Childhood experiences of adversity and resilience in adults raised under Kinship foster care.

A RESEARCH REPORT PRESENTED TO

THE DEPARTMENT OF PSYCHOLOGY

FACULTY OF HUMANITIES

THE UNIVERSITY OF THE WITWATERSRAND

IN PARTIAL FULFILMENT OF THE REQUIREMENT FOR THE MASTER'S DEGREE IN COMMUNITY-BASED COUNSELLING PSYCHOLOGY

BY

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DATE OF SUBMISSION: 08/09/2025

Table of Contents

Declaration

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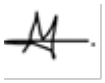
Title of thesis:

Childhood experiences of adversity and resilience in adults raised under Kinship foster care.

I declare that this dissertation is my own original work. Where secondary material is used, this has been carefully acknowledged and referenced in accordance with university requirements. I understand what plagiarism is and am aware of university policy and implications in this regard.



SIGNATURE DATE: 08/09/2025

Acknowledgements

I would like to acknowledge myself for the commitment, resilience, and effort I poured into this research, even when faced with challenges, through the almighty's Grace. I started this master's journey after resigning from a full-time job and without any financial support. Along the way, I experienced the loss of my kinship foster parent, a deeply personal and significant event, especially as this study focuses on kinship foster care. My parting ways with her not only fuelled my motivation but also enriched my reflexivity in shaping this research.

My heartfelt gratitude goes to my family: my father Thabang Malibo, my sister Lorraine Malele, my brother Henry Malele and the Maponya & Mashego clan. This work is dedicated to my late parents, Olgah Samaria Maponya and Steve Maboku Maponya, who have been guiding lights on this journey. To my sister, Joyce Maponya, though life separated us at a tender age after the loss of our parents, I believe the bond we share remains rooted in love and longing. Our journeys have shaped us differently, and at times these differences challenge our connection. Yet, I hold hope and commitment to rebuilding what was interrupted by life's circumstances.

I also extend my gratitude to my participants whose narratives have contributed to this research as well as my supervisor for the unwavering support in this research. I stand here as a woman raised through kinship foster care — not self-made, but shaped by a village, with many more still to come.

This study was funded/supported by the DSI-NRF Centre of Excellence in Human Development at the University of the Witwatersrand, Johannesburg. The opinions expressed and the conclusions drawn are those of the author and should not be attributed to the Centre of Excellence in Human Development.

List of Abbreviations

AIDS-acquired immunodeficiency syndrome

CRC-Committee on the Rights of the Child

CWLA-Child Welfare League of America

CYCC- Child and Youth Care Centre

DHS- Demographic Health Survey

FCG-Foster Care Grant

HIV-Human immunodeficiency virus

JCW- Joburg Child Welfare

NGO- Non-Governmental Organization

OVC-Orphans and Vulnerable Children

SASSA-South African Social Security Agency

UNICEF-United Nations Children's Fund

UK-United Kingdom of Great Britain and Northern Ireland

US-United States

Abstract

This study explored the resilience and adversity experiences of young adults who grew up in South Africa's kinship foster care system. It looked at how their upbringing in this system has influenced their capacity to deal with adversity and grow resilient from childhood to adulthood. This study takes a strengths-based, solution-oriented approach, departing from a deficit-based viewpoint that frequently solely emphasises the difficulties in foster care raised individuals. The study sought to identify the protective variables and adaptive methods that have contributed to the positive outcomes of individuals who have not only survived but also thrived despite the challenges they faced while receiving kinship care. The study identifies protective variables and adaptive methods not only for parents but for professionals that work within these fields. Qualitative content analysis was used to examine the perceptions of nine participants regarding kinship foster care in South Africa. The results show a more complex view of the system, emphasising its advantages, difficulties, and how different systemic factors interact to shape the experience. Key findings indicate that while the majority of individuals experienced early adversity, including emotional maltreatment, parental loss, and isolation, the quality of kinship interactions had a significant impact on their outcomes. Resilience was fostered by faith, independence, and early responsibility in addition to familial relationships. The study emphasises that kinship foster care can effectively enhance resilience, but only in conjunction with formal interventions, carer readiness, and continuous support.

Key words: Childcare experiences; Kinship foster care; Formal & Informal Kinship care; Resilience; South Africa.

Chapter One: Introduction

Introduction

The focus of the research is outlined in this introductory chapter. The chapter starts by outlining the background of the study, which places the research in a larger perspective and emphasises the importance of the subject being studied. The study focuses on the experiences of adults that were raised under kinship foster care in South Africa. The intention is to mediate the existing understanding that kinship foster care may lead to problem orientated experiences due to adversity. The study intends to show that resilience can coexist alongside adversity. This allowing for the problem narrative of foster care raised individuals assumed to prone adversity but also diminishing the success stories that are found within the system. The goal of this part is to give the reader a comprehensive grasp of the issue being explored and the main concerns that demand scholarly attention. This is followed by an outline of the study's purpose. This comprises a description of the aims of the study, as well as the objectives that directed the inquiry. After that, the study's rationale is presented, providing support for the investigation. This involves considering the topic's applicability, potential addition to the focus of knowledge, and any potential theoretical or practical ramifications. The chapter concludes with a summary of the report's structure, summarising the subject matter and main points of each succeeding chapter. The chapter ends with a summary that restates the main ideas covered and establishes the framework for the in-depth investigation that will take place in the upcoming chapters.

Background to the Study

The field of child development has a strong historic evidence base that illustrates how early adversity in childhood has impacted on the current generation (Carter & Van Breda, 2016). Experts within the field are constantly exploring ways to promote different ways for

taking care of children in need of care and protection, such as orphans and vulnerable children (OVC) (Abebe, 2009). In sub-Saharan Africa, there has been a growth in literature around OVC, which describes children who are without adequate caregiving (van Breda & Frimpong-Manso, 2020). This often leads to a traditional system of kinship care, where orphaned and vulnerable children are taken in by relatives and other community members (Dolbin-Macnab et al., 2009). According to Petrowski et al. (2017), this traditional system of caring for OVC dates to pre-colonial times, because in the African culture, the upbringing of a child was always viewed as a responsibility shared by parents, extended families, and the larger community. Thus, the traditional system of kinship care already existed if a child was orphaned or abandoned, creating a network of community support within this cultural background (Nnama-Okechukwu & Okoye, 2019). However, over time community based and cultural systems have been under increased stress. Research has shown how foster care placements have increased, with approximately 50 000 children placed in formal foster care since 2000 (Böning & Ferreira, 2013). Another measurement tool was reviewing foster care grants received in 2009, which reflected a total of 511 479 recipients, showing an increase of 461 479 cases over the period of nine years (Böning & Ferreira, 2013). Furthermore, due to the severe impact of HIV in South Africa, there were an estimated 2.5 million orphans in 2005, and the number was predicted to grow to 4 million more by 2015 (Böning & Ferreira, 2013). In 2018, South Africa had 2.7 million orphans (Hall & Sambu, 2019). This represents 14% of all South African children and includes those without a living birth mother, father, or both parents. Most South African orphans (63%) are paternal orphans, meaning they have living mothers (Hall & Sambu, 2019). In South Africa, kinship care is widespread. According to the most recent General Household Survey (GHS), in 2021, roughly one-fifth of South African children (18.8%) lived with neither parent (Kruger,2004). Under South Africa, not every child under kinship care is an orphan. Many children, whether or not they are orphans, reside with relatives like grandparents or aunts

(Kruger, 2024). According to the GHS, a greater percentage of children (18.8%) lived with neither of their parents, even though only 11.6% of South African children were designated as orphans in 2021 (2.2% of children were maternal orphans, 7.0% were paternal orphans, and 2.4% were double orphans) (Kruger, 2024).

Furthermore 56 million children are estimated to be orphans or not living with their biological parents in sub-Saharan Africa (UNICEF, 2015) (Collins, 2024). The high frequency of orphans is caused by a number of factors, including labour migration, high adult morbidity rates, and the HIVand AIDS pandemic, which prevent children from living with their original parents, even though those parents may still be alive (Collins, 2024).

It has long been customary for family members, especially grandparents, to care for vulnerable and orphaned youngsters. Because of this custom, almost 90% of all children who are not under the care of their parents are placed in the care of extended family members without a written agreement (Collins, 2024).

This has led to the need for orphans and vulnerable children to be placed in other alternative forms of care, such as residential care facilities or orphanages, known as childcare centres (Strijker et al., 2008). Although there are alternative forms of childcare, there are still many children who still end up homeless, or in child headed households because of resource challenges and policies which put pressure on existing care systems (Dolbin-Macnab et al., 2009; van Breda & Frempong-Manso, 2020). The growing number of this population of OVC increases yearly in sub-Saharan Africa, due to levels of poverty, disease, cultural norms, death, abuse, or neglect and even trafficking amongst other factors (Abebe, 2009; Strijker et al., 2008; van Breda & Frimpong-Manso, 2020). Initiatives have been developed by child welfare organisations to persuade family members to adopt the children in their custody, and caseworkers have been trained on how to engage with relatives about adoption and

guardianship alternatives (Boada, 2007). In addition, child welfare organisations, family members, and lawyers have weighed the benefits and drawbacks of adoption vs guardianship (Saisan et al., 2016). Even if relatives are given precedence for placement, it is still unknown which non-parental living arrangements best promote children's development (Winokur et al, 2014). Compared to children in non-kinship foster care, children in kinship foster care have better behavioural development, mental health, and placement stability (Wu et al., 2015; Winokur et al., 2014). However, according to Winokur et al. (2014), children in non-kinship foster care may have better access to the necessary services and opportunities for being adopted. Developing adequate childcare systems for OVC therefore continues to be a pressing concern in South Africa. It is within this broader context that the current study on young adults' experiences of kinship foster care is situated.

Research Aims

This study explores the experiences of adversity and resilience in young adults raised under kinship foster care in South Africa. The focus of the study is on understanding their experiences of being raised under kinship foster care, and how these experiences have contributed to navigating adversity and developing resilience throughout their lives. This study intends to offer a different approach to addressing some of the well-established challenges within the system of kinship foster care identified by existing research. The research study intends to shift the focus from a deficit-orientated perspective of the challenges experienced in foster care to a more balanced approach, exploring both the strengths that these individuals develop and the difficulties that they encounter. The intention of the study is therefore to identify the ways in which young adults have managed to resolve exposure to the risk and protective factors that come with being raised in kinship foster care. The focus is on their

retrospective childhood experiences in this type of foster care and how they adapted and developed resilience in their lives, despite any challenges or difficulties they might have faced because of being raised in kinship foster care. The study intends to identify ways to support children in kinship foster care from the perspective of those raised in this system and shed light on the factors that contribute to different future outcomes for these children by giving them a voice.

Rationale

Foster care is recognised globally as the most frequently applied form of alternative care for children (Böning & Ferreira, 2013). By alternative care this implies a placement, whether familial or non-familial, that is conducive, safe and protects the best interests of the child (Böning & Ferreira, 2013). However, the debates around foster care have persisted over time, and foster care practice continues to be viewed as not being an optimal form of childcare (Nnama-Okechukwu & Okoye, 2019).

The United Nations Conventions on the Rights of the Child (CRC) posits that every child has the right to an adequate standard of living, which includes the child's mental, physical, spiritual, moral and social development (Petrowski et al., 2017). Furthermore, the CRC requires that those responsible for a child secure within their abilities the necessary living conditions for a child's development (Petrowski et al., 2017). In South Africa, the Children's Act 38 of 2005 governs foster care practice. This Act identifies children in need of care and protection through neglect, abuse, abandoned or being orphaned (Böning & Ferreira, 2013). Therefore, a foster care placement is then used as a form of alternative care, whereby the child is placed in the care of a person who is not the child's biological parent (Böning & Ferreira, 2013). Foster care is also used as an umbrella term to refer to other forms of alternative care, such like

residential care facilities or childcare centres (previously known as orphanages), when traditional/kinship family placement is not available (Nnama-Okechukwu & Okoye, 2019).

Petrowski et al. (2017) highlight further, that countries such as South Africa, Ukraine, Georgia and the Russian Federation are amongst the most frequent settings where the terms 'kinship' or 'guardian' or 'relative' foster care are defined as formal care arrangements which are monitored, sanctioned, and supported by statutory organs. This is because kinship care has been viewed as an integral and inseparable element that constitutes a family (Petrowski et al., 2017). Therefore, the overall goal of foster care is for child protection and development in a safe and healthy environment, family reunification and rehabilitation and other permanent types of alternative care (Shaw et al., 2020).

According to Böning and Ferreira (2013), family placements or kinship care are seen as more advantageous for children than non-related people or placements, such as childcare facilities. This is because of the assumption that natural parenting is important to the child's development because it facilitates the provision of familial and cultural continuity, and it is believed to offer a child the necessary emotional bond or attachment with a caregiver, and carries less risks compared to institutional care (Pretorius & Ross, 2010; UNICEF, 2022).

Researchers argue that children raised under cluster foster care or residential childcare facilities suffer an emotional deficit due to a lack of maternal love from professionals or care takers (Nnama-Okechukwu & Okoye, 2019). This emotional deficit is created from the exposure to living in an unfamiliar environment, the presence of norms and traditions that differ to those of the family, which differs from the case of adoption (Nnama-Okechukwu & Okoye, 2019). Furthemore, research does not dispute that many children placed in foster care whether in cluster foster care, kinship or non-kinship foster care such as adoption care, tend to display emotional and behavioural disturbances during childhood due to the shared trauma of loss of

their biological parents, due to either neglect, abuse, abandonment or being orphaned (Shaw et al., 2020).

Much of the existing literature has emphasised the overarching issues that exist within the overall system of foster care. These include the increasing number of children in the system, a shortage of social services practitioners, funding issues in Non-Governmental Organisations (NGOs) or child and youth care centres/facilities, the misuse of the foster care grant, and mistreatment in the home or residential facility of the foster care child (Böning & Ferreira, 2013). A growing focus has also identified the challenges of transitioning out of foster care, where youth leaving foster care have shown disturbing patterns of poor outcomes when no longer under the foster care system. These challenges include, but are not limited to unemployment, lack of education, housing, mental health, substance abuse, justice system involvement and early parenting (Shaw et al., 2020). There also appears to be a substantial focus on the foster care system as a separate factor, along with the challenges it poses and recommendations of how to improve it through policy change or better policy implementation. There seems to be a considerable gap in exploring the experiences of individuals who have been raised under kinship foster care and have survived/thrived as adults outside of the system, despite the impact of foster care system's known challenges. Understanding the experiences of these individuals not only helps us to understand the role of adversity and responses to these experiences but also allow for a better understanding of how adversity and resilience co-exist. This can yield important insights into ways of enhancing resilience, and identifying and strengthening the protective factors that contribute to more favourable developmental outcomes for children raised in foster care.

Resilience is defined as the good or competent outcomes despite concomitant or prior exposure to threats to development, which include placement in foster care (Richard & Yates, 2014). Exploring protective factors alongside risk factors may show how young adults develop

resilience and illuminate how individuals raised in kinship foster care thrive in adulthood despite adversities. This can potentially further allow for the emergence of a new perspective and approach around the phenomenon of foster care. Klika and Herrenkohl (2013) highlight that studying both risk and protective factors can inform the development of intervention programmes and policies. A shift in focus from a problem-orientated approach to a more strengths-orientated focus can assist childcare practitioners and professionals without dismissing the challenges of the system.

Structure of Report

This research report is structured into five chapters. Chapter One, the current chapter, is where the focus and rationale of the study was introduced and discussed. The remaining four chapters are organised as follows: Chapter Two, titled the "Literature Review," presents academic literature and information relevant to the research focus. It begins with a historical comparison of foster care between Eurocentric states and African states. Subsequently, it explores into examination of the foster care system in Africa, encompassing various types of foster care within welfare systems. Additionally, it provides a comprehensive review of South African kinship foster care, including an exploration of the governing regulations and legislation in the country. Central to this research is the exploration of the interplay between kinship foster care and non-kinship foster care arrangements. To this end, the literature review discusses the experiences of adversity and resilience associated with both types of care. Furthermore, it investigates the challenges posed by kinship foster care, the outcomes of this alternative care, and the reasons for its preference over other forms of alternative care within the foster care system. While existing literature predominantly analyses the challenges of kinship care, there remains a gap in research pertaining to positive experiences among adults

raised under kinship foster care. Lastly, the chapter concludes with the presentation of the theoretical framework employed in this research.

Chapter Three, titled the "Method," offers an in-depth understanding of the research methodology. It commences with the presentation of the research questions that guided this study. Subsequently, it discusses the interpretive perspective and emphasises the qualitative nature of the research. Detailed information concerning the study's participants and the employed sampling procedures is provided, followed by an explanation of the data collection tool and the procedures employed to gather data. The chapter also thoroughly examines the method of data analysis, namely content analysis, explaining the specific steps undertaken in this study. It concludes with a discussion on quality establishment, ethical considerations, and reflexivity.

Chapter Four, titled the "Presentation of Findings and Discussion," presents the results obtained from the conducted thematic content analysis. These findings are situated within the context of existing literature, and the theoretical framework of ecological systems theory is applied to facilitate the interpretation of these results.

Chapter Five serves as the "Conclusion" chapter of this research. In this chapter, a summary discussion specific to the study's research questions are presented. The chapter highlights the strengths of the research and its contributions to knowledge, while also acknowledging its limitations and suggesting directions for future research.

Conclusion

In conclusion, this introductory chapter has introduced the study's focus, providing essential context for the investigation. It has outlined the study's aims and rationale, while also

identifying gaps in the existing literature to underscore the significance of this research study's contribution. The next chapter provides an in-depth literature review of existing studies in the area.

Chapter Two: Literature Review

Introduction

This literature review provides an in-depth exploration of existing studies on foster care globally and in Africa. It explores all types of alternative care that are available within the foster care system, introduces kinship foster care, and then specifically focuses on kinship foster care in the South African context. The literature then examines literature on the reasons for kinship foster care being preferred over other alternative forms of care, the outcomes of this form of alternative care and the challenges posed by this type of alternative childcare. This review intends to provide a greater understanding of the context of kinship foster care in South Africa, while exploring the implications of this existing research for the current study. Most importantly, the chapter reviews existing literature on how adversity can co-exist alongside resilience, for kinship-raised individuals. Lastly, the chapter introduces the ecological systems theory used to holistically understand adults' experiences of adversity and resilience in being raised in kinship foster care.

The Global Context of Foster Care

Foster care is a multifaceted and ongoing childcare phenomenon that differs within different regions globally. As of 2017, there were an estimated 140 million foster children worldwide (Petrowski et al., 2017; United Nations Children's Fund [UNICEF], 2017). According to data from 2022, 153827 children in India were placed in foster care; most of them had at least one living parent (Priyadarshini & Jose, 2024)). These children frequently struggle

with self-identity development, social-emotional health, and general life adjustment, regardless of their unique situation (Priyadarshini & Jose, 2024). Foster children's emotional, behavioural, and cognitive development can be significantly impacted by the experience of being separated from their original families, which is frequently made worse by past trauma or neglect (Priyadarshini & Jose, 2024).

According to Article 20.3 of the 1995 International Convention on the Rights of the Child, "due regard shall be paid to the desirability of continuity in a child's upbringing" when a child is placed outside the home (Strijker et al., 2008). In the United States (US), family foster care is thought of as a temporary type of care where plans are made for the child's long-term placement (Maluccio, 2003 as cited in Strijker et al., 2008). The child's home circumstances might be this permanent placement. The foster child will either be placed with a relative who will be granted custody of the child or become eligible for adoption if this cannot be accomplished within 22 months (e.g., Child Welfare League of America [CWLA], 1995) (Strijker et al., 2008).

When a child transfers from one placement to another without the possibility of a permanent home (such as return home, adoption, or in-kinship foster care), this is referred to as foster care drift (Strijker et al., 2008). Foster care drift is common, according to research findings from youth care studies conducted in the US, United Kingdom (UK), and Australia. In the US, long-term family foster care is rarely regarded as an option because of drift concerns (Stein & Gambrill, 1985 as cited in Strijker et al., 2008).

Existing research on foster care has found that there are different systems and forms of foster care in the African context compared to the European context (Rochat et al., 2016). The various types of foster care that have been identified globally, include both informal care and formal care. *Informal care* refers to any family private arrangement where a child is looked

after on an ongoing or indefinite basis, this includes relatives (informal kinship care), friends or any individual in their capacity and this form of care is not guided or protected by any administrative or judicial authority (Petrowski et al., 2017). Thus, these types of childcare arrangements are informally arranged by the individuals concerned based on circumstances, without any legal or institutional recognition, protection, or ratification. Furthermore in "informal" or "private" kinship care, on the other hand, statutory and welfare agencies are not involved in the child care placement process; instead, decisions about child care are made within the family and frequently rely on a variety of factors, including the child-caregiver relationship, the caregiver's health and well-being, income, and employment opportunities, to mention a few (Ratune, 2020).

Formal care refers to any care arrangement of living for a child that is guided by administrative or judicial authority inclusive of adoption by non-relatives, friends or individuals within their capacity, including relative care (known as formal kinship care) (Petrowski et al., 2017). This form of foster care is officially and legally recognised and follows a specific predefined judicial or administrative process before foster care placements are determined. Furthermore regarding "formal" and "public" kinship care, statutory agencies supervise the official process of allocating care and placing children with family members after court proceedings in cases of abuse, neglect, abandonment, or orphanhood (Ratune, 2020). Despite being wards of the state, the children are still in the custody of their relatives.

One of the key differences between foster care in Africa and Europe is that within most European countries, most forms of care (formal or informal) are governed by the state (Petrowski et al., 2017; Warren-Adamson, 2009). This is in part due to the well-established forms of social welfare and protection that are available in many European countries. However, a common aspect of foster care between these two different contexts is the state’s retainment of their ongoing involvement in the life of the child during the period of care (Rochat et al.,

2016). Another commonality is the wide-ranging factors that lead to a child being placed in the foster care system. These factors include, but are not limited to, abandonment, abuse, neglect, trafficking, death, poverty, and the overall inability to provide an environment conducive to a child's development (Abebe, 2009). Possible reasons for the rise in foster placements in South Africa include high unemployment, poverty, AIDS fatalities, unintended adolescent pregnancies, and the sharp rise in drug and alcohol misuse (Lesch et al.,2013).

Foster care has been impacted by the combination of factors that increase the likelihood of child abuse and neglect in many households. Poverty, homelessness, substance abuse, discrimination, and a decline in informal and extended family support are some of the issues that are weakening families' resilience and coping skills (Potter & Font, 2021). Families have always relied on service systems, but these institutions have not been able to keep up with demand (Potter & Font, 2021).

Lastly, there are commonalities in the types of alternative care a child is allocated to within the foster care system, namely, kinship foster care and non-relative foster care or institutional foster care/childcare centres (Rochat et al., 2016). Kinship foster care is used to describe placing children in their relatives' care which can be informal or formal (Rutane, 2020). Non-kinship foster care/non-relative foster care is used to describe a situation in which a child who is not related to their foster parent or parents has been placed in this kind of care because their biological family is not providing any assistance and can also be formal or informal (Rutane, 2020). When the family alone chooses to place the child with relatives or other kin, this is known as informal kinship care. A social worker may assist family members in making plans for the kid under an unofficial kinship care arrangement, but no child welfare organisation takes on legal custody or responsibility for the child (Washington et al., 2021). Relatives do not require state approval, licensing, or supervision because the parents still retain custody of the child, and this becomes informal kinship care.

Parenting children by kin can also be in formal kinship care, and it is decided by the court and the child protective services agency. Because of abuse, neglect, dependency, desertion, or exceptional medical circumstances, the courts decide that the child must be taken away from his or her parents (Washington et al., 2021). The relatives give the child with the full-time care, protection, and nurturing that the child requires after the child is placed in the legal custody of the child welfare agency therefore state and federal child welfare legislation are related to formal kinship care (Washington et al., 2021).

Most families apply for formal kinship care placements because they involve legal procedures that enable families to apply for foster care grants, even though both forms of care can be "formal" or "informal." It is crucial to remember that caretakers may seek for grants to meet their own needs rather than the needs of the children they are responsible for (Rutane, 2020).

In many African communities, kinship fostering has been considered a more permanent form of childcare placement. Here, a child moves from and between families to increase access to care using fewer of the formal processes of fostering, and with less concern for legal implications and procedures (Rochat et al., 2016). According to a study, the glaring racial disparity in child-parent co-residence was caused by the legacy of Apartheid's labour, housing, and migration laws (Rutane, 2020). Of the children that lived with both parents, 29% were Black, 53% were Coloured, and 70% were White, according to the same survey. Additionally, 4% of individuals who did not live with either parent was White, and 25% were Black (Hall & Wright, 2010). In addition, another study made the case that, in contrast to White children, who are more likely to grow up in nuclear families, Black children are more likely to live in extended households with relatives (Hall & Wright, 2010). The history of poverty and the laws imposed during the Apartheid era, which fostered a culture of collectivism and interdependence in Black families, are the causes of Black children growing up in extended households (Rutane, 2020).

Lastly, in South Africa, residential care/ childcare centres are usually a last resort, while kinship care is promoted, where possible, as a first preference. This is because the overall aim in foster care is to be used until a child can be reunited with a parent, reaches adulthood, or is permanently adopted (Rochat et al., 2016).

Considering the preference of kinship foster care, as the favourable alternative form of care in the foster care system, this literature review attempts to explore existing research on kinship foster care. There has been growing literature base that highlights a comparison between kinship and institutional foster care, as well as a shift away from institutionalised alternative care to reinforcing kinship care. Patterns evident in these studies have shown that the most favourable form of care tends to be kinship foster care (Shaw et al. 2020). This is also supported by Nnama-Okechukwu and Okoye (2019) who highlight that children that were raised within family-based care environments from a young age tend to show better mental and physical development than those that are raised in residential care facilities. This brings thought to whether there are contributing factors, internal or external, that yield positive future outcomes for a child raised in kinship foster care that are distinct from other forms of alternative foster care. However, there is also a growing concern of the negative exit outcomes of youth leaving foster care raised children, mainly with residential or care facility institutions now known as Child and Youth Care Centres (CYCCS) as well as kinship foster care (Zimudzi, 2022). This research study is interested in finding out whether the different outcomes found by research for children placed in kinship foster care are dependent on the unique individual child's experiences during their upbringing.

Foster Care in Africa

Research has shown how kinship foster care is an alternative form of care that has been available on a large scale in Africa and has been a longstanding tradition based on kin and community responsibility for child rearing practices (Ariyo et al., 2019; Louw, 2001; Nussbaums, 2003, cited in Hailey, 2006). Kinship care within Africa is different from developed countries like the UK (Ariyo et al., 2019; Ince, 2010). Ariyo (2019) goes further to explain that placement of children within care of relatives in America and Australia has been regulated by the state and used by child welfare policies for over two decades. The home environment is crucial for the safety and well-being of children who are not in the custody of their parents, according to the CRC and the African Charter on the Rights and Welfare of Children (Article 25) (Ariyo et al., 2019). Additionally, the loss of stability and security that a family setting offers has been linked to long-term effects that follow orphaned children into adulthood (Parkinson, 2003 as cited in Ariyo et al., 2019).

Kinship care in Africa is usually an informal arrangement by relatives and is unregulated by the state (Ariyo et al., 2019, Asim, 2013; Roby, 2011). This differentiation of how kinship is regulated in this context gives rise to concern around how some issues in kinship foster care are reinforced due to the unregulated norms by the government authorities for this alternative care.

A third of homes had children in kinship care, according to Ugandan research (Deininger et al., 2003). Additionally, 49% of non-orphans in South Africa live with extended family, according to this report. This demonstrates how common kinship care, including care from extended family, is in this nation. According to Hampshire et al. (2015) and Ariyo et al. (2019), two-thirds of children in kinship care in Ghana have both parents still living.

Furthermore, 10% and 30% of non-orphans living in kinship care were recorded by the Demographic Health Survey (DHS), which covered 10 African nations (Ariyo et al., 2019).

Furthermore, Ariyo et al. (2019) highlighted that non-orphans living under kinship care were clustered under purposive fostering where there is crisis in parental households referred to as crisis or involuntary fostering. Some of the reasons identified for purposive fostering include but are not limited to migration, demand from domestic labour, separation/divorce, educational or job prospects of the child, and natural disasters (Akresh, 2009; Alber, 2004; Notermans, 1999; Zimmerman, 2003).

There are further key arguments found in Eastern and Southern Africa around foster care include but not limited to; family-based care vs institutional care, long term placement vs adoption or *kafalah (Muslim term for adoption)* (UNICEF, 2022) Family based cared is growing to be a preferred form of alternative care because it is believed to offer a child the necessary bond or attachment with the caregiver, provides attention needed from a family, and carries similar but fewer risks compared to institutional care (UNICEF, 2022).

In contrast to the finding above, other studies have found increased difficulties associated with kinship care. For instance, a study conducted in Zimbabwe, which focused on challenges and opportunities experienced by young adults transitioning out of kinship-based care, reported that extended families were observed to be poor at providing support and care to orphaned children (Dziro, 2020). Despite this observation, an interesting yet contrasting second observation was made which showed how relationships between extended family members in kinship-based care tend to shift from extended family relations to more nuclear family relations, where the ties/bonds become stronger (Dziro, 2020). Perhaps this highlights some positive aspects that kinship care offers an opportunity of permanency in some cases, despite adversities faced by a foster care child during their upbringing.

Long-term placements are preferred over adoption because they offer the option of family reunification, the rights and responsibilities are not fully transferred as compared to adoption (UNICEF, 2022). Furthermore, there's also been a resistance to adoption identified due to cultural norms (UNICEF, 2022). Formal adoption could disrupt the bloodlines, ancestry, and ancestral links that are valued in many communities. Additionally, adoption may be stigmatised, viewed as superfluous in comparison to unpaid caregiving, or incompatible with spiritual or religious convictions. The hesitancy regarding formal adoption is also influenced by worries about identity, belonging, and cultural detachment, particularly in transracial or cross-cultural adoptions (UNICEF, 2022). Pretorius and Ross (2010) also support the debate by emphasising the key strength component of kinship care is its provision of familial and cultural continuity.

Since not all children have a suitable family member to care for them, the foster care system provides several beneficial options for children in need of care. This may be due to the inability to find their family members, suitable members have died or cannot provide the safe and nurturing environment (UNICEF, 2022). In a study conducted within Sub-Saharan Africa across 17 countries, findings showed that although kinship care is widely recognised as the preferable form of alternative in the event of loss of parental care as compared to large scale institutional cluster care facilities, the overall decline of kinship foster care is evident (Roelen et al., 2017; UN, 2010). In Sub-Saharan regions grandparents, although considered to be poor or financially inadequate, are likely to be the ones offering kinship care (Mann, 2002; Roelen et al., 2017,). This is supported by Pretorius and Ross (2010), who highlight the concern that most families who considered kinship caring had fewer social and economic resources than traditional foster parents. By traditional foster parents, this referred to non-related kinship care or adoption (Pretorius & Ross, 2010). Kinship caregivers are more likely to be grandparents and sole caregivers, struggle financially and health-wise, and receive little assistance from child

welfare agencies (Hassall et al., 2021). Furthermore, according to a study, kin carers were significantly more likely to live in cramped quarters than unrelated foster carers. Many took on the responsibility of looking after sibling groupings, and while some were able to expand their homes or convert rooms to make room for the children, others had to make do with sharing bedrooms or using living space for sleeping (Hassall et al., 2019).

According to Roelen et al. (2017), motivations for kinship care in Ghana were closely linked to keeping family ties alive. Thus, familial ties may be more important than other factors in the family environment that can impact on child development (e.g. financial considerations, caregiver health/mental health, availability and living circumstances). This is supported by the study by UNICEF, which highlighted that kinship foster care should always be considered as first preference because it allows for the child to remain within their family, community and helps to maintain their cultural identity (UNICEF, 2022).

This research found the direct income effects, indirect income effects, and psychosocial and behavioural effects of social protection on the care and well-being of children (Roelene et al. 2017). The study also acknowledges that the direct income effect transfers improvement in the child's health, nutritional and educational outcomes at times (Attah et al., 2016). However, it was found that there was a growing concern about the commodification of children in need of care in relation to the orphans and vulnerable children's programme. This concern was sparked especially in Botswana (Roelen et al., 2012).

Additionally, the direct income effects mentioned above are indirect income effects. The aspect of indirect income effects is depicted by Barrientos et al., (2014) as, the observed stress reduction and psychosocial tensions that lack of income can cause. Furthermore, this was supported by findings in Tanzania that showed income provision as a mitigating factor in stress

and improving relationships between carers and their children, specifically in resource constrained grandparent-headed households (Roelen et al., 2017).

Lastly, Sub-Saharan African practitioners acknowledged that financial support alone is not sufficient to respond to children's complex needs. However, that emphasis needs to be made to combine psychosocial support and financial support when attending to OVC programmes. According to Roelen et al. (2017) challenges associated with caring for OVC stem not only from poverty and deprivation, but also from other contributing factors such as stigma, grief, loss, and experiences of neglect. Hence, there is a need to improve forms of support that mitigate the psychosocial and behavioural sequalae of being placed in foster case.

Foster Care in South Africa

According to Gudula-Koyana and Khanye (2019), there are between 3.7 million and 5.2 million orphans in South Africa. Therefore, in South Africa, the foster care system is a crucial part of alternative care. More than half a million children are placed in foster care under South Africa's alternative care system, according to Carter and Van Breda (2016), who highlight and bolster this statistic. Additionally, according to data from the South African Social Security Agency, 53,0357 children received foster care grants in 2014 (South African Social Security Agency, 2014). The key role players within the South African foster care system are Non-Governmental Organisations (NGO's) and community members, South African Social Security Agency (SASSA), Department of Justice and Constitutional Development (DoJ & CD). In addition to these role players, is the Department of Health (DOH), Department of Home Affairs (DHA) and Department of Basic Education (DBE) (Gudula- Koyana & Khanye, 2019).

According to Carter and Van Breda (2016), South Africa remains challenged in finding solutions for its OVC. Among other causes leading to foster care placements, is South Africa's

reality gripped by the HIV/AIDS pandemic (Desmond & Kvalsvig, 2005; Mkhize, 2009; Thiele, 2005). Furthermore, Carter and Van Brada (2016) emphasise that the systems put in place, as they refer to them as “traditional safety nets”, are being eroded by HIV/AIDS. The erosion is explained by explaining that the existing structures and services that provide a safety net for the vulnerable children are becoming strained and overwhelmed thus leading to further strain on the sub-systems such as extended family members that take care of orphaned and vulnerable child relatives (Carter & Van Breda, 2016).

In South Africa, the term foster care was introduced in the Children’s Act of 1960 (Fortune, 2016). The term foster care at the time was referring to a model in which placed children in need of care with foster parents who were not related to them, through a children’s court. According to Fortune (2016) and Ariyo et al. (2009), this model depicted a temporary solution for children in need of care. As a result, foster care became a legislative procedure that was a social service program that offered children whose families were unable to provide a secure and caring environment temporary out-of-home care (Fortune, 2016).

Foster care is defined as an alternate care placement under the Children's Amendment Act 41 of 2007 (RSA 2008) when a child is put by a children's court with a suitable individual who becomes their foster care parent (Carter & Van Breda, 2016). The Constitution's Bill of Rights outlines several core principles and rights that ought to guide the formulation of laws that impact children (Kruger, 2024). These consist of the fundamental principles and the rights to equality and human dignity. Furthermore, every child has the right to "family care or parental care, or to appropriate alternative care when removed from the family environment," according to Section 28, which upholds children's fundamental rights (Kruger, 2024). Thus, children are also given "the right … to be protected from maltreatment, neglect, abuse or degradation (Kruger, 2024)."

Furthermore, the foster parent is responsible for provision of an environment that is conducive to child's growth and development. The overall aim of foster care placement is to provide optimal support, care and protection within a safe and healthy environment (Carter & Van Breda, 2016). Some literature refers to South Africa as having four types of foster care placements namely, kinship care/family-based care, non-related kinship, intermediary and short-term foster care (Pretorius & Ross, 2010). In reference to intermediary and short-term foster care this would be governed under as care of children by individuals who lack parental rights and responsibilities, while section 150(1)(a) (as amended) addresses children who require protection and care due to abandonment or orphanage and lack of family members capable of providing for them (Kruger, 2024)

The South African Children's Act 38 of 2005, section 180 states the following terms for foster care placement.

i) With a person that is not a family member to the child.

ii) With a family member who is not the parent or.

iii) Legal guardian of the child or in a registered cluster foster care.

Therefore the distinction between non-kinship foster care, kinship foster care and cluster foster care is depicted (Carter & Van Breda, 2016).

Kinship foster care

In traditional South African cultures, as in other sub-Saharan societies, the extended family system was a significant and predominate social safety net for the care and protection of orphaned and vulnerable, as well as other categories of at-risk children (Abebe, 2014). The availability of social networks founded in kinship systems represented by the extended family

dictated multiple social, economic, and religious obligations along family lines during times of crisis like the death of a relative or parental disability. This provided the crucial social capital needed to uphold and guarantee the fundamental requirements of children's wellness and safety. Even if the child's biological parents had passed away or were otherwise unable to care for him or her, this was still the case. The ability of the extended family to care for abused, orphaned, and other vulnerable children in need is being questioned, nevertheless (Tanga, 2013). This is especially true considering the extreme stress and pressure the family has been observed to experience in contemporary South African society.

Although kinship care has historically taken place informally, Within the institutional boundaries of child protection, it is now recognised to offer a number of advantages, prominent among them the preservation of family, the encouragement of cultural identity, and the reduction of separation trauma (Paxman, 2006). The success of an out-of-home care arrangement depends on whether the child feels loved or like they belong. Cashmore and Paxman (2006) acknowledged that in their research on stability, "felt" security, and after-care outcomes, children and young people's degree of "felt" or perceived security is extremely valuable.

According to Davey (2016), the legal context of kinship foster care in South Africa is guided by the Children's Act 2005 which was introduced on the 1st of April 2010 and is the legal guiding framework for children considered in need of care and protection. Section 150 and 156 of the Children's Act of 2005 includes alternative care of children which covers those unable to live with their families and covers generic "fostering care" (Davey, 2016; Republic of South Africa, 2006). Furthermore, the author denotes that: "the Children's Act does not recognise kinship foster care as an identified alternative care provision for children" (Davey, 2016, p. 24). However, the Act includes permanency planning for the child and within the confines of this legislation that relatives may legally care for the kin. The conditions under

which a child can be fostered in South Africa is due to death, disappearance or incapacity of parents as well as due to abuse, neglect or abandonment (Davey, 2016; Roelene et al., 2017;). The placement of kinship foster care is whereby a child's relatives become responsible for the provision of safe living environment for a child. This type of foster care can be formal or involuntary (Zimudzi, 2022) However, under formal kinship care, the state has full custody of the child and this process is fostered by assigning the child a case worker responsible for ensuring safety provision of support and living standards (Knowsley, 2020; Zimudzi, 2022).

Through legislative processes overseen by a social worker, the relatives of the child are enabled to be recognised or legal guardians of the child as well as qualify for financial support from the government in the form of a foster care grant (Zimudzi, 2022). Section 155 of the Children's Act 38 of 2005, as modified, permits the granting of a court order that is good for a maximum of two years (Zimudzi, 2022). This court order is to be extended by the social worker every two years, in terms of section 159 of the Children's Act 38 of 2005 until the child turns the age of 18 (Knowsley, 2020). However, should the child turn 18 and not further their studies, the court order lapses and this entails the exit of foster care placement (Republic of South Africa, 2006; Zimudzi, 2022). On the other hand, should the child further their studies after the age of 18, according to the Children's Act 38 of 2005 chapter 176, the court order may be extended until the age of 21 (Incarnato, 2012; Republic of South Africa, 2006). Interestingly, when the child turns 21, even if they are still in the process of furthering their studies, the court order still lapses, and it may not be renewed.

This poses a challenge because the legislative framework mentioned above stipulates that youth transition out of foster care between the age of 18 and 21 (Mhongera & Lombard, 2018; Zimudzi, 2022). Therefore, this requires children having to adjust to life outside of foster care without the protection of the legislation and its associated financial benefits (Curry & Abrams, 2015). However, the child welfare department is responsible for sanctioning the

child's exit from kinship foster care into independent living (Zimudzi, 2022). The development and facilitation of psychosocial programmes intended to assist youth leaving foster homes is complex, as the system cannot account for all youth leaving foster care (Knowsley, 2020; Zimudzi, 2022;). These findings are supported by a study conducted by Dziro (2020) in Zimbabwe that focussed on challenges and opportunities experienced by young adults exiting kinship-based care. This study reported that without proper exit planning and psychosocial support from extended family members, young adults exiting kinship-based care will experience many challenges (Dziro, 2020; Mukundi Mirugi, 2016). Furthermore, Dziro (2020) emphasises the vulnerability of young females as they may become sexually active at an earlier age and drop out of school. This potentially leads to early marriage or unplanned pregnancies. Thus, they may experience problems in early adulthood due to a lack of preparation for these responsibilities.

The growing vast literature around the impact of loss on foster care children whose parents died because of the AIDS pandemic, supports the above argument about the combination of financial and psychosocial support within the foster care system. According to Pretorius and Ross (2010), due to the terms of children's wellbeing before the death of their parents, these children likely suffer loss and deterioration. Furthermore, this loss and deterioration is accompanied by trauma effects leading to various forms of psychopathology and behavioural reactions. These conditions include but not limited to internalising symptoms such as anxiety, depression, withdrawal and social isolation. Whereas some manifest externalising symptoms such as anti-social behaviours as a response to their circumstances.

Gudula-Koyana and Khanye (2019) highlight the extent to which in South Africa, large extended families find themselves looking after orphans due to death within the family. Thus, it may not be favourable to opt for foster care placement. However, this has led to family members who looked after relative orphans excluded from receiving foster care grant (Gudula-

Koyana & Khanye, 2019). Due to this problem arising, suggestions have been made around introducing kinship grants to cater for orphans living with their relatives. However, it was rather advised that, irrespective of the status of the foster parent, the orphan should be eligible for a foster care grant (Gudula-Koyana & Khanye, 2019). This was because it was unclear what the kinship grant implications would have on budgetary matters (Gudula-Koyana & Khanye, 2019).

Similar findings are revealed in a report by UNICEF where it was found that the government provides financial support to all caregivers who have been formally registered by social workers as foster carers. This has resulted in many grandmothers and other family members, such as aunts, caring for orphaned relative children, and applying to become registered foster care parents to obtain the grant (UNICEF, 2022). This has given rise to an argument on the necessity of bringing kinship carers into the formal foster care system, as they do not require regular monitoring and support from social workers (UNICEF, 2022). This is supported by the impact seen on social workers of being overwhelmed and unable to maintain the backlog of foster care applications (UNICEF, 2022)

This literature review provides an in-depth the history of kinship foster care, the challenges posed by this type of alternative care, outcomes of this alternative care and reasons for preference of this type of alternative over other alternative forms of care within the foster care system. Most evidence from the literature has analysed the challenges of kinship care. However, there is still a gap in research that explores positive experiences in the stories of adults raised under kinship foster care, as well as factors that promote resilience.

This indicates that there is still a need for research to explore experiences of adversity alongside resilience and how they co-exist, for individuals raised under kinship foster care. This will assist to narrow the risk factors found within kinship foster care but more importantly

provide a shift from risk factors to protective factors. A focus on protective factors for individuals raised under kinship care may help mitigate the risks in context, and the challenges faced by those in kinship foster care. It will further reduce the problematisation of foster care raised youth narratives and surface the strengths and resilience in of young adults who thrived out of the foster care system. Furthermore, this may contribute to policy making strategies around mitigating the challenges of orphans and vulnerable children.

Experiences of Children in Kinship Foster Care

Boetto (2010) posits that there is little research on how foster placement with family affects children and young people. The potential of re-traumatising children and young people in care owing to research is one ethical reason for this. Another is the trauma such children and young people have already endured. Additionally, due to the adult's age differential and role as "researcher," there are power asymmetries in relationships between adults and youth. This supports the focus of this research on young adults' experiences of raised in kinship-care. However, it is important to note the limitations that this research may have due to the age in which we ask adults to retrospectively reflect on their childhood experiences. Some may have reconciled with their upbringing so that the depiction of their experiences is, perhaps, narrowed to only the significant parts that they remember or would like to share with the researcher.

A study in Tamale, northern Ghana, that explored the experiences and views of children, carers, and adults on traditional kinship foster care, the main conclusions were that majority of foster carers cited maintaining family links and giving the children a chance to go to school were important factors (Zimudzi,2022). This is supported by Ryan et al. (2010) who emphasise how kinship care relates to connectedness is that living with a known relative, and the family support afforded in this relationship can help alleviate the trauma associated with a foster

placement. Zimudzi (2022) also adds that those who are fervently in favour of kinship foster care feel that it is advantageous for children because it gives them social connections with the extended family, which lessens the agony of not having their biological parents there. As a result, this promotes social and family continuity. Furthermore, even though many carers did not choose to take on the caregiving role themselves, they were content in their positions. Kuyini et al. (2009) highlights that fostering indicates that sociocultural values and norms associated with charity and moral duty, which are important because they keep family bonds alive. This supports the preference for family members to take kinship care roles.

Although traditional fostering is accounted for by choice, most kinship caregivers did not decide to assume the caregiving position on their own. This may present issues with quality of care and sustainability, particularly considering the significant financial burden of childcare. Kuyini et al. (2009) raises some of the crucial challenges that the current research aims to gain further insight from participants' retrospective experiences of initial placement within kinship care. This allows us to have a view of kinship practices and their perceived effectiveness. Additionally, Pretorius and Ross (2010) highlight that service needs may be even greater for children in kinship care than for those in the care of non-relatives "since kinship caregivers tend to be older, have fewer financial resources, and have more health problems than nonrelative foster parents (p.482)."

Kuyini et al. (2009) states that there is cause for optimism that the biological linkages between caregivers and children in kinship care will strengthen caregiver commitment. This is because there is a chance to gain from altruistic and reciprocal or exchange-based motives and so raise the standard and sustainability of care. However, where placement decisions are made exclusively by elders (with minimal consideration of the views of carers), or stem from a sense of obligation, then carers' commitment to child rearing may be called to question. This may explain why some carers express less warmth towards foster children.

Most studies conducted in South Africa show that grandmothers are the primary caregivers for extended family members (Emovon, 2021). Kuyini et al. (2009) also found that children preferred to live with their grandparents over their uncles and aunts. This highlights that these children perceive more dedication and love from their grandparents than from their uncles and aunts, who frequently may take on the care role out of obedience to the family elders rather than out of a personal commitment to childcare.

According to ae study that explored traditional kinship practice, it was found that factors such as financial problems (Hlabyago & Ogunbanjo, 2009), discipline and behaviour issues (Nyasani et al., 2009), sickness and illness related to childcare (Kiggundu & Oldewage-Theron, 2009), and other difficulties are reported in studies conducted in South Africa. However, Fetchter-Leggett and O'Brien (2010) found that, there was little research on individuals who were once kinship foster children. This is partly because the child welfare system has not historically followed the development of these children after they leave foster care and because there has been insufficient academic attention to the crucial issues surrounding how former foster children fare as independent adults. This is why this research takes a stance of acknowledging that alongside adversity there is resilience because it takes note of the lack of literature found around the experiences of adults that were kinship raised.

Pretorius and Ross (2010) are amongst the few researchers who conducted a study about experiences of kinship raised AIDS-orphans. Some of the findings presented are that child expressed their feelings of loss before and during the initial stages of foster care, and that the children expressed emotions that ranged from sad and unhappy, ambivalent and neutral, to happy and thankful. However, most of the children experienced profound sadness when their parent/s passed away and mentioned that it was a very painful experience. Most of the participants (85%) emphasised that, even though their basic physical needs were met in terms of food, clothes and shelter, they nevertheless found it difficult to cope emotionally with the

losses, which affected their psychological adjustment (Pretorius & Ross, 2010). They experienced loneliness, unfairness, sadness, exclusion, and occasionally rage together. They appeared to have psychological demands that were not always met, including those for love, acceptance, belonging, nurturing, and caring (Pretorius & Ross, 2010). It would be fair to postulate the same sentiments apply to orphaned individuals, even if their placement in kinship care did not result from parents who died from AIDS. This is supported by Zimudzi (2022), who found that even though familial foster care provided many benefits, some children noted that it also had drawbacks. These included the inability of the youth to form relationships with other youth, and a sense of insecurity that led to a sense of not belonging to any social group.

Fetchter-Leggett and O'Brien (2010) found that children that are fostered by family members experience less emotional and behavioural issues. This may in part be because research suggests that kinship homes are more likely to accept children who are less emotionally and behaviourally disturbed (Grogan-Kaylor, 2000). This finding implies the need to assess a child before accepting them as a caregiver. However, in most African families, kinship practice is not a choice but a principle, and other instances, families may have this as the only option. Ryan et al. (2010) found that youth in kinship settings are also reported to have fewer behavioural problems compared with youth in non-kinship settings. Perhaps this finding supports the latter, however, the issue of kinship-raised children having fewer behavioural problems is worth exploring further.

Pretorius and Ross (2010) argue that when a parent passes away, adolescents may experience a sense of their entire world crumbling, and their sense of self may become clouded. They face significant challenges to their worldview. They figure out how to incorporate the death of a parent into their lives and put the puzzle pieces together as they develop and mature. Nevertheless, to carry out this decision, one must be self-aware, introspective, and critical of oneself. The adjustment and remodelling they must go through may impact their sense of

identity. The majority of the foster care placements were with family members, and it was obvious that this was frequently a family rather than an individual decision. This would seem to be a prevalent cultural practice in many African families. Perhaps with this view it is not definitive whether there can be an assessment of emotional and behavioural challenges that kinship raised children may carry (Pretorius & Ross, 2010).

Furthermore, compared to children in non-kinship placements, children in kinship placements have a lower risk of abuse, are less likely to have their placement interrupted, and stay longer (Fetcher-Leggett & O'Brien, 2010). This alludes to a permanency of residency with the kinship family. Although there are lower risks in kinship care, this does not dispute that there are still significant risks to development, which supports the study's argument.

Experiences of adversity alongside resilience

Fetcher-Leggett and O'Brien (2010) investigated mental health issues for kinship-raised individuals. Their findings reflected that no matter how long a person spent in kinship care, placements were not a reliable indicator of their mental health outcomes. When compared to other kinship placement patterns or no kinship placements, these placements do not account for more favourable mental health outcomes, contrary to the hypothesis that being cared for exclusively by kin would have this result (Fetcher-Leggett & O'Brien, 2010).

According to their findings, one of the major experiences of the participants was a lack of access to basic needs under kinship foster care (Zimudzi, 2022). Ryan et al. (2010) reviewed a study, which also found that children in kinship care fared worse than other children in terms of their educational attainment. When Lachaud et al. (2016) examined the likelihood that a child would attend post-primary school, they discovered that 89% of children who had never

been in foster care did so, compared to 76% of those in foster care. This finding infers to the kinship's lack of prioritisation in education for their (kin) child. According to Roby et al. (2014), kinship care children had a 4.17 times higher likelihood of missing school than children in parental care. Similarly, Yamano et al. (2006) found that non-orphaned foster male adolescents had a 50% lower likelihood of attending school than children who were raised by their parents. According to Gage (2005), fostering makes it more likely for girls to be absent from school. Orphans in kinship care had fewer educational resources and lower levels of school attendance than orphans in orphanage care (Zimmerman, 2005). These findings on educational outcomes for kinship raised individuals raises the question whether these trends are still applicable today.

Theoretical Framework

This section explores ecological systems theory as the theoretical framework of the study and further explores the concepts of adversity and resilience in the context of child development. In Urie Bronfenbrenner's (1977) ecological systems theory, a child's surroundings and their innate predispositions and behaviours interact with one another throughout early development to affect that child's growth and development later in life. Bronfenbrenner's (1977) ecological theory has had a profound impact as a guiding framework for understanding child development and intervening within the field of childcare. According to Derkson (2010), in actual practice, Bronfenbrenner's ecological framework has influenced both the childcare workers' efforts to work within the many ecological contexts that are significant in the children's lives, as well as the daily interactions between children and caregivers.

Bronfenbrenner created the ecological/systems framework known as ecological systems theory, commonly referred to as human ecology (Harkonen, 2007). Research by Bronfenbrenner (1979) concentrated on how social interaction affects child development. According to Bronfenbrenner (1979), a person's development is influenced by everything in their surroundings, including their social relationships. The context and other people's interactions with the developing child, form who they ultimately become.

These environments (contexts) could influence a child's development in a favourable or unfavourable way, according to Bronfenbrenner (1979). The theory states that the system affects a person's development in many ways, such as their behaviour and interactions, physical maturity, personal characteristics, growth and health, conduct, leadership skills, and other qualities. Bronfenbrenner (1997) also includes considering how time affects development, which emphasises socio-history or time-related events. According to this ecological paradigm, time, social interaction, and environment all play crucial roles in human development (Bronfenbrenner, 1997).

The ecological systems theory has the following assumptions: (a) the individual is a player who actively influences their environment; (b) the environment forces an individual to adapt to its conditions and constraints; and (c) the environment consists of different size entities that are positioned one inside another with their reciprocal relationship between them, namely micro-, meso-, exo-, and macro-system and chrono-system (Härkönen, 2007).

The systems are explained in terms of the environment in which the child lives and may have a direct or indirect impact on their life. Therefore, the theory delineates five different types of systems to understand the relationship between the child and their environment (Derksen, 2010). The child's close, private relationships with people in their immediate environment—their immediate family, teachers, peers, or neighbours—are included in the microsystem

(Bronfenbrenner, 1997). The microsystem in kinship foster care will encompass the home and family setting in which the individual was raised in, their childhood friends, schoolteachers and peers, and any direct interactions that would have shaped them.

The mesosystem examines the connections between microsystems in which the child actively participates (Derkson, 2010). The idea is that the different microsystems that the child is a part of must coexist harmoniously. Conflicting emotions arise when this harmony is missing, which has an impact on the development of those emotions (Bronfenbrenner, 1997). The mesosystem for adults raised in kinship foster care would be understanding the relationships the home had with other sub-microsystems, for example did the child attend schools outside the premises of the community and how did schooling affect the child's adjustment at the home. This is because the mesosystem looks at the links between microsystems which the child is an active participant in these systems (Derkson, 2010). The motive is that there needs to be harmony between the other microsystems that the child exists within. The absence of this harmony results in conflicting emotions and affects their development (Bronfenbrenner, 1997).

The exosystem refers to the interplay of two or more systems that may have a passive or indirect impact on a child's development (Bronfenbrenner, 1994). In other words, the developing person is affected as a member but not directly participating, for example a child can be affected by the relations between the home and the parent's workplace (Härkönen, 2007). This will help us understand the experience of being raised in kinship foster care and how children are affected by indirect systems which one existed within such as the neighbourhood community, social services or even childcare worker's behaviour that affected the experience of their childhood experience.

The macrosystem is the biggest system among all that is specifically removed from a child's development yet can nonetheless have a significant impact on them (Derkson, 2010). This system is made up of the individuals, the locations, the cultural patterns, and the value systems. Additionally, the system places the child's beliefs and ideas in context, which can have a significant impact on their development. The system consists of numerous shifting structures that are a component of all other systems. This could involve changes in the family unit, a divorce, the economy, or even a move (Bronfenbrenner, 1997).

The chronosystem emphasises the continuities and changes in the child's environment and clearly illustrates the developmental effects throughout time by examining the impact of the past and history (Bronfenbrenner, 1997). The chronosystem assists in exploring the childhood experiences of adults that were raised within kinship foster care, assessing the change or consistency can help us understand the trajectory of the individual's development into adulthood.

Adverse Childhood Experiences and Resilience

The extended family network has typically been tasked with caring for orphaned children, however it has been found to be inadequate in meeting the needs of these children (Dziro, 2020). However, orphans—particularly females—are at risk of leaving school and engaging in sexual activity at a significantly earlier age if they do not have adequate exit planning and psychosocial support from other family members (Dziro, 2020). Additionally, they may get married young or become pregnant, which could cause issues when they become adults if they are not prepared (Dziro, 2020). According to Cuddeback (2004), in a study that contrasted kinship and non-kinship carers, kinship carers were found more likely to be older, unmarried, less educated, unemployed, and from a poorer socioeconomic background.

Furthermore, synthesis of kinship care studies found related outcomes (Bell & Romano, 2017). According to research, grandparents who are raising their grandchildren—a situation that frequently occurs in kinship care—also have lower health, more depression, fewer marital satisfaction, and more restrictions on their everyday activities (Bell & Romano, 2017). In a study that looked at traditional kinship foster care, Kuyini et al. (2009) found that despite the children's pleasant experiences, several adults were worried about how some youngsters would do in their care. These concerns were strengthened by the carers' acknowledgement of using physical punishment and, more significantly, by the children's stated experiences of emotional and physical abuse and intimidation.

The concept of resilience has been understood as positive adaptation amid adversity (Theron et al., 2013). According to these authors, the concept highlights that the context of adversity needs to be understood in relation to various dimensions of risk. These include psychosocial threat, biological risk or experiences of trauma and the element of adjustment (Theron et al., 2013). Gomo et al. (2017) highlights further that resilient people are those who manage to negotiate their way to health-sustaining resources inclusive of feelings of well-being using family, culture, and community to provide themselves these health resources in meaningful ways after exposure of adversity - psychologically or environmentally. Furthermore, resilience in children seems to be a key factor in coping or surviving adversity (Pienaar et al., 2011).

Although resilience has been debated in its nature, Theron et al. (2013) posits that understanding why and how some young people adapt positively to adversity has been a key interest in research. The positive adjustment spoken of, mostly refers to internal adaptation inclusive of psychological wellbeing or absence of psychopathology, as an example given (Theron et al., 2013). Whilst external adaptation is inclusive of social and academic

achievement according to society's definition and engagement within age and socially appropriate ventures (Theron et al., 2013).

However, using resilience as a conceptual framework to understand a child, would then be a process marked by interaction between the child and his or her environment (Pienaar et al., 2011). This process comprises of balancing protective factors against risk factors as well as the enduring emotional strength as children respond successfully to adversity or stressors (Pienaar et al., 2011). Therefore, the ability of a child to successfully use their internal and external resources to resolve developmental issues and life's challenges becomes the conceptual framework of resilience within children (Pienaar et al., 2011). Furthermore, this entails that the subject matter (the child) is in an ongoing process of building and change, and the "movement of self-development" (Cala & Soraino, 2014)

In a study that investigated risk and protective factors of kinship foster care, it was found that difficulties arise in three prospective areas, namely, 1) foster children themselves, 2) foster care families and 3) biological families (Mateos Inchaurrondo, Balsells Bailón, Pastor Vicente, Vaquero Tió, & Mundet Bolós, 2015). According to Mateos Inchaurrondo et al. (2015) risk factors were associated with the amount of attention required by the foster child and the complexity of their behaviour. This is supported by Sattler et al. (2018) who highlight that risk factors are associated with the child's developmental stage because children's needs will vary according to their vulnerabilities including issues with adjustment, child-caregiver interactions and bonding. Another risk was the age of the foster carer who would frequently be elders with low level education, low income, and health problems (Mateos Inchaurrondo et al., 2015). Lastly, difficulties could emerge in relation to visits of the biological family which would be frequent, informal, with a lack of supervision (Mateos Inchaurrondo et al., 2015). Giving children a sense of personal and cultural identity is one of the aspects of wellbeing that is most difficult to supply when they are separated from their parents (Halton et al., 2005). Kinship

care places children in a social class and culture that they are accustomed to. The sense of identity and self-worth that arises from understanding family history and culture may be strengthened by living with family, which could also account for the kinship placement group's decreased correlation with mental health issues (Halton et al., 2005).

In another study that compared kinship to non-kinship foster care within Spain, some of the identified risks which were associated to kinship carers were not having received any training in fostering, and no formal assessments being conducted prior and during placement of a child which can pose as a risk (Palacios & Jimenez, 2009). In addition, no follow up contact by authorities after child has been placed which was associated with risk of intervention by social workers (Palacios & Jimenez, 2009).

However, on the other hand, some protective factors identified were the narrowed gap between the child's past and present, as it is preserved when the child continues to be raised in his or her family environment (Palacios & Jimenez, 2009). In terms of placement stability within kinship foster care, it's been posited to mitigate trauma and loss of birth parents due to preservation of community, cultural and other family connections (Hassall et al., 2021). Another protective factor is the home-based placement element which has been associated with better child psychosocial outcomes such as the bond/ attachment with caregiver that is already known as well as the care-giver's commitment to the child being higher, which is associated with protective factors (Hassall et al., 2021).

Attempting to understand how the different ecological systems interact within the development of a kinship foster care raised individual may assist to elicit risk and protective factors of development within each system. The theory also engages with the developing person's conditions, to better understand the context of individuals raised under the foster care system. Furthermore, the study does this by employing what we call a transactional-ecological

concept which interprets resilience as a reciprocal process that is embedded in social ecology but relies on cultural appropriate interactions between youth and their environment (Theron et al., 2013). This is because resilience does not have the same meanings cross culturally and the study makes use of participants from differing cultural backgrounds. Thus, using a flexible theoretical framework like this in the study is necessary. Furthermore, it allows for the opportunity to depict a representation of adversity in co-existence with resilience and thus reinforce a strengths perspective of adults raised within the kinship foster care system.

Conclusion

In conclusion, this literature review has navigated the intricate landscape of foster care on a global scale, with a specific focus on the African continent. It has provided a comprehensive overview of various alternative care arrangements within the foster care paradigm, culminating in a detailed exploration of kinship foster care, particularly within the South African context. Throughout this review, I have delved into the motivations that underpin the widespread preference for kinship foster care over alternative forms of care within the broader foster care system. I have also scrutinised the outcomes associated with this unique approach to caregiving and have illuminated the manifold challenges that confront its implementation and operation. Considering the analysis of the literature that is presented here, it is evident that kinship foster care occupies a critical and nuanced position within the context of child welfare. The nuances and complexities surrounding this form of alternative care underscore the importance of this research study. By shedding light on these intricacies, this research contributes significantly to the ongoing debates on foster care, not only in South Africa but also on a global scale. The insights gleaned from the literature underscore the necessity for further research and practical initiatives aimed at addressing the challenges and maximising

the potential benefits of kinship foster care. It is intended that this study may serve as a valuable resource for policymakers, practitioners, and researchers working within the field of child welfare, and facilitating informed decision-making and the continuous improvement of foster care systems to better serve the needs and well-being of children. The next chapter outlines the research design and methods used to execute the study.

Chapter Three: Methodology

Introduction

The many methodological components used in the design and execution of the study data are described in this chapter. The first point to be addressed concerns the qualitative research questions. The methodological elements of this study, which include participant selection, data collection techniques, data collection protocols, data analysis, and research design, explained to answer these questions. Beyond these factors, the section on upholding rigour and ethical standards emphasises the dedication to ethical compliance and quality control throughout study. The final section, on reflexivity, explores my journey of reflection during the participant interview procedure and data analysis.

Research Questions

This study aimed to explore the childhood experiences of adults raised under kinship foster care particularly their personal experiences in relation to kinship care, the adversities they encountered and how they developed the resilience to deal with these challenges. The research questions for this study therefore were:

- How do young adults, experience being raised in kinship foster care system?
- How have young adults raised in kinship foster care dealt with the adversities they experienced?

- What factors have contributed to developing resilience within young adults raised in kinship foster care?

Research Approach and Design

The proposed research study employed a qualitative approach because it aimed to understand the childhood experiences of young adults who had been raised under kinship foster care. Qualitative research provides in-depth and interpreted understanding of the social world through learning about social and material circumstances, people's experiences, histories, or perspectives (Moriarty, 2011). The research study delved into these individuals' process of making meaning and interpreting their foster care experiences, as well as how adversity and resilience played a role in shaping their lives.

Therefore, an interpretivist perspective was adopted to facilitate an understanding of how these individuals have made sense of their experiences. This is because the interpretivist perspective holds that people's interpretation of reality is based on constructivism - the belief that human phenomena are socially constructed rather than being an objective reality (Moriarty, 2011).

The research employed an exploratory design. The design allowed for real life issues to be explored overtime through an in-depth data collection within a bounded system or multiple bounded systems (Creswell & Poth, 2016). In this study, this involved adults sharing their experiences of being raised within kinship foster care system and how it influenced their current outcomes.

Participants and Sampling

The participants in this research study were adults who were raised in kinship foster care and who resided in any province in South Africa. A sample is a condensed portion of a group selected to reflect the anticipated results of qualitative research on a particular subject (Salkind, 2006). The sample for the proposed study included nine young adults who had been raised in foster care. The study comprised both men and women. The sample was limited to adults of both sexes, living in South Africa, and having grown up in kinship foster care, who were 21-30 years of age. The limited sample size was consistent with qualitative research methods, which value the depth of carefully chosen small samples over generalisation (Moriarty, 2011).

Non-probability sampling was used in the participant selection process. When it is impossible to determine the likelihood of being picked for the sample, non-probability sampling is employed, which implies that not every member of the population has the same chance of being chosen (De Vos et al., 2011). The reason for this was the limited information on the precise population size and related selection probabilities (De Vos et al., 2011).

The method of snowballing was applied to find and choose participants. Through referrals from individuals who were connected to others, the researcher was able to find cases of interest using this sampling technique (De Vos et al., 2011). This technique was selected because sampling is used to find populations that are difficult to reach even if it may not be as dependent on a reference sample (Naderifar, Goli & Ghaljaie, 2017). The method was less planning-intensive, more cost-efficient, and successful than other approaches (De Vos et al., 2011). The researcher was cognisant that the restricted representation of the sample could present difficulties when drawing conclusions about a larger sample and introduce sampling

bias (De Vos et al., 2011). However, this method suited the exploratory aims of the study on understanding the in-depth experiences of this selected participant group.

Data Collection Tool

Interviews were used in the research study; interviews are widely recognised as the most popular method of gathering data for qualitative research. The flexibility to enquire about people's experiences and opinions is offered by interviews (Moriarty, 2011). A semi-structured interview guide with a preliminary set of questions was used in the research investigation (See Appendix D). By using this method, the researcher was able to streamline the analysis procedure and preserve objectivity (Edwards & Hollard, 2013). Participants were given the opportunity to conduct the interview either in-person or using an online platform. Because the study aimed to reach a wider cross-section of South African society, the practicality and convenience it afforded the participants was the basis for this decision. In addition, this method benefited the researcher because of the constrained time span of the study.

By running advertisements on various social media platforms—primarily Facebook, Instagram, and LinkedIn—participants were reached. I discovered that while the advertisement did draw as many participants as possible, working with the statutory authorities—JCW, in particular, who have direct access to the database containing the contact details of potential participants, would have been far more beneficial.

Procedures of Data Collection

The researcher made use of a combination format of individual face to face interviews using an audio recorder as well as online platform Microsoft Teams. However, the Microsoft

Teams platform was the most used because of convenience of participants located in different provinces from the researcher. Microsoft created Teams, sometimes just called "Teams," as a platform for communication and teamwork. It is a component of the Microsoft 365 productivity toolkit and acts as a centre for workplace collaboration, allowing users to exchange files, interact in real-time, and arrange their work in a digital workspace (Salmons, 2014). Although the transcription required thorough editing, it allowed the researcher less time on transcription process of interviews. There were few interviews that required the employment of telephonic interviews although costly to the researcher, but this however made the criteria inclusive of all and avoided exclusion based on the participant's affordability. In total, of the 9 interviews, 3 were conducted via MS Teams, 2 via Whatsapp Call and 4 telephonically. The researcher made sure to keep interviews at a minimum of 30/45 minutes and maximum of an hour based on the willingness of the participant's participation.

Structured interview techniques and Interpretive phenomological analysis (IPA) principles were followed to create the interview schedule (Pietkiewicz & Smith, 2014; Smith & Osborn, 2007, 2017). The interview schedule was designed to allow for transparency and the proper management of unforeseen events, while also guaranteeing flexibility, interest, and investigation in the topic (Brocki & Wearden, 2017; Pietkiewicz & Smith, 2014). In this interview, it was necessary to stress the experiential factors' structure (Brocki & Wearden, 2017). Although the questions in this technique kept the interviewer aligned towards some type of consistency, they nevertheless allowed for directionality as necessary (Smith & Osborn, 2007). It was totally acceptable if they chose to concentrate more on one area than another or to revisit a certain segment. In about an hour, these elements were sufficiently covered, leaving room for the collaborator to fill in the blanks.

Together with the introduction and conclusion, there were four main sections in terms of the total number of questions. These four covered the following topics: 1) an individual's

relationship to kinship care; 2) interpersonal elements and experiences related to kinship care; 3) an explanation of how their experience influenced resiliency or not and 4) an individual's autonomy or choices regarding the type of foster care system they would advocate for if they had to choose based on their experience under Kinship care. The introductory portion provided the demographic questions, which included age, gender, ethnicity and place of birth. The guided questions that are included under these sections were meant to lead the participant, not constrain them. Instead, the questions attempted to follow the participant's lead as they were asked as open ended.

The study's methodology comprised conducting one-on-one interviews with each participant. This allowed the individual to speak freely on the delicate subject of their early experiences without feeling impacted by group dynamics (Bradbury-Jones et al., 2009). Within this collaborative inquiry, participants in this study were also treated more as informed collaborators (Guba & Lincoln, 1989).

Data Analysis

The research study utilized content analysis. This approach facilitated the examination of textual content, comparative data, and categorized data (De Vos et al., 2011). This choice was made because the study focused on a specific form of alternative care within the foster care system, and individuals' experiences varied, yet they could be categorized, and similarities could be identified since the overarching analysis centred on being raised in kinship foster care. This method of analysis was also deemed effective when exploring assumptions, values, and priorities, shedding light on differences in how similar events were perceived by different individuals (Gerring, 2017). Thus, it contributed to an overall understanding of the focused problem of identifying the experiences of kinship foster care-raised children and presented an

alternative perspective that highlighted the coexistence of resilience alongside adversity in this sample.

There are two types of content analysis, namely inductive and deductive analysis. However, despite their differences, the core stages of preparation, organization, and reporting remained consistent (Elo & Kyngäs, 2008; Kyngäs & Vanhanen, 1999). The research study employed inductive content analysis, which encompassed initial coding, category creation, and abstraction (Elo & Kyngäs, 2008). Notes were taken during coding to identify headings and themes while reviewing the data. These written headings were revisited to ensure they adequately described all aspects of the content. Subsequently, these headings were organized into coding sheets, and categories were generated without preconceived constraints (Burnard, 1991, 1996; Hsieh & Shannon, 2005).

The process then advanced to ranking grouped codes to reduce similarities or repetitions, with an emphasis not only on similarities but also differences, thereby enabling comparisons between the data (Elo & Kyngäs, 2008; Marshall & Rossman, 1995). Formulating categories using inductive analysis relied on the researcher's interpretation and decisions on how to group categories (Dey, 1993; Elo & Kyngäs, 2008). Finally, an abstraction was created, which provided a general description of the research topic through the establishment of categories. Each category was named using a characteristic word from the content, and this process continued until saturation was reached.

Ensuring Rigour

Trustworthiness criteria are comprised of four components of trustworthiness namely, credibility, transferability, dependability, and confirmability (Bless et al., 2013). Bless et al.

(2013) state that the importance of trustworthiness of any research study is to assess how much trust can be given to that study.

Credibility is to how much the findings are compatible to reality to demonstrate the truth in these findings. This includes the use of appropriate research methods, even data tools/ sources (Amankwa, 2016). Sufficient protocols were used to guarantee the presence of internal validity in both the research and my personal conduct within it. Several techniques were used to increase credibility, including member checking to make sure that the participants' answers were accurately recorded and understood, peer debriefing to get suggestions from colleagues on how to make this study better both before and after data collection. Constant observation to comprehend the participants' kinship care experience and paid close attention to their narrative to make sure they were not just answering questions from the interview schedule (Amankwaa, 2016; Morse, 2015).

Dependability is ensuring that the findings of the study were reported in detail allowing other researchers to get the same findings when conducting the same study (Amankwa, 2016). This further describes the consistency of the findings over time and the possibility of replication (Amankwa, 2016). The way to ensure consistency is by the researcher being able to document the process. This includes decisions made, materials used, sampling, findings etc, enabling them to be verified (Korstjens & Moser, 2018). The researcher has attempted to thoroughly discuss the design of the study, the sampling and data collecting procedure as well as analysis of this data, which helped in ensuring dependability of the study.

Transferability refers to the extent to which a study can provide thick descriptions of the research process enabling the reader to assess whether the findings are transferable to other situations or contexts (Korstjens & Moser, 2018). Bless et al. (2013) emphasises the ability to understand the context of where the findings come from and linking these findings to other

contexts that might be meaningful. The researcher attempted to give a rich background of the study and discussed how the participants would be selected or sourced through snowball sampling which helps to ensure transferability. Thick description is one technique to guarantee transferability; it involves describing a phenomenon in detail to provide sufficient explanation for the conclusion to be understood and applied to other contexts and settings in the future (Creswell & Miller, 2000). Foster care varies depending on the setting in which it is examined; that being said, I can let future study to consider more diverse experiences as well as the ways in which the foster care system and kinship care interact, given the sampling of regional homogeneity. I discovered a gap in the literature since, within the larger literature, improving familial care rather than comparative studies of the various forms of alternative care should always be the primary focus.

Ensuring *confirmability* is another component that speaks to the level to which the research findings are neutral or how much of the findings were shaped by the response of participants and not by the researcher's biases or personal motivations (Amankwaa, 2016). Although this is a subjective, qualitative investigation, which does make it more challenging, I managed this by using reflexivity (see section below) (Amankwaa, 2016) to make sure that my positionality did not interfere with taking away much of the participants' narratives about the phenomenon of kinship foster care. I also utilised triangulation which involves utilising several pre-existing datasets, methodologies, and theories to make sure my research question is relevant and suitable for objectivity. I made sure that there was an appreciation and dedication to the quality of this research, for both internal and external validity, by addressing and accounting for these criteria for rigour and trustworthiness in my work (Lincoln & Guba, 1985; Morse, 2015).

Ethical considerations

The research study acknowledges that no methodology is ethically privileged, and the researcher has made considerations for ethical proceedings in this study. The study attempts to remain mindful of the ethics objectives. The researcher's integrity and the need to develop one's self-awareness (i.e., positionality reflexivity) and multicultural competence, the ability to comprehend and collaborate with people from diverse backgrounds are key components of ethical adherence in this study (Ponterotto, 2010). This methodology guarantees the establishment of an ethical conduct between the researcher and the participants (Ponterotto, 2010). Therefore, the researcher first and foremost obtained informed consent read and signed by the participants before any interview.

The protection of the researcher and participants through discussion of important study details to guarantee comprehension and inform participants of their rights during the procedure, as well as the confidentiality rules, is known as informed consent (Moriarty, 2011). The participant information document was read and understood by the study participants before they were asked to sign, confirming their voluntary participation in the study in accordance with informed consent. The interview would not have started until it was confirmed that they understood, had they not been able to understand. They were guaranteed sufficient control during the interview due to this procedure (Smith & Osborn, 2007). I was aware of the semi-structured interview format and how it allowed the participants to be heard more candidly, so I allowed them to provide information outside of the scheduled session to maintain their agency (Pietkiewicz & Smith, 2014; Smith & Osborn, 2007).

Confidentiality was partially guaranteed because the participants were made aware of that not only the researcher has access to their interview but the supervisor as well. The requirement to respect privacy is part of the protection of human subjects. The ethical rule of

confidentiality ensures that participant information is kept private, save when shared with authorised parties (Coffelt, 2017). The only revealing information that the participants were asked to provide, in terms of confidentiality and anonymity, was demographic data (i.e., age). Additionally, I safeguarded and stored these transcripts and interviews on my device using a file-locking method. The online interviews were held mainly in consultation rooms in the university, which prevents people from being overheard, to protect privacy. Every participant's identity was kept private and kept unknown from other participants. *Anonymity* refers to the researcher's or reader's inability to trace data back to a specific individual or participant (Coffelt, 2017). The identities of the participants have been erased, so even when outside researchers utilise the data, they won't be able to identify the participants or provide any information other than demographics.

However, because the researcher used individual interviews it was easier to maintain anonymity through explanation of how the information provided, was limited to their experiences only and not personal biographical information. This is because the researcher was aware that there was no way to anonymise a participant's identity on the platform of Ms Teams or in face-to-face interviews. However, the researcher coded the pseudonyms of interviewees during and after each interview to minimise risk of the participant's personal information being revealed. For example, referring to the participant in the interview using their own chosen pseudonym.

Finally, taking into consideration the sensitivity of the research focus area, the researcher ensured that participants that needed debriefing after the interview, had the option to opt receive this service for free through referral to some of the free counselling services within South Africa, such as South African Depression and Anxiety Group, and Lifeline South Africa. The ethical clearance for this study was obtained from the Witwatersrand University

Human and Community Development Ethics Committee (non-medical) under protocol number MACC/23/04 and was signed for a minimal risk population and approved unconditionally

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Self-Reflexivity

During the research study, I found myself constantly aware of my reflexivity due to the deeply personal nature of the topic I had chosen. As a Master's candidate, my motivation for selecting this topic stemmed from my own personal experience of being raised under kinship foster care. This personal history has always piqued my interest in the things that shaped my uniqueness, as well as the events that lead to the person I am now. Although the research focus is very close to me as a researcher, it allowed me to be able to relate to my participants. Mentioning this insight to my participants also allowed me to establish rapport quicker.

As a young black African woman of colour who had been placed in the kinship care system for a considerable period of my life, I possessed a distinct viewpoint. For most of this period, the state had overseen raising me, but when I turned 21, I found out that I was no longer under the foster care system. Sadly, I lost touch with my kinship carer two years later. This loss was not entirely unexpected, as my upbringing had been unconventional; my kinship caregiver had received assistance from a gracious white couple who had taken me in. While this arrangement might be viewed as a disruption of placement stability in foster care, it was a revelation for me. This viewpoint was critical to my data collection to also refrain from disclosing, as this is my own subjective experience and would affect participants own narratives from unfolding.

This experience ignited my curiosity to seek out the stories of my peers who had also been in foster care placements. I soon realised that our circumstances differed, but we were all united by a common factor: the system's eventual disownment of us. This understanding led

me to recognise that many of us had navigated this situation in various ways, influenced by a multitude of protective and risk factors. It was this realisation that fuelled my passionate desire to delve into the lives of young adults who had been raised in kinship foster care. This personal connection to the subject matter continuously reminded me of the importance of self-awareness and reflexivity throughout the research study.

Conclusion

The first section of this chapter effectively summarised the instrumental aspects of this research used to address the research questions, keeping in mind all these methodological, ethical, and reflexive sections. The methodological parts of conducting this study were explained by the research design, participant sampling, technique, data collection tool, data collection methods, and data analysis. All these factors worked together to address the research issues. Furthermore, ensuring that ethical compliance and quality assurance were followed and was covered in the sections on ensuring rigour and ethics. The final section, on reflexivity, described the reflexive insights, I had developed during the participant interview process.

Chapter Four: Findings and Discussion

Introduction

In this chapter, the findings and discussion are presented. The focus here is on the description of findings from the data that were analysed, depicting the themes and subthemes. The first annexure describes the content analysis which has been categorised to emphasis the similarities and differences of participants and allow for the comparison of experiences. The second annexure contains the thematic chart which has been analysed into the themes and subthemes. This allowed for an understanding of the dynamic childhood experiences, adversities and the resilience in adults raised in kinship foster care. The themes and subthemes are summarised in the Table below:

Theme	Subtheme	Description
1. Emotional and Psychological Impact of Kinship Care	1.1. Loss and Grief	Loss of one or both parents at a young age; Gradual emotional processing of parental absence.
	1.2. Feelings of Exclusion and Outsidership	Perceived differences between biological and kinship children; Moments of exclusion in financial provisions and family decisions.
	1.3. Emotional Neglect and Psychological Effects	Fear of being a burden to caregivers; Emotional suppression due to cultural norms.
	1.4. Gratitude and Acceptance	Acknowledgment of kinship caregivers' efforts; Balancing feelings of loss with gratitude for support.
2. Role of Culture and Family in Kinship Care	2.1. Traditional Family Obligations	Kinship foster care as an automatic cultural expectation; Care provided by grandparents, aunts, and uncles.

Theme	Subtheme	Description
	2.2. Influence of Religion and Values	Religious upbringing as a source of resilience; Strong discipline and traditional parenting approaches.
	2.3. Variations in Parenting Styles	Differences between kinship caregivers and biological parents; Kinship caregivers seen as more lenient or more controlling.
3. Relationships and Social Bonds	3.1. Connection with Siblings and Cousins	Kinship children treated as siblings; Strong bonds formed with cousins or nieces.
	3.2. Disconnection from Biological Family	Limited relationships with biological siblings; Sense of belonging with kinship family over biological family.
	3.3. Dependence on Extended Family	Kinship children relying on multiple caregivers; Different family members contributing to child's upbringing.
4. Coping Mechanisms and Resilience	4.1. Self-Reliance and Independence	Learning to be emotionally and financially independent; Taking on early responsibility for younger siblings.
	4.2. Faith and Spiritual Support	Religion as a coping mechanism for grief; Belief that adversity was part of a greater plan.
	4.3. Personal Growth and Adaptability	Developing emotional strength; Learning to adapt to different environments.
5. Structural Gaps in the Kinship Foster Care System	5.1. Lack of Formal Awareness and Recognition	Many kinship children unaware they were in "foster care"; Informal placements with no legal or state intervention.
	5.2. Minimal Social Work Involvement	Focus on financial support over emotional well-being; Limited school visits or psychological check-ins.

Theme	Subtheme	Description
	5.3. Financial Exploitation in Kinship Care	Some caregivers taking children for financial benefits; Foster care grants not always used for child's needs.
6. Perceptions of Kinship Foster Care vs. Other Forms of Foster Care	6.1. Preference for Kinship Care Over Orphanages	Kinship care allows children to maintain biological roots; Orphanages seen as isolating and impersonal.
	6.2. Mixed Views on Kinship Care Effectiveness	Positive experiences when caregivers are committed; Recognition that some children face neglect or mistreatment.
	6.3. Need for Stronger Monitoring and Support	Advocacy for better regulation of kinship care; Call for increased emotional and financial accountability.

Emotional and Psychological Impact in Kinship care

In sub-Saharan Africa, where adult mortality is among the highest in the world, losing a parent is one of the most common adverse life events among children (World Health Organisation

[WHO], n.d.) (as cited in Van der Brug & Hango,2024). Furthermore, one type of alternative care that takes place in a familial setting is kinship care. In Africa, kinship care is a common alternative care arrangement (Ariyo et al., 2019). In analysing the development of children raised under all forms of alternative care, previous research and current findings have shown that despite being raised in familiar environments, children raised in kinship foster care have experienced some sort of emotional and psychological difficulties. "All kind of residential care provided to a child outside of the parental home is considered alternative care" (Ariyo et al., 2019.p178). Alternative care settings for children include family-based care (kinship/extended family care, adoption, child-headed households, foster families), institutionalised care (group homes, orphanages), and community-based care; in this case, only kinship care is included in the analysis (Tamasane & Head, 2010). In South Africa, 49% of non-orphans reside with extended relatives (Tamasane & Head, 2010).

How loss and grief was experienced by participants

It's difficult to grieve. Regrettably, everyone must experience periods of loss and the ensuing grief at some point in their lives. However, children in foster care represent a segment of the population that frequently goes through this in early life. The terms "ambiguous loss," "unresolved grief," and "difficult grief" are used to describe this never-ending cycle of suffering and loss (Mitchell, 2018.p3-5). However, it is evident that the recurring cycle of loss and grief experienced by foster adolescents is a phenomenon that is frequently ignored and misinterpreted, regardless of the label (Look, 2023).

The loss of one or both parents was a defining moment for many of the participants. Some lost their parents at a very young age (e.g., *Lemogo* at age 8, *Kgomotso* at age 6, and *Lolanda at* age 3). Because of their young age, some of the participants did not immediately process the impact of the loss of their parents. Several participants reported that they did not immediately feel the absence of their parents as children, but as they grew older, they began to long for them. *Lemogo* and *Malaika*, for instance, only realised their longing for their mother when they became teenagers, which speaks to gradual realisation of loss.

> "*I believe as time will go you know, and it doesn't matter who else misses you but certain like there's no one that will fill the void that you feel (inaudible) no one can fill the void".* (Lemogo)

> *"I just felt like some, some things my mom was gonna understand better than the people that I was, I'm not saying that they were not gonna understand, but I just felt she was, I just felt she was going to understand better".* (Malaika)

This can also be discerned from the fact that adolescents are especially vulnerable to experiencing these losses because of the developmental changes that occur during this time.

Their typical emotional reactions are marked by ups and downs due to fluctuating hormone concentrations, and loss experiences may exacerbate the emotional reactions (Look, 2023).

Whilst this was the case for some participants, there has been also an element of varying degrees of grief. Some, like *Lolanda,* expressed that the loss *did not deeply affect them emotionally* because they did not have that close bond with their biological kin prior the loss or was too young and thus felt adequately loved and provided for by their kinship caregivers. Lolanda shared:

> "*She decided not to be there you know until she passes on, so I understood the situation, it was lit, and it did not affect me actually*". (Lolanda)

Similarly, Moria expressed the following:

> " *I would say you know with my birth mother, there wasn't much of a void because as I said, I was 4 years old so I didn't know my mother that well, I've got vague memories of us together so to say that's painful obviously I don't, I didn't feel the pain and because my grandmother immediately stepped up to that role*…" (Moria)

Lastly, several participants faced *multiple losses*, such as losing a second parental figure after already being orphaned. *Phenyo* described how losing her grandmother after already losing her mother *felt like losing a parent for the second time*, intensifying her grief. Moria shared:

> "*But when she passed on even now you know, I'm still hurt you know to excuse me to get over you know that's another thing, some days I feel like "ok, I'm over it, she's gone, she's resting" but on other days I really feel that you know I wish she was still around because she was my support system*"

These findings are supported by Wolfelt (as cited in Look, 2003), who state that a child's reaction to a death or loss will depend on a number of factors, including the deceased's relationship to the child, the type of death, prior death experiences, the child's developmental stage and chronological age, the availability of family and community support, and the actions and reactions of the child's caring adults.

When Dimpho was transferred to live with her aunt without being told that it was a permanent arrangement, she described being confused. This highlights the practice of kinship care being an existing one that happens through multiple ways including that of absence or neglect of biological parents but also because parents' must relocate to find work or live in locations closer to their places of employment. A sizable portion of South Africans do not live with their children, leaving them in the care of others (Mabetha, 2024).

Understanding this loss of a parent within the framework of ecological system's theory, the environment or intermediary elements that affect children's developmental outcomes are part of the microsystem, which is Bronfenbrenner's innermost ecological level (Bronfenbrenner 1979; White, 2021). The microsystem in terms of children's development includes those in the closest surroundings or immediate context. This highlights the importance of kinship care that the child would transition into as their immediate environment. Therefore, assessing how grief was experienced by each participant plays a vital role in understanding whether they understood the transition of living with their kinship carer during childhood. As can be seen from the above extracts, most participants suffered from loss in one way or another. Childhoods for Lemogo, Kgotso, Malaika, Moria, and Mikaela were profoundly impacted by the loss of one or both parents at an early age. Sipho said his life changed drastically after losing his mother when he was sixteen.

"*I mean I remember, if I could recall, I think that was my first time having to experience, I guess I'll just call it mild depression because from then I just, my whole life just changed so yeah from my understanding now I just know that no it's a very*". (Sipho)

Despite not losing her parents due to death, Lolanda was separated from them because of a divorce. Lolanda shared:

"*Maybe it's because I was provided, I was loved you know, like I had family, and I still had family around me, so it did not affect me*".

Due to the strong support of their kinship caregivers, several individuals, like Lolanda, Moria, did not have a large emotional void when it came to separation from parental care and their process of coping with this transition. This can be supported by Pretorius and Ross (2010) who have highlighted that kinship care tends to give familial and cultural continuity and helps children cope with the loss of their biological parents.

Others, such as Sipho, Mikaela, and Malaika, experienced intense sadness and repressed their emotions. As a result, Mikaela specifically noted "*having trouble expressing herself*". Lastly, to further illustrate how loss impacts siblings differently, Gift also saw the effects of loss on his younger sister, who was relocated between five different homes. However, emotional anguish is not necessarily the outcome of loss in the transition to kinship foster care. Children's processing of loss and coping mechanisms are greatly influenced by the caregivers' level of emotional support and ability to form close loving connections with them. This is because a microsystem is a pattern of social roles, activities, and interpersonal relationships that children encounter from family members (Yendork, 2020). Through transactional interactions, children in foster and kinship care engage with educators, family members, peers, and carers (Yendork, 2020). Therefore, showing that the impact of grief is

also heavily reliant between the kinship family interactions in the microsystem that have been mentioned in the latter, including the child at loss. Therefore, also showing how impact of being raised within kinship foster care begins from the loss of the biological carers and is likely to have a ripple effect whether positive or negative dependent on the child's development of resilience thereafter with those that raise them.

Feelings of exclusion and outsider-ship

Children raised by relatives typically receive less attention of welfare authorities and forms of social protection, which leaves their living conditions generally unmonitored (Mabetha, 2024). Accordingly, Bronfenbrenner maintained that assessing a child's growth solely by looking at the individual or the child's immediate surroundings without considering the interconnections between the larger contexts the child grows up in is insufficient (Yendork, 2020). Participants recalled times when they felt different from the household's biological children, even though they were in a familial environment.

Mikaela shared:

> *"They thought they gave me love, they thought everything was fine, you know, but I mean for me as a child I felt that emotionally, I wasn't secure, they were, I felt alone in the house as well".*

> *"Between us four sometimes it was not well. We were not treated the same way yeah".* (Lemogo)

In their kinship homes, several individuals experienced discrimination or unequal treatment. For instance, Mikaela and Lemogo both felt that the biological children in the home were given preference by their caregivers. Mikaela saw that while she had to be careful when requesting

things, her foster siblings had better access to resources. Some studies contend that competition for resources increases with the number of family members (Mabetha, 2024). According to Ariyo et al. (2019), when funds are scarce, a carer may choose to prioritise their biological children or children who are more closely connected. Thus conflict, a lack of altruism, a lack of family cooperation, and a surge in competitive behaviour among relatives are all signs of poor child health outcomes (Mabetha, 2024). Therefore, the impact endures even though these studies clarify the reasons behind the participants' shared experiences. Lalitha shared:

> "*For example, my mom still had to buy my toiletries, so I could run out of toiletries and then I had to wait for my mom to come with them, whereas you know, my nieces would then take theirs*".

Others spoke of subtle instances of exclusion. For example, Lalitha described how she occasionally felt alienated when her cousins got instant access to necessities, but she had to wait for her biological mother to provide them. Other participants, such as Mikaela, experienced identity issues because of being made to feel isolated from the children of their caregivers, which heightened their feelings of exclusion.

Mikaela shared:

> "*Because the youngest child in the house, I think she was about five--years-old and she, she came to me, and she asked, and she thought I was the nanny there was a time she thought I was the nanny"*

This quote illustrates how alienated and excluded she felt as if she didn't belong to the family and wasn't perceived as a family member.

Some studies contend that kin caregivers may have higher levels of stress at home, which can seriously hinder their ability to provide foster children with the care they need

(Kadungure, 2017 as cited in Mabetha, 2024). Their inability to provide high-quality care is said to be mostly due to the traits of the kin caregiver, their interactions with other kin in the home, and their fitness as a caregiver (Goldberg & Short, 2012 as cited in Mabetha, 2024). This might explain Lalitha's emotional attachment with her primary caregiver at home, while depending on her biological relatives elsewhere to take care of her basic needs.

Most participants encountered instances of exclusion, especially those who were placed with caregivers who had biological children of their own. Some research has found foster parents reported the need for training to help them acquire the skills they need to care for and safeguard the children in their custody (Brown et al., 2014). Lolanda and Dimpho, expressed that they felt they were treated differently from the biological children of their foster parents.

> *"I think it was when some people would basically take an advantage in a sense that some family members were saying things that were inappropriate and make you do certain things that they didn't allow their kids to actually do them".*

> "*Maybe your cousins and whatever because vele (of course) the reality is it's not your home and sometimes your cousins would remind you of that ukuthi (that) ha ah (no) this is our home and all of that...*". (Dimpho)

Researchers have also reported that parenting behaviours and the quality of caregiver-child relationships are more likely to be negative among kinship foster homes than traditional foster homes (Hong et al., 2011). Therefore, reinforcing the idea that even kin caregivers need to receive foster training on how to develop a closer caregiver-child relationship and eliminate factors of exclusion.

After his mother passed away, Sipho was abruptly placed in his grandfather's care, which caused him to feel emotionally distanced from him. In support of this shared experience,

Research denotes that foster children typically require more emotional assistance than other children (Brown et al., 2014). This alludes that no matter at what age the kinship transition takes place, it is still vital to ensure the caretaker can form an emotional attachment with the child and providing the child with emotional support. Sipho also shared:

> "*At the same time it's emotionally stressful because uhm sometimes you find that you just, you are just placed under the care of people that you are not used to uhm you cannot, you're not particularly close with these people, you don't know how to relate to them, you don't know how to open up to them…*".

There was an indication of outsider-ship experience whereby the above experience from Sipho explicitly speaks to the closeness of the kinship carer with the child and their capacity to relate to the child and prior involvement in the child's life or lack thereof. However, also entailing that there was some differentiation among participants in experiencing outsider-ship, as other participants did acknowledge being treated equally in their kinship families and did not report feeling excluded. While acknowledging certain disparities in care, some participants did not consider it to be a serious case of emotional neglect while others internalised their isolation, which subsequently impacted their interpersonal relationships and sense of self. Therefore, showing that when caregivers were more emotionally closed off and had biological children, feelings of exclusion may be present.

Another factor was communication regarding kinship placements were never formally notified (like Dimpho) resulting in having a worse time. Dimpho said:

> "*But now having to move from that setting to a different setting where it's your aunt and it's her own children, there's cousins and it's a full house it's not just me and my brother and my grandmother and father, so, uhm, I think that's when the confusion started*

because my mom when she took us she didn't like explain to us that we going to stay with my aunt permanently".

Once again, this demonstrates the sub-theme of outsider-ship as a potential risk factor to experiences of adults raised in kinship foster care. Furthermore, the ecological system's theory indicates that the child's close ties with parents, siblings, and other family members are also included in the microsystem because this immediate surrounding is crucial to the child's development. It also covers other institutions like the school, creche, church and peer groups that have direct contact with the child. Most of the child's behaviour is taught in this system, which these people assist in creating (Yendork, 2020). Thus, significant changes in the microsystem, such as the transition to kinship care, require adaptation of the child and changes within the caregiving milieu.

Emotional neglect and psychological effects

Although kinship care is often perceived as reciprocal and selfless, it is not necessarily beneficial for the child receiving this care. Previous studies have shown that children raised in kinship care have lower health outcomes than children raised in alternative care situations (Mabetha et al., 2021). According to Ariyo et al. (2019), children's health and well-being is directly related to their families' ability to provide their essential physical, emotional, and social needs. The following are some insights drawn from our participants' memories of emotional neglect and the psychological effects that they experienced as children: Mikaela shared:

"Like I wasn't able to complain about things, I wasn't able to voice out my opinions, I was literally such a mute child and just being a good girl in the house so everything that I did go through I internalised".

On the other hand, Malaika reported:

> "*Most of the things I would just keep them inside and not say anything even when I didn't like it because of it was like "oh yah o disrespectful" and obviously you don't want to be called like that*".

Some participants were reluctant to ask for help because they absorbed the anxiety of adding to their caregivers' burden. This was particularly the case for Kgotso, Mikaela and Malaika who reported that their kinship families overlooked emotional expression, which caused them to suppress rather than process their feelings.

Some participants related this anxiety to the trauma of separation from their parents: Mikaela stated:

> "*But I think that move and the shift and losing my dad as well made me a bit you know more reserved because I'm like, I think it was trauma basically".*

Furthermore, among participants, there was the desire of having someone to speak up for them in the same manner that biological parents do for their own children. According to Szilagyi et al. (2015), the importance of a competent, devoted, and stable foster or kinship parent in advancing and protecting a child's health and welfare cannot be overstated. This is because research has shown significant improvements in a child's growth, health, IQ, school attendance, and academic achievement, associated with placement of kin foster parent(s) with the aforementioned qualities (Szilagyi et al., 2015).

For children who have suffered from severe neglect and abuse, placement in foster or kinship care provides a crucial opportunity for intervention and healing (Szilagyi et al., 2015). This is very difficult for extended families who take on the role of being kin and raising the child out of obligation to uphold traditional values; with no training provided. The child is

expected to be integrated into the extended family without actively looking for indications of psychological or emotional need for healing first (Ariyo et al., 2019). When the participants spoke of emotional neglect, they frequently described themselves as having felt more like a duty, rather than a real family member.

Psychological discomfort and emotional neglect were reported by some participants. These participants spoke about their experiences in relation to depression, bringing attention to the negative effects of kinship care on mental health. However, this already shows that they carry with the emotional and psychological impact they endured through to adulthood. For example, Malaika reported that:

> "*I never really expressed how I feel about certain things like even now even now when I'm and adult when someone asks me "how do you feel about this" like it's very difficult to actually say and give my my part of the story ukuthi (that) "oh this is how I feel" I'm not good at expressing myself so*".

This is supported by Hong et al. (2011), who asserts that whether or not they experienced abuse, children who have been split up from their original parents often suffer from emotional trauma. Another participant shared that they avoided asking for money at times and was afraid to ask for items from her aunt, which highlighted her emotional distance. Kgotso shared:

> "*So, it's hard for me to ask sometimes even if I need money because I know gore (that) yoh already there's a little me o ba no tlokomelang le nna ka mo (that's being taken care of and now I'm being burdensome too) I'm going to be a burden again"*.

Nonetheless among the variations in emotional support that were discovered, were other participants' that were both emotionally supported and never felt abandoned like Moria who shared:

I would say you know with my birth mother, there wasn't much of a void because as I said, I was 4 years old so I didn't know my mother that well, I've got vague memories of us together so to say that's painful obviously I don't, I didn't feel the pain and because my grandmother immediately stepped up to that role…"

This quote illustrates the continuity of support and care she received from the transition from being cared for by their mother to grandmother.

Financial difficulties or family conflicts also affected the participants feelings of emotionally security in their homes. Overall, there was a sense that emotional neglect was not always intentional—in many cases, it stemmed from financial limitations, family stress, or cultural norms that discouraged emotional expression. Therefore, despite the different experiences it shows clearly that children deal with continuous losses and the numerous unknowns that come with foster or kinship placement, even when their placement is steady over time (Szilagyi et al., 2015).

The mesosystem, which exists in between several microsystems, moves outward of the ecological level (White, 2021). The developmental outcomes of children are determined by the interactions between the mesosystem and the microsystems. Connections between several systems in the children's surroundings make up the mesosystem (Bronfenbrenner, 1979). Thus, while the psychological impact of being placed in kinship foster care intrinsically stems from the immediate surroundings of the kinship transition (microsystem), factors such like family stress or the financial limitations of the kinship family come to affect the developmental outcome of the child.

Gratitude and Acceptance

Most participants expressed that they did not focus on challenges only but also on the positive experiences of their situation. Some went further to be able to reflect on and express gratitude for the caregivers' efforts. Mikaela shared:

> "*but I mean I got the basics, I never went, there was never a day, excuse me, that I went to bed hungry you know, there was never a meal I skipped or I never missed a meal so I got from primary school I got my education till high school, I grew up also in a church you know, I was taken to church because it was that kind of family that I did grow up in so I'm grateful for the experiences as well that I did"*.

Some expressed their genuine gratitude for being raised in a caring family. Lolanda was fully welcomed by her kinship caregivers; therefore, the loss of her parents did not emotionally affect her in a detrimental manner. Lolanda shared:

> "*So honestly, I'm not complaining in terms of how I was raised and how they actually provided and protected me, I'm actually grateful*".

While for others, it was the kinship aspect of being raised by biological members of their families that was important, rather than by any other form of alternative care: Malaika shared:

> "*No, like, to be honest, I'm grateful gore ke godisitshe ke batho ba Gaetsho (I was raised by my family), as much as there was certain things that, ok I understand gore, now I understand gore le bona ke batho (that they're only human*".

However, most shared that they had to balance loss and appreciation in their journey; they had to accept the challenges but also decide to focus on the positive aspects. There was also an active decision about how to process and cope with adversity. This goes to show that adversity was present but among some participants, there was a greater appreciation that they are perhaps

in a kinship setting rather than another alternative form of care. Recent research indicates that children living with extended family have higher placement stability and carers report fewer behavioural and developmental issues than children in nonrelative foster care, despite the fact that children placed in guardianship or kinship care share many of the same risk factors as children in nonrelative foster care (Szilagyi et al., 2015).

Role of Culture and Family in Kinship Care

Traditional Family Obligations

The macrosystem has the biggest and most distant impact on a child's development. It refers to the observed consistency in the character and content of the micro-, meso-, and exo-systems that make up a particular culture as well as the belief systems or ideologies that are essential to these consistencies (White, 2021). Among other things, the macrosystem consists of national laws, cultural norms, the economy, and wars, which dictate how a developing child should be socialised and how they can access national resources (Yendork, 2020). Kinship care placement is the most common form of foster care in South Africa, according to Pretorius and Ross (2010), and it has long been used, especially in black households.

Numerous participants clarified that there was never any official discussion of their placements; instead, it was anticipated and assumed that their family members would fulfil the caregiving role. Malaika, for instance, emphasised that "*no one explained the decision to her*," supporting the notion that familial care is a customary obligation in African households. Malaika shared that:

> "*You know in African families it was not really discussed ukuthi (that) like you gonna stay with your granny, it was automatic that you're at home, that's like, your. granny becomes your mom so that's how I ended living with my granny*"

Dimpho said:

> "*So, my understanding is that especially in the African culture, I'm thinking that vele (of course) is grounded in African values it's sort of like a normal thing ukuthi ingane (that a child) for a child to be raised by your sister, your brother*".

Kinship care was seen as an automatic arrangement in African households, according to most of the participants. Other participants reaffirmed that familial foster care was seen as a responsibility rather than a choice by stressing that family members hardly ever formally discussed placements. This further goes to support literature that has emphasised kinship care on the grounds that since children are familiar with the family members already and informal kinship care placements are preferred over formal kinship care placements and non-related care placements. This facilitates adjustment and the continuation of familial ties and cultural practices while also making the transition easier (MacDonald et al., 2016; Pretorius & Ross, 2010).

Some participants, like others, believed that providing familial care was a duty that at times led to unfair treatment. While for Kgotso it was explained like this:

> "*So, I just know that ok the parent that I'm left with now is my grandmother*".

Others, like Lalitha, believed that kinship care was an organic way of showing love and support. Lalitha added:

> "*My mom was too much for me, so I appreciated, you know, moving into my aunt's house*".

Others also expressed that they had to deal with rigid familial authority structures where they were always expected to be respectful and obedient. Therefore, showing that the participants found it challenging to comprehend their place in the kinship setting because of the lack of formal conversations caused by cultural norms regarding kinship care.

According to Collins (2004), in many cultures, there is a significant expectation that when parents cannot care for their children, members of the extended family will step in. As opposed to placing children in institutional care or non-relative foster families, this belief system affects the prevalence of kinship foster care. The amount of financial, legal, and emotional support kinship carers receive is also governed by national child welfare laws and policies, which has an impact on the standard of care provided to the child (Collins, 2024).

Influence of Religion and Values

To get through their difficulties, several participants turned to religion and spirituality. Another participant attributed her tenacity to her belief in Christianity. Lolanda shared:

> "*We are Christians, which means in everything we do or what we did we always involved God*".

> Mikaela viewed faith as a way of life and survival strategy. Mikaela shared: *"I grew up also in a church you know, I was taken to church because it was that kind of family that I did grow up in so I'm grateful for the experiences as well that I did…*"

The participants' characters were shaped by the strong moral and religious ideals that many caregivers taught. Some of the participants highlighted the ways in which religious teachings had influenced their emotional health and resilience. Like many participants, many reported that their faith was essential to their ability to cope. Most of the participants attributed their

tenacity to religious principles. Thus, confirming the idea that, in kinship foster care settings, religion was frequently employed as a strategy for developing resilience.

Variations in Parenting Styles

The pattern of social roles, interpersonal interactions, and activities that an individual or group of individuals encounters in their immediate surroundings is known as the microsystem (Bronfenbrenner, 1977). Kinship foster care at the microsystem level includes the family environment, caregiver-child connections, parenting styles and caregiver-child attachment. There was a sense that some participants did not feel attached to their kinship carers. Instead, there was often a sense of fear, and an effort to tread carefully or overcompensate either through doing chores or assisting with any household demand. Like Malaika stated:

> "*I just feel like you always had to walk on eggshells there like be careful of what you saying so that you do not offend people and then, I also realised that like growing up I used to, you know like you the hard worker of the family like in the house you forever doing this and this like*".

In addition, Mikaela shared:

> "*I felt alone because I couldn't speak to my parents about the issues that I'm having with them because I'm scared of them*".
>
> There is a recurring theme from these participants which is that of fear therefore resulting in isolation.

Lalitha stated:

> *"My aunt was strict as well, but she was softer".*

For her, there seemed to be a balance in the parenting style. Many participants observed that the age and attitude of their caregivers affected the way discipline was applied.

Children receiving kinship care engage with their families the most directly. The ecological systems theory states that caregiver-child interactions are transactional, meaning that both parties' impact and are influenced by one another (Schweiger & O'Brien, 2005). The above expressed experiences, relates directly to those transactional interactions which in this case seemed to be one directional, parent to child rather than bi-directional. This then affected most participants which caused emotional distancing but also fear to some extent.

Relationships and Social Bonds

Connection with Siblings and Cousins

Research contends that there is increased potential for caregiving adaptation with kinship care because of preexisting familiarity and the simplicity of coping with and adjusting to changes in living arrangements. Thus, these placements are seen to be better in fostering and promoting attachments, bonding, and stability (Emovon et al., 2019). Some participants felt that kinship care gave them the opportunity to retain and develop their relationships with their siblings and cousins. Malaika said:

> "*I still, I feel like that gave me the opportunity to actually have a relationship with my siblings so, because we still have that relationship with my siblings, compared to if I was like somewhere in foster care or so*".

Moria also shared that:

"Yes*, my cousins and I were all born in the 90s so we were very close in age so they would come and visit because these grandparents were not only mine but theirs as well*".

There was also an awareness from the above quote from Moria that she was not the only grandchild cared for. Therefore, this also spoke to the positionality of a kinship-raised child within the extended family. On the other hand, Dimpho also shared:

"*Even though we might be cousins, but we also regard ourselves as siblings because we grew up together, we shared most of our things together*".

This quote by Dimpho shows that there was an unspoken connection with her cousins due to their relatedness. She felt her cousins were more like siblings by virtue of being relatives raised in the same home. However, among the participants, there were also those who sought comfort in their sibling ties. Other participants talked about how cousins as siblings having bolstered their sense of identity as children. Some participants, like Malaika, maintained a tight bond with her biological sibling but had a more strained connection with her younger siblings that they did not share the same biological parents. For example, Sipho experienced emotional instability because of his younger sister being moved between five different houses, and his older sister running away from home.

"*My older sister ran away from home, so she was currently at the time, at the time she was in grade 12 and then she just dropped out of school yeah because her life just, I don't know, I don't know we all were affected but she ran away from home she went to Joburg."* (Sipho)

Most participants had strong relationships with their siblings. There was an expressed perseverance which moulded some when they took on the role of caregiver in the sibling relationship. However, some of the participants also expressed that there were sibling conflicts. Despite their hardships, most participants remained close to their siblings. Older siblings were frequently expected to assume caregiving responsibilities in kinship foster care in relation to their younger siblings, which increased their sense of duty but also added to their own emotional burden.

Disconnection from Biological Family

It was difficult for participants like Lalitha and Dimpho to feel like they belonged with their kinship carers because their biological parents were both alive but were not present. Lalitha, Malaika, and Mikaela also said they felt cut off from their siblings or their parents. However, several participants remained close to their siblings. Notably distinct, Dimpho developed her resilience by taking on the role of caregiver for her younger brother. Sipho felt he had emotional instability because of his younger sister's moves between homes. Despite their hardship, Mikaela and Malaika remained close siblings. Compared to their biological siblings, some people, like Lalitha, felt closer to their kinship family. Mikaela also shared that she suffered with feeling cut off from her kinship and biological families, which caused her to doubt who she was Mikaela shared:

> "*I can't speak to my siblings the issues that I'm having with my parents because they have their biological parents" furthermore she shared that "because my mom, my biological mom, the reason why I'm not staying with her is because she's currently not in a good situation financially, so, she's staying in the shacks, she's not staying in a proper place*".

On the other hand, Dimpho, also shared:

> "*Because I had to take care of my brother along the way and even though we're just a year apart because I'm older than him it was always an automatic thing even that the family setup that you will look after your brother, your brother is your responsibility even my younger cousins at some point I had to take care of them*".

Dependence on Extended Family

Instead of having a single primary caregiver, most participants received support from other family members. Johnson-Garner and Meyers' (2003) study of resilience in African American children in kinship foster care found that support from extended family members strengthened resilience (as cited in Hong et al., 2011). While this was the case for some participants, however, others mentioned that family members couldn't agree on decisions about their future.

Coping Mechanisms and Resilience

Self-Reliance and Independence

The chronosystem depicts how a person's environment changes as they grow. It includes life events or experiences that cause developmental changes. These events or experiences might come from changes within the developing individual themselves (e.g., puberty, serious illness) or from the outside world (e.g., the birth of a sibling, beginning school, divorce, etc.) (White, 2021). These occurrences could modify the way that people and their surroundings now interact, which could lead to a dynamic that triggers developmental change (White, 2021).

These life events cause a significant change in the child's surroundings, regardless of whether it is the result of parental death, incarceration, neglect, or other conditions. Over time, the stability and support of a kinship carer can foster resilience and adaptation to change, even when the transfer may initially produce emotional pain, insecurity, or behavioural problems. The child's developmental trajectory is shaped by these time-based changes, which also impact how they interact with their surroundings. This theme explores how self-reliance and independence was attained despite the adversities faced to demonstrate how resilience co-exists within hardship. Lolanda shared:

> *"I knew ukuthi (that) ok I wanna get myself out this situation and as I've said that the only way I wanted to get myself out was through education and that made me work even harder than other kids maybe in my class and my peers and friends so on"*.

There is an indication that Lolanda was aware of her circumstances, and the quote illustrates her resolve to change her life. However, her circumstances served as both an impediment and a motivating factor to get herself out of the situation. Resilience, according to Rutter (2012), is a trait that is subject to change based on circumstances rather than being a set of characteristics of an individual. In this case, we see the circumstances moulding the individual's resilience: Similarly, Moria shared that:

> "*Because at the back of my head I had this thing like a ticking time bomb that these people are not gonna be around forever and so I need to get independent fast, even my method of studying shouldn't be one where they are the ones financing for my education, I need to find another route so that should it happen, God forbid that they pass on, I could still continue with my studies*".

Van Breda (2018) asserts that the three interrelated components of adversity, mediating factors, and outcomes, form the foundation of resilience studies. Looking within Moria's narrative, the component of time was an interconnected component to her adversity in which she had to pay attention to achieve the outcome of independence before losing her support structures and the perception of urgency *like a ticking time bomb*. This further speaks to the expansion of different applicable components of resilience within the face of adversity.

Another element of resilience is the reconciliation of adversity and the outcome of one's future circumstances. Some of the greatest accomplishments of young people who were once in foster care, according to study by Rutter (2012), have been their ability to accept their past faults and deal with a negative family history. In this line, Mikaela stated:

> "The *good thing out of the experience is that I am here where I am now I, I have a degree, I studied, I have a job, you know I was able to move out of the house, which is something I have been praying for*".

The idea of resilience recognises a person's ability to adjust to extremely harsh circumstances they may have encountered throughout their lifetime. According to Schofield and Beek (2015), children who have experienced challenging life circumstances may show remarkable resilience. Although there is a significant chance that young people who leave foster care will face unfavourable consequences as adults, many seize the chance to improve their lives and establish stability (Lee & Berrick, 2014). Participants like Pontsho showed economic resilience by launching her own company to help her younger brother. Mikaela was among the many participants who learned how to handle difficulties on her own without assistance. To provide for himself and his family, Sipho grew extremely self-reliant and cultivated a strong work ethic. To get out of her situation, Dimpho turned to education. The need for education as a primary coping strategy was a common experience among participants, including Dimpho, Sipho, and

Kgotso, Malaika, Mikaela, Lolanda, and Lalitha. Most participants' work ethic was shaped by their growing independence and self-sufficiency.

Faith and Spiritual Support

A common coping strategy for uncertainty and persevering adversity in kinship care was faith. Thus, the participant's' resilience was significantly influenced by their faith, especially those who had religious caregivers. Therefore, signifying that resilience was influenced by faith in God as a key factor in relation to coping, despite repression being prevalent as well.

Moria expressed:

> "*My grandmother was also a woman of faith, so in that aspect as well you know, she will tell me you know when I face challenges and so on you must pray and you know also even today, I still you know exercise that*".

Mikaela also shared:

> *"I was holding on, holding on to God and holding on to this idea that God is a father, God is a friend, and He is someone I can talk to, and He is someone I can pour my heart to I think that was the biggest thing".* Here, Mikaela shares the many roles that faith in God played in her life, which contributed to her resilience, therefore showing us that protective factors that a child holds on to internally attributes to their adaptation to adversity.

Personal Growth and Adaptability

Some participants highlighted a remarkable capacity for situational adaptation. For example, because of her experiences, Mikaela expressed now being more tolerant and accepting of other people. This is an indicator of also being self-aware and acknowledging the outcome of one's upbringing while being cognisant of factors adapted from childhood circumstances thereof. For example, Malaika reported:

> "*I have a tendency to over explain myself and I think that results in, well now that I've noticed I don't do it anymore, it's a… you know it's a learning curve*".

This speaks to learned behaviour that the participant adapted from the environment, therefore the treatment received as a child does create learned patterns and behaviours that still show up unconsciously in adulthood and there is an awareness or to some extent realisation that this participant then highlights for themselves as a result from their environment.

Structural Gaps in Kinship Foster Care

The following theme discusses the gaps found within kinship foster care, which speak to structural issues that are beyond the participant's control but make up a larger system of the system they find themselves as kinship raised individuals. In Africa, kinship care is typically arranged informally amongst family members and is not governed by laws or authorities (Ariyo et al., 2019). It involves placing a child with their extended family, which may include grandparents, older siblings, aunts, uncles, and more distant relatives, or occasionally with non-family members like close family friends (Ariyo et al., 2019). Fostering, or living in kinship care, can last anywhere from a few months to several years (Ariyo et al., 2019). Purposive (also known as voluntary) fostering is one reason for child fostering in Africa; crisis or involuntary

fostering is the term used when parental homes are experiencing a crisis. The need for household work, emotional relationships and companionship, social or political prestige, the child's scholastic or employment prospects, a need to strengthen social links, and changes in marital status are some of the factors that lead to intentional fostering (Mabetha, 2024). Lastly during crisis periods, children may be fostered due to the death of a parent, economic crisis, family breakdown, separation, conflict, disaster, and migration (Ariyo et al.,2019).

Lack of formal awareness and recognition

Several participants were not aware that they were raised under a "kinship foster placement" because placements were made informally without state or legal involvement. Without any government assistance, participants were not aware that their caregiving arrangements were a form of "kinship foster care." For example, Malaika reported:

> "*I wasn't, actually, I never had any social workers coming to my place, I don't, the only one I received ke grant like the normal one each child was receiving, as far as I'm concerned*".

The exosystem consists of "one or more settings in which events occur that affect, or are affected by, what happens in that setting, but in which the developing person is not an active participant" (Yendork,2020). A child's development is then influenced by the exosystem, which relate external occurrences to processes in the developing person's microsystem and microsystem processes to developmental changes in the developing person residing in that environment (Yendork, 2020). Although the participants were not directly involved in the decisions made by government laws, child welfare organisations, or financial aid programmes, these outside influences have a major influence on the child's development. This illustrates how the child's microsystem—their relationship with their caregiver—is impacted by external

events (such as financial allocations and policy decisions), which in turn shapes the child's developmental experiences.

Minimal social work involvement

Foster care is linked to a "basket of services" that includes family reunification, treatment and therapeutic services, social services and monitoring for the foster parents and the child, and more (Kruger,2024). Social workers who provide foster care services face several difficulties, including a shortage of social workers in the field, heavy caseloads, crisis intervention, administrative duties, lack of resources, and a high rate of social workers quitting the field (Pretorius, 2016). These were some of the understandings held at the time or currently by the participants.

Mikaela stated:

"*The government does try to make sure like they do monitor because they send like social workers and stuff but if the social worker comes and the parent has told you, you better not, you better not embarrass me because...*"

Social workers never provided emotional check-ins according to the participants. This is because participants also mentioned that they saw a preference for material assistance over mental health needs. Some pointed out that family members took them in not for care but for the financial benefit. This highlighted the limited psychological check-ins or school visits for them as children placed under kinship foster care. Literature has also revealed that other studies comparing kinship and non-kinship foster care in Spain found that kinship carers were at risk for issues like not receiving fostering training and not conducting formal assessments before and during a child's placement, which can be dangerous (Palacios & Jimenez, 2009). Furthermore, there was a danger of social worker intervention when authorities failed to follow

up with the child following placement (Palacios & Jimenez, 2009), just like we are seeing above reports from participants expressed desired needs of psychological support over material/monetary assistance.

Financial exploitation in kinship care

Foster parents are eligible to a Foster Care Grant (FCG) if the children's court has determined that a child is "in need of care and protection" and issued an order placing the child in their care (Kruger, 2024). The foster care grant is available to children placed in foster care by the children's court, while the care dependency grant was given to carers of children with disabilities who needed long-term care (Kruger, 2024). Dimpho shared:

> "*I've said there were financial struggles uhm the money would have assisted us kakhulu (a lot) a lot and I think the reason why because my aunt would try to get the social workers involved to say that "oh ok I stay with my sister's kids, and my sister is also struggling financially…*".

Some caregivers take children to make money. Grants for foster care aren't always used for the needs of the children. Participants like Sipho went to highlight the critiques the social assistance institutions' inefficiencies, especially SASSA's inadequate family support. Bureaucracy made it impossible for Dimpho' s family to receive foster care grants, underscoring the challenge of obtaining the welfare assistance. The state FCG is given to over 300,000 children who do not have a living parent; most of these children are placed in kinship foster care (SASSA, 2022). Typical encounters, such like the inefficiency of social workers and SASSA, were highlighted by the participants. Some also underlined how social services don't provide enough emotional assistance. Overall, the state provided little to no official assistance to most of the participants.

Perceptions of Kinship Foster Care vs. Other Forms

Preference for Kinship Care Over Orphanages

Font (2015) asserts that the foster child and foster parent's relationship, shared history, culture, and traditions are important factors in the adoption of kinship foster care. These are some of the views of the participants where they've indicated their preference for kinship care over other alternative forms of care, in which most referred to cluster foster care (orphanages).

Malaika said:

> "*so but if now o nale (you have) those options and people know about them, if the relationship ya gao le family ya gao gae shapo, better o ye ko foster care because you'll up like having di anger issues and le lehloyo wabona (your relationship with your family is not good, it's better to go to foster care because you'll end up having anger towards them)and hate you see) so, ke bona okare whichever one e o e shomang for bona then they should go for it (so I think whichever one works for them they should go for it). In the same light shared "at the same time, I feel like it's good for a person to stay le family ya gabo (their family) because it creates a bond between batho ba bona mara (amongst them however) sometimes depending on the family structure gore what kind of a family is it*".

Moria added:

> "*I would still opt for kinship care because I feel the fact that you are related to the people that are raising you, plays a huge role in your life because you not lost in identity".* Furthermore she made a comparison that *"I can also refer to my sense of*

belonging and identity, so, if you now go into other ways of foster care, being raised by other people that don't even know you and maybe they even of a different ethnic group, in a way it can feel lost and you'd be an adult that's still wanting to go back to those relatives to search who are you truly, so, yeah I think the kinship foster care is the best for me".

According to Manthosi and Carelse (2022), kinship foster care relies heavily on the bond both cultural and blood between the foster parent and the kid (Schiller & Strydom, 2018). Thus, explaining why there was this correlation between the participant's affiliation of kinship care in reference to identity and belonging.

Dimpho added:

"*Even though you're not raised by your parents but we know ukuthi (that) ok this is my blood these are my relatives and uhm I know that I'm in safe hands if I can put it that way, you don't feel you don't necessarily feel like an outsider, even though you do get those moments where ok you feel like, you feel like a bit different from them*".

These results are consistent with Hegar (2012), who stated that people who are passionately in favour of kinship foster care think it helps children s because it gives them social ties with the extended family, which lessens the hurt of not having biological parents around. Social continuity is thus made possible by this form of placement.

Children can preserve their biological roots through kinship care as expressed by some participants. Kinship care was chosen by most participants because it preserved cultural roots and bonds. Additionally, they further compared it to how orphanages (other alternative forms of care) are perceived as impersonal and alienating from their own perception.

Mixed Views on Kinship Care Effectiveness

Because it is highly valued in Africa, kinship care has always been seen as a moral obligation or a family's duty. As a result, families would be required to care for a family member's children (Emovon et al., 2019). Malaika shared:

> **"***Well for nna neh (me hey) this sound, this will sound bad, remember gore ya (that of) kinship is like your family members and for nna I feel like if maybe someone passes away or something like that, now o bafa (give them) responsibility e lore ne sa ba (they didn't)expect and obviously if motho a dutse wa mofa (you give a person) a responsibility, a huge responsibility*".

Moria added:

> *"would advocate for it if the relatives involved are voluntarily saying it's fine, they will take care of the children then why not because I had a positive experience because of you know my maternal grandparents they will take up you know the duty to raise me up because remember till then I still had my paternal grandparents as well but they were not willing but my maternal grandparents were*".

While acknowledging that some children may experience adversities such like abuse or neglect when asked around their views on effectiveness of kinship care, most of the participants highlighted that kinship care only worked if the family was willing. They also made references to positive experiences when caregivers were dedicated to them. However, Sipho shared different sentiments:

> "*I think I'd opt for adoption because now adoption is a different system essentially ke tla godisa ngwana o as if ke ngwana waka (It'll be like I am raising the child as if they*

were biologically my own) not gore (that) I'm basically accepting the responsibility of being your parent whereas I wasn't included to be uhm yes I'd certainly adopt so that ngwana a sa gola (the child shouldn't grow) in that conditions of no uhm certainly they're not treated equally as compared to their kids in the family".

Despite the divergent views of kinship foster care from the participants of this study, some also expressed mixed views over the effectiveness of kinship foster care.

Need for Stronger Monitoring and Support

Advocacy for improved kinship care regulations was reflected which included to guarantee that children are treated fairly, several participants asked for expanded social worker participation, particularly calls for greater emotional and financial responsibilities.

For example, Mikaela shared:

"*I think kinship foster parents there needs to be some sort of training or some sort of course, even if it's like not even a long-term course but something to equip the parent and to… to equip the foster parents to understand the situation that the child is going through*"

However, some participants, like Sipho, mentioned that they would favour adoption, claiming that kinship children frequently received unequal treatment. The participant spoke from having had this experience but also asserting that perhaps this kind of alternative care of adoption because it would be from willing parents who have perhaps considered aspects such as affordability, emotional and psychological capacity for raising the child. However, overall kinship care was favoured by most participants because it gave them a sense of community. Overall, rather than familial care, preferences were based on the quality of care received.

Synthesis of the Main Findings

Overall, deep insights into the nine participants' emotional and psychological experiences in kinship foster care, the significance of culture and family, the nature of social bonds, coping strategies, and their opinions of kinship foster care in comparison to other types of care were provided by the data collected. The participants' experiences of the emotional and psychological effects of being placed in kinship care differed greatly from one another. Significant emotional difficulties were noted by a few individuals; including Dimpho, Kgotso, and Malaika, reported having difficulty expressing their emotions and dealing with feelings of abandonment and loneliness. These participants struggled to manage their emotional well-being because they felt emotionally cut off from their carergivers. For example, Dimpho specifically spoke of feeling emotionally estranged and abandoned, illustrating the challenges of being put in a care arrangement that felt more like a duty than a nurturing setting. However, Phenyo and Mikaela, experienced grieving, especially following several losses, which resulted in delayed emotional processing and suppressed emotions. The feeling that they couldn't handle the changes in their lives because they didn't have enough emotional support added to their anguish. Mikaela's struggles with loneliness in particular highlight the loneliness that many foster children, especially those placed in family care, may experience. It's interesting to see that Lalitha and Lolanda, reported less emotional distress. Rather, in their familial care environments, they experienced affection and support as children. For example, Lolanda credited her strong cultural and religious values, which gave her a solid emotional support system, with a large portion of her emotional well-being. Lalitha also voiced her appreciation for her kinship care arrangement, saying that it gave her a sense of order and community that lessened any harmful emotional effects.

Lemogo reported significantly more negative emotional experiences, including emotional abuse and favouritism in their kinship care arrangement. This led to self-worth problems and feelings of inadequacy, demonstrating how a lack of objectivity in caregiving interactions can worsen emotional health. Furthermore, Kgotso expressed a lack of emotional validation and a worry of burdening their caregivers. This perspective highlights how the lack of formal or informal conversations around legal guardianship might exacerbate feelings of uneasiness, insecurity and emotional neglect. Participants in kinship care have particularly important experiences that are shaped by culture and family. Kinship care was viewed by many as an innate cultural duty as well as a type of caregiving. Kinship care was cited by several participants, including Malaika, Phenyo, and Lalitha, as a traditional duty that their families undertook without outside assistance. Those who felt supported by a solid family unit found a feeling of order and belonging in this familial and cultural context. According to cultural standards, family members were expected to provide care in these situations, which affected how participants dealt with their psychological and emotional experiences within the kinship system.

Nonetheless, other participants, such as Phenyo and Lemogo, talked about traditional parenting styles and caregiving methods that were characterised by rigorous authority and discipline. Even while these behaviours were deeply embedded in the culture, they occasionally caused conflict or emotional strain, especially when individuals believed that giving care was more about meeting a duty than offering sincere emotional support. For certain individuals, such as Lolanda and Lalitha, the existence of cultural and religious values was very crucial in creating a nurturing atmosphere where they experienced a profound sense of acceptance and belonging. This demonstrates how family care, whether based on strong cultural or religious beliefs, can have a good impact on a child's mental well-being. Lolanda cited gratitude and religious faith as important coping methods.

The individuals' experiences were also greatly influenced by relationships both inside and outside of their families. Several participants said they had formed close relationships with their extended family, especially their cousins, who served as important emotional support systems. Phenyo, Sipho, and Dimpho, for instance, all mentioned that although they may have had difficulties with their biological siblings, they found comfort and camaraderie in their cousins. These connections created a healthy social environment for the children involved by reducing the sensation of loneliness that frequently results from kinship care arrangements. But for (Mikaela, Lemogo, Kgotso, and Dimpho), who had trouble with their sibling relationships, the opposite was true. Siblings were either emotionally aloof or engaged in rivalries that further alienated them in certain instances. This highlights the complex nature of sibling relationships within kinship care, and the added emotional burden when those bonds are strained.

The participants' coping strategies varied as much as they did, with many turning to outside resources or personal strategies to build resilience. Lolanda, Mikaela, Sipho, and Dimpho were among the participants who used religion and religious rituals to control their emotions. They found that their religious beliefs offered a steady amount of emotional support, enabling them to deal with the emotional difficulties and uncertainties that come with being placed in kinship care. In many instances, faith served as an emotional and spiritual fulcrum, giving people courage and hope when things got tough. The same is true for Malaika, Mikaela, Sipho, and Kgotso, who developed resilience through self-help techniques like journaling, education, and personal development. These participants often relied on themselves to navigate the emotional challenges of their environments, showcasing a sense of self-reliance and independence that helped them cope.

Furthermore, Sipho, Lalitha, and Lolanda cited thankfulness and flexibility as important coping mechanisms. These participants were able to develop emotional resilience by learning to adjust to their circumstances and concentrating on the positive aspects of their

circumstances. This showed that positive psychological adaptation is achievable even in challenging settings.

The findings revealed that the absence of official support networks was one of the main structural flaws in kinship foster care. Several said that social workers and other official caring structures did not provide them with enough help. Many participants, for example, said that social workers ignored the children's emotional and psychological needs in favour of concentrating only on money issues. Kgotso and Dimpho noted the vulnerability these gaps cause and expressed concern with the lack of formal guardianship or support networks. Lemogo further highlighted the shortcomings in the system that contribute to the challenges faced by children in kinship care by mentioning the abuse of foster care funds by carers.

Finally, the participants' opinions about familial foster care in comparison to other types of care showed that they frequently preferred it, with most participants saying they supported it, especially because of the cultural significance and personal connection associated with it. These participants said that kinship care gave them a sense of identification and belonging those other types of alternative care, such as orphanages, could not supply, despite the difficulties they faced. Nonetheless, a few participants agreed that kinship care needed stronger mechanisms and more organised assistance. To guarantee that kinship care is still a possibility, they underlined the significance of legal guardianship, state assistance, and professional emotional support. However, some participants acknowledged the shortcomings of familial care, including partiality and a lack of oversight, and expressed doubts about its equity in the absence of appropriate protections.

In summary, the information offers a complex perspective on familial foster care, showing that although it provides valuable emotional support, there are drawbacks because of the absence of official procedures and structural flaws. Kinship care has a wide range of emotional and psychological effects, and these experiences are largely shaped by cultural and

familial dynamics. Participants' resilience and emotional well-being were greatly aided by the presence of close family links, cultural values, and religious faith. To fill in the gaps in emotional, financial, and legal support, it is evident that the official support networks surrounding kinship care need to be improved.

Adversity manifests itself in a variety of ways across the data, impacting the participants' relationships, emotional health, and opinions of the foster care system. Few participants reported feeling emotionally distant, abandoned, or neglected by their carergivers, indicating that emotional issues are a significant aspect of the adversities they encounter. Feelings of loneliness, bewilderment, and a lack of approval were frequent outcomes of this emotional neglect. Participants such as Kgotso, for instance, talked about their struggles with emotional validation and their anxieties of being a burden, while Dimpho talked about feeling emotionally distant and abandoned. This implies that kinship care frequently faces emotional neglect, a lack of support, and a sense of abandonment, leaving children to deal with these difficulties on their own, frequently without the outside assistance they require.

Additionally, for a few individuals, sibling and family conflicts were a major cause of hardship. Several participants reported having trouble with their relationships with their siblings, whether because of sibling rivalry, emotional distance, or a lack of understanding. This illustrates that kinship care is not always a peaceful solution because family dynamics and interpersonal disputes can exacerbate the emotional stress that children go through. For Lemogo, the kinship system's emotional abuse and favouritism added to the pain, showing how certain people may endure even more extreme types of adversity, such as unfair treatment and mistreatment.

The kinship care system's fundamental flaws introduced another degree of hardship. The absence of official support networks, such as state supervision, legal guardianship, and professional emotional assistance, was mentioned by more than half of the participants. Due to

these systemic flaws, children in kinship care frequently had to rely entirely on their family for support, even if some families lacked the means, expertise, or emotional maturity to offer all-encompassing care. According to Lemogo, the lack of structural safety nets created a precarious, unmonitored setting where problems like abuse of foster funds might arise, indicating a serious weakness in the welfare system that makes the hardships experienced by children in kinship care much worse.

Notwithstanding these challenges, the study shows that resilience was another common theme, with participants continuously exhibiting coping strategies and personal characteristics that enabled them to get through challenging situations. Many participants turned to self-reliance, faith, and cultural values as important sources of strength as resilience manifested itself in many ways. Malaika, Mikaela, and Sipho, for example, demonstrated strong emotional resilience by using self-help techniques including writing, introspection, and pursuing personal development. This suggests that people can develop inner strength and resilience even in the absence of official support networks, depending on their own skills to deal with the difficulties presented by kinship care.

Many participants found that faith and religious beliefs were crucial in helping them deal with emotional discomfort; this was especially true for Lolanda, Mikaela, and Dimpho, who mostly turned to religious activities for solace and purpose. This use of faith as a coping strategy shows that, even in settings characterised by emotional distress and neglect, spiritual resilience can provide kinship care children with a feeling of connection and purpose. These people felt more prepared to meet the challenges they encountered because their faith gave them a feeling of optimism, stability, and emotional support.

Some participants' expressions of thankfulness and flexibility were another notable example of resilience. Lolanda, Lalitha, and Sipho, for instance, all had an amazing capacity for situational adaptation, interpreting their experiences with kinship care through a prism of

appreciation and personal development. By emphasising the benefits of their care and acknowledging the strength they had learnt from their experiences, these individuals were able to reframe their circumstances. This way of thinking illustrates how embracing hardship and turning it into a chance for growth and emotional fortitude can lead to resilience.

Moreover, resilience was significantly influenced by the idea of family ties. Close ties with extended family members, especially cousins, are important, according to several participants. In an otherwise isolating circumstance, these ties gave participants a sense of security and comfort, serving as an essential source of emotional support. Even in the absence of ideal conditions, kinship care systems can promote resilience when they are based on strong familial relationships. This is demonstrated by the participants' ability to rely on other family members for emotional and social support, despite certain sibling conflicts.

Co-existence of Adversity and Resilience

The study offers significant insights into the intricate interplay between adversity and individual fortitude in trying circumstances by examining how resilience and adversity coexist in familial foster care. We may comprehend how adversity and resilience are entwined, frequently coexisting among the same persons, by examining the emotional, psychological, and structural experiences of those receiving kinship care.

The study's most notable finding is that resilience and adversity coexist. Even though the participants had to deal with a lot of difficulties, such as bereavement, emotional isolation, disrupted family ties, and systemic inadequacies in treatment, they also showed incredible fortitude. By relying on cultural and religious beliefs, independence, and family ties, many participants were able to adjust to their circumstances and transform hardship into a chance for personal development. The study emphasises that resilience is the ability to deal with, adjust to, and even flourish in the face of adversity rather than the lack of it. Dimpho, for instance,

had a lot of emotional distress and no official help, but they eventually became emotionally resilient and realised that the kinship care system needed more oversight. In a similar vein, Kgotso demonstrated resilience via human agency and flexibility by turning to business to obtain financial security despite a lack of official assistance and emotional affirmation.

This dynamic is also demonstrated by the existence of family relationships, whether they are favourable or bad. Many participants found that having strong family ties helped them get over difficult emotional times. The same familial ties, however, occasionally turned into a source of hardship, especially when they included conflicts, partiality, or the imposition of rigid caregiving standards. Adversity and resilience can be shaped by the same family dynamic, which highlights the complexity of kinship care and how the familial environment can present both difficulties and support at the same time.

The study concludes by showing that resilience and adversity coexist in kinship foster care in a dynamic and interrelated way. Significant sources of difficulty include the participants' emotional and psychological difficulties as well as the kinship care system's structural flaws. But these participants' faith, independence, flexibility, and close family ties demonstrate their resilience, which shows that people can overcome these obstacles and come out as stronger, more capable adults. This coexistence highlights the intricacy of kinship familial care, where adversity does not preclude the possibility of development, fortitude, and emotional healing. Adversity in kinship care is common, but the study demonstrates that human resilience can also be firmly anchored in cultural, familial, and personal resources, enabling people to manage and even flourish despite their circumstances.

Conclusion

The Children's Act 38 of 2005 (section 10) and the South African Constitution emphasise the participation of children in the matters affecting them. When implementing the developmental

social work approach, the social worker should take into account the principles of self-reliance, empowerment and participation in delivering services to a child (Department of Social Development, 2005). This allows the understanding of the participant's above shared experiences and how much maturity, age and behaviour contributed towards their own participation in persevering within this form of alternative care. Furthermore perhaps one of the other ways that kinship foster parents could be trained and supported is with this form of communication that emphasises the role of child participation alongside adaption to the subject being the one that is being taken in.

Chapter Five: Conclusion

Introduction

This chapter concludes this report by discussing the study's overall contribution to knowledge by breaking down the themes and connecting them to the research questions that the study sought to answer. Finally, the chapter provides an overview of the study's strengths, limitations, and suggestions for future research and intervention.

The Study's Overall Contribution to Knowledge

The lived experiences of adults who were raised in kinship foster care were explored in this study, with an emphasis on how adversity co-exists alongside resiliency. Nine participants' interview data were examined using a qualitative content analysis method to answer important research questions about their perceptions of the South African kinship foster care system, relationships, coping mechanisms, and emotional experiences. The results of the study offer a complex and multidimensional perspective on kinship foster care, highlighting both its advantages and disadvantages, as well as the interconnectedness of different systemic levels in contributing to this experience.

Understanding and Early Recollections of Kinship Foster Care

The first research question focused on what the participants recalled about being raised in kinship foster care, their understanding back then versus current understanding. Most of the participants were unaware that their placement qualified as 'kinship foster care'." Rather, it was viewed as a normal transition after the death or absence of biological parents or as a

familial obligation. Without any official governmental engagement or legal designation, the majority were placed informally with grandparents, aunts, or uncles. These arrangements were not so much the result of systematic planning or family evaluation as they were of cultural expectations and familial duty. Some experienced internalised bewilderment because of their apathetic, emotionally detached acceptance of the shift as children.

Emotional and Psychological Impacts

Moving on to what the participants recalled about their experience of their upbringing both good and bad, which was another question in the interview guide. With most participants having lost one or both parents at a young age, loss and grief emerged as highly significant issues. Some participants only started to face their feelings of loss and grief as adults, while others digested this loss over a long period of time. Many of the participants recognised that they had experienced emotional neglect, especially in homes where family carers prioritised physical care and discipline over emotional nurturance, or when emotional expression was supressed. Notwithstanding these difficulties, most of the participants acknowledged that their fundamental care requirements were satisfied and that they had done everything within their power to show thanks for the care they received.

However, there were difficult issues that emerged in their experiences with regard to inequality and exclusion. Many participants remembered feeling different to other family members or less important than the biological children of their carergivers. This showed up as being shut out of family gatherings, having unequal access to material goods, or receiving no emotional support. Feelings of invisibility and low self-worth were exacerbated by these modest yet significant events.

Coping Mechanisms and Development of Resilience

To explore participant's coping mechanisms and development of resilience, the interview guide also asked how the participant perceived some of the negative experiences and whether they influenced their resilience or not. The participants all showed great resilience despite the emotional difficulties. Every participant discussed adaptive coping strategies such as journaling, engaging in spiritual activities, or concentrating on one's academic or professional goals or aspirations. Most of respondents said that a major source of their emotional strength was their faith or religious upbringing. Many said they became emotionally and physically independent at an early age. Many participants stated that their adult achievement was motivated by their caregiving responsibilities, especially those who took on the role of carer for younger siblings.

Influence on Adult Life

For participants to reflect on the influence kinship foster care has on their adult life, participants were asked to look back in ways this alternative care influenced them. Participants' adult identities were significantly impacted by their experiences receiving kinship care. Many regarded themselves as flexible, sympathetic, and emotionally resilient. However, others acknowledged that they still struggled with intimacy and emotional expression, which they attributed to their upbringing. Adult relationships and mental health are frequently impacted by the early need to be strong and repress sensitivity. Most of respondents claimed that while their experience increased their independence, it also made them more emotionally aloof.

Relationships with Kinship Families

The interview guide also investigated present ties with the participant's kinship families. For many kinship family ties were still mainly maintained. Most of them stay in touch with their families on a frequent or close basis, particularly with their siblings or cousins. Due to trauma, partiality, or unsolved issues, some participants did, however, report emotional or physical distance. Participants characterised their kinship families as their genuine sense of belonging in situations where relationships remained strong. The encounter had left long-lasting emotional scars where it was broken.

Perceptions and Advocacy for Kinship Foster Care

The last set of questions in the interview guide focused on exploring the participants' current perception of kinship foster care, whether they would advocate for this alternative care still and why. Every participant concurred that, if the carers are willing and emotionally capable, kinship care is better than institutional care (such as state placements or orphanages). However, most of respondents stressed that family care systems require more supervision, responsibility, and emotional support. Participants voiced worry that inconsistent treatment of children results from familial care, which is frequently unmonitored. There was broad agreement that kinship care should be motivated by a sincere desire to ensure the child's welfare rather than just cultural norms or financial rewards (like foster funding).

It has been said that South Africa's kinship care system is unofficial, poorly regulated, and unevenly supported (Zimudzi, 2022). Participants pointed out that although the government offers money grants, there isn't much psychological or emotional support. Additionally, children are not aware of their legal rights or entitlements when kinship care is not formally recognised. Many individuals were unaware that their early experiences classified as foster care until they were adults.

Preference for Kinship vs. Other Alternative Care

The participants were also asked about their current view of the entire foster care system in South Africa but more so their preference between kinship foster care versus other alternative forms of care. All the participants indicated that they would prefer kinship care, although with some restrictions, when asked if they would support it above other types of foster care. Kinship care, they emphasised, should include appropriate emotional support, Social Worker observations. Child-centred decision-making and the preparedness and willingness of carers referring to the dangers of abuse, neglect, and identity loss, participants expressed disapproval of orphanages and unrelated foster placements. They underlined that proper kinship care maintains a child's cultural heritage and feeling of identity.

Implications for Policy and Practice

This study highlights the multifaceted and intricate experiences of those who were raised in kinship foster care. Stability, cultural continuity, and familial ties are among the model's many advantages, but noteworthy that it may also put children at risk for emotional neglect, unfair treatment, and unsupervised caregiving.

According to the existing research, kinship foster care in South Africa primarily functions in a grey area between official child protection and cultural customs (Rotchat et al., 2016). The system needs to be reformed to optimise its advantages and minimise its disadvantages. This involves training for carers, continuous monitoring by child welfare specialists, emotional and psychological assistance for children, and official acknowledgement of kinship care by regulatory bodies such like child welfare (Kruger, 2024).

Theoretical Implications

In the end, this research confirms that resilience can and does co-exist alongside adversity; however, for that resilience to be healthy and long-lasting, it needs to be fostered in settings that provide both accountability and love. With its rich cultural heritage, kinship foster care is still a useful and feasible form of alternative care within the foster care system, but only if it is supported by the values of dignity, protection, and child-centred care.

According to this study, resilience is not a given in familial foster care, even when adversity is a nearly constant feature. This supports the central claim of resilience theory, which holds that resilience is a dynamic process impacted by systemic, relational, and individual factors rather than a static attribute. According to the findings, resilience must be developed by nurturing relationships, supporting circumstances, and constant affirmation; children do not just "bounce back" from trauma.

The results show how every level of the child's surroundings influences their happiness or misery when viewed through the prism of Bronfenbrenner's Ecological Systems theory; it was essential to have direct contact with carers. Children gained greater emotional tools when they received continuous care, stability, and emotional validation from kin carers. The children's developmental results were influenced by the interactions among their carergivers, schools, extended families, and the greater community. Confusion and emotional disengagement were frequently caused by conflicting values or a lack of communication across these systems. Children's incapacity to process trauma was caused by the absence of official support systems, such as social workers' minimal participation or access to psychological treatments. Patriarchal or hierarchical dynamics that excluded the child's voice were occasionally reinforced by cultural norms surrounding family obligation, which impacted who

provided care, frequently without evaluating emotional preparedness or capacity. The participants' adult behaviour, relationships, and self-perception were influenced by early adversity across time, highlighting the long-term impacts of unresolved childhood trauma.

Considering previous research (Pretorius, & Ross, 2010; Zimudzi, & Dhludhlu, 2024), this study confirms that, while kinship foster care can provide continuity and a sense of cultural rootedness, it also entails serious hardships if it is not properly supported or managed. It highlights the necessity of state-supported emotional and psychological resources and questions presumptions that familial care is essentially nurturing.

Therefore, by demonstrating that resilience arises from a combination of inner strength, supportive microsystems, and larger structural factors, the work advances a more comprehensive understanding of resilience. Without these, hardship may lead to identity fragmentation, low self-esteem, or emotional repression rather than resilience.

In conclusion, this study highlights the need to change kinship foster care from an informal, default answer to a system that is formally supported and regulated that actively supports children's well-being at all ecological levels, even though it may be advantageous.

Strengths and Limitations of the Study

This study's utilisation of in-depth, narrative-based interviews with individuals who have direct experience with kinship foster care is one of its main advantages. A close examination of relational, psychological, and emotional variables that are sometimes disregarded in quantitative evaluations was made possible by this qualitative depth. Through interaction with individuals from a wide range of cultural backgrounds and family structures, the study was able to obtain a comprehensive and inclusive understanding of what kinship care may involve.

The successful application of theory to data analysis and interpretation, especially Bronfenbrenner's Ecological Systems Theory and Resilience Theory, is another strength. Individual answers were placed within structural and cultural contexts, and participant experiences were given a multifaceted perspective. Additionally, the results have definite policy ramifications and provide well-founded suggestions to improve the practice of kinship care in South Africa.

However, the study also had several limitations. First, the findings' generalisability is limited by the very small sample size of nine people, even though it is a sufficient sample for a depth qualitative exploration of the topic. Additionally, the study depends on retrospective reports, which could be influenced by personal reinterpretations over time, emotional changes, or memory biases. Furthermore, it is difficult to make direct comparisons or assess kinship care in comparison to other models due to the absence of a reference group, such as people who were raised in institutional or non-kin foster care.

Due to their emotional sensitivity, some participants might have also concealed really painful events, which would have led to an underreporting of abuse or neglect. Furthermore, although family care was shown as advantageous in certain situations, it was also demonstrated to carry hazards, including financial exploitation, emotional neglect, and favouritism, especially when carers were ill-prepared or unsupported.

According to participant testimonials, there were significant drawbacks to the familial foster care program itself. These include unofficial placements with unclear legal status, inadequate social worker supervision, emotional mistreatment passed off as cultural discipline, and foster grant abuse. Participants, however, strongly favoured familial care over institutional alternatives in spite of these drawbacks, so long as it included monitoring, emotional support, and readiness assessments.

This study concludes by showing that although familial care/ kinship foster care has a great deal of potential to foster or co-exists alongside resilience, its unstructured and unregulated character can also make adversity worse. Formal mechanisms must be incorporated into kinship care systems in order to optimise the model's advantages and mitigate its drawbacks. This will guarantee that children's emotional, developmental, and legal needs are regularly and adequately satisfied.

Recommendations for Future Research

To build on the insights gained from this study, several avenues for future research are recommended. Comparative studies should be conducted to evaluate how kinship care outcomes differ from those experienced in non-kin foster or institutional care. Longitudinal studies tracking children in kinship care over time would offer valuable information on how early experiences influence long-term wellbeing, educational attainment, and social integration, similar to what this study revealed.

In order to improve the qualitative data by finding patterns, predictors, and correlations within bigger populations, quantitative research is also required. The lived experiences of kinship carers should be investigated in future studies, along with their support requirements, difficulties, and motivations. Furthermore, examining geographical, cultural, and socioeconomic variations in kinship care patterns around South Africa may reveal regional best practices and problems. Finally, research with a policy focus that evaluate the effects of the current kinship care laws and their application may help direct changes and advance better child welfare tactics. These studies will increase knowledge, guide focused actions, and contribute to the development of a kinship care system that is more adaptable and durable.

Recommendations for Intervention

To guarantee the holistic development of children and improve the standard of kinship foster care, a number of intervention techniques are advised. Mandatory training that gives kinship carers the knowledge and abilities to comprehend trauma, use non-discriminatory parenting techniques, and promote emotional recovery should be made available. Social workers should do regular emotional and developmental assessments in addition to financial checks. Psychosocial support services, such peer support groups and counselling, are also desperately needed to assist children to deal with identity issues, sorrow, and maltreatment. For carers who frequently bear emotional loads without access to mental health support, these programs ought to be replicated.

In order to prevent abuse and guarantee that the funds are used for the intended purpose, financial grants meant to assist the child must also be tracked openly. Beyond traditional presumptions of familial duty, public awareness campaigns should inform communities about kinship care as a recognised and endorsed practice. Finally, it is critical that children's voices be included in their care plans. Creating participatory frameworks that allow children to have a say in decisions that impact their lives promotes their agency and supports a child-centred approach.

Conclusion

The purpose of this study was to explore how adversity and resilience interact in the lives of individuals who grew up in South African kinship foster care. The results show that although almost all participants had substantial early-life adversity, most often in the form of

emotional neglect, parental loss, and feelings of exclusion, their long-term outcomes varied greatly and were influenced by the nature of the relationships in their kinship environments.

One of the most startling conclusions is that the quality of care, emotional support, and consistency they received were more important factors in fostering resilience than the mere presence of family. Placement with family was a result of cultural expectations for many, but this did not necessarily equate to emotional safety or a sense of belonging. Participants' who experienced exclusion or favouritism battled with identity, intimacy, and emotional regulation well into adulthood, whereas those who felt truly cared for and included reported higher self-worth and long-term adaptation.

Faith, independence, and early responsibility especially when it came to taking care of younger siblings helped many individuals build resilience in the face of hardship. The study, however, casts doubt on the notion that familial care is naturally protective and demonstrates that resilience needs to be deliberately fostered through consistent caregiving, nurturing surroundings, and institutions that put the child's emotional and mental health first.

In the end, the study confirms that kinship foster care can be an effective resilience tool but only if it is accompanied by structured interventions, knowledgeable carer preparation, and ongoing observation. These results highlight how crucial it is to change kinship care from an unstructured, culturally accepted practice to a child-centred, organised system where hardship is met not only with shelter but also with the tools required to promote genuine emotional development and resilience throughout life.

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Appendix A: Participant Information Sheet

Good day,

My name is Mantji Faith Maponya, and I am currently a Master's student in the MA Community-based Counselling Psychology programme at the University of the Witwatersrand. As part of the requirements for the degree, I am conducting research on the childhood experiences of adversity and resilience in adults raised under kinship foster care. It is hoped that information gathered could assist in identifying how young adults raised under kinship foster care navigated resilience alongside adversities of their childhood and thrived out of the system with succession. The outcome of this study will inform both knowledge base and practice of understanding childhood adversities alongside resilience within the kinship foster care system.

As a former kinship foster care raised individual, you are ideally positioned to contribute to my research. I therefore wish to invite you to participate in my study. If you accept my invitation, your participation would be entirely voluntary, and you are free to withdraw at any time without penalty. There are no consequences or personal benefits of participating in this study. If you decide to take part in the research study, it should be because you want to volunteer. You do not have to take part. You can stop being in the study at any time. You do not have to answer any questions if you do not want to. Taking part in the research study will not cost you anything. You will not be paid for being in this research study.

If you agree to take part, I would like to arrange to interview you at a time and place that is suitable for you except for your home, or alternatively the option for an online MS teams/zoom meeting. The interview will last approximately one hour. Due to the sensitivity of the research topic, there may be questions that upset or make you feel sad, if this happens, I will stop the interview and continue another time. Contact details are provided below for free counselling services, if any past vulnerabilities are evoked during the interview. If you decide to participate, I will ask your permission to audio-record the interview. No-one other than the researcher and the supervisor will have access to the recordings. The recording will be kept in a locked cabinet for two years following any publications or for six years if no publications emanate from the study. A copy of your interview transcript without any identifying information will be stored electronically and may be used for future research.

Please be assured that your name and personal details will be kept confidential and no identifying information will be included in the final research report. This research study will be written up as a research report. The report will be available on the university library website. If you would like a summary of this report, I will be happy to send it to you once the study has been completed.

Please contact me on 1637567@students.wits.ac.za or my supervisor Prof Tanya Graham on Tanya.Graham@wits.ac.za if you have any questions regarding my study. We shall answer them to the best of our ability. If you have any concerns or complaints about the ethical procedures of this research study, you are welcome to contact the University Human Research Ethics Committee (Non-Medical), telephone +27(0) 11 717 1408, email hrecnon-medical@wits.ac.za.

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

Yours sincerely,

Mantji Maponya

Appendix B: Consent Form for Participation in the Study

Title of the study: Childhood experiences of adversity and resilience in adults raised under kinship foster care.

Name of researcher: Mantji Maponya

I _____hereby consent to participate in the research study. The purpose and procedures of the study have been explained to me.

I understand that (please circle yes or no):

- My participation in this study is voluntary and I may withdraw from the study without being disadvantaged in any way. YES NO
- I may choose not to answer any specific questions asked if I do not wish to do so. YES NO
- There are no foreseeable benefits or particular risks associated with participation in this study. YES NO
- My identity will be kept strictly confidential, and any information that may identify me, will be removed from the interview transcript. YES NO
- A copy of my interview transcript without any identifying information will be stored permanently in a locked cupboard and may be used for future research. YES NO
- I understand that my responses will be used in the write up of a master's project and may also be presented in conferences, book chapters, journal articles or books. YES NO

Name of participant: _____

Date: _____

Signature: _____

Appendix C: Consent Form for Audiotaping of the Interview

Title of the study: Childhood experiences of adversity and resilience in adults raised under kinship foster care.

I hereby consent to tape-recording of the interview.

I understand that:

- The recording will be stored in a secure location (a locked cupboard or password-protected computer) with restricted access to the researcher and the research supervisor.
- The recording will be transcribed and any information that could identify me will be removed.
- When the data analysis and write-up of the research study is complete, the audio-recording of the interview will be kept for two years following any publications or for six years if no publications emanate from the study.
- The transcript with all identifying information directly linked to me removed, will be stored, and may be used for future research.
- Direct quotes from my interview, without any information that could identify me may be cited in the research report or other write-ups of the research.

APPENDIX D: Interview schedule

Age:

How do you identify in terms of gender?

How do you identify in terms of ethnicity?

Where were you born?

1. What do you recall about being raised within kinship foster care?
2. What was your understanding of being placed under kinship foster care?

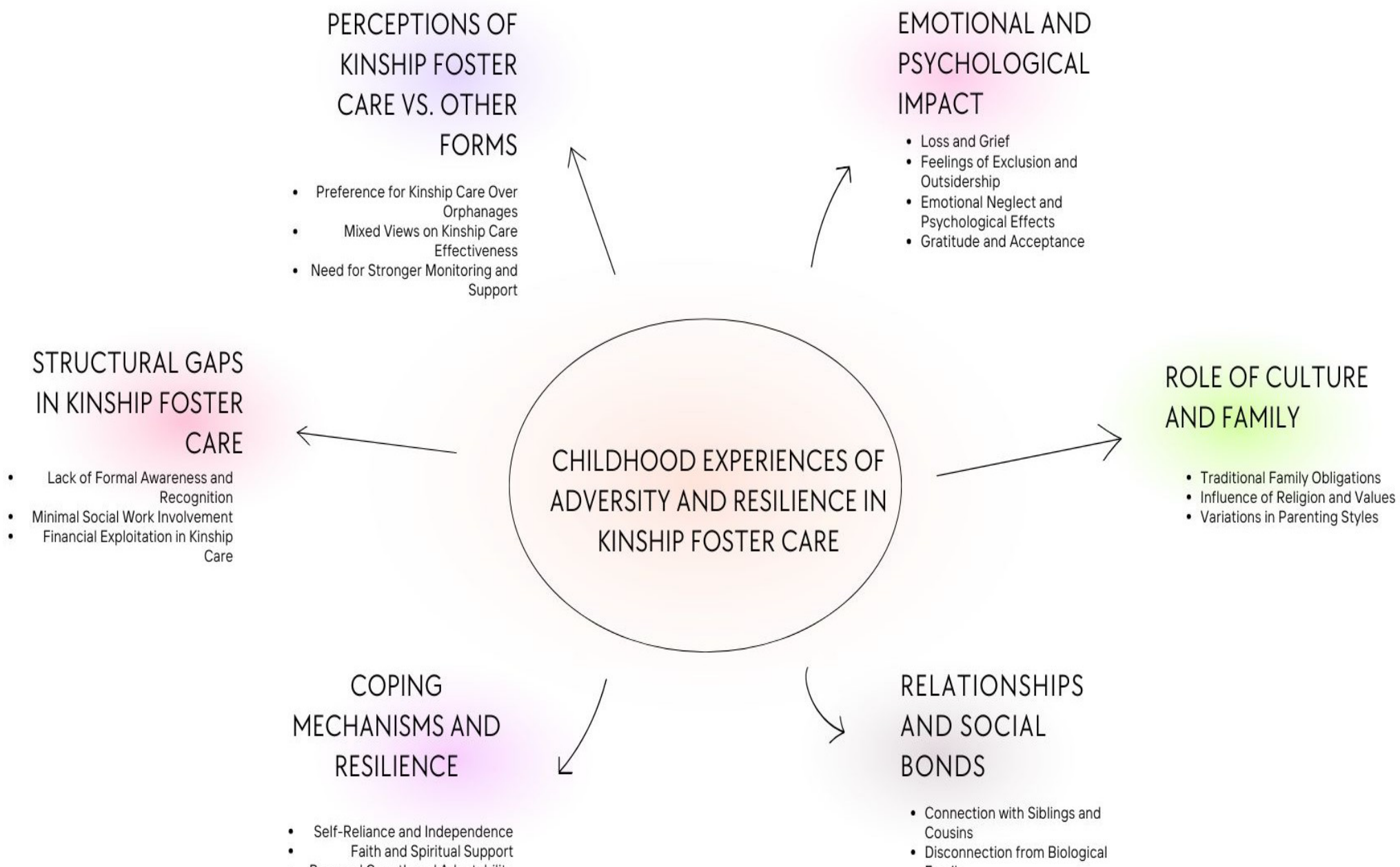
   2.a Now that you are older what is your understanding…. now?
3. What are some of the good or bad experiences during childhood?
4. Share with me how you perceive some of these bad experiences and whether they influenced your resilience.
5. Looking back now, in which way do you think being raised in kinship foster care may have influenced your life.
6. Do you still have ties with your kinship family? If not, please tell me why.
7. If you had to advocate for the strengthening of the entire foster care system, would you opt for kinship care and why.
8. Taking into consideration everything we have discussed today, what is your view of the kinship foster care system in South African?
9. If you had to advocate for a form of care in the foster care system, would you opt for kinship care or other forms of alternative, and why.

Name: _____

Date: ________________________________

Signature: ________________________________

Appendix E: Content thematic chart



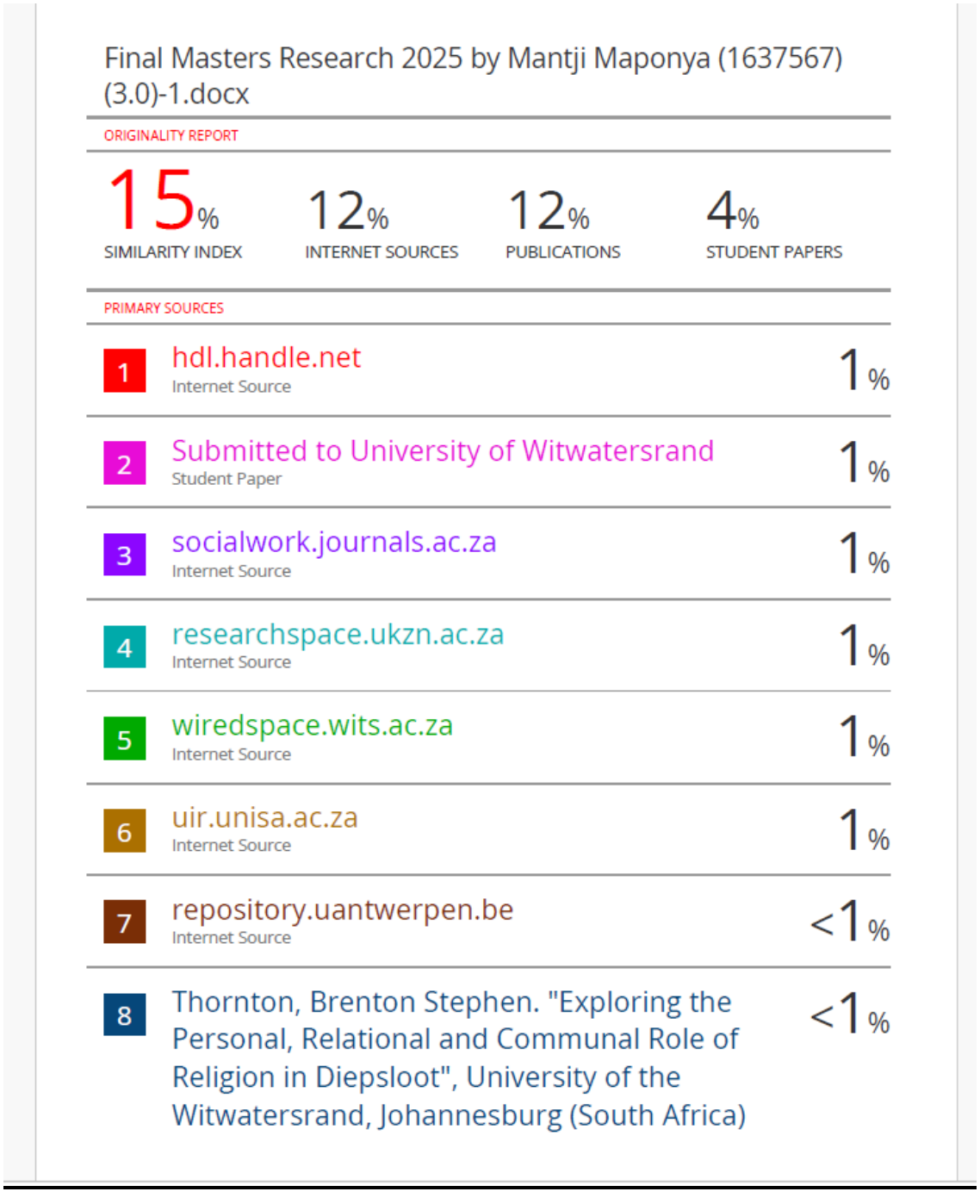
Appendix F: Content Analysis of Kinship Foster Care Participants

Participant	Emotional and Psychological Impact	Role of Culture and Family	Relationships and Social Bonds	Coping Mechanisms and Resilience	Structural Gaps in Kinship Foster Care	Perceptions of Kinship Foster Care vs. Other Forms
Malaika	Struggled with emotional expression, feelings of loss	Kinship care was an automatic cultural obligation	Maintained strong sibling relationships for support	Developed independence, used self-help strategies	Unaware of formal kinship foster care support	Preferred kinship care but recognized challenges
Phenyo	Experienced grief from multiple losses, suppressed emotions	Family structure dictated caregiving; traditional norms applied	Bonded with cousins but felt tensions within family	Pursued personal growth, relied on faith	Minimal social work involvement, lack of emotional support	Advocated for kinship care with better support systems
Mikaela	Delayed emotional processing, feelings of loneliness	Rigid authority and strict expectations from caregivers	Struggled with sibling relationships, felt like an outsider	Journaling and faith provided emotional resilience	Social workers focused only on financial aid	Saw both strengths and flaws in kinship care
Lolanda	Minimal emotional distress, felt loved and supported	Raised with strong cultural and religious values	Strong family support system, felt included	Gratitude and religious faith were	Social services did not intervene unless requested	Strongly supported kinship care over orphanages

				key coping mechanisms		
Lemogo	Emotional abuse and favouritism affected self-worth	Traditional caregiving with strict discipline	Disconnected from both kinship and biological siblings	Adopted a survival mindset, overcompensated to fit in	Foster grants were misused by caregivers	Sceptical about fairness in kinship placements
Kgotso	Fear of being a burden, lacked emotional validation	Placed within family without formal discussion	Felt a strong responsibility towards younger siblings	Turned to entrepreneurship for financial security	Had no legal guardianship, lacked state support	Believed kinship care should be better regulated
Lalitha	Balanced emotions with gratitude, occasional feelings of isolation	Kinship care provided a sense of structure and belonging	Closer to kinship family than biological siblings	Learned adaptability and self-sufficiency	Kinship care was not officially recognized	Felt kinship care provided a personal connection
Sipho	Struggled with emotional distance from caregivers	Relatives assumed caregiving roles without consultation	Developed strong bonds with cousins over time	Became self-reliant through education and work	Limited access to professional guidance	Supported kinship care when done with care and structure
Dimpho	Felt abandoned and emotionally disconnected	Family saw kinship care as a duty rather than an option	Limited sibling connections, relied on extended family instead	Struggled but eventually developed emotional resilience	Faced challenges due to lack of formal foster care policies	Acknowledged kinship care but emphasized need for monitoring

Appendix G: Participant Demographics Table

Participant	Age	Gender	Ethnicity	Primary Language	Birthplace (Region)	Kinship Caregiver
Sipho	29 years old	Male	Northern Sotho	Sepedi	Polokwane, Mathoks (Limpopo)	Grandfather
Dimpho	24 years old	Female	Zulu	isiZulu	Pietermaritzburg (KwaZulu-Natal)	Aunt
Lemogo	25 years old	Female	Southern Sotho	Setswana	Kimberly, South Africa	Grandmother
Kgotso	22 years old	Female	Tswana	Setswana	Pretoria, Winterveld	Grandmother
Malaika	25 years old	Female	Northern Sotho	Sepedi	Limpopo Mokopane	Grandmother
Phenyo	29 years old	Female	Southern Sotho	Setswana	Soweto Vaal, Gauteng	Grandmother
Mikaela	23 years old	Female	Xhosa	isiXhosa	Eastern Cape	Uncle & Aunt
Lolanda	27 years old	Female	Zulu	isiZulu	KwaZulu natal	Paternal Grandmother & Aunt
Lalitha	29 years old	Female	Xhosa	isiXhosa	Eastern Cape	Aunt & Uncle



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