and self-explanatory, the tool used in this study was reliant on participants' self-report. The tool was adapted from an Australian child welfare context into a South African context, and this may have been a barrier. Additionally, a language barrier as the instrument was conducted in English and not translated into the secondary spoken language of IsiZulu.

CHAPTER FOUR: RESULTS

This chapter reports the findings of statistical analyses relevant to the objectives of the study. By presenting descriptive information, a bivariate analysis, which includes socio-demographic influences, scoring of the knowledge and attitude objectives, subjective norms and perceived behavioural control descriptive analysis, are reported.

4.1 Socio-demographic information of participants

Descriptive statistics aim to summarize and describe data (Babbie & Mouton, 2001). In this study, this included participant's age, sex, and population distribution, practice, registration and regional office, level of qualification, and kinship care experience. Additionally, central tendency such as mean and standard deviations of all variables are presented.

Age of participants. The mean age of the participants is 31 years. The standard deviation is 4.87. The median age is 30 years. The mode age is 30 years. Lastly, the range age is 34 years (59-25 years). As shown in Figure 4.1, the age of participant was normally distributed.

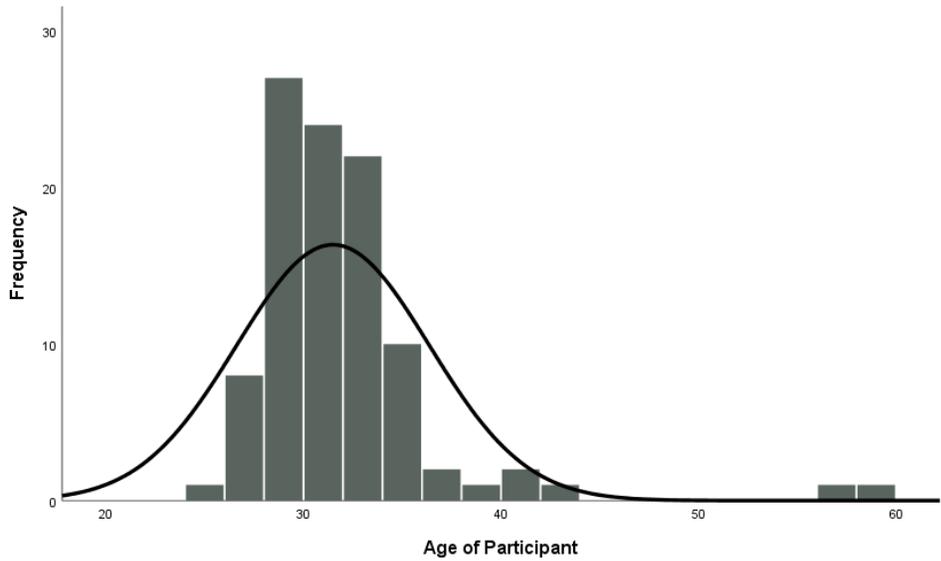


Figure 4.1: Age distribution of participants

Sex and population group of participants. As shown in Table 1, over two-thirds (78%; n=78) of the participants were female whereas, only 22% (n= 22) were male. Eighty-seven percent (n=87) of the participants identified as African, followed by seven percent (n=7) identifying as Coloured and finally, six percent (n=6) identified as Indian.

Table 1: Distribution of sex and population group of participants

Socio-demographics	(n)	(%)
Sex		
Female	78	78
Male	22	22
Population group		
African	87	87

Coloured	7	7
Indian	6	6
White	0	0
	N=100	100%

Social work experience. All the participants reported being registered with the South African Council of Social Service Professionals (SACSSP) (n=100, 100%). More than half (69%; n=69) of the participants were located in the Pietermaritzburg offices, followed by (16%; n=16) at the Taylors halt office and lastly, (15%; n=15) at the New Hanover office.

More than half (60%; n=60) of the participants reported to have been practising as a social worker for 1 to 5 years; followed by (n=38; 38%) who have been practicing for 6 to 11 years and only two percent (n=2) had been in practice for more than 18 years. Figure 4.2 is a representation of years in social work practice.

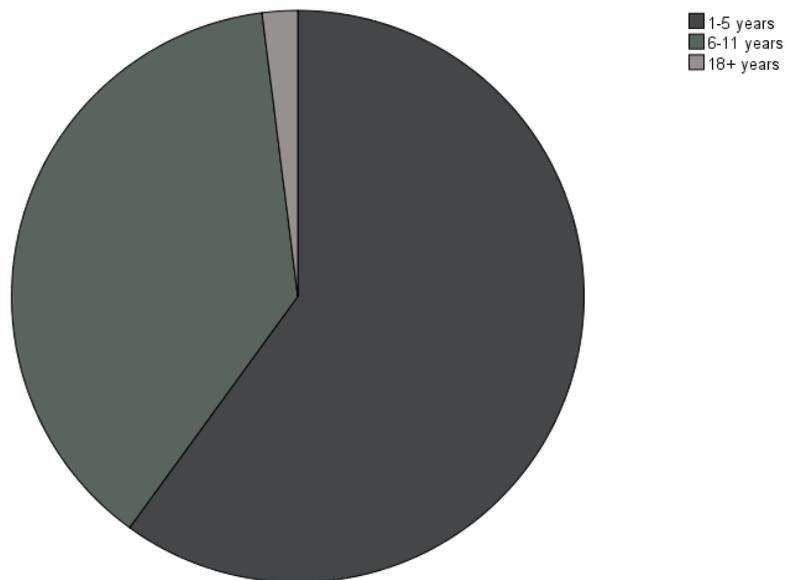


Figure 4.2: Years in social work practice

Level of qualification and field of practice distribution. Ninety-nine percent (n=99) of the participants reported having an undergraduate degree (in social work qualification) whereas, one percent (n=1) reported to have a Master's degree. Ninety-one percent (n=91) of the participants reported being in the field of child welfare (child and family work), followed by seven percent (n=7) in the field of probation social work and the least at two percent (n=2) within occupation social work. Table 2 shows the level of qualification and practice experience distribution of participants.

Table 2: Level of qualification and field of practice distribution

Qualification and field of practice	(n)	%
Qualification		
Undergraduate degree	99	99
Master's degree	1	1
Field of Practice		
Child Welfare (Child & Family)	91	91
Probation social work	7	7
Occupational social work	2	2
	N=100	100%

Kinship care experience and years in practice. Over two-thirds (77%; n=77) of the participants reported having had previous kinship care experience, and only above a quarter (n=23; 23%) reported having no prior experience in kinship care practise. The majority of participants had (n=42; 42%) in kinship care practice with the least having two percent (n=2) experience of over 12 years. Table 3 shows the kinship care practice distribution.

Table 3: Kinship care practice distribution

Kinship care practice	(n)	%
Kinship care experience		
Yes	77	77

No	23	23
Years in practice		
Less than 1 year	20	20
1-5 years	42	42
6-11 years	36	36
12 years plus	2	2
	N=100	100%

Kinship care knowledge and skills. A knowledge score was computed for all participants to produce a composite knowledge score using SPSS; central tendency was conducted and reported. Finally, the scores were categorized using the median split into high knowledge and low knowledge using SPSS.

The knowledge scale mean was 34. The median and mode score was 33. As shown in figure 4.3, (60%; n=60) of the participants reported having a high knowledge of kinship care, whereas, only (40%; n=40) reported to have low knowledge of kinship care.

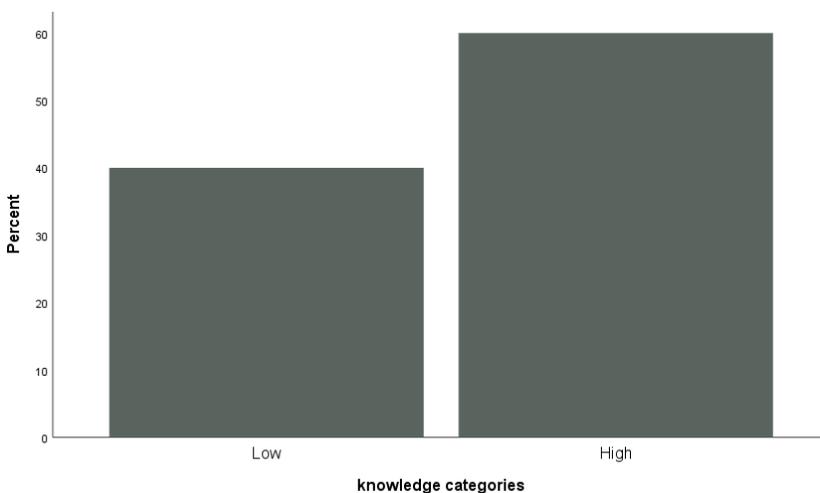


Figure 4.3: Knowledge score categories

Attitude towards kinship care. The participants' responses for the attitude scale were scored on SPSS; central tendency was conducted and reported. Lastly, the scores were categorised using the median split into a positive attitude and negative attitude using SPSS.

The attitude scale mean score was 38. The median score was 40. Lastly, the mode score was 42. The median split showed that more than half (52%; n=52) of the participants reported having a positive attitude towards kinship care, as opposed to (48%; n=48) who had a negative attitude towards kinship care. Figure 4.4 illustrates the attitude score categories.

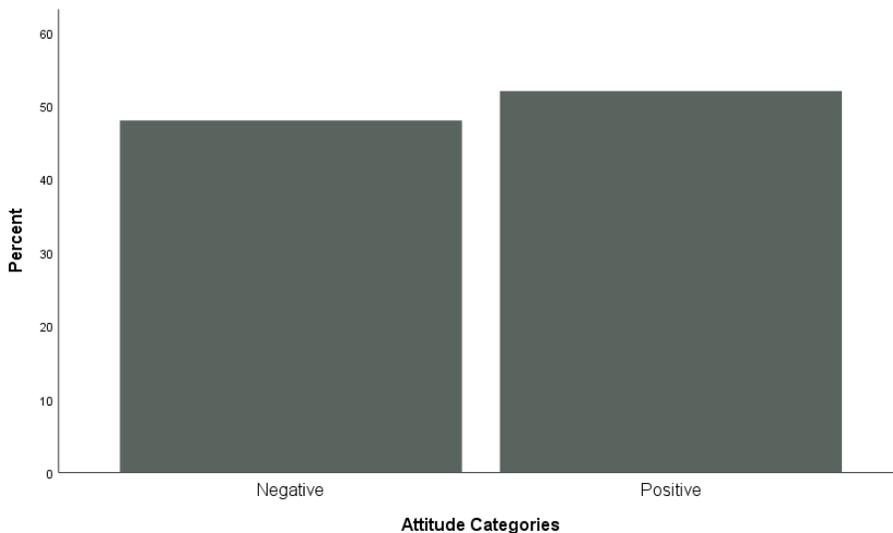


Figure 4.4: Attitude score categories

Subjective norms towards kinship care. Table 4 shows the subjective norms toward kinship care. Approximately (61%; n=61) of the participants agreed that “they feel under social pressure to explore kinship care when a child comes into care actively.” Almost half (49 %; n=49) of the participants agreed that their supervisor determines their choice to explore kinship care. More than half (54%; n=54) of the participants neither agreed nor disagreed that “most post people who are important think they should explore all kin who come forward.”

Table 4: Subjective norms towards kinship care

	Strongly disagree n (%)	Disagree n (%)	Neither agree nor disagree n (%)	Agree n (%)	Strongly agree n (%)
<i>I feel under social pressure to explore kin when a child comes into care actively</i>	8 (8)	16 (16)	11 (11)	61 (61)	4 (4)
<i>Most people who are important to me at work think that I should explore all kin who come forward, regardless of their history with child welfare</i>	3 (3)	13 (13)	45 (45)	37 (37)	2 (2)
<i>If a grandmother with extensive child welfare history called me to care for her grandchild, for me to simply say no to her without speaking with my supervisor would be difficult</i>	5 (5)	20 (20)	23 (23)	49 (49)	3 (3)

Perceived behavioural control towards kinship care. Table 5 illustrates perceived behavioural control towards kinship care. The participants response shows that (46%; n=46) disagreed that “it would be easy to place a child in foster care, without contacting their kin first.” Approximately (49%; n=49) of the participants neither agreed nor disagreed that “it is completely up to them to explore kin”. Sixty-six percent (n=66) of the participants - highlighted that “their department does not have enough support for them to explore kin.”

Table 5: Perceived behavioural control towards kinship care

	Strongly agree n (%)	Agree n (%)	Neither agree nor disagree n (%)	Disagree n (%)	Strongly disagree n (%)
<i>Would it be easy for you to place a child in foster care</i>	15 (15)	29 (29)	8 (8)	46 (46)	2 (2)

<i>without contacting relatives/ kin first?</i>	8 (8)	24 (24)	17 (17)	42 (42)	9 (9)
<i>Would it be difficult for you to place a child in foster care without contacting relatives/kin first?</i>	23 (23)	0 (0)	49 (49)	22 (22)	6 (6)
<i>It is completely up to me to actively explore relatives/kin when a child comes into state care</i>	13 (13)	0 (0)	46 (46)	33 (33)	8 (8)
<i>I have time to thoroughly assess potential kinship placements before a child is placed in foster care</i>					
<i>My department would have enough support in place for me to explore all potential relatives/kin if I wanted</i>	2 (2)	4 (4)	25 (25)	66 (66)	3 (3)
<i>Kinship homes are more difficult to monitor than regular foster homes</i>	16 (16)	51 (51)	16 (16)	17 (17)	0 (0)

In conclusion, this chapter presented findings of statistical tests used to answer the objectives relating to the knowledge, attitudes, subjective norms and perceived behavioural control of this study were outlined in chapter 5. The findings indicated that the participants reported high knowledge of kinship care. The majority of the participants reported a positive attitude towards kinship care. In terms of the theories of planned behaviour, the main findings indicated that subjective norms were the major influence of behaviour in this study and that perceived behavioural control were less likely to influence behaviour.

CHAPTER FIVE: DISCUSSION

This study examined the knowledge and attitude of social workers towards kinship care in South Africa and its policy and practice implications on child protection. Notably, the present study examined the knowledge, attitudes, subjective norm, and perceived behavioural control towards kinship care utilizing SPSS. The discussion will explain the study findings of the research objectives presented in chapter 4. In addition, explain the Theory of Planned Behaviour in relation to the study results and finally, link relevant literature and to the study findings on kinship care.

Social worker's knowledge about kinship care. This study examined social worker's knowledge about kinship care as a child protection intervention. As the findings are shown in figure 4, the majority of the social workers (60%; n=60) reported a high knowledge of kinship care. By contrast, (40%; n=40) of the social workers indicated a low knowledge of kinship care. Research conducted in South Africa on social work education showed that social workers were ill-informed about the knowledge and skills in statutory processes. Additionally, there was a gap in the social work curriculum in incorporating theoretical and statutory procedures required in the field of child welfare (De Jager, 2013; Bradley, 2003; Hochfeld et al., 2013).

Furthermore, Gleeson (1995) argued the need for kinship care to be realized in public child welfare in social work curriculum development to address kinship care. The findings may refute the limited literature regarding social worker's knowledge about kinship care in South Africa, as literature highlights that there is limited knowledge of kinship care among social workers. In contrast, the findings of this study showed that the majority of social workers (n=60; 60%) had high knowledge about kinship care. This was regardless of kinship care not being realized in social work curriculum or legislative frameworks.

Although kinship care is yet to be realized in the South African child welfare system, principles such as family reunification are the core principles central to social work practice which may justify the findings of this study regarding kinship care practice. Simply put, family reunification refers to reconstruction services rendered to the family with the intent to reunify children in foster care with their biological parents or family (Child Care and Protection Policy, 2017). Thus, both family reunification and kinship care placements emphasize the placement of children with their biological parents or relatives.

The participants may have reported having high knowledge about kinship care, which may be attributed to already existing social work principles and statutory processes such as family reunification or foster care process. However, there is still a gap in recent literature examining the social worker's knowledge about kinship care. This finding may contribute to research to inform about the knowledge of social workers about kinship care; however, this knowledge is limited to a small sample and may not be generalized to all social workers.

Social worker's attitude about kinship care. This study examined the social worker's attitude towards kinship care as a child protection intervention. The findings, as illustrated in figure 5, showed that more than half of the social workers (52%; n=52) reported having a positive attitude towards kinship care, as opposed to (48%; n=48) who had a negative attitude.

The findings are consistent with existing international research and literature conducted on social workers' attitudes about kinship care. Studies conducted by Brisebois (2012), Mosek (1989), and Beeman, Sandra, Boisen and Laura (1999) support that majority of practitioners have a positive attitude towards kinship care. Although these studies were conducted in a different context to South Africa, the findings from this study appear to be congruent to previous study

results and conclusions which highlight that social workers had a positive attitude towards kinship care.

The theory of planned behaviour makes assertions on the relationship which exists between attitude towards behaviour and the outcome of performing the behaviour (Ajzen & Fishbein, 1980). Attitude is determined by a person's belief towards performing the behaviour under consideration (Ajzen & Fishbein, 1980). As a result, the likelihood of performing a behaviour will be strong if a favourable attitude is held towards the behaviour (Tlou, 2009). Although this study did not examine the relationship between social worker's attitude towards kinship care and their placement of children in kinship care, it may be an area for future research to explore. Research has shown that if an individual holds a positive attitude towards an object, it is more likely to lead to positive action in favour of that action (Ajzen & Fishbein, 1980). Similarly, the social workers reported holding positive attitudes towards kinship care practice, which may have a positive impact on their practice of kinship care.

Therefore, it is evident that the research findings support and affirm some of the already existing literature. This shows that the majority of social workers have a positive attitude towards kinship care. These findings contribute to the gap in knowledge in South Africa regarding social workers' attitudes towards kinship care.

Social worker's subjective norms towards kinship care. This study investigated subjective norms related to the practice of kinship care. As shown in table 6, more than half (61%; n=61) of the participants agreed that "they feel under social pressure to explore kinship care actively." Only (49%; n=49) of the participants agreed that their supervisor determines their choice to explore kinship care".

The theory of planned behaviour, refers to subjective norms as determined by whether important referents approve or disapprove of the performance of behaviour, weighted by the motivation to comply with the referents (Ajzen & Fishbein, 1980). Similarly, subjective norms refer to the individual's perception of social pressure to perform or not perform the behaviour (Tlou, 2009). Based on the study findings, it is evident that the participants held subjective norms.

Additionally, the participants were further motivated to comply with their supervisor's wishes and to social pressure from their supervisor (important referents) to explore kinship care, which shows that they held a subjective norm. This research reinforces the idea that subjective norms may be the strongest predictor of intention. This is in contrast with other studies that have found that subjective norms may not be the strongest predictor of intention (Brisebois, 2012).

Therefore, this research affirms the theoretical assumption that subjective norms relate to intention, which emphasises that people are more likely to perform a behaviour when they evaluate it positively and believe that significant people think they should do it (Ajzen & Fishbein, 1980; Montano & Kasprzyk, 2002). This study had limited questions that addressed behavioural intention as opposed to social pressure from important referents. *Social worker's perceived behavioural control towards kinship care.* This study examined the perceived behavioural control related to the practice of kinship care by social workers. According to Ajzen (2005), the theory is likely to predict the performance of behaviour only to the extent that it is under an individual's volitional control. Therefore, one would expect respondents to indicate high perceived control over their decisions to pursue kinship care.

As shown in table 7, (46%; n=46) of the participants disagreed that “it would be easy to place a child in foster care, without contacting their kin first.” This statement shows that response indicated a low volition control over their decisions to pursue kinship care. Approximately 49% percent of the participants neither agreed nor disagreed that “it is completely up to them to explore kin.” Only (66%; n=66) of the participants highlighted that “their department does not have enough support for them to explore kin.”

The theory highlights that the implementation of action is determined by personal and environmental barriers (Ajzen & Fishbein, 1980). Additionally, PBC will be increased by salient beliefs concerning adequate resources and opportunities. The findings of this research reinforced that the participants reported decreased perceived behavioural control as they reported inadequate support from their department in allowing them to explore kinship care, and a low volition control over making their own decisions to pursue kinship care.

As a result, the findings refute the Brisebois, (2012) study, which reported that child welfare practitioners experienced high perceived behavioural control. Briobios (2012) report that the measures of intention should be significantly related to the control respondents felt over their decisions. Based on the findings, the participants’ measure of intention did not relate to the control participants felt over their decisions, as a volition of control was low.

According to the theory of planned behaviour, PBC is expected to moderate the intention-behaviour relationship (Ajzen & Fishbein, 1980). This was not evident in the results which contradicts the part of the theory for the measures of intention. Therefore, the findings although limited to the small sample, may contribute to the body of knowledge in the applicability of the theory of planned behaviour in a South African context on kinship care practice.

In conclusion, this chapter discussed the main findings pertaining to the study objectives. The results indicated high knowledge of kinship care despite the lack of legal recognition which was attributed to the principles of family reunification in social work practice. Similarly, the majority reported positive attitudes toward kinship care. Finally, in relation to the theory of planned behaviour, the main findings indicated that subjective norms were the major indicator of behaviour in this study and that perceived behavioural control were not strong indicators of behaviour.

CHAPTER SIX: CONCLUSION

The overarching goal of this study was to explore the knowledge, attitude, subjective norms and perceived behavioural control of social workers towards kinship care in South Africa and its policy and practice implications on child protection. The main conclusions pertaining to the research objectives are discussed.

The main conclusion related to social workers knowledge about kinship care was that social worker's held high knowledge towards kinship care practice. The findings evidenced that (60%; n=60) of the participants held a high knowledge as opposed to (40%; n=40) who held low knowledge of kinship care practice. These results provide an insight toward the underlying social work principle of family reunification being central to social work practice. As a result, this may be attributed to the high knowledge (60%; n=60) of kinship care evidenced by social workers in this study. Finally, the low knowledge indicated by (40% ;n=40) of the participants further reinforce the need for kinship care to be formally legalized into child protection policy to better inform knowledge and practice of social workers in child welfare.

The second objective of this study examined social worker's attitude towards kinship care practice. It can be concluded that most of the social workers (52%; n=52) held a positive attitude towards kinship care practice. By contrast, only (48%; n=48) held a negative attitude towards kinship care practice. These findings are congruent with existing literature discussed in chapter 2, which indicated that majority of social workers had a positive attitude towards kinship care practice (Brisebois, 2012). Therefore, the findings have positive implications for the enactment of kinship care in the child welfare legislative framework, as it may infer that based

on their positive attitude social workers would most likely recommend kinship care as an alternative care option.

The third objective identified subjective norms held by social worker's towards kinship care practice. To conclude, more than half (61%; n=61) of the participants agreed that "they feel under social pressure to explore kinship care actively. This reinforces that majority of the participants referred to their supervisor as the most important referent who influences their decision to explore kinship care practice. Congruently, the second most identified subjective norm was only (49%; n=49) of the participants agreed that their supervisor determines their choice to explore kinship care", which suggests that the participant's supervisors influenced their intent to pursue kinship care.

Although, these findings were in contrast to the existing literature as discussed in chapter 2, which indicated that subjective norms were less likely to inform behavioural intention (Brisebois, 2012; Montano & Kasprzyk, 2002). In contrast, the findings of this study indicate that subjective norms may be a strong indicator of behaviour, in this context compliance to recommend kinship care as a result of social pressure from an important referent, the supervisor.

As a result of a stronger subjective norm, perceived behavioural control is less predictive of intentions in this study. Finally, this study examined the perceived behavioural control related to the practice of kinship care by social workers. The study findings indicated decreased perceived behavioural control by (66%, n=66) reporting an "inadequate support from their department in allowing them to explore kinship care." Secondly, almost half (46%; n=46) participants reported a low volition control over "making their own decisions to pursue kinship care." In conclusion, the findings were contrary to the previous literature asserted by Briobios

(2012) on perceived behavioural control, where higher volition of control was reported. Finally, decision to practice kinship care has huge implications for social work policy and practice.

6.2 Implications for child protection policy and practice

Practice implications. This study has provided some insights on social workers' perceptions about kinship care placements and highlighted some professional behaviours that may be linked to how professionals feel about kinship care practice. These perceptions may have practice implications for future work with children and families. Brisebois (2012) asserts that if attitudes can set the direction for practice, professionals ought to investigate the potential for those perspectives to impact their considerations and choices. There is a likelihood of social workers and child protection professionals to focus on preventative, monitoring and evaluation work (Hall, 2019). Finally, the enactment of kinship care has positive implications for social work practice, with social worker's administrative and court-related burden reduced in the kinship care process, consequentially redirect practice focus on preventative work, monitoring and evaluation (Proudlock and Rohrs, 2018; Child Care and Protection Policy, 2017).

Policy implications. Despite the surge in the numbers of kinship homes, controversy continues to surround child welfare policies that mandate the exploration of kin (Brisebois, 2012; Geen, 2003). In South Africa, there's a policy gap and lack of legal recognition to mandate social workers and other child protection professionals to have a shift in child placement practices. The study findings indicate that some professionals continue to have some reservations regarding this practice, as 48% (n=48) expressed negative attitude towards kinship care practice. It also shows a divide among professionals in their practice decisions. Literature outlined in chapter 2 evidenced that the legal recognition of kinship care as an alternative care option has a positive implications

on child developmental outcomes and strengthening caregivers (O'Brien, 2016; Proudlock & Rohrs, 2018; Washington et al., 2014).

Finally, the legal recognition of kinship care has positive implications for child protection, policy and practice for social workers and other child protection professionals.

6.3 Recommendations

From the above conclusions, the following recommendations are made for policy, social work practice and research.

Policy

The rationale for this study was motivated by the lack of legal recognition of kinship care as a care option in South Africa's child welfare system. Recommendations to address this policy shortcoming include:

- A recommendation is made to reform and develop child protection policies in South Africa. This recommendation is in line with the Draft Children's Amendment, Bill of 2018 that is anticipated to positively benefit the social welfare and well-being of vulnerable and orphaned children currently placed in kinship care.
- A recommendation is made to reform social security policies in order to support the basic financial needs of children in kinship care. This is recommended in line with the Social Assistance Bill of 2018 to include the CSG Top up grant for kinship caregivers is anticipated to expand the social security of kinship caregivers and provide additional financial assistance to all children in kinship care.

Social work practice

The following recommendations pertain to social work practice:

- To provide comprehensive training to already practicing social workers to enhance their attitudes towards kinship care practice and to equip them with skills in kinship care practice.
- To provide ongoing compulsory policy and legislative training workshops to equip social workers to be informed of new policy recommendations pertaining to child protection and the child welfare system to better inform their practice.
- To recommend for family reunification as a social work principle to be included as a central practice guideline for kinship care in social work practice.

Research

The following recommendations are specific to future research:

- To conduct a qualitative study, to conduct a study to examine specific child outcomes of children in kinship care in comparison to those who are foster care system in South Africa
- To conduct a study to ascertain the relationship, if any, between attitudes of social workers on kinship care practice decisions.
- To conduct a research study using a larger sample size and expand the geographical population to other provinces in South Africa for the generalizability of the study.

To sum up, this study has provided key insights on the knowledge, attitude, subjective norms and perceived behavioural control towards kinship care practice among

social workers in South Africa. Pertinent implications for child protection policy and practice stem from this research to prioritise the best interest of children in kinship care.

Concurrently, to provide a policy and practice framework to guide the practice of social workers and other child protection professionals. Overall, the policy, practice, and research recommendations from this study are directed at informing practice interventions for professionals and policy reform towards legal recognition of kinship care for the best interest of vulnerable children in South Africa.

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Appendix 1: Questionnaire



UNIVERSITY OF
KWAZULU-NATAL
INYUVESI
YAKWAZULU-NATALI

Master's Questionnaire

Social Worker's Knowledge and Attitude Towards Kinship Care

Questionnaire number: _____

Occupational information

Instructions: For each of the following questions please tick ✓ the appropriate box below:

1. Do you have a social work qualification? Yes No
2. What highest level of professional qualification do you have? _____ (e.g. Master's in Social work)
3. Are you employed by the Department of Social Development? Yes No
4. Are you registered with the South African Council for Social Service Professionals (SACSSP)? Yes No
5. Where is your current work region office based? (Please tick below)
 Pietermaritzburg New Hanover Taylors Halt
6. What is the name of your regional office? _____

Section A: Socio-demographical information

Instructions: For each of the following questions please tick ✓ on the appropriate box below.

7. What is your age? _____ (in years)
8. What is your sex?
 Male Female
9. What is your population group?
 African Indian White Coloured Other (please specify) _____
10. What is your highest level of education?
 Primary Secondary Tertiary
11. What is your professional field of practice?
 Child Welfare (Child and family work) School social work
 Probation social work Forensic social work
 Occupational social work Other (please specify) _____
12. How many years have you been in practice?
 1- 5 years 6-11 years 12-17 years 18 + years
13. Do you have experience in kinship care casework?
 Yes No
14. How many years have you worked with kinship cases?
 0 1-5 years 6-11 years 12+ years

Section B: Knowledge and Skills

Instructions: The following relate to how you would rate your knowledge and skills relating to foster care: Please tick the appropriate box

	1- Very Poor	2- Poor	3- Average	4- Good	5-Excellent
15. The ability to gathers appropriate information from the family, collateral contacts, case records, and other sources to thoroughly assess health, safety, abuse or neglect, and family strengths, and risks to children.					
16. The knowledge of foster care process according to the Children's Act number 38 of 2005.					
17. To understand the legal processes and the roles of social workers in relation to the court procedures.					
18. The knowledge of the statutory provisions in the 2018 Draft Amendment Children's Bill relating to kinship care.					
19. The process of applying for foster grant for kinship care givers.					
20. The role of a social worker in the foster care process and providing support to the child and family.					
21. Knowledge of the appropriate statutory forms required for the foster care process.					

22. The process of family preservation and/or reunification as an important process of placing a child.					
23. The knowledge of the provisions of Section 150 of the Children's Act and its implication on kinship placement.					

Section C: Social Worker's Attitude Towards Kinship Care

	1- Strongly disagree	2- Disagree	3- Neither agree nor disagree	4- Agree	5- Strongly agree
24. Children are happier living with kinship caregivers (relatives) rather than children in foster care.					
25. Kin caregivers (relatives) should not financially provide for their kin child on their own.					
26. I conduct my assessments free of any bias notions about the family member who is proposing to be a kin caregiver.					
27. Children placed in kinship homes demonstrate a stronger sense of belonging than children in foster care do					
28. When children are placed with kinship caregivers, they are exposed to healthier situations than children in foster care.					
29. The standard of care children receive in foster homes is higher than the standard of care children receive in kinship homes.					

30. I can get frustrated with kinship caregivers and it may show in my work with them.					
31. I wish I could decide not to explore kin (relatives) when I know they will not pass the assessment; it takes up too much of my time.					
32. Caseworkers spend a lot of time assessing kinship homes that are not appropriate placements for children.					
33. Children placed in kinship homes are at less risk of attachment difficulties					
34. Children experience fewer moves when placed with kin rather than regular foster homes.					
35. Kinship caregivers could be more successful if my organization provided them with financial assistance.					

Section C: Subjective Norms and Perceived Behavioural Control

	1- Strongly disagree	2- Disagree	3- Neither agree nor disagree	4- Agree	5- Strongly agree
Subjective norms					
36. I feel under social pressure to actively explore kin when a child comes into care.					
37. Most people who are important to me at work think that I should explore all kin who come forward, regardless of their history with child welfare.					
38. I prefer to place children with kinship caregivers instead of in foster care.					

39. People who influence my decisions strongly support my decision to conduct a home visit after a concerning record check.					
40. If a grandmother with extensive child welfare history called me to care for her grandchild, for me to simply say no to her without speaking with my supervisor would be difficult.					
Perceived behavioural control					
41. It would be easy for you to place a child in foster care, without contacting relatives/ kin first?					
42. It would be difficult for you to place a child in foster care, without contacting relatives/kin first?					
43. It is completely up to me to actively explore relatives/kin when a child comes into state care.					
44. I have time to thoroughly assess potential kinship placements before a child is placed in foster care.					
45. My department has enough support in place for me to explore all potential relatives/kin if I wanted.					
46. Kinship homes are more difficult to monitor than regular foster homes.					

Thank you for your participation!

Appendix 2: Ethical approval letter



05 November 2019

Miss Mirriam Sinethemba Mkhize (218057214)
School Of Law
Howard College

Dear Miss Mkhize,

Protocol reference number: HSSREC/00000689/2019

Project title: An investigation of the knowledge and attitudes of kinship care amongst social workers employed by the Department of Social Development in KwaZulu-Natal: Implications for Child Protection Policy and Practice.

Full Approval – Expedited Application

This letter serves to notify you that your application received on 21 October 2019 in connection with the above, was reviewed by the Humanities and Social Sciences Research Ethics Committee (HSSREC) and the protocol has been granted **FULL APPROVAL**

Any alteration/s to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through the amendment/modification prior to its implementation. In case you have further queries, please quote the above reference number. PLEASE NOTE: Research data should be securely stored in the discipline/department for a period of 5 years.

This approval is valid for one year from 05 November 2019.

To ensure uninterrupted approval of this study beyond the approval expiry date, a progress report must be submitted to the Research Office on the appropriate form 2-3 months before the expiry date. A close-out report to be submitted when study is finished.

Yours sincerely,

Professor Urmilla Bob
University Dean of Research

/dd

Humanities & Social Sciences Research Ethics Committee
Dr Rosemary Sibanda (Chair)
UKZN Research Ethics Office Westville Campus, Govan Mbeki Building
Postal Address: Private Bag X54001, Durban 4000
Website: <http://research.ukzn.ac.za/Research-Ethics/>

Founding Campuses: ■ Edgewood ■ Howard College ■ Medical School ■ Pietermaritzburg ■ Westville

INSPIRING GREATNESS

Appendix 3: Gatekeeper's letter



social development
Department:
Social Development
PROVINCE OF KWAZULU-NATAL

FAX	:033-264 2075	HUMAN RESOURCE DEVELOPMENT
Telephone/Uncingo/Telefoon:	033-264 2078	174 Mayors Walk Road
Enquiries/Imibuzo/Navrae	: Mr VW Gumede	Private Bag X9144
Email address	: velaphi.gumede@kznsocdev.gov.za	Pietermaritzburg
Reference/Inkomba/Navrae	: S6/5/3	3200

Ms MM Mkhize
245 Sinana Road
Bufferstrip
Pietermaritzburg
3201

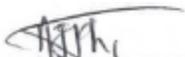
Contact No: 079 554 9112
Email: mkhizemiriam000@gmail.com
Student No: 218057214
Dear Ms M Mkhize

PERMISSION TO CONDUCT RESEARCH IN THE DEPARTMENT OF SOCIAL DEVELOPMENT UNDER THE TOPIC "AN INVESTIGATION OF THE KNOWLEDGE AND ATTITUDES OF KINSHIP CARE AMONGST SOCIAL WORKERS EMPLOYED BY THE DEPARTMENT OF DEVELOPMENT IN KWAZULU-NATAL"

1. This matter has reference.
2. Kindly be informed that the permission has been granted by the Head of Department for you to conduct research in the department for you to fulfil the requirement of your Masters in Child Care and Protection under UMgungundlovu District, Department of Social Development, KwaZulu-Natal.
3. The permission authorizes you to: -
 - a) Conduct surveys with employees and management from the Department at their consent deemed relevant to your research project and maintain high level confidentiality; and
 - b) Share your findings with the Department

Wishing you success during your research project.

Yours faithfully



MS NG KHANYILE
HEAD OF DEPARTMENT
DATE: 20/08

Appendix 4: Information sheet and informed consent



College of Law and Management Participation information sheet

Dear Participant

About the study

My name is Mirriam S. Mkhize and I am currently enrolled at the University of KwaZulu-Natal in the school of Law and Management at Howard College. I am completing my Masters in Child Care and Protection (inter-disciplinary Social work and Law). As part of the requirement of the degree, I am conducting research on the knowledge and attitude of social workers towards kinship care in KwaZulu-Natal: Implications for Child Protection Policy and Practice.

You are being invited to consider participating in a study that involves completing a survey questionnaire about the **knowledge and attitude of social workers towards kinship care in KwaZulu-Natal: Implications for Child Protection Policy and Practice**. The aim and purpose of this research is to examine the social worker's knowledge and attitude towards the knowledge, attitude and practice towards kinship care. It is hoped that this information will play a crucial role in the practice of social workers involved in kinship care and advocate for policy reforms towards kinship care being legally recognised.

Recruitment

This study will recruit 100 participants, who are employed by the Department of Social Development in KwaZulu-Natal. The researcher will distribute twenty (20) questionnaires to the social work participants, who are currently employed in the UMgungundlovu district in Pietermaritzburg offices. The expected duration of your participation if you choose to take part in the study and complete the questionnaire will be approximately 15 minutes.

After the recruitment

After the researcher has administered the survey questionnaires to the participants. The survey questionnaire will be coded by the researcher (quantifying variables) on the returned questionnaires by respondents which will be printed. The researcher will then use SPSS- to analyse the data from the survey questionnaire.

Voluntary participation and Confidentiality

This study will not involve any emotional or physical risk or discomfort. Your participation is entirely voluntary and refusal to participate will not be held against you anyway. You may withdraw from the study at any time and you may also refuse to answer any questions that you feel uncomfortable with answering. Lastly, please be assured that your name, personal details and no identifying information will not be included in the research report. Your responses are confidential and private.

Storage of information

After data collection and throughout data analysis, the researcher will collect all the completed questionnaires, put them in a file folder and place them in a locked cardboard which only the researcher has access to. Thereafter, once the questionnaires have been entered onto SPSS the researcher will shred all the questionnaires. The SPSS folder will be password protected and stored on the hard drive of the researcher and supervisor for a period of five years.

Contact details

This study has been ethically reviewed and approved by the UKZN Humanities Research Ethics Committee (approval number: **HSSREC/00000689/2019**).

In the event of any problems, concerns or questions, you may contact my supervisor Professor Johannes John-Langba (**contact:** 031 2602792 or **email:** JohnLanbgaJ@ukzn.ac.za); or the researcher at (**contact:** 079 554 0112 or **email:** mkhizemiriam000@gmail.com) and you may also contact the UKZN Humanities & Social Sciences Research Ethics Committee, contact details as follows:

HUMANITIES & SOCIAL SCIENCES RESEARCH ETHICS ADMINISTRATION

Research Office, Westville Campus
Govan Mbeki Building

Private Bag X 54001

Durban 4000 KwaZulu-Natal, SOUTH AFRICA

Tel: 27 31 2604557- Fax: 27 31 2604609

Email: HSSREC@ukzn.ac.za

Thank you for taking the time to consider participating in the study.

Yours sincerely

A handwritten signature in black ink, appearing to read 'M. Mkhize', with a horizontal line extending to the right.

Mirriam Mkhize



UNIVERSITY OF
KWAZULU-NATAL
INYUVESI
YAKWAZULU-NATALI

Consent form for participation in the study

I hereby consent to participate in the research project. The purpose and procedures of the study have been explained to me. I understand that my participation is voluntary and that I may refuse to answer any particular items or withdraw from the study at any time without any negative consequences. I understand that my responses will be kept confidential.

Should you have any questions relating to the study please feel free to contact my supervisor Professor Johannes John-Langba on (**contact:** 031 2602792 or **email:**

JohnLanbgaJ@ukzn.ac.za); or the researcher on (**contact:** 079 554 0112 or **email:** mkhizemirriam000@gmail.com)

Should you have concerns relating to an aspect of the study or the researcher you may contact the Human Social Sciences Research Ethics Administration (**contact:** 031 260 4557

email:HSSREC@ukzn.ac.za).

Name of Participant: _____

Date: _____

Signature: _____