



AN EXPLORATORY STUDY ON KINSHIP CARE AND HOW IT BENEFITS CHILDREN AND YOUTH IN ROBBINSDALE, MPUMALANGA.

This work is submitted in fulfillment of the requirements for the Master of Child and Youth
Care Degree at the Durban University of Technology

Student: Langa Mshayisa

Student number: 21827645

December 2023

Supervisor: Prof. Raisuyah Bhagwan

Co-supervisor: Dr. Fathima Dewan

Date: 12-12-2023

ABSTRACT

INTRODUCTION

Kinship care is one of the alternative care methods available for vulnerable children and youth who have been found to be in need of care and protection according to Section 150 of the Children's Act 38 of 2005. Kinship care is offered by relatives (kin) or non-relatives (fictive kin) with close relationships with young people needing of care and protection. Unlike other non-familial alternative care methods, such as institutionalised care, kinship care thrives on keeping children and youth within their family environment post-removal from birth parental care. Kinship care can be formal (public) or informal (private). The difference is between the government initiated and supported kinship care or whether relatives (kinship caregivers) took it upon themselves to offer it. To kinship caregivers who offer this care under the auspices of governmental child welfare agencies, it is considered formal. On the contrary, when kinship care is only discussed and offered within families without the involvement of governmental child welfare agencies, it is considered informal.

PURPOSE OF THE STUDY

The study aimed to understand both the benefits and challenges of kinship care in the lives of young people in kinship care in the Robbinsdale community in Mpumalanga, South Africa. Such understanding is crucial to the betterment of this care in this context and for the benefit of the young people who are kinship care beneficiaries.

METHODOLOGY

The researcher used a qualitative research approach to conduct this study. Consequently, the study adopted an explorative research design. This helped the researcher obtain data that provided answers to the study's purpose and objectives. The study setting was the Robbinsdale community in a rural part of the Mpumalanga Province, South Africa. The study had a sample of fifteen African families in which kinship care is offered. The drawing of the study sample was

done through the purposive sampling technique. Subsequently, the study had twenty-one (21) participants who were interviewed through semi-structured interviews. This interviewing strategy allowed the researcher to gather rich data from participants. Data collected thereafter was analysed through the process of thematic analysis. This analysis strategy allowed the researcher to derive significant themes and sub-themes from which study findings came. The researcher adhered to the ethical considerations.

FINDINGS

The data collected produced six (6) significant themes from which twenty-six (26) sub-themes emerged. The six (6) significant themes were as follows: (i) kinship care, (ii) the role of African spirituality, (iii) becoming a kinship caregiver, (iv) benefits of kinship care, (v) challenges posed by kinship care and (vi) governmental support. Though there were challenges found, there were many benefits of kinship care in the lives of children and youth in kinship care as well. The benefits included, getting a parental figure(s), knowing their background, home with protection, help from the community and getting their basic needs met. The most cited challenge by participants was the lack of support by the government towards kinship care. Other challenges included negative influences, difficult behaviour by young people in kinship care and young people's unknown paternal cultural customs.

Kinship caregivers believe that the appropriate support from the South African government towards kinship care could help mitigate these challenges which are somewhat clouding the benefits of kinship care. The findings included the role played by African spirituality in the provision of kinship care in the South African context. The practice of African spirituality proved to be another benefit for young people in kinship care. The study found that African spirituality helps children and youth in kinship care grow within culturally appropriate family constellations, allowing them to be cognisant of their personal identity and preserve their cultures. Furthermore, African spirituality helps facilitate healing and the positive upbringing of children and youth in kinship care. Notwithstanding the challenges the study found, the findings showed kinship care as a much more beneficial alternative care method in the lives of children and youth in the Robbinsdale community in Mpumalanga Province.

CONCLUSION

The recognition of kinship care as a legal alternative care method in South Africa is of crucial importance. This recognition would help the government provide direct support for kinship care for the benefit of vulnerable children and youth in kinship care. Currently, in the South African context, kinship care is mainly informal, which restricts the amount of help and benefits young people receive in kinship care.

ACKNOWLEDGEMENTS

- I would like to sincerely thank my supervisor and co-supervisor for walking me through this academic journey.
- To my mother MaXhakaza Mshayisa, thank you for everything; from the emotional to financial support when I had not yet received funding. Thank you also for letting me use your personal computer when my laptop gave me problems. Genjane!
- To my Varsity day one Liezel Dlamini, thank you for believing in me and for lending me your laptop when I truly needed it. Gwalagwala!
- To my little brother Londeka Mshayisa, thank you for being there for me when I least expected it. You practically played a big brother role financially with your student allowance which kept me going for months. Ndindi!
- To the Robbinsdale community chief, Inkosi B. Hlatshwako, thank you for allowing me access to your subjects and being instrumental throughout the recruitment process. Ndabezitha!
- Not forgetting the crucial role played by the participants of this study, for without your participation, this study would have remained a mere proposal.
- To the National Research Foundation for fully funding this study under the grant number: PMDS22052113468.

Without such amazing support, I would not have completed this journey in record time. In conclusion, I would like to thank God Almighty for providing me with courage, strength and wisdom which helped me withstand the multitude of challenges this journey comes with.

DEDICATION

This study is dedicated to all the kinship caregivers caring for children and youth worldwide. Through the utmost dedication you all have towards child welfare, the world is a better place for these young people. This study however, adds to the quest for the South African government to consider officiating kinship care as one of alternative care methods available for vulnerable children and youth.

TABLE OF CONTENTS

DECLARATION.....	i
ABSTRACT.....	ii
INTRODUCTION.....	ii
PURPOSE OF THE STUDY.....	ii
METHODOLOGY.....	ii
FINDINGS.....	iii
CONCLUSION.....	iv
ACKNOWLEDGEMENTS.....	v
DEDICATION.....	vi
TABLE OF CONTENTS.....	vii
LIST OF TABLES.....	xiv
LIST OF FIGURES.....	xv
LIST OF APPENDICES.....	xvi
1. CHAPTER ONE: OVERVIEW OF THE STUDY.....	1
1.1 INTRODUCTION.....	1
1.2 BACKGROUND OF THE STUDY.....	2
1.3 PROBLEM STATEMENT.....	4
1.4 SIGNIFICANCE OF THE STUDY.....	7
1.5 BRIEF HISTORY OF KINSHIP CARE.....	8
1.6 RELEVANCE OF KINSHIP CARE TO THE SOUTH AFRICAN CONTEXT.....	10
1.7 AIM AND OBJECTIVES OF THE STUDY.....	13
1.7.1 Aim.....	13
1.7.2 Objectives.....	13
1.8 RESEARCH QUESTIONS.....	14
1.9 THEORETICAL FRAMEWORK.....	14

1.9.1	Maslow's Hierarchy of Needs diagram in relation to kinship care.....	15
1.10	OVERVIEW OF RESEARCH METHODOLOGY	15
1.11	DEFINITIONS.....	16
1.11.1	Kinship care	16
1.11.2	Kinship caregiver.....	17
1.11.3	African spirituality	17
1.11.4	<i>Ubuntu</i> (humanity).....	17
1.11.5	Family	17
1.11.6	Child.....	18
1.11.7	Vulnerable children.....	18
1.12	STRUCTURE OF THE DISSERTATION.....	18
1.13	CONCLUSION.....	19
2.	CHAPTER TWO: LITERATURE REVIEW.....	20
2.1	INTRODUCTION	20
2.2	UNDERSTANDING KINSHIP CARE.....	21
2.2.1	Types of kinship care.....	25
2.2.1.1	Informal kinship care.....	25
2.2.1.2	Formal kinship care	28
2.3	THE ROLE OF AFRICAN SPIRITUALITY IN THE PROVISION OF KINSHIP CARE	29
2.3.1	The influence of the concept of <i>Ubuntu</i> on kinship care.....	32
2.4	THE IMPORTANCE OF KINSHIP CARE	33
2.5	PROCEDURE OF BECOMING A KINSHIP CAREGIVER	35
2.6	THE PROVISION OF KINSHIP CARE TO CHILDREN AND YOUTH IN KINSHIP CARE	37
2.6.1	Kinship care for children with living birth parents.....	38
2.6.2	Community-based child and youth care workers' assistance in the provision of kinship care.....	41

2.7	EXPERIENCES OF KINSHIP CARE	42
2.8	KINSHIP CAREGIVERS' EXPERIENCES	44
2.9	THE GLOBAL PREVALENCE OF KINSHIP CARE.....	46
2.9.1	In Africa	47
2.9.2	In Australia.....	47
2.9.3	In Europe.....	48
2.9.4	In North America.....	49
2.9.5	Contributing factors to this prevalence	50
2.10	BENEFITS AND CHALLENGES OF KINSHIP CARE.....	51
2.10.1	Benefits	51
2.10.1.1	Direct benefits of kinship care to children and youth in kinship care	53
2.10.2	Challenges	54
2.11	CONCLUSION.....	58
3.	CHAPTER THREE: RESEARCH METHODOLOGY	59
3.1	INTRODUCTION	59
3.2	RESEARCH PARADIGM	59
3.3	RESEARCH DESIGN	60
3.3.1	Methodology.....	60
3.3.2	The importance and characteristics of qualitative research.....	61
3.4	RESEARCHER'S ROLE AND REFLEXIVITY	62
3.4.1	The researcher in context.....	62
3.5	STUDY SETTING	63
3.5.1	Aerial view of the Robbinsdale community	64
3.6	STUDY POPULATION.....	64
3.7	STUDY SAMPLE	64

3.8	SAMPLING STRATEGY	65
3.9	SAMPLING PROCESS	66
3.9.1	Inclusion criteria	67
3.9.2	Exclusion criteria	67
3.9.3	Recruitment of participants	68
3.9.4	Data saturation	69
3.10	DATA COLLECTION PROCESS	69
3.10.1	Semi-structured in-depth interviews	70
3.10.1.1	Advantages of using semi-structured interviews	71
3.11	INTERVIEW GUIDE	71
3.12	PROCEDURE FOR DATA COLLECTION.....	72
3.12.1	Ethics in research.....	72
3.12.2	Gatekeeper permission	72
3.12.3	Letter of information	72
3.12.4	Letter of consent	73
3.13	DATA CAPTURING AND ANALYSIS	73
3.14	TRUSTWORTHINESS.....	74
3.14.1	Credibility	74
3.14.2	Transferability.....	75
3.14.3	Dependability	75
3.14.4	Confirmability	75
3.15	ETHICAL CONSIDERATIONS.....	76
3.15.1	Informed consent	76
3.15.2	Deception of participants.....	76
3.15.3	Voluntary participation.....	76
3.15.4	Avoidance of harm	76
3.15.5	Confidentiality.....	77

3.15.6	Anonymity and privacy	77
3.15.7	Management of information	77
3.16	CONCLUSION.....	77
4.	CHAPTER FOUR: ANALYSIS AND DISCUSSION OF FINDINGS	78
4.1	INTRODUCTION	78
4.2	DEMOGRAPHIC PROFILES OF STUDY PARTICIPANTS.....	78
4.3	RELATIONSHIP BETWEEN STUDY OBJECTIVES AND INTERVIEW QUESTIONS 80	
4.3.1	Study objectives and interview questions.....	80
4.4	THE PROCESS OF DATA ANALYSIS	81
4.5	THE PRESENTATION OF THEMES AND SUB-THEMES THAT EMERGED FROM INTERVIEWS.....	82
4.5.1	Theme one: Kinship care.....	83
4.5.1.1	Sub-theme one: Mandatory care by blood relatives.....	83
4.5.1.2	Sub-theme two: Unity within families.....	85
4.5.1.3	Sub-theme three: Parental care	87
4.5.1.4	Sub-theme four: Act of Ubuntu.....	88
4.5.1.5	Theme one and its sub-themes.....	90
4.5.2	Theme two: Role of African spirituality.....	91
4.5.2.1	Sub-theme one: Cultural context	91
4.5.2.2	Sub-theme two: Personal identity.....	93
4.5.2.3	Sub-theme three: Healing	96
4.5.2.4	Sub-theme four: Positive upbringing.....	98
4.5.2.5	Theme two and its sub-themes.....	100
4.5.3	Theme three: Becoming a kinship caregiver	101
4.5.3.1	Sub-theme one: Voluntary commitment.....	101
4.5.3.2	Sub-theme two: Death of a parent(s).....	104
4.5.3.3	Sub-theme three: Family decision.....	106

4.5.3.4	Sub-theme four: Labour migration.....	107
4.5.3.5	Sub-theme five: Child abandonment	109
4.5.3.6	Sub-theme six: Early childbearing by girls.....	110
4.5.3.7	Theme three and its sub-themes	112
4.5.4	Theme four: Benefits of kinship care	113
4.5.4.1	Sub-theme one: Getting a parental figure(s).....	114
4.5.4.2	Sub-theme two: Knowing their background	116
4.5.4.3	Sub-theme three: Home with protection.....	117
4.5.4.4	Sub-theme four: Help from the community.....	119
4.5.4.5	Sub-theme five: Getting children’s basic needs met.....	121
4.5.4.6	4.5.5.6 Theme four and its sub-themes	123
4.5.5	Theme five: Challenges posed by kinship care	124
4.5.5.1	Sub-theme one: Affordability issues	125
4.5.5.2	Sub-theme two: Negative influences	126
4.5.5.3	Sub-theme three: Difficult behaviour by young people in kinship care.....	128
4.5.5.4	Sub-theme four: Young people’s unknown paternal cultural customs.....	131
4.5.5.5	Theme five and its sub-themes	132
4.5.6	Theme six: Governmental support	133
4.5.6.1	Sub-theme one: Monetary and food support	133
4.5.6.2	Sub-theme two: Financial support for tertiary education.....	136
4.5.6.3	Sub-theme three: Provision of counselling to young people in kinship care.....	138
4.5.6.4	Theme six and its sub-themes.....	139
4.6	CONCLUSION	141
5.	CHAPTER FIVE: SUMMARY OF FINDINGS AND RECOMMENDATIONS.....	142
5.1	INTRODUCTION	142
5.2	SUMMARY OF MAJOR FINDINGS	143
5.2.1	Understanding kinship care in the South African context.....	144
5.2.2	The role of African spirituality in the provision of kinship care	145
5.2.3	Ways children and youth receive care through kinship care.....	146
5.2.3.1	On becoming kinship caregivers.....	146

5.2.3.2	The offering of care by kinship caregivers	147
5.2.4	The benefits and challenges of kinship care.....	148
5.2.4.1	The benefits of kinship care	148
5.2.4.2	The challenges of kinship care.....	149
5.3	GOVERNMENTAL SUPPORT REQUIRED BY KINSHIP CAREGIVERS	149
5.4	THE SCHEMATIC DIAGRAM DEPICTING THE BENEFITS AND CHALLENGES OF KINSHIP CARE AS PER STUDY FINDINGS	151
5.5	CONCLUSION	151
5.6	RECOMMENDATIONS	152
5.7	LIMITATIONS	152
	REFERENCE LIST	153

LIST OF TABLES

Table 1:1 Structure of the dissertation.....	18
Table 4:1 Demographic profiles.....	78
Table 4:2 Objectives and interview questions	80
Table 4:3 Themes and sub-themes.....	82
Table 5:1 Themes and sub-themes	143

LIST OF FIGURES

Figure 1:1 Maslow's hierarchy of needs.....	15
Figure 3:1 Robbinsdale community.....	64
Figure 5:1 Benefits and challenges of kinship care	151

LIST OF APPENDICES

APPENDIX A: GATEKEEPER LETTER REQUESTING PERMISSION

APPENDIX B: GATEKEEPER LETTER OF APPROVAL

APPENDIX C: LETTER OF INFORMATION

SITSASISELO C: SISWATI VERSION OF THE LETTER OF INFORMATION

APPENDIX D: LETTER OF CONSENT

SITSASISELO D: SISWATI VERSION OF THE LETTER OF CONSENT

APPENDIX E: INTERVIEW GUIDE

SITSASISELO E: SISWATI VERSION OF THE INTERVIEW GUIDE

APPENDIX F: ETHICAL CLEARANCE LETTER

APPENDIX G: THE EDITOR'S LETTER

APPENDIX H: TURNITIN REPORT

1. CHAPTER ONE: OVERVIEW OF THE STUDY

“It is a common practice in South Africa for children to live separately from their biological parents in the primary care of relatives due to poverty, labour migration, educational opportunities, and cultural factors” (Mabetha, De Wet-Billings and Odimegwu 2021: 4).

1.1 INTRODUCTION

The adverse life challenges humans face globally expose children and youth to some vulnerability. Alongside women, young people form part of this vulnerable group, especially when they are without primary caregivers. This calls for intervention, either by the governmental child protection services, relatives or general members of the society. With increasing numbers of children and youth who require care and protection, alternative care is not limited to government facilities. However, it also extends to extended family networks (Lesetja 2020: 49). The intervention referred to in this study is regarding assuming the role of caring adults who assist these young people in developing safely and into their full potential in the absence of birth parents.

This study focused on kinship care as one of the alternative care methods to help needy and/or at-risk young people. Kinship care can be described as care when “children whose parents are unable to look after them on a short- or long-term basis are cared for by other relatives, like grandparents, uncles or siblings, or other adults who have a connection to the child, such as neighbours or close friend of the family” (Adoption and Fostering Academy 2022: para. 1). Kinship care in this study refers to the care by relatives, offered to young people not elderly people. It is good to note that kinship care is not limited to blood relatives but any adult with a close connection to the child could offer this care (Littlewood, Cooper and Pandey 2020: 1; Kiraly and Roff 2023: 2; Rabassa and Fuentes-Pelaez 2023: 1; Kiraly 2018: 449; Miller *et al.* 2019: 113; Washington *et al.* 2018: 119; Kiraly, Humphreys and Kertesz 2020: 339; Kiraly and Kertesz 2021: 592; Day, Savage and Delaplane 2023: 44). Kinship care is “often the preferred option, from both a legal and clinical perspective” (Pollack 2019: 22).

Childrearing, particularly in Africa, has always been viewed as a social task by extended family members (Leonard, Ananias and Sharley 2022: 241). Additionally, Lefaya, Ezenagu and Esoso-Agbor (2022: 3) maintained that in Africa, having children raised by relatives who are not birth parents is a common trend to date. This shows that kinship care has always been and still is instrumental in childrearing despite the ever-changing social dynamics and living standards. The prevalence of kinship care in Africa has normalised such that many children are bound to experience it during childhood (Mann and Delap 2020: 6). In South Africa where the current study was conducted, kinship care is known to have long been normal even when children have living birth parents elsewhere.

In the South African context, kinship care could be attributed to a range of factors including the country's historical population control, parental labour migration, poverty and cultural practices (Malan and Heyman 2020: 32). Kinship care has also been fundamental as a child and youth care protection system across different cultures on a global scale (Ferraro, Maher and Grinnell-Davis 2022: 1; Hill, Gilligan and Connelly 2020: 2). Either formal or informal, kinship care is prevalent due to its nature of providing less restrictive home environments for children and youth in need of care and protection (Jedwab, Xu and Shaw 2020: 1).

This introductory chapter includes the background of the study, the problem statement, the significance of the study, a brief history of kinship care, the relevance of kinship care to the South African context, the aim and objectives and the research questions. Furthermore, the theoretical framework, overview of the methodology used, definition of concepts, and the structure of chapters forming the entire dissertation will be presented.

1.2 BACKGROUND OF THE STUDY

A study by Hughes (2018: 1) described kinship care as the most preferred alternative care method globally, especially in developed countries. Research studies conducted by the Family for Every Child Organisation (2022: 1), Delap and Mann (2019: 14) and Musizvingoza, Blagbrough and Pocock (2022: 2) found that 1 in 10 children around the world is in kinship care.

Children enter kinship care either formally or informally depending on whether the placement is done privately or under the authority of child welfare systems (Koh, Ware and Lee 2021: 77).

Of late, the need for kinship care has increased across the globe, with approximately 163 million children under this care (Davey 2016: 16; Bergen 2022: 1). Though Black children constitute the majority, children from all races and ethnic backgrounds can be found in kinship care living arrangements (Hunt 2020: 8). The United Kingdom has an estimation of 1 in 74 of their children in kinship care (Birchall and Holt 2022: 2; Holt and Birchall 2022: 1233). The statistics of children living in kinship care in England show that; 1 in 37 are Black, 1 in 55 are Asian or mixed and 1 in 83 are White (Ingham and Mikardo 2022: 337). An emphasis was provided by studies such as, Wu and Snyder (2019: 164), Nwachuku *et al.* (2021: 21) and Simmons-Horton *et al.* (2022: 166) that Black children are more likely to experience removal from their immediate home environments than any other racial group.

In the United States of America alone, more than 2.6 million children live in kinship care (Nwachuku *et al.* 2021: 21; Wu *et al.* 2020: 1; Gibson *et al.* 2020: 1; Koh, Ware and Lee 2021: 77; Lianekhammy *et al.* 2019: 578; Hernandez and Berrick 2019: 35; Koh, Daughtery and Ware 2022: 1; Gomez 2021: 1; Cavanaugh *et al.* 2020: 2; Littlewood, Cooper and Pandey 2020: 2; Miller *et al.* 2019: 112; Day, Savage and Delaplane 2023: 44). This notable increase of kinship care has been from 24% to 32% in the last decade (Xu *et al.* 2020: 1). The usage of this care method is high in the United States of America as Gibson *et al.* (2020: 1) reported an estimated 2.8 million of its children live with neither of their birth parents. Reihl and Shuman (2019: 2) mentioned that there has been a significant number of children taken from foster care, institutionalised settings and put under the care of their kin.

Studies such as De Wet (2019: 79), The Family for Every Child Organisation (2022: 1) and Diraditsile and Mmeanyana (2019: 60) revealed that kinship care has also been in demand in Sub-Saharan African countries since the advent of Human Immunodeficiency Virus, Acquired Immunodeficiency Syndrome (HIV/AIDS) which has caused adult morbidity. Though poorly documented, Mann and Delap (2020: 2), Delap and Mann (2019: 13) and Abdullah, Cudjoe and Manful (2020: 208) confirmed that kinship care is primarily utilised in Sub-Saharan African countries more than anywhere else in the world. An estimated 56 million children in Sub-

Saharan Africa are either orphaned or not living with birth parents and the majority of these, are raised in kinship care (De Wet 2019: 79; Tesfaye and Hagos 2020: 48).

Around 1 in 10 South African children are also confirmed to be raised by relatives (Hallett, Garstang and Taylor 2023: 632). When it comes to placing vulnerable children and youth under the care of relatives, grandparents are the most preferred group in South Africa (Lesetja 2020: 4). Consequently, Mkhize (2020: 12) reported that 1 in five 5 South African children are in kinship care of grandparents, while biological parents live elsewhere seeking employment opportunities. Though kinship care is not yet enshrined in the Children's Act, which governs alternative care in South Africa, Lesetja (2020: 50) stated that about 80% of young people in formal foster care are placed under the care of relatives (also known as kinship foster care). Statistics South Africa (2022: para. 7) reported that in families with four or more children, which form 84.5% of households, chances are greater that many of those children are raised by members of their extended families. Furthermore, South Africa is reported to have an estimation that 64% of non-orphaned children are under the care of their relatives (Mabetha, De Wet-Billings and Odimegwu 2021: 3).

1.3 PROBLEM STATEMENT

Globally, there are several studies such as the ones by McCartan *et al.* (2018: 6), Wijedasa (2017: 9), Hunt (2020: 8-11), Daly (2021: 67-69), Benjamin (2019: 175), Katz and Phelps (2022: 142-147), Hill, Gilligan and Connelly (2020: 1-3), American Bar Association (2022: 6) and Shuttleworth (2022: 2-5) which were conducted on kinship care. Some of the non-African studies on kinship care such as Grant, Whincup and Burgess (2019: 2-3), Washington *et al.* (2018: 118), White (2021: 5), Harding *et al.* (2019: 1-2) and Hassall *et al.* (2021: 814) focused on the comparison of kinship care with other forms alternative care methods. Those studies, however, do not resonate with the current study, as kinship care is legally recognised in many non-African countries. Such recognition of kinship care in non-African parts of the world makes kinship care challenges minimal compared to kinship care provided in African countries.

In Africa, Assim (2013: 214-234) conducted a study to understand the legal transition of kinship care from being obligatory care to relatives to being an official alternative care option. Due to the widespread informality of kinship care in Africa, the researcher sought ways this care could be legalised like it is, in non-African countries. The findings revealed that the laws enshrined in frameworks such as the United Nations Convention on Rights of the Child (UNCRC), the United Nations Guidelines on the Alternative Care of Children (UNGACC) and the African Charter on the Rights and Welfare of the Child (ACRWC) concur that the child in need of care and protection, should live in a placement of people with shared norms, principles and values. Therefore, kinship care should be legally recognised as an alternative care option in Africa since it incorporates all the frameworks mentioned above.

Furthermore, Ariyo, Mortelmans and Wouters (2019: 178-187) conducted a systematic review on the well-being of children in kinship care when compared to those in other forms of alternative care. The study found that after parental care, kinship care is the most suitable care option for an African child. In addition, Malinga-Musamba (2015: 257-266) also conducted a study in Botswana which explored relationships between orphaned children in kinship care and their kinship caregivers. The study included 15 kinship caregivers and 15 orphaned children in kinship care. The study findings explained the relationship as dependent on how these kinship caregivers and children communicate, responsibilities by kinship caregivers and behaviour by these children towards their kinship caregivers.

Furthermore, Abdullah *et al.* (2020: 148-156) studied Ghanaian youth preparing to transition from kinship care to independent living. The study included youth aged between 21 and 25, from which participation was received from 17 males and 8 females. The study found that among other benefits for young people in kinship care were better decision making and developing resilience to withstand life challenges. The researchers concluded that African policymakers ought to recognise kinship care as a suitable and cost-effective care method for vulnerable young people in need of care and protection. In addition, a study conducted by Mann and Delap (2020: 2-11), which focused on kinship care in Sub-Saharan Africa, found this alternative care method worth supporting. The study included six (6) countries: Ghana, Liberia, Ethiopia, Kenya, Rwanda, and Zimbabwe. The findings proved that kinship care is a widely used cultural norm across the region.

Scholars have focused on various aspects of this care since public interest in kinship care began. In South Africa, Lesetja (2020: 1-138) conducted a study to understand grandparents kinship caregiver's perspectives and experiences as they fostered teenage offspring. The study setting was at the Makhuduthamanga municipality in the Limpopo Province. The study found that young people in kinship foster care arrangements are most likely to be with grandparents who thereafter face multi-dimensional challenges, including physical, emotional and psychological challenges. Nevertheless, these kinship foster caregivers do not view their roles as burdening as they have spiritual systems and community members as support structures. This study strongly mirrors the current study though it only focuses on the formalised type of care by relatives who were also restricted to grandparents. Another study was done by Ratune (2020: 1-65) in which he explored kinship care experiences of young South African Black women who were raised by informal kinship caregivers while biological mothers had undergone labour migration. The study found that these young women developed more attachment with their kinship caregivers than with their birth mothers. Therefore, the conclusion was that kinship care arrangements have a positive contribution to the lives of young people despite the disadvantage of not living with birth parents.

A study by Mabetha, De Wet-Billings and Odimegwu (2021: 1-12) provided a closer link to the role of African spirituality in the provision of kinship care. This South African study conducted across two provinces, Eastern Cape and KwaZulu-Natal. The study solely focused on understanding traditional healthcare beliefs and practices of kinship caregivers who cared for children under the age of 5. The findings were that, for child survival, these kinship caregivers largely depended on their traditional belief system that the child's health and well-being are affected mainly by evil spirits. Therefore, healing ought to be spiritually based alongside traditional herbs. Another South African study was conducted by De Wet (2019: 79-86), from which 'non-orphan' kinship care was studied. The study reported that socioeconomic inequality in the country is the primary reason non-orphans end up in kinship care, especially by grandparents. The findings further revealed that Black birth parents have a higher likelihood that their children would enter kinship care due to affordability issues.

Kinship care needs to be supported by African governments so that children and youth of indigenous people can receive satisfactory care and protection through this care. Though there are studies focused on kinship care for young African people such as the ones mentioned above, none of these studies explain the direct benefits and challenges brought by kinship care in the lives of young people in kinship care, especially in the South African context. Focusing on this aspect of kinship care would not only help formalise this care but improve it for the best interest of young people as kinship care beneficiaries. Kinship care is under researched in the South African context. This is the gap the current study aims to fill. Furthermore, the literature on kinship care in the South African context will help improve the provision of this care which will benefit children and youth in kinship care.

1.4 SIGNIFICANCE OF THE STUDY

Currently, the term 'kinship care' is most utilised in developed countries such as the United States of America and those in the United Kingdom. This is a result of these countries' legislation recognising kinship care as a formal out-of-home care option (Hallett, Garstang and Taylor 2023: 632). Australia also has laws officiating kinship care for their children and youth (Hatzikiriakidis *et al.* 2021: 2; Fergeus *et al.* 2019: 156). Studies by Rasmussen and Jaeger (2021: 202) and Zuchowski *et al.* (2019: 618) emphasised that developed countries have formalised and prioritised kinship care politically and through legislation. Though kinship care has been part of daily living in South Africa and Africa at large, it is not officiated. A study by Ratune (2020: 18) found that the larger prevalence of kinship care usage is noted in communities of Black South Africans. However, this care has not sufficiently been recognised as an official alternative care method for at-risk children and youth.

For instance, Manful and Cudjoe (2018: 617-618) revealed that governmental child protection services are the last resort for Ghanaian children needing care. These children are primarily and informally kept within their family environments to be cared for by their kin adults. Kinship care is strongly utilised in this region regardless of it not being officiated. The legalisation of kinship care has also been a lingering quest in South Africa. Consequently, there was an attempt by the South African Law Reform Commission (SALRC) in 2003 to persuade the South

African government to legalise kinship care as a distinct alternative care from foster care. However, the government did not approve that proposal; hence, it was never incorporated into the Children's Act (Sibanda and Ndamba 2023: 43; Yell 2019: 45). In addition, Yell (2019: 42-46) proved from a legal perspective that officiating kinship care could be a solution towards the bettering of the lives of South African children and youth cared for by relatives.

The current study explores the provision of kinship care in a selected rural community, in which kinship care is mainly informal. This is because South Africa has no legislation directly regulating kinship care and its provision. The current study could help shed light on the importance and provision of kinship care in the South African context. A study by Burke *et al.* (2023: 2) noted with concern that the available literature on kinship care is focused on the overall population of kinship caregivers instead of specific ethno-cultural kinship caregivers. Additionally, this study could help the South African government realise the need to officiate kinship care as one of the available alternative care options for children and youth.

Regardless of the heavy usage of kinship care in Africa, available research on this care predominantly focuses on the United States of America (Taylor *et al.* 2020: 845). Moreover, Hallett, Garstang and Taylor (2023: 633), Kiraly (2018: 449) and Delap and Mann (2019: 7) noted that kinship care is a neglected area of research, despite the increasing attention it has received over the years. The current study aims to continue expanding the literature on kinship care, especially in South Africa, to benefit of young people under this care. The focus on South Africa could also help understand kinship care in this context, as Burke *et al.* (2023: 2) asserted that a large portion of the literature on kinship care is per Western perspectives, often contrary to indigenous people's African worldviews.

1.5 BRIEF HISTORY OF KINSHIP CARE

Though kinship care has been practised for the longest time, little has been documented about its history. Studies such as those by Romane-Meire (2020: 333) and Hill, Gilligan and Connelly (2020: 2) have found kinship care to be the oldest form of alternative care for children and youth needing care and protection. In addition, available research dates kinship care as far back as

the 12th century, when it was known as “poor relief”, a form of child protection in Norway (Skoglund, Thornblad and Holtan 2022: 14). Similarly, Burke *et al.* (2022: 2), Hallett, Garstang and Taylor (2021: 1), Hallett, Garstang and Taylor (2023: 632) and Glynn (2019: 11) concurred that before contemporary child welfare and protection services, kinship care was widely used in different cultures across the world. In addition, Abdullah *et al.* (2020: 403) mentioned that kinship care in Ghana also predates what is today known as governmental child protection services. Child protection services have evolved over the years. Of late, there has been a notable emphasis that children ought to remain within their family networks or environment post-exposure to traumatic events prompting their removal from birth parental care (Gentles-Gibbs and Zema 2020: 1). As early as 1875, children in need of alternative care in Toronto, Canada, have been placed in a way that strengthens unification of families through the Children’s Aid Society (Osei 2020: 1).

At this time, it was an attempt to hold members of society accountable for raising children who were without birth parents. As a response technique to the challenges of orphans, kinship care has been largely informal. Caring for young people who cannot be cared for birth parents, has been a long-lasting tradition throughout the world (McCartan *et al.* 2018: 2). African countries have been practicing having neglected and orphaned children raised by relatives, extended family or community members. This informal care method was primarily used in Africa during the times when White enslavers sold Black enslaved parents to other countries leaving behind their children unattended (Rushovich, McKlindon and Vandivere 2021: 2).

Since then, kinship care has been primarily used in all parts of the continent, especially in the Sub-Saharan African countries (Abdullah, Cudjoe and Manful 2020: 208; Simmons-Horton *et al.* 2022: 169). However, Hill, Gilligan and Connelly (2020: 2) noted that kinship care started receiving governmental endorsements firstly in Western countries such as the United States of America and Australia. This move saw the introduction of legislation on legal fostering and guardianship of children without birth parents. It was through the Indian Children Welfare Act of 1978 that the United States of Africa government-initiated policies on formal kinship care were formulated (Lin 2018: 204; Lianekhammy *et al.* 2019: 580; Ferraro, Maher and Grinnell-Davis 2022: 1). A study by Day *et al.* (2020: 5-6) outlined kinship care legalisation in the United States of America as a process from the 1978 Indian Child Welfare Act, 1980 Adoption Assistance and

Child Welfare Act, 1997 Adoption and Safe Families Act, 2000 Older Americans Act, 2008 Fostering Connections to Success and Increasing Adoptions Act, 2011 Child and Family Services Improvement and Innovation Act, 2018 Family First Prevention Services Act and 2018 Supporting Grandparents Raising Grandchildren Act.

Prior to this, Native Americans also cared for their vulnerable children under informal kinship care. According to Riley (2018: 3) around the 20th century, Americans used kinship care as a default care option for children who were without birth parents. The United Kingdom also followed suit and passed a law that regulates kinship care for its population. The policy is from the 1989 Children's Act which states that "kinship carers can be related to the child biologically, by legal family ties or significant prior relationship" (Shuttleworth 2022: 2; Holt and Birchall 2022: 1233). The formalisation of kinship care has been a long journey but is gradually improving. As a result, a study by Rasmussen and Jaeger (2021: 201) reported that kinship care has been treated as a high priority internationally for the past 20 years.

1.6 RELEVANCE OF KINSHIP CARE TO THE SOUTH AFRICAN CONTEXT

Research by Ntshongwana and Tanga (2018: 15) asserted that there is not enough literature published on kinship care in the South African context. This knowledge gap is what this current study also aims to fill; according to the TLC Children's Home (2021: 1) and Nell (2021: 3), South Africa greatly needs parents and families to help raise the ever-increasing number of at-risk young people. Through the Children's Court, South Africa has placed over 300,000 young people under the care of family members (Goemans, Van Breda and Kessi: 228). This is about 2% of the 19.6 million child population nationwide. Goemans, Van Breda and Kessi (2021: 228) added that an estimated 14% of the said child population, is without one of either birth parents due to death. Kinship care would be more relevant to South Africa, as the government has a social policy to strengthen families by preventing unnecessary child removal from their family environment (National Child Care and Protection Policy 2019: 81-82). Similarly, kinship care advocates for the caring of children and youth within their family of origin. Regardless of the policy a country has adopted, children and youth are still removed in numbers and put under institutionalised care settings.

This further highlights the country's plight and the urgent need for alternative care methods like kinship care. Africans have always practised the act of caring for children whose birth parents are not available or considered unfit for the parental role. Ferrero, Maher and Grinnell-Davis (2022: 1) confirmed that kinship care has long been an integral part of childrearing in Africa. A study by Ratune (2020: 8) asserted that South African family compositions that include extended family members are a result of poverty. Therefore, there would be two broad types of kinship care relevant to South Africa: informal (also known as private) and formal (also known as public) kinship care. Formal kinship care can be likened to foster care in the South Africa. The government permanently recognises this kind of alternative care (kinship foster care). By the end of the year 2020, the South African Social Security Agency (SASSA), as reported by Masha and Botha (2021: 499), revealed that 216,174 children received foster care grants (FCG) as a form of governmental support to this care.

Apart from the advent of HIV/AIDS, studies by Goldschmidt *et al.* (2019: 458), Mabetha, De Wet-Billings and Odimegwu (2021: 2) and Ratune (2020: 15) have noted the history of apartheid as a major contributor to children having to grow up in the absence of their biological parents, thus raised by relatives. To further elaborate, the apartheid regime led to many Black communities and families being poverty-stricken, to the extent that survival became possible only through labour migration to the big cities such as Johannesburg, Durban, and Cape Town, as well as other smaller urban areas. This migration subjected children to being raised chiefly by female kinship caregivers in rural homesteads. Female kinship caregivers are usually entrusted with the responsibility of ensuring the well-being of children (Ratune 2020: 18). Caring for children by non-working members of the extended family, has been a practice strengthening families in South Africa (Mabetha, De Wet-Billings and Odimegwu 2021: 2).

In South Africa, labour migration increased in the mid-1980s when the country was moving towards the apartheid abolishment, and this sadly created distorted relationships between parents, children and family members (Spiegel 2018: 95; Dziro and Mhlanga 2018: 22). In 2017, Statistics South Africa conducted a general household survey from which it was reported that up to 22% of children in the country do not live with even one of their biological parents (Hall *et al.* 2018: 7). The survey further revealed that an estimated 3 to 3.5 million children in kinship

care have alive parents elsewhere and 500,000 to 1 million are those either orphaned or abandoned (Hall *et al.* 2018: 17). This proves a sad reality that South African children are considered at-risk and in need of alternative care even though some of the biological parents are alive.

Moreover, other social ills, including pandemics, continued to haunt the country, mainly after the apartheid government's abolishment. In democratic governance, one would think that the country would quickly soar to greater heights; however, that has not been the case. Adult morbidity became the new human crisis concern for the government. However, a study by Hendricks (2021: 104) reported that the government has since been working on programmes to alleviate the abovementioned social ills. Unemployment also became rife post-apartheid as every person of colour, primarily Blacks, desperately needed a job to fend for their families. Furthermore, marriages were destroyed when the government imposed gendered hostels as a place to stay when working in the cities. These hostels only allowed men and made it inappropriate for women and children to tag along (Goldschmidt *et al.* 2019: 460). This exacerbated the parenting strife, for it became a norm that fathers would spend all the time working and only get to visit home occasionally. After this, men forged new intimate relationships with city women with whom they also fathered other children who would be raised in their fathers' absence. This continued to date where you could find a Black man having multiple children from different women who raised them alone and most of them (children) are left under the care of their grandparents.

In cases where HIV/AIDS is the root cause for children to be orphaned, children are also directly affected as they start experiencing neglect. Usually, parents suffer a prolonged illness, which subsequently leaves children experiencing psychosocial issues, including malnutrition, neglect, and dropping out of school (Emovon 2019: 26). This is the time that members of the extended family are required to assume the parenting role to those children affected. Kinship care is also offered to prevent these young people from being removed from their cultural family. Due to South Africa being a diverse country, members of the extended family fear that should it happen that the child gets removed, the child might be brought up by caregivers who identify with cultures that could contradict that of the child.

This would be disastrous as South Africans believe that a person (child) needs to be connected to their cultural roots for them to lead a successful life (Buckenberger 2020: 3). The said study by Buckenberger further revealed that kinship care in South Africa is also a result of infertility in marriages. In this case, a family member with children has to voluntarily give their child to relatives unable to conceive their own. Furthermore, if it is suspected that the infertility problem lies with the husband, his brother or cousin must secretly impregnate the wife so that the lineage never ends. Therefore, children born as a result of this end up permanently belonging to parents who are not both biological parents (Buckenberger 2020: 3).

Following a viral video of a child being abused by his birth mother in South Africa, MEC Mbali Hlophe of the Gauteng Department of Social Development, on the 8th of August 2023, issued a statement condemning the mother's actions. Alongside the statement, the MEC also posted a video:

https://twitter.com/MbaliHlopheSA/status/168898702128336192?t=Dbmr9wkgS_TOSXiWxjstq_w&s=19 in which she outlined the procedure the government is undertaking to ensure the child's safety and well-being. In the video, the MEC mentioned that the child is currently under an institutionalised care setting; however, they are in contact with the child's grandmother to be a possible permanent kinship caregiver to the child. This emphasises the importance of kinship care as an alternative care method for vulnerable young people.

1.7 AIM AND OBJECTIVES OF THE STUDY

1.7.1 Aim

To understand how young people benefit through kinship care in South Africa and the challenges related to this care.

1.7.2 Objectives

- To understand kinship care within the South African context.

- To understand the role African spirituality plays in kinship care.
- To inquire how young people are cared for through kinship care.
- To understand the benefits and challenges of kinship care in the lives of young people in kinship care.

1.8 RESEARCH QUESTIONS

1. What is kinship care in the South African context?
2. What role does African spirituality play in kinship care?
3. How are young people cared for through kinship care?
4. What are the benefits and challenges of kinship care for young people?

1.9 THEORETICAL FRAMEWORK

A theoretical framework is “a set of interrelated concepts, definitions and propositions that present as a systematic approach to viewing facts and events by specifying relations amongst variables with the purpose of explaining the facts and events” (Mogale 2019: 4). This study utilised the Maslow’s Hierarchy of Needs as its theoretical framework. According to Cherry (2019: para. 1), this theory was founded in 1943 by Abraham Maslow, an American psychologist. Maslow’s Hierarchy of Needs theory can be understood as a tool for organising human needs hierarchically, from concrete needs such as food to needs of personal fulfilment such as achievement of goals (Hopper 2020: 1).

In addition, Maslow maintained that it is only after an individual has met lower needs that they may proceed to pursue higher ones, meaning it should be a step-by-step process. Notably, this theory has been instrumental in literature published by scholars in the field of social sciences. Ciu *et al.* (2021: 3) explained that this theory captures people’s social interactions, behaviours and the environment they live in, a feature rarely encompassed by other theories in social sciences. Therefore, this is a suitable theory to guide or underpin this study as children and youth in kinship care require their needs met after being exposed to traumatic life events causing their vulnerability, thus prompting their removal from immediate home environments.

Furthermore, remaining with their family network gives children and youth a sense of belonging. This also allows these young people to gain confidence as they preserve their identity, increasing their chances of leading successful lives.

1.9.1 Maslow’s Hierarchy of Needs diagram in relation to kinship care

The diagram below depicts how the needs of children and youth in kinship care are met through Maslow’s Hierarchy of Needs theory.

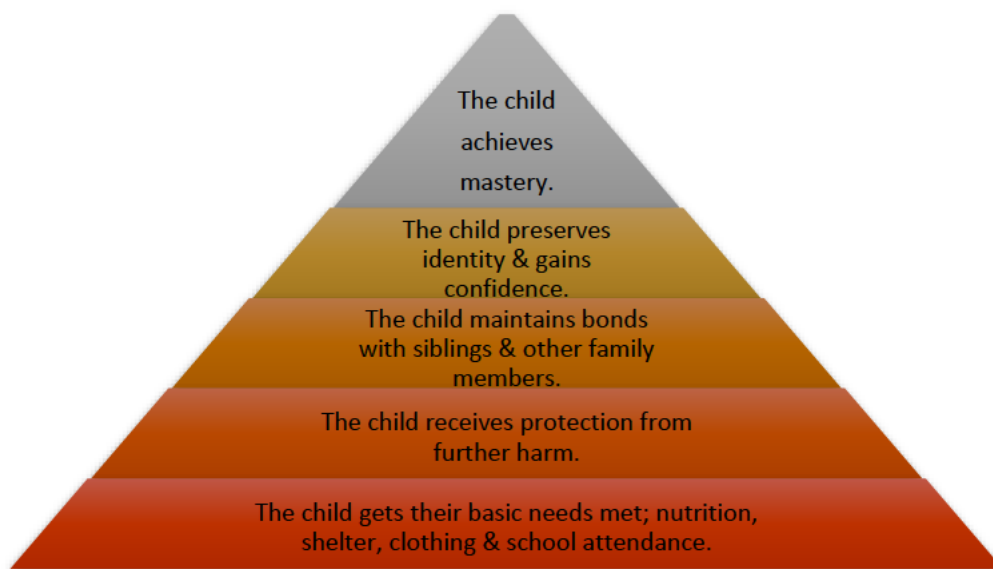


Figure 1:1 Maslow’s hierarchy of needs

1.10 OVERVIEW OF RESEARCH METHODOLOGY

This study used a qualitative research methodology. Qualitative research methodology was defined by Mohajan (2018: 23), as research that is “inductive in nature, and the researcher generally explores meanings and insights in a given situation, thus referring to a range of data collection and analysis techniques that use purposive sampling and semi-structured, open-ended interviews”. Additionally, Aspers and Corte (2019: 142) defined qualitative research

methodology as “multimethod in focus, involving an interpretative, naturalistic approach to its subject matter”. The researcher deemed the exploratory study design suitable as the study aims to understand kinship care, its benefits and challenges in the lives of young people under this care. The dearth of literature on kinship care in South Africa also influenced this approach.

The study had a sample of fifteen African families, from which the researcher recruited a total of twenty-one participants. The drawing of the study sample was done through the purposive sampling technique. This technique can be defined as “a sampling strategy that moves away from any random form of sampling and is a strategy to make sure that specific kinds of cases of those that could possibly be included are part of the final sample in the research study” (Campbell *et al.* 2020: 654). The usage of this technique was to help the researcher get a range of in-depth views about kinship care from all selected participants. The interviews thereafter were conducted in semi-structured fashion. This is a data collection method which Dolczewski (2022: 2) described as one that is “protocol-driven where frameworks and questions are meant to be used consistently during each interview in order to ensure neutrality and validity”. This interview method allowed study participants to elaborate when providing responses, which the researcher could further probe to gather richer data.

1.11 DEFINITIONS

1.11.1 Kinship care

Xu *et al.* (2022: 848) defined kinship care as “the full-time care of children by relatives or close family friends when their biological parents are unable to take care of their children”. Kinship care in this study refers to the care offered by adult relatives to children and youth in Black African families.

1.11.2 Kinship caregiver

According to Bergen (2022: 14) a kinship caregiver is “an adult relative or family friend who takes responsibility for the care of the foster child”. A kinship caregiver in this study is an adult relative who assumed the caring role of a young person who not biologically theirs.

1.11.3 African spirituality

African spirituality involves “deeper human values, attitudes, beliefs, and practices, based on various African worldviews”. In addition, African spirituality helps Africans connect with their higher self in the sense that they achieve high levels of consciousness and awareness about their life and surroundings (Marumo and Chakale 2018: 11697). African spirituality in this study is a bedrock from which the provision of kinship care is based in Black African families.

1.11.4 *Ubuntu* (humanity)

Magezi (2020: 4) defines *Ubuntu* as “a distinctive African quality that values collective good, humanness and respect for the community and is a foundational ethic of meaningful communal relations in many African communities”. *Ubuntu* in this study is a principle found within African spirituality which propels people to care for one another.

1.11.5 Family

Reupert (2022: 2) defined a family as “an arrangement that may not necessarily include one’s biological family, but instead consists of those who share a common purpose, set of conventions and customs, hence the different types that include; traditional nuclear (two parents), single parent, adoptive, same-sex, foster, step-parent families and those headed by grandparents and/or other relatives”. In this study, family is where children and youth are live and get cared for by their kinship caregivers.

1.11.6 Child

According to Hendricks (2021: 104) the Constitution of the Republic of South Africa 1996, Section 28(3) defines a child as “a person under the age of 18 years”. A child in this study is a person under the age of 18, cared for by their kinship caregiver.

1.11.7 Vulnerable children

These are a group of young people who are “under the age of 18 years, who are more susceptible to welfare loss above the socially accepted norm if faced with adversity, without provision of additional support services and this includes children who are; socially, psychologically and physically vulnerable due to child protection risks (Omar *et al.* 2020: 732). Vulnerable children in this study are young people needing care and protection, hence they are raised in kinship care by their kinship caregivers.

1.12 STRUCTURE OF THE DISSERTATION

Table 1:1 Structure of the dissertation

CHAPTER NUMBER	TITLE
Chapter one	Overview of the study
Chapter two	Literature review
Chapter three	Research Methodology
Chapter four	Analysis and discussion of findings
Chapter five	Summary of findings and recommendations

1.13 CONCLUSION

This chapter provided an overview of the current study, from the background to the problem statement, after which the researcher provided the study's significance. The chapter discussed the brief history of kinship care globally and the relevance of this care in the South African context as well. Furthermore, the overview of the research methodology used was discussed. The next chapter will review of available literature on kinship care both locally and internationally.

2. CHAPTER TWO: LITERATURE REVIEW

“For centuries, where families have faced separation and disruptions, grandparents, aunts, uncles and older siblings, as well as close friends and neighbours, have stepped in to play an important role in caring for children” – (Hill, Gilligan and Connelly 2020: 1).

2.1 INTRODUCTION

The previous chapter provided the introduction, background, significance, outline of the methodology and structure of the study. This chapter focuses on reviewing literature that has been recently published on kinship care both nationally, regionally, and internationally. Furthermore, this chapter provides in-depth knowledge of kinship care (both informal and formal) as an alternative care method for children and youth who require care and protection. The different legislative frameworks that govern the provision of this care are included as well. Kinship care is a widely accepted form of alternative care offered to young people who are considered at-risk and cannot live with their birth parents. A study by Xu *et al.* (2020: 1) stated that extended family members, including distant relatives and trusted neighbours, provide kinship care. Kinship care has notably been in demand across the globe in recent years, with the public interest gained from the 1980s (Bergen 2022: 4). This is due to a belief that kinship care provides at-risk children with a stable and homelike family environment post removal from birth parental care (Lin 2018: 203).

This chapter will include the understanding of kinship care and the role African spirituality plays in the provision of kinship care by Africans. Furthermore, the importance of kinship care, the procedure followed when identifying a kinship caregiver and the experiences of kinship care and that of kinship caregivers. The provision and global prevalence of kinship care will be discussed as well. The chapter also extends to both the benefits and challenges of kinship care and discusses the direct benefits of kinship care in the lives of young people in kinship care.

2.2 UNDERSTANDING KINSHIP CARE

Firstly, kinship care is a complex phenomenon that requires being critically studied from various perspectives to uncover a deeper understanding of it (Skoglund, Thornblad and Holtan 2022: 3; Miller *et al.* 2019: 112). It should be noted that for the purpose of this review, 'kinship care' refers to care for children and young people. It is also good to note that kinship care can either be formal or informal (Wu and Snyder 2019: 161; Day *et al.* 2020: 6; Tesfaye and Hagos 2020: 50; Koh, Daughtery and Ware 2022: 1; Cavanaugh *et al.* 2020: 1; Hallett, Garstang and Taylor 2021: 1; Hernandez and Berrick 2019: 35; Zuchowski *et al.* 2019: 617; Sharda *et al.* 2019: 74; Centre for Excellence in Therapeutic Care 2022: 3; Abe Abe 2022: 3; Hill, Gilligan and Connelly 2020: 2; Miller *et al.* 2019: 113; Kiraly, Humphreys and Kertesz 2020: 338; Kiraly and Kertesz 2021: 592; Hetro 2022: para. 2; Rodriguez-Jenkins *et al.* 2021: 670; Ratune 2020:11; Birchall and Holt 2022: 2).

Due to these different types of kinship care, reaching a straightforward definition of this care might pose a challenge (Lianekhammy *et al.* 2019: 579). A study by Dorval *et al.* (2020: 1) explained that kinship care is only considered formal if done by and through governmental child protection services. Nonetheless, informal kinship care aligns with the laws regulating child protection services. Law articulations such as the one enshrined in the African Charter on the Rights and Welfare of the Child (1989) stress that "all decisions concerning alternative care should take full account of the desirability, in principle of maintaining the child as close as possible to his or her habitual place of residence, in order to facilitate contact and potential reintegration with his or her family and to minimise disruption of his or her educational, cultural and social life" (Gudula-Koyana and Khaye 2019: 3; Skoglund, Thornblad and Holtan 2019: 945).

In other attempts to define kinship care, Helie *et al.* (2021: 1-2) stated it is "placement with people who are significant for the child, such as a relative or a significant third person, and who agree to take care of the child". A study by Abdullah, Cudjoe and Manful (2020: 207) added that kinship care is known as a better care option than traditional adoption for young people who need out-of-home childrearing services. Kinship care according to Teska (2021: 1) and Musizvingoza, Blagbrough and Pocock (2022: 2) is defined as "living arrangements in which children are placed in the care of a relative or non-related extended family member, such as a

friend, neighbour, babysitter or coach”. The emphasis of kinship care is that children and youth remain within their extended family environment after removal from primary caregivers such as birth parents (Shuttleworth 2023: 1).

Furthermore, kinship care can be understood as an external child support offered by; aunts, uncles, siblings, grandparents or even community members deemed suitable to assume the parental role on the child(ren) in need (Mabetha, De Wet-Billings and Odimegwu 2021: 3; Sahota 2019: 64). It should however be noted that grandparents make the largest group of kinship caregivers (Shuttleworth 2022: 2; Abdullah, Cudjoe and Manful 2020: 208; Romane-Meire 2020: 336; Tesfaye and Hagos 2020: 48; Glynn 2019: 11; Zuchowski *et al.* 2019: 615; McPherson *et al.* 2022: 2; Hernandez and Berrick 2019: 35; Koh, Daughtery and Ware 2022: 1; Stene *et al.* 2020:2; Sharda *et al.* 2019: 74; Dare *et al.* 2020: 1; Abe Abe 2022: 4; Motsa and Morejele 2022: 1; Lesetja 2020: 4; Malan and Heyman 2020: 35; Xu *et al.* 2020: 2; Xu *et al.* 2021: 2; Gentles-Gibbs and Zema 2020: 2; Vander Linden and Tompkins 2020: 57; Rabassa and Fuentes-Pelaez 2023: 2; Day, Savage and Delaplane 2023: 44). Moreover, a study by Day *et al.* (2020: 8) confirmed that in the Washington state of the United States of America, kinship caregivers are predominantly grandparents.

This led to the introduction of The Grandparents Raising Grandchildren Act of 2018, which has about 2.5 million grandparents offering kinship care across the United States of America (Gentle-Gibbs and Zema 2020: 2; Xu *et al.* 2020: 2; Washington *et al.* 2018: 119; Rodriguez-Jenkins *et al.* 2021: 670; Kelley, Whitley and Campos 2019: 141). According to the 2011 census of the United Kingdom, grandparents made up 51% of all kinship caregivers in England (Kiraly, Humphreys and Kertesz 2020: 338; Birchall and Holt 2022: 2; Holt and Birchall 2022: 1233). The United Kingdom generally has a high number of grandparents as kinship caregivers to their grandchildren (Kallinen 2021: 320). In addition, Kiraly (2018: 449) stated that the stability associated with kinship care is mostly realised when kinship caregivers are grandparents. Similarly, Gair *et al.* (2018: 684) reported that grandparents as kinship caregivers have also been an increasing trend in Australia.

Grandparents also assume the caring role after children and youth lose birth parents to death. A study by Nkosi (2020: 13) revealed that about 56% of orphaned children in South Africa by

2017, were left under the care of their grandparents. The dominance of grandparents as kinship caregivers results from their natural care for children being synonymous with kinship care (Kiraly, Hoadley and Humphreys 2020: 144). Ageing of grandparents brings invaluable wisdom, which is required when one assumes a caring role for children and youth without birth parents (Lanyado 2019: 308). In addition, the bond shared between grandparents and grandchildren builds resilience which helps them withstand life challenges later in life (Motsa and Morejele 2022: 2).

Studies conducted by Mabetha, De Wet-Billings and Odimegwu (2021: 2), De Wet (2019: 79) and Dziro and Mhlanga (2018: 21) agreed that 65% of young people in kinship care live with grandparents (primarily grandmothers). The South African statistical reports further revealed that 17% live with aunts, 6% with members of extended families and only 1% is with non-relatives. According to Mann and Delap (2020: 4), Hetro (2022: para. 7) and Lianekhammy *et al.* (2019: 580), non-relatives who offer kinship care are referred to as 'fictive kin'. Though they are not related by blood, a fictive kin should be someone significant to the child (Osborne 2021: 2). The emergence of kinship care has been noted as a suitable kind of care for reintegrating vulnerable children and youth back into society (Sahota 2019: 64).

For kinship care to be most effective, the American Bar Association (2022: 4) stressed that all the necessary resources, especially financial support should be provided to kinship caregivers. Some of the leading life events causing children to live in kinship care include death of parents, separation, abuse, neglect and divorce (Abdullah *et al.* 2020: 149). Kinship care is offered by kin members of a child who is considered to be at-risk. This is an attempt to combat the prevalence of child maltreatment which has always been a cause for concern for a long time. A study by Doubt *et al.* (2018: 9) reported that an estimated 95 million children worldwide have suffered maltreatment either physically, emotionally or sexually. It is such traumatic life events through which kinship care and other alternative care forms are necessitated.

It has been suggested by research that kinship care is the best form of care at-risk children can receive after separation from biological parents (Abdullah, Cudjoe and Manful 2020: 207; Rabassa and Fuentes-Pelaez 2023: 1). Even distant extended family members can be approached for this care when there are no other close kin members suitable or readily available

to provide this care. This is because of the ultimate aim of kinship care which is to strengthen families and administer family reunification where possible (Jones, Schutle and Waite 2020: 2). It is essential for a child not to completely disconnect from their family post removal from their immediate family environment. Kinship care results in fewer life disturbances in a child's life as they get to keep familiar surroundings. Kinship care provides residence permanency to children when reunification with immediate family is not feasible. In addition, kinship care allows a child to experience a sense of belonging, which subsequently minimises the exhibition of possible distorted behaviours when a child has undergone removal from their immediate household (Jedwab, Xu and Shaw 2020: 2).

Furthermore, Llosada-Gistau, Casas and Montserrat (2019: 149) agreed that children in kinship care present with normal behaviours compared to their peers in other out-of-home care settings. A study by Abdullah *et al.* (2020: 149) reported that young adults, who are a product of kinship care, are most likely to lead successful lives, unlike their peers from other forms of alternative care. As mentioned, family preservation is one of the essential aims of kinship care, and it is also one of the reasons kinship care has become more relevant lately (Kiralý, Hoadley and Humphreys 2020: 144). In addition, Teska (2021: 1) emphasises that kinship care allows children to have sustainable ties with birth parents and siblings where possible.

A study by MacDonald, Hayes and Houston (2018: 72) noted that kinship care has also received attention from social science academies and independent social care professionals. Furthermore, it was confirmed by UNICEF ESARO (2021: 7) that many African governments are working towards minimising the use of institutional care settings and prioritising placing children in need under the care of their kin. Hassall *et al.* (2021: 814) argued that the success of kinship care is rooted in Bowlby's attachment theory, in which psychological relatedness between a young person and a primary caregiver(s) is outlined. Meaning that the child finds it easier to be cared for by a relative with whom they have already formed bonds than being under the total care of a new caregiver.

The HIV/AIDS epidemic has led to many children being orphaned thus having to survive without biological parents (Dziro and Mhlanga 2018: 21; Motsa and Morejele 2022: 1). HIV/AIDS alongside poverty, has seen many Ethiopian children entering kinship care as well (Tesfaye

and Hagos 2020: 49). However, Ingham and Mikardo (2022: 335) noted that children enter kinship care due to a range of issues not exclusive to such diseases. Among other contributing factors to children having to live in separation from their biological parents are labour migration, abuse and cultural practices through which families are forced to live apart from one another (De Wet 2019: 79). Mostly in the South African context, Mabetha, De Wet-Billings and Odimegwu (2021: 2) mentioned that kinship care is needed as a result of diverse family dynamics which include declining marriages, increased female and child-headed households.

Due to the aforementioned contributing factors, children are referred to alternative care systems such as kinship care (the main focus of the current study). In other countries such as Brazil, Kyrgyzstan, Cameroon and Russia, kinship care is sometimes a result of adults who cannot bear their own children. In such cases, male children are most preferred since they would have to carry on the family lineage and legacy (Delap and Mann 2019: 12). Furthermore, labour migration has seen many non-orphan children falling under kinship care in countries with a legacy of systematic oppression such as South Africa.

2.2.1 Types of kinship care

2.2.1.1 Informal kinship care

Informal kinship care also known as 'private kinship care', is a placement that happens within families without legal agreements on the custody of the child (Hill, Gilligan and Connelly 2020: 2; McDonald, Hayes and Houston 2018: 72; Harding *et al.* 2019: 1; Washington, Stewart and Rose 2021: 2299; Wu and Snyder 2019: 162). Due to not being regulated by the governmental child welfare agencies, informal kinship care remains not seen despite its immense contribution towards child protection (Malan and Heyman 2020: 32). According to Burke *et al.* (2022: 2), Darwiche *et al.* (2019: 326) and Koh, Ware and Lee (2021: 79) informal kinship care can be differentiated into two categories namely; private and voluntary. The said studies revealed that, unlike private kinship care, voluntary kinship care does involve child welfare in the sense that the government facilitates the living arrangement, however, without a court order to claim

custody of the child legally. A study by Koh, Daughtery and Ware (2022: 2) mentioned that voluntary kinship care is usually an attempt by relatives to prevent a child from being removed from their home environment.

Kinship caregivers usually offer this care voluntarily basis in most cases of informal kinship care (Lee *et al.* 2020: 299). Informal kinship care is the most common type of kinship care as many adults treat caring for their kin young people without birth parents as an obligation and not something to get a license (legal custody) for (Wu *et al.* 2020: 2; McCartan *et al.* 2018: 3; Glynn 2019: 12; Kiraly and Kertesz 2021: 592; Holt and Birchall 2022: 1233; Day, Savage and Delaplane 2023: 44). For an example, in the United States of America, many children live informally with relatives (Katz and Phelps 2022: 147; Rodriguez-JenKins *et al.* 2021: 671). In addition, an estimated 76% of the kinship care placements in Scotland are informal (Taylor *et al.* 2020: 846). About 2.7 million children in Pennsylvania are under informal kinship care of grandparents and other relatives (Epstein *et al.* 2021: 2). Informal kinship care has been prevalent across many cultures especially in North America, West Africa, Latin America and Oceania (Benjamin, Chang and Steele 2019: 75). A study by Ratune (2020: 13) has also listed parts of the world in which informal kinship is prevalent which include, Australia, America, England, Scotland, Norway and Spain. Nkosi (2020: 14) emphasised that informal kinship care is widespread and has a long history as an alternative care method for vulnerable children.

Noteworthy also is that informal kinship care provides indefinite care to children and youth needing care and protection (Abe Abe 2022: 3). Furthermore, Abdullah *et al.* (2020: 403) asserted that kinship care in Ghana is mainly informal. In addition, Frimpong-Manso, Tagoe and Mawutor (2020: 2) concurred that it is a common practice in Ghana for children in need to be cared for informally by relatives and/or community members. Children and youth under informal kinship care are 6 times more than those in formal kinship care (Wu and Snyder 2019: 162). Furthermore, Hallett, Garstang and Taylor (2021: 1), Hallett, Garstang and Taylor (2023: 632) and Mann and Delap (2020: 5) mentioned that most kinship care arrangements across Africa are chiefly informal. This prevalence could also be attributed to the fact that the legal adoption of kin children by their relatives, is not culturally appropriate in Africa (Gerrand and Warri 2020: 2). Despite the evident prevalence, Koh, Daughtery and Ware (2022: 2) noted that this kind of kinship care is not widely researched.

Available research suggests that almost half of the children who require out-of-home placements end up under informal kinship care (Koh, Ware and Lee 2021: 78; Gomez 2021: 1). The other reason for the usage of informal kinship care is that it is sometimes driven by cultural beliefs which might be hard to justify before the courts of law (Shuttleworth 2022: 5; Abdullah *et al.* 2020: 404). In addition, grandparents (who constitute the large group of kinship caregivers) often find the procedures followed to obtain a child's legal custody confusing; hence, they offer informal kinship care (Katz and Phelps 2022: 143). Moreover, child maltreatment is the leading contributing factor to informal kinship care (Lee *et al.* 2020: 300).

The mainly reported negative part of this kind of kinship care is the lack of financial support and resources from the governments (Rushovich, McKlindon and Vandivere 2021: 2; Abdullah, Cudjoe and Manful 2020: 209; Koh, Daughtery and Ware 2022: 2; Hartley *et al.* 2019: 927). This is also caused by the difficulties child protection agencies face when attempting to identify or locate children under informal kinship care (Lee *et al.* 2020: 300). As a result, research on kinship care may underestimate the total number of children in kinship care, since those under informal kinship are usually left out and may remain unknown (Burke *et al.* 2022: 4).

Additionally, such children are hard to locate because informal kinship caregivers step into the caring role at times of crisis which then prevents these children from entering governmental care facilities where they could easily be accessed such as residential settings (Daly 2021: 68; Simmons-Horton *et al.* 2022: 166). Informal kinship care is replete with stressors which include poverty, limited resources and ill health (McDonald, Hayes and Houston 2018: 76). Despite the challenges around informal kinship care, it has continually been utilised. The last 15 years have been a time of increase in the usage of informal kinship care across the world (Dorval *et al.* 2020: 1). Notwithstanding this increase, research on kinship care still leaves out informal kinship care due to the inconclusiveness of the statistics regarding children and young people cared for informally (Washington, Stewart and Rose 2021: 2301). A study by Burns, O'Mahony and Brennan (2021: 1203) emphasised that informal kinship care has received less attention.

2.2.1.2 Formal kinship care

Formal kinship care is one where the government grants custody, monitors the living arrangements and offers financial support to help raise the child(ren) (Hill, Gilligan and Connelly 2020: 1; Darwiche *et al.* 2019: 326; Harding *et al.* 2019: 1; Dorval *et al.* 2020: 1; Washington, Stewart and Rose 2021: 2299; Miller *et al.* 2019: 113). Additionally, Wu and Snyder (2019: 161-162) described formal kinship care as “situations when a child welfare agency with court authorisation places a child with a relative, member of a tribe or other member of the child’s support system”. Furthermore, Collier (2023: para. 1), Gomez (2021: 1), Littlewood, Cooper and Pandey (2020: 1), Sharda *et al.* (2019: 74) and Washington, Stewart and Rose (2021: 2300) concurred that governmental welfare systems mediate formal kinship care. Formal kinship care to some extent is also referred to as ‘kinship foster care’ (Koh, Ware and Lee 2021: 80). Moreover, Burke *et al.* (2022: 1) and Abe Abe (2022: 3) emphasised that formal kinship care has to be authorised by the courts of law. According to Koh, Daughtery and Ware (2022: 2), in formal kinship care, the government has the custody of the child. A study by Hallett, Garstang and Taylor (2021; 1) has noted that kinship care has received formalisation mostly in high income countries.

For instance, in the United States of America, the formalisation of kinship care can be facilitated through kinship navigator programs (Gentle-Gibbs and Zema 2020: 2). The level of involvement by the government, equals the financial assistance the kinship caregivers receive (Xu *et al.* 2020: 2). In the United States of America, children in formal kinship care receive welfare support through the Title IV-E funding (Lee *et al.* 2020: 299). There has since been a report by Nwachuku *et al.* (2021: 21) that relatives raise 20% of American children in formal placements. This emphasises that the government controls the placements of these young people to ensure that they find suitable and available kinship caregivers to offer kinship care (Wu *et al.* 2020: 2).

Formal kinship care has also received recognition from scholars internationally (Hu, Burton and Lonne 2020: 497). Unlike foster caregivers, formal kinship caregivers usually do not apply to care for children but rather get identified and appointed by local governmental authorities (Harding *et al.* 2019: 1; Lianekhammy *et al.* 2019: 580). In addition, Dorval *et al.* (2020: 1) attributed the rise in formal kinship care to the realisation by governments that children are better off remaining within their family networks post-removal from their immediate home

environments. Formal kinship care gained traction after the United Nations regarding Alternative Care for Children suggested the need to phase out institutionalised care and prioritise placing children within the networks of their birth families (Abdullah, Cudjoe and Manful 2020: 207). Subsequently, the formal placing of children with relatives in South Africa is sanctioned by the Department of Social Development (DSD) in respect of Section 171 of the Children's Act of 2005 (Nkosi 2020: 13).

2.3 THE ROLE OF AFRICAN SPIRITUALITY IN THE PROVISION OF KINSHIP CARE

Besides having a willing heart, caring for at-risk children and youth requires the caregiver's full functionality. Confidently, the kinship caregivers possess intrinsic motivation to assume such parental roles. African spirituality has a crucial role in motivating relatives to become kinship caregivers. It is important to note that African spirituality is a broad concept on its own. However, this study focused on ways African spirituality informs the way of life. This broadness is agreed upon by Knoetze (2019: 1), who explained that African spirituality is not always about religious activities but is always concerned with creating a meaningful life. Bhagwan (2022: 155) categorically stated that practices and beliefs entailed in African spirituality inform all aspects of human life. African spirituality carries within itself the concept of *Ubuntu*. This concept stresses that caring for one another displays humanity (Singh and Bhagwan 2020: 410). The concept of *Ubuntu* can be defined as a "social ethic that emphasises the collective spirit; the importance of community, solidarity, caring and sharing" (Simbine and Le Roux 2022: 4). According to Reupert *et al.* (2022: 2) *Ubuntu* also means that it is a society's responsibility that everyone, especially children are afforded fair opportunities to healthy and meaningful lives regardless of whether or not they have immediate families. An emphasis was provided by Makhonza, Lawrence and Nkoane (2019: 13523) that *Ubuntu* is an act of being positive and assistive to other people in a manner that ensures their overall well-being. A collective understanding of African spirituality comprises different beliefs, values, traditions and cultural practices that African indigenous people identify with (Knoetze 2019: 1).

In indigenous African communities, protecting vulnerable children from further harm and neglect is considered a service to God. This belief is also strengthened by values and beliefs that respective ethnic groups ascribe to (Abdullah, Cudjoe and Manful 2020: 208). In the South African context, kinship care is recognised as a traditional feature that plays a vital role towards child protection (Nkosi 2020: 6). For example, informal kinship care has a long history in South Africa where children spend a significant amount of time being raised by relatives (De Wet 2019: 80). We therefore cannot shy away from the fact that caring for others like is done through kinship care is within core values of the African way of life. A study by Mamaleka (2019: 3) attested that parenting in South Africa is deeply rooted in cultural contexts, especially in Black communities. In addition, Abe Abe (2022: 2) and Simmons-Horton *et al.* (2022: 170) noted that generally, kinship care is rooted in cultural values irrespective of the context in which it is being offered.

The African tradition also dictates that members of the extended family assume parental roles for the children in need, primarily orphans (Burkholder 2019: 6). Cultural and religious traditions (constituting African spirituality) play an essential role in how well kinship caregivers look after the child(ren) in their care (Ingham and Mikardo 2022: 337; Tesfaye and Hagos 2020: 51). Additionally, grandparents who usually assume the kinship caregiver role, are reported by Lesetja (2020: 4) to share with their kinship children cultural traditions that are relevant to them. It is a cultural norm in Africa that children may be sent to be raised by relatives or members of the extended family, so they receive multimodal support as well (Abdullah *et al.* 2020: 403; Nkosi 2020: 13; Simmons-Horton *et al.* 2022: 165). Furthermore, McPherson *et al.* (2022: 2) mentioned that kinship care has to be offered by an adult with whom the child shares cultural and indigenous values.

Moreover, in indigenous African communities, all tribal members consider one another as one big family hence every next person there is somehow related to the other (Rushovich, McKlindon and Vandivere 2021: 2). Therefore, almost every adult qualifies to offer kinship care to all children within that tribe, since there is also an approach that it takes a village to raise a child (Kurevakwesu and Chizasa 2020: 90). In addition, Burke *et al.* (2022: 2) asserted that kinship care fits perfectly in a worldview of indigenous people, that it should be a community's responsibility to raise a child. It then comes as no surprise that in South Africa looking after

young people is done in an Afro-centric fashion to this date. Notably, across different countries in the world, kinship care is reported to be mostly offered to children of indigenous people as well (Kemmis-Riggs and McAloon 2020: 1).

Caring for vulnerable children and youth in kinship care can be challenging. As a coping mechanism, Eagle *et al.* (2020: 1676) mentioned that some kinship caregivers resort to African spirituality through which they seek guidance from the Divine power. Primarily, when the caring is directed to the recently orphaned children, kinship caregivers optimise on praying and appeasing their ancestors to deal with the trauma caused by the loss of a relative (who was a parent to that child). A study by Zambezi, Emmamally and Mooi (2022: 1) emphasised that spirituality here acts as armour in times of emotional and psychological difficulties. A family in such a state then ensures that the children of the deceased relative receive the utmost love and care as they realise that the situation causes susceptibility to further harm to these children.

Therefore, African spiritual influence is noted as the motivation behind the provision of kinship care by kinship caregivers (Abe Abe 2022: 4). In addition, Simbine and Le Roux (2022: 3) alluded that it is indigenous people who know better and understand their realities which then could be of utmost importance in childrearing. The teachings of African spirituality regarding caring for the needy, are passed down orally from generation to generation (Dziro and Mhlanga 2018: 22; Mann and Delap 2020: 3). Noteworthy also, is that the children in kinship care come from backgrounds replete with challenges, which makes them somewhat reluctant to assistance from kinship caregivers.

Nonetheless, African kinship caregivers do not cease caring for these children. Should the challenges persist, they even seek help from traditional healers. This is also due to a belief Africans hold that doing good to others prepares one for the greater settling in the afterlife (Mann and Delap 2020: 3). Kinship care offered to the orphaned children is rooted in the reverence Africans have for their ancestral forebears. Offering kinship care to children of extended family members is again an act of keeping them within their ancestral beliefs and traditions. This is important because if Africans, are disconnected from their cultural ways, misfortunes are believed to hinder their success (Buckenberger 2020: 3).

Studies by Singh and Bhagwan (2020: 407) and Mann and Delap (2020: 3) mentioned that failure to do what is deemed suitable by the ancestors, yields punishment and/or misfortunes to the living descendants. Irrespective of the intention, such beliefs entailed within African spirituality ensure that children in kinship care receive nothing short of excellent care with minimal to zero risks of abuse. This further goes to the extent that in African communities, kinship care is treated as an obligation that existing relatives have to fulfil (Mekoa 2019: 102). To reiterate, African spirituality and the concept of *Ubuntu* are inseparable in an African worldview. Through this worldview, a child even when their birth parents are alive, is considered the entire family's responsibility (Mann and Delap 2020: 3; Dziro and Mhlanga 2018: 22). Also, extended family members become part of the adults raising family children due to a belief in communal living in African communities (Abdullah *et al.* 2020: 404).

2.3.1 The influence of the concept of *Ubuntu* on kinship care

Extended family members often feel they are responsible for caring for a child without a primary caregiver (Leonard, Ananias and Sharley 2022: 240). Kinship care is, therefore, an alternative care option preferred for such children as it also helps with family preservation (Van der Watt 2018: 629; Mkhize 2020: 11). The fact that Africans treat kinship care as though it is second nature, suggests that there must be some innate principle(s) allowing this. African people live by their spirituality that guides their way of life, which carries within it a concept of *Ubuntu*. As guided by African spirituality, the concept of *Ubuntu* propels African people to help one another, especially amid challenges. In addition, Tesfaye and Hagos (2020: 49) noted that kinship care suits childrearing strategies utilised in Africa.

However, Mabvurira, Muchinako and Smit (2021: 155) noted that *Ubuntu* is a concept that cannot be defined with one straightforward definition. This is because ancient Africans did not document their way of life but instead passed it down through oral knowledge and role modelling. A study by Simbine and Le Roux (2022: 4) indicated that *Ubuntu* has within itself the necessary wisdom through which African children are raised by their respective families and local communities. Such values have taught Africans that a child does not only belong to their birth parents but a responsibility of the entire clan and/or community (Mann and Delap 2020:

2). In agreement, Eze (2017: 98) emphasised that the *Ubuntu* ethics advocate for that '*umuntu ngumuntu ngabantu*' (I am, because you are). Though living arrangements have significantly changed, Steenkamp-Nel (2018: 3) mentioned that African spirituality is relevant to date. It is therefore clear that kinship care in South Africa and Africa, is driven by such concepts entailed within African spirituality.

2.4 THE IMPORTANCE OF KINSHIP CARE

Kinship care offers young people the opportunity to maintain ties with their family of origin (Dorval *et al.* 2020: 1; Jedwab, Xu and Shaw 2020: 1; Koh, Ware and Lee 2021: 77). Additionally, Gentles-Gibbs and Zema (2020: 1) stated that keeping children within their family environment has positive outcomes for both young people and kinship caregivers. A study by Manful and Cudjoe (2018: 617) indicated that kinship care is the most important social support for young people needing of out-of-home placements. The reason to prioritise kinship care placements is its outcomes that allow family preservation (Burke *et al.* 2022: 2). Through the provision of kinship care, children and youth develop closeness which is helpful with regards to placement stability for these young people (Ingham and Mikardo 2022: 334). Though children have been traditionally placed in institutionalised care facilities, the pressure to ultimately place children with their blood relatives, has not subsided (van der Merwe 2020: 1324). This is because institutionalised care facilities do not have the capacity to meet children's holistic needs like kinship care (Abdullah, Cudjoe and Manful 2020: 207).

As articulated in the United Nations Convention on the Rights of Children of 1989, children have more likelihood of developing to their full potential when being reared in family environments (Malan and Heyman 2020: 32). In contrast, research suggests that placing children in institutionalised care after they have been exposed to maltreatment could cause them brain and neurological system impairment (Kemmis-Riggs and McAloon 2020: 2; Goldschmidt 2019: 78; Diraditsile and Mmeanyana 2019: 60). Kinship care is a befitting alternative care method, as it improves psychological well-being of children and youth in it (Abe Abe 2022: 3). Additionally, Rodriguez-JenKins *et al.* (2021: 671) revealed that infants raised in kinship care have less likelihood of suffering from neurocognitive and developmental delays when compared

to others placed in non-kinship alternative care methods. Available research provokes an ongoing argument that kinship care is the most appropriate alternative care compared to other forms such as residential/institutionalised care (Hassall *et al.* 2021: 814).

Though kinship care promotes family reunification, Nell (2021: 6) noted that it is not always possible. Other birth parents are purposely unwilling to look after their children ever again. Nonetheless, McGrath and Ashley (2021: 3), De Wet (2019: 79), Katz and Phelps (2022: 147) and Ferraro, Maher and Grinnell-Davis (2022: 2) asserted that kinship care provides at-risk young people with permanent living arrangements along with caregivers readily available and willing to assume the caring role should reunification with birth parents prove impossible. Having a permanent residence, therefore ensures safety for these young people (Ferrero, Maher and Grinnella-Davis 2022: 2). This safety is necessary for the developmental growth of children under kinship care (Nell 2021: 6). Furthermore, kinship care permanently reduces outgoing costs by the governments concerned (Shuttleworth 2022: 2). According to studies by Grant, Whincup and Burgess (2019: 2) and Harding *et al.* (2019: 1), formal kinship care assists with the legalisation of every child's stay, so that the children are protected should anyone (even a family member) try to take them away unlawfully.

To a certain degree, these children grow up believing that adults who care for them, are their biological parents. In South Africa, in Section 185 of the Children's Act of 2005 as amended, it is stated that no more than 6 children may be placed under the care of one caregiver, unless the children are related by blood or are siblings (TLC Children's Home 2021: 6). In this case, kinship care is the best suitable alternative care method for these children. A study by Abe Abe (2022: 3) found that kinship care promotes maintaining family ties and relations with family reunification as the ultimate objective. Therefore, this means that even if the number of children exceeds 6, they could all be accommodated through kinship care.

A study by MacDonald, Hayes and Houston (2018: 81) noted that young people can keep strong relations with birth family members (where possible) during kinship care. There has been a notable preference for placing needy young people with a family member to look after them. This was emphasised by the UNICEF ESARO (2021: 10) which said that kinship care is the best suitable care option for children in need of care and protection in institutionalised care

settings. Kinship care is a preferred form of alternative care. The Factsheets for Families (2022: 2) noted that kinship care minimises a child's trauma after separation from primary caregivers. A study by Ferrero, Maher and Grinnell-Davis (2022: 2) found that children in kinship care are less likely to present with mental health issues later in life. Another study by Dorval *et al.* (2020: 2) agreed, and further mentioned that children in kinship care, not only present with fewer mental health issues but also high functioning when compared to those in institutionalised care facilities.

Regardless of the ever-changing contemporary family dynamics, Goldschmidt (2019: 458) maintained that kinship is the best care for young people who have just experienced separation from their primary caregivers. Kinship care not only preserves families but is suitable for the child's social life as the child also gets to keep familiar playmates. Kinship care is an all-round favourable care option for children without primary caregivers. Even though children in kinship care are still recognised as a vulnerable group, they do not usually experience abuse, maltreatment and/or neglect (Hall *et al.* 2018: 18). The risk for these children becomes moderate as they get being cared for by relatives, who often treat them as their own (Makhonza, Lawrence and Nkoane 2019: 13522-13523). Kinship care easily provides a homelike environment which most institutionalised care settings struggle with, as they simultaneously cater to many children (Abdullah, Cudjoe and Manful 2020: 207).

2.5 PROCEDURE OF BECOMING A KINSHIP CAREGIVER

Unlike other forms of full-time care for vulnerable children and youth, Birchall and Holt (2022: 2) noted the complexity of the journey of becoming an official kinship caregiver. As outlined above, kinship care is not uniform. For instance, kinship care placements happen under different circumstances, with some being adequately planned (formal) and some due to crises, which usually lead to informal kinship care arrangements (Hunt 2020: 11; Koh, Daughtery and Ware 2022: 1). Evidently, kinship care can be put under three categories. According to the Factsheets for Families (2022: 4), the categories are informal, formal and voluntary kinship care. To clarify, Davey (2017: 17) stressed that formal kinship care has to undergo statutory processes as stipulated by the respective governments concerned.

In England and Wales, kinship care is facilitated through the Children and Young Persons Act of 2008 (Ingham and Mikardo 2022: 335). Before being formally selected as a kinship caregiver, the prospective relative to the child undergoes an assessment according to the capacity to care and the possible long-term well-being of the child under their care (Zuchowski *et al.* 2019: 618). In South Africa, such a procedure is carried out through the Children's Act 38 of 2005, which Emovon, Gutura and Ntombela (2019: 12) stated that it advocates for "the placement of a child in the care of a person who is not the parent or guardian of the child as a result of an order from children's court". In this case, social workers are duty-bound to follow Section 150 of the Children's Act of 2005 as amended, to investigate and make recommendations to the court for the best possible form of alternative care for the child(ren) concerned (TLC Children's Home 2021: 2; Lesetja 2020: 3).

In South Africa, formal kinship care could somewhat be similar to foster care regarding the processes followed. Firstly, an adult has to be found suitable, willing and capable of offering this kind of care to the child(ren) in need. Then, the identified adult should complete the process of form 30 (police clearance, that they do not appear on the list of those with a history of abusing children). According to Mathonsi, and Carelse (2022: 2), this is a screening process in Section 7(1), also found in the Children's Act of 2005. In addition, this Act aligns with national and international laws promoting upholding children's and families' rights. The Department of Social Development should also approve that particular adult (relative), and finally, a court order grants permission they provide kinship care to that child (TLC Children's Home 2021: 9). Decisions for a suitable placement for a child in need of alternative care, are then passed through the Section 156 of the Children's Act (Lesetja 2020: 4).

What is critical throughout this process is that every decision taken should be in the best interest of the child in need. This is the reason that kinship care is mainly provided by the child's relatives who have already had an existing bond with either the child or the child's biological parents (Delap and Mann 2019: 12). Contrary to the above detailed, such procedure does not happen often, as most African families opt for informal kinship care which is discussed internally by family members concerned (Lee, Huerta and Farmer 2021: 2; Abdullah *et al.* 2020: 149). In addition, most Africans believe kinship care is a cultural norm that does not require

governmental regulations and processes to provide it to the needy child (Mann and Delap 2020: 5).

However, these African families also consider some key factors from prospective adult figures before allowing children in need under their care. These factors include but are not limited to the adult's relationship with the child or child's birth parents, their willingness, and their capacity to care for that particular child. The prospective adult who meets these requirements, most notably an existing healthy relationship with the child, becomes the preferred candidate to assume the role of a kinship caregiver to that child (Font and Gershoff 2020: 13; Xu *et al.* 2020: 1). In cases where getting a blood relative is not possible, any member of the community with evidence of closeness to the child or the child's birth parents can be approached to offer this care (Mann and Delap 2020: 5). In addition, Davey (2016: 24) explained that kinship care in the South African context, does not only refer to blood relatives, but to all the capable members of the community as well. A significant emphasis here is that *Ubuntu* is central in the provision of kinship care in African communities.

2.6 THE PROVISION OF KINSHIP CARE TO CHILDREN AND YOUTH IN KINSHIP CARE

Kinship care is necessitated by the Convention on the Rights of the Child (Article 20) through the articulation that all vulnerable children are to be offered suitable alternative care out of parental care should the need presents itself (Ariyo, Mortelman and Wouters 2018: 178; Musizvingoza, Blagbrough and Pocock 2022: 2; Romane-Meiere 2020: 333; Lesetja 2020: 3). In addition, the United Nations General Assembly of 1989 stressed the importance of having children grow within their birth family structures (Glynn 2019: 10). Kinship caregivers therefore treat these children as their own. According to Mamaleka (2019: 1), the Department of Social Development has mandated that relatives step up to provide childrearing services to South African children needing alternative care.

Informal kinship caregivers provide for these vulnerable children and youth out of their own pockets. However, the financial capacity of these kinship caregivers is not always sufficient in

a country like South Africa. Statistics South Africa as reported by Pillay (2020: 187), noted that employment opportunities keep declining; hence, many citizens still live in abject poverty. Regardless of this challenge, South Africans continue caring for vulnerable children and youth through the motivation they derive from an idiom they use “*alikhho ithuna lendlala*” which means that no one has ever been buried due to not having something to eat. Kinship care is provided with the support of other extended family members apart from the ones that the child is assigned to (Mabelane, Makofane and Kgadima 2019: 169). The help comes in many forms including financial, emotional and physical support. This is through a belief that raising a child should be a shared responsibility among the entire family. To facilitate cultural preservation as mentioned by the Factsheets for Families (2022: 3) and Lee, Huerta and Farmer (2021: 2), children in kinship care are taught about essential cultural practices and traditions relevant to their respective families’ context and ethnic groups.

2.6.1 Kinship care for children with living birth parents

There is a paucity of research on birth parents whose children are living in kinship care (Dorval *et al.* 2020: 2). It is instead a sad reality that children could be considered at-risk and vulnerable even though their birth parents are alive. Out of about 19.5 million children population in South Africa, 20.9% of them have living parents who do not reside with them (De Wet 2019: 79). In Ghana, about 70% of the nation’s children are in kinship while their biological parents are alive (Abdullah, Cudjoe and Manful 2020: 209). As mentioned by Gibson *et al.* (2020: 1) in this case, kinship care results from parents who are either unable or unwilling to care for their children.

Bad parenting exposes children to the risk of maltreatment which according to Hartley *et al.* (2019: 927) could lead to life-long health issues for children if it continues unabated. At this point, relatives step in to offer care and protection to the children and youth considered at-risk (Pasalich *et al.* 2021: 1; Littlewood *et al.* 2021: 1; Rodriguez-JenKins *et al.* 2021: 671). Mostly, when at least one biological parent is alive, caring for children is referred to as ‘non-orphan’ kinship care (De Wet 2019: 79). A study by Tesfaye and Hagos (2020: 48) found that relatives raise children despite having either one of both birth parents alive. In addition, Brant (2022: 80)

and Koh, Daughtery and Ware (2022: 2) mentioned that in this kind of kinship care, custody of the child is usually reserved by the biological parent(s).

There are different circumstances under which parents may be deemed unfit to raise their child(ren). Some of the factors leading to the removal of children from their home environments include but are not limited to; parental ill-health, family violence, parental substance abuse and criminal environments (Jedwab, Xu and Shaw 2020: 2; Xu *et al.* 2020: 2; Hunt 2020: 8; Hassall *et al.* 2021: 813; Daly 2021: 69; Collier 2023: 13; Wu and Snyder 2019: 162; Glynn 2019: 10; Osborne *et al.* 2021: 1; Dare *et al.* 2020: 1; McPherson *et al.* 2022: 2; Hartley *et al.* 2019: 928; Wilkes and Speer 2022: 98; Koh, Daughtery and Ware 2022: 1; Gomez 2021: 1; Sharda *et al.* 2019: 74; Abe Abe 2022: 2; Simmons *et al.* 2022: 170; Mann and Delap 2020: 2; Littlewood, Cooper and Pandey 2020: 1; Kelley, Whitley and Campos 2019: 142-143; Washington *et al.* 2018: 118; Harding *et al.* 2018: 316; Rabassa and Fuentes-Pelaez 2023: 2; Washington, Stewart and Rose 2021: 2300; Birchall and Holt 2022: 2; Holt and Birchall 2022: 1233; Brant 2022: 80).

Furthermore, a study by Xu *et al.* (2022: 1) mentioned child maltreatment and household dysfunctions as other reasons children enter kinship care while their birth parents are alive. Child maltreatment for Australian children which led to them entering kinship care by the year 2018 was 15% physical abuse, 9% sexual abuse and 17% neglect (Kemmis-Riggs and McAloon 2020: 1). During the year 2020, the United States of America recorded about 137,356 children who entered kinship care due to having suffered child abuse and neglect among other forms of maltreatment (Xu *et al.* 2023: 669). As a result of being exposed to such maltreatment, many children enter kinship care with health problems (Sharda *et al.* 2019: 74; Darwiche *et al.* 2019: 325; Collier 2023: 13). Parental imprisonment also leads children towards entering kinship care arrangements (Gibson *et al.* 2020: 1; Collier 2023: 13). Neglect forms one of the reasons children enter kinship care as well (Burke *et al.* 2022: 1). Due to such traumas children and youth experience when living with birth parents, courts rule in favour of their removal from immediate home environment (Lanyado 2019: 309; Nwachuku *et al.* 2021: 21). However, De Wet (2019: 79) noted that sometimes birth parents willingly give up their children to be raised by relatives in situations such as where birth parents live in abject poverty.

On the contrary, McCartan *et al.* (2018: 5) noted that kinship care while birth parents are alive, causes rifts between birth parents and kinship caregivers as birth parents end up feeling as though the kinship caregivers stole their children. A study by Rose *et al.* (2022: 636) revealed that when kinship care is offered to children with living parents, mothers usually exhibit negative attitudes towards the placement. Notably, the carer-parent relationship in kinship care is most likely to be replete with challenges estimated to be three times more than those in other alternative care methods (Ingham and Mikardo 2022: 336-337). However, Gibson *et al.* (2020: 1) and Skoglund, Thornblad and Holtan (2019: 945) indicated that relationships between birth parents and kinship caregivers are rarely studied.

Kinship care for children with living birth parents is practised following different approaches around the world when responding to child upbringing challenges (Shuttleworth 2022: 5). However, kinship care when birth parents are alive usually becomes temporary while the respective welfare systems work with families to get better, so they could reunite them with their child (Dorval *et al.* 2020: 1). A study by Ratune (2020: 13) asserted the higher likelihood of family reunification in cases where a child has entered a kinship care arrangement while birth parents are alive elsewhere. Abdullah, Cudjoe and Manful (2020: 208) mentioned that children also enter temporary kinship care due to the separation and divorce of their parents.

Furthermore, the reunification of birth parents with their children largely depends on the type and intensity of child maltreatment that prompted the removal of the child. For instance, Cheng and Lo (2022: 769) revealed that children who experienced physical abuse were more likely to get reunified with families than those who experienced neglect. Moreover, Harding *et al.* (2019: 1-2), Wilkes and Speer (2022: 98), Skoglund, Thornblad and Holtan (2019: 945) and Skoglund, Mabile and Thornblad (2023: 3) explained that appointed kinship caregivers have the responsibility of ensuring that the child(ren) maintains ongoing contact with birth parents. In addition, Katz and Phelps (2022: 147) mentioned that these children do not only get to keep contact with their birth parents but siblings as well. Furthermore, Ingham and Mikardo (2022: 334) noted that older children (youth) often have temptations to find ways to escape and reunite with their birth parents regardless of whether or not the home situation has been fixed. However, the availability of these kinship caregivers who show up to provide kinship care, even on a short-

term basis is of paramount importance for the welfare of these young people (Lee *et al.* 2020: 69; Koh, Ware and Lee 2021: 77).

2.6.2 Community-based child and youth care workers' assistance in the provision of kinship care

In South Africa, child and youth care workers are recognised as practitioners under the Section 18B of the Social Service Professions Act 110 of 1978 (Allsopp 2020: 7). According to Thurman *et al.* (2018: 1) and Heeralal (2020: 24) child and youth care workers form part of essential social and welfare services' workers. Community-based child and youth care workers do not only facilitate child protection but through their developmental approach, ensure holistic healing for the child (Gray and Lombard 2022: 7). According to the Eastern Academy (2021: para. 1) child and youth care workers help young people, and their families succeed in all aspects of life.

Busisiwe Mhlanga, a child and youth care worker working under the Department of Social Development's Risika program, explained that for them to intervene, they are usually alerted by community members about families that require childcare services. Busisiwe added that the interventions include consultation with the child's extended family members so that they could find amicable solutions towards meeting the unmet needs of the child (Sowetan Live 2021: para. 4). Child and youth care workers' presence within the family context during childrearing of vulnerable children and youth is pivotal (Allsopp 2020: 3). In their interventions, child and youth care workers ensure that children and youth get care permanency within families they already live in (Johannisen, van Wyk and Yates 2021: 376).

Child and youth care workers focus on the holistic development of children and youth in their contextual environment (Heeralal 2020: 24). There are child and youth care workers working in the community context facilitating the development of vulnerable children and youth (Gray and Lombard 2022: 7). Through initiatives such as *Isibindi* community project, child and youth care workers help children and youth become more decisive and successful individuals (South African Government News Agency 2019: para. 1). A study by Thurman *et al.* (2018: 6)

confirmed that the *Isibindi* community project initiative has seen the training of 10,000 community-based child and youth care workers.

Though child and youth care workers do not assume custody of the child, their interventions assist children and youth in getting through daily life events within their (children and youth) life-space. This means that they work with children within their family setting. Furthermore, Brown (2020: para. 5) mentioned that child and youth care workers serve as children's confidants by building relationships with children and youth. Community-based child and youth care workers target vulnerable or at-risk children and youth who mostly happen to live in kinship care. The South African Institute of International Affairs (2021: 47) agreed that community-based child and youth care workers would help improve the government's response to the challenges faced by young people through complementing kinship care as an informal African welfare practice.

2.7 EXPERIENCES OF KINSHIP CARE

As mentioned above, kinship care caters for all kinds of vulnerable children, including those whose parents are alive but considered unfit to look after them. As a result, these young people are brought up by extended family members, distant relatives and/or neighbours. Kinship care is not without challenges though it is considered the preferred out-of-home care method. A study by White (2021: 5) found that children in kinship care while their parents are alive end up feeling as though their birth parents have abandoned them. This is not good for a child because they learn that adults are not to be trusted; hence, they usually exhibit distorted behaviours. However, the behaviour depends on the intensity of the traumatic life events the young person has experienced before their removal from the immediate family environment.

In South Africa, as it is with the rest of the world, kinship care is offered mainly through grandparents who barely have the capacity required to raise children in need (McCartan *et al.* 2018: 5; Hunt 2020: 9; Motsa and Morejele 2022: 2). These young people grow up lacking in most crucial aspects of their life such as, psychosocially, emotionally and financially. A study by Goemans, van Breda and Kessi (2021: 229) focused on children living with relatives in the South African context and found that these young people resent not only their parents but also

social workers. They often blame the social worker that they have forcefully removed them from their home to the new living environment they now have no option but to try and adjust to. The said study further revealed that these young people are desperately in need of attaining independence away from being under kinship care. However, this could be corrected if the relevant professionals involved in the placement process, could clearly explain all the reasons for the child's removal in an age-appropriate manner. It could help the children understand that the removal is in their best interest and not against them.

It is vital to note that experiences of kinship care vary from child to child; they are not uniform. A study by Grant, Whincup and Burgess (2019: 3) found that kinship care is much of an enjoyable experience for younger children. This is because some of them do not even recall the time they were removed from birth parental care. Therefore, the new family environment is all they know to be their home; hence, there are no separation anxiety attacks on them. There are also older children (teenagers) who consider kinship care as a suitable option. MacDonald, Hayes and Houston (2018: 81) also noted that teenager better understand of traumatic life events that transpired and led to their removal.

This comprehension then allows them (teenagers) to appreciate this newly found peaceful family environment instead of the previous one. Then there is a group of children (mostly between toddler age and young teenagers) who are confused as to why they were removed from their birth homes. This lack of understanding is their driving force for misbehaviour as they believe kinship caregivers keep them captive against their will. In agreement, Nell (2021: 6) stated that some children feel their lives have been completely shattered post-removal from their immediate families. This concludes that experiences of kinship care for young people is largely dependent on each child's comprehension of the reason(s) they needed the kinship care placement in the first place.

Children are naturally known to develop strong bonds with their primary caregivers, especially biological parents. Furthermore, Nkosi (2020: 53) explained that these children continue to experience feelings of separation and loss post-removal from immediate families. Even though familiar people might still surround them, none of those could ever replace the attachment they had with their birth parents. The feelings mentioned above are severe in cases where removal

was caused by the death of a birth parent(s). On the bright side, kinship care provides these young people with safety and stable living arrangements suitable for their optimal development (Cavanaugh *et al.* 2020: 1). Also, as they age, they better understand the reason(s) behind their removal.

2.8 KINSHIP CAREGIVERS' EXPERIENCES

A kinship caregiver can be defined as “any adult relative or adult fictive kin providing full-time nurturing and protection of children” (Vander Linden and Tompkins 2020: 57). It is important not to refer to all kinship caregivers as one group, for they differ in roles, characteristics and statuses (McDonald, Hayes and Houston 2018: 71). Assuming the parental role on its own is an act of kindness, more so when one does it to children that are biologically not theirs. As kinship care is caring for children of one’s relatives, it should be understood that some kinship caregivers do it willingly while circumstances force others. Notably, Koh, Daughtery and Ware (2022: 1) pointed out that literature on kinship caregivers’ parenting experience is relatively scant. Furthermore, it is noteworthy that kinship caregivers’ attitudes towards childrearing are not uniform (Abe Abe 2022: 3). Nonetheless, these carers need to be of good mental health to prevent further worsening of young people’s conditions under their care (Xu *et al.* 2022: 2). By the time kinship caregivers assume the caring role, most of them feel unprepared (Pasalich *et al.* 2021: 2; Hill, Gilligan and Connelly 2020: 2).

Therefore, kinship caregivers are prone to experiencing parenting stress (Koh, Daughtery and Ware 2022: 1; Centre for Excellence in Therapeutic Care 2022: 5; Harding *et al.* 2018: 317; Xu *et al.* 2021: 2; Rabassa and Fuentes-Pelaez 2023: 2). Notably, parenting stress is most prevalent in grandparents who are kinship caregivers to their grandchildren (Xu *et al.* 2020: 2; Birchall and Holt 2022: 2; Kelley, Whitley and Campos 2019: 141). The parenting stress, in grandparents as kinship caregivers, takes a toll on both their physical and emotional well-being (Fauziningtyas *et al.* 2019: 17). In addition, Bergen (2022: 1) and Hill, Gilligan and Connelly (2020: 2) found that kinship caregivers mentioned the need that they avoid stressing situations as frustration negatively impacts the way they treat children under their care.

A study by McLean *et al.* (2020: 1) indicated that caring for children and youth in kinship care can burden kinship caregivers. Difficulties kinship caregivers face, include challenging behaviours by children, role confusion and financial constraints among others (Sharda *et al.* 2019: 75). Research further revealed that the elderly kinship caregivers struggle with managing distorted behaviours of teenagers under their care (Hill, Gilligan and Connelly 2020: 2). This is another reason a kinship caregiver has to undergo a thorough assessment with regards to the capability of 'loving the unlovable' children and youth. A study by Fergeus *et al.* (2019: 158) suggested that the healthier a parent (kinship caregiver) is, the more they can positively meet the needs of the children they raise. The unfortunate reality is that kinship caregivers are mostly elderly people who themselves have old age-related health complications.

A study by Lee, Clarkso-Hendrix and Lee (2016: 30) noted that elderly people often feel that they also in need of care from others; thus, caring for children as primary caregivers is burdening. Caring, however, does not cease as kinship caregivers find emotional rewards in seeing their children properly looked after regardless of financial constraints they face (Hunt 2020: 9). Contrary to the feelings of stress, some grandparents who are kinship caregivers reported feeling healthier as their grandchildren keep them busy daily (Koh, Daughtery and Ware 2022: 2). Studies by Ntshongwana and Tanga (2018: 15) and McPherson *et al.* (2022: 2) corroborated that kinship caregivers reported having feelings of happiness after they have successfully managed to look after children and youth in their care. In addition, kinship caregivers reported to be happy about the companionship they get when caring for these young people (Delap and Mann 2019: 26). Kinship caregivers develop affection for these children as they become part of their families (Abdullah, Cudjoe and Manful 2020: 208). Furthermore, some kinship caregivers reported feeling proud of raising these children (Burke *et al.* 2022: 8). The Centre for Excellence in Therapeutic Care (2022: 5) also noted that kinship caregivers feel satisfied when providing this care to kin children.

Lesetja (2020: 4) also mentions grandparents as kinship caregivers who are often keen to maintain placement stability for children and youth under their care. Many children are in kinship as a result of losing their parents to death and more often than not it is due to infectious diseases. Such diseases would have also put these children under great exposure where there would be chances that they would get sick. Studies by Beal, Nause and Greiner (2022: 2), Lin

(2018: 205) and the Centre for Excellence in Therapeutic Care (2022: 5) found that kinship caregivers have reported struggling with meeting the health needs of such children as they (caregivers) do not receive sufficient financial support from governments. Consequently, more kinship caregivers are prone to suffer not only high levels of stress and health-related complications themselves as they barely care for these young people (McCartan *et al.* 2018: 5; McDonald, Hayes and Houston 2018: 83). A study by Harding *et al.* (2019: 2) went to the extent of classifying kinship caregivers' role as complex and demanding.

2.9 THE GLOBAL PREVALENCE OF KINSHIP CARE

The notable decline in the number of young people placed under institutionalised care facilities has seen a rise in the usage of kinship care as a preferred care method. Recently, over 90% of vulnerable children across developing countries are living under the care of a relative (Tesfaye and Hagos 2020: 48). Child welfare agencies have for the longest time relied on kinship care for out-of-home placements (Lee *et al.* 2020: 300; Koh, Ware and Lee 2021: 78; Tesfaye and Hagos 2020: 51; Lianekhammy *et al.* 2019: 578; Hernandez and Berrick 2019: 35; Miller *et al.* 2019: 112; Harding *et al.* 2018: 316). A study by Helie *et al.* (2021: 1) concurred that kinship care has increasingly been an option for child protection services when children and youth are removed from their birth home environment. Prior to being the preferred care method by child welfare agencies, a study by Burke *et al.* (2023: 1) indicated that kinship care has always been instrumental in raising vulnerable children in indigenous communities.

Several studies such as Hill, Gilligan and Connelly (2020: 1), McCartan *et al.* (2018: 3), Goldschmidt (2019: 77), Simmons-Horton *et al.* (2022: 167), McDonald, Hayes and Houston (2018: 71), Shuttleworth (2022: 2), Daly (2021: 68), Ingham and Mikardo (2022: 334), Pallock (2019: 22), Gerrand and Warria (2020: 2), Rose *et al.* (2022: 635), Cavanaugh *et al.* (2020: 2), Wu *et al.* (2020: 2), Rasmussen and Jaeger (2021: 201), Jedwab, Xu and Shaw (2020: 1-2) and Rabassa and Fuentes-Pelaez (2023: 1) found that currently, kinship care is the most common form of alternative care for at-risk children and youth across the world. The prevalence of kinship care is supported by Article 20 of the United Nations Convention on the Rights of the Child which states that “vulnerable children in need of care and protection are entitled to

adequate substitute care such as care provided by family members and close friends” (Abdullah, Cudjoe and Manful 2020: 208; Diraditsile and Mmeanyana 2019: 60).

2.9.1 In Africa

Kinship care has become a formal care option in countries such as Ghana and Botswana where there was a widespread acceptance and usage of only informal kinship care (Burke *et al.* 2022: 2). A study by Mann and Delap (2022: 2-11) showed a high prevalence of kinship care in Ghana, Liberia, Ethiopia, Kenya, Rwanda, and Zimbabwe. In Rwanda, children and youth have 200 times more likelihood to enter kinship care than being in an institutionalised care setting (Mann and Delap 2020: 2). A Ghanaian study by Abdullah *et al.* (2020: 403) found that kinship care is not only common there (Africa) but across more advanced countries such as the United States of America, Australia and other European parts of the world as well.

About 86.7% of children in Gambia and 99.5% in Togo are living in kinship care arrangements (Musizvingoza, Blagbrough and Pocock 2022: 2). A study by Harding *et al.* (2019: 1) found that in Uganda, approximately 34% of the total number of households has a child in kinship care. Kinship care for Ethiopian children is offered under the Alternative Childcare Guideline (ACG) established in 2009. The Alternative Childcare Guideline now allows intercountry kinship care between Ethiopia and Australia (Tesfaye and Hagos 2020: 49-50). African children and youth in kinship care are often not fairly presented by research since the provision of kinship care is mainly informal across the continent. Despite the wide usage of kinship care in Sub-Saharan Africa, the exact numbers of these children are not well-researched (De Wet 2019: 79).

2.9.2 In Australia

The leading out-of-home care method for Australian children is kinship care (Hatzikiriakidis *et al.* 2021: 2; McLean *et al.* 2020: 1; Centre for Excellence in Therapeutic Care 2022: 3). As a result, out of all children placed in alternative care in Australia, more than 52% of them are in the care of their kin (Harding *et al.* 2019: 1; Hallet, Garstang and Taylor 2021: 1; McLean *et al.* 2020: 1; Borenstein, Frederico and McNamara 2021: 735; Kiraly, Humphreys and Kertesz 2020:

338; Breman, MacRae and Vicary 2018: 186; Rabassa and Fuentes-Pelaez 2023: 2). A study by Kemmis-Riggs and McAloon (2020: 1) indicated that by 2018, 55,000 Australian children were in alternative care of which the majority was in kinship care.

By law in Victoria, Australia, that kinship care has to be thoroughly explored before further attempts to place children under other forms of alternative care (Fergeus *et al.* 2019: 156). After the passage of that law, out of 45,000 children living in alternative care in Australia, 52% of those are in kinship care (Green *et al.* 2021: 1). However, the abovementioned Australian statistics about kinship care are primarily a representation of children placed formally, while Kiraly, Humphreys and Kertesz (2020: 338) indicated that around 82% of Australian children in kinship care are placed informally.

2.9.3 In Europe

A study by Rabassa and Fuentes-Pelaez (2023: 1) found that more than 66% of children are in kinship care placements in North European countries. In 2011, the United Kingdom census analysis reported that about 180,000 children were living under the care of their adult kin (Hunt 2020: 8; Glynn 2019: 12). However, from this census, England showed the highest prevalence of kinship care, constituting about 152,910 of the overall United Kingdom kinship care tally (Daly 2021: 68). There has been a rise in the usage of kinship care placements in Scotland as well, with 1 in 3 of their out-of-home children being in kinship care (Hill, Gilligan and Connelly 2020: 3). The prevalence of kinship care in Scotland increased from 10% recorded in 1990 to 27% by 2015 (Rose *et al.* 2022: 635). In Scotland, kinship care is offered in respect of the 'kinship care order' of Section 11 of the Children Act of 1995 (Hill 2020: 9).

Studies by Glynn (2019: 13), Hallett, Garstang and Taylor (2021: 1), Hallett, Garstang and Taylor (2023: 632) and Birchall and Holt (2022: 2) noted that kinship care in the United Kingdom has increased since the establishment of the Special Guardianship Orders (SGOs) in 2002. The current law in England and Wales puts kinship care as a priority care method should a child require an out-of-home placement (Daly 2021: 67). Kinship care is also prevalent in Scandinavian countries. Denmark has been prioritising kinship care through Section 47 of the

Consolidation Act on Social Services which outlines that “local authorities shall systematically identify and involve the child’s family and network and consider kinship care placements in the first instance” (Rasmussen and Jaeger 2021: 201). Norway has placed a duty on its child welfare system to place children where contact with birth parents and immediate family can be maintained (Skoglund, Thornblad and Holtan 2019: 945). A study by Kallinen (2021: 319-320) indicated that in Finland and all other Nordic countries, child welfare services aim to support and keep children within their family environments. According to Rabassa and Fuentes-Pealez (2023: 2) about 51 % of children in Spain are in kinship care placements. Approximately 66% of children in Latvia are in kinship care (Romane-Meiere 2020: 333).

2.9.4 In North America

The government of the United States of America since the passage of the Adoption and Safe Families Act of 1997 has made kinship care the first choice among other alternative care methods for children in need (Lin 2018: 204; Katz, Lalayants and Phillips 2018: 65). Furthermore, following the New York Title 18, 443 7(b), it is stipulated that attempts to place a child in need, with a relative should be exhausted before other forms of alternative care could be explored (Pollack 2019: 22). The placement of children and youth with relatives in the United States of America has also been facilitated through the Kinship Care and Fictive Kin Reform Act (Hallett, Garstang and Taylor 2023: 632). However, recently, kinship care in the United States of America has seen a significant rise under the Federal Family First Prevention Services Act of 2018 (Xu *et al.* 2022: 1; Koh, Ware and Lee 2021: 78; Katz and Phelps 2022: 142; Leinakhammy *et al.* 2019: 581; Koh, Daughtery and Ware 2022: 2; Testa and Kelly 2020: 65; Lee, Huerta and Farmer 2021: 2). In addition, formal support of children under kinship care in the United States of America is also provided through the Kinship Navigator Programs (Littlewood, Cooper and Pandey 2020: 2; Day, Savage and Delaplane 2023: 45).

By the end of 2019, the United States of America had 32% of the children in formal out-of-home placements in kinship care (Ferraro, Maher and Grinnell-Davis 2022: 1; Xu *et al.* 2022: 1). Notably also is that in the United States of America, kinship care gained public interest in the 1990s amid the decline of foster homes (Lianekhammy *et al.* 2019: 580). Studies by Smith

(2019: 282) and Glynn (2019: 11) found that having children raised in households headed by relatives is an increasing trend. Kinship care constitutes between 22% and 52% of all placements in the United States of America and Canada (Hassall *et al.* 2021: 813; McLean *et al.* 2020: 1; Pasalich *et al.* 2021: 1). In Canada, the rate of kinship care has increased from 0, 93 per 1,000 children in the year 1998 to 1.45 per 1,000 children by the year 2008 (Stene *et al.* 2020: 1). By 2016, an estimated 13,000 children were living in both informal and formal kinship care in Canada (Burke *et al.* 2022: 4). In addition, the Parent Support Services Society of BC (2020: 4) indicated that more than 13,000 children and youth are in kinship care of grandparents in British Columbia. In Pennsylvania, about 6,000 children enter formal kinship care annually (Katz and Phelps 2022: 143).

2.9.5 Contributing factors to this prevalence

Studies by Kiraly, Hoadley and Humphreys (2020: 144) and McCartan *et al.* (2018: 3) suggested that the increase in the usage of kinship care is a result of its nature, of allowing children and youth to keep strong ties with one's immediate family post removal. The prevalence of kinship care is cross cultural, thus seen in almost every nation worldwide. Studies by Hallet, Garstang and Taylor (2021: 1) and Delap and Mann (2019: 5) confirmed this in their reports that on a global scale, 1 in 10 children live without their birth parents and relatives and/or members of the extended family primarily raise them. Notable also is that kinship care is mostly prevalent in places of poor people (Wijedasa 2017: 9). This suggests that poverty is another contributing factor to the prevalence of kinship care.

A study by Delap and Mann (2019: 5) indicated that the prevalence of kinship care could be attributed to multiple factors including poverty, parental ill-health, migration, disasters, cultural beliefs and child protection response. In the United States of America, teenage parents are also seen as reasons children enter kinship care living arrangements (Wu *et al.* 2020: 2). The abovementioned contributing factors were reasons kinship care was needed even centuries ago (Skoglund, Thornblad and Holtan 2022: 28). The popularity of kinship care could be attributed to its ability to produce children who exhibit positive behavioural outcomes (Abdullah, Cudjoe and Manful 2020: 208; Cavanaugh *et al.* 2020: 2). The success of kinship care is also

rooted in the level of care consistency within family structures which come with a sense of belonging for children and youth in kinship care (Goldschmidt 2019: 78). However, Cavanaugh *et al.* (2020: 2) mentioned that the actual prevalence of kinship care could be understated by research since informal kinship care is largely overlooked.

2.10 BENEFITS AND CHALLENGES OF KINSHIP CARE

2.10.1 Benefits

One of the benefits of kinship care (informal) as mentioned by Mann and Delap (2020: 3) is that children in need, get immediate assistance in terms of social support and protection as opposed to procedures that are usually followed when allocating children in other alternative care methods such as foster care. This is the way according to Cavanaugh *et al.* (2020: 1) and Abe Abe (2022: 3) kinship care provides immediate protection for the child in need. Besides getting a child to live within familiar surroundings, studies by Lee, Huerta and Farmers (2021: 2), Hassall *et al.* (2021: 814), Rose *et al.* (2022: 636), Stene *et al.* (2020: 1), Simmons-Horton *et al.* (2022: 165) and Lee *et al.* (2020: 299) asserted that kinship care preserves cultural identity as well. In Africa, a child is also kept within the family through kinship care so they can inherit fortunes left for them by their birth parents in cases where they lost a birth parent(s) to death (Abdullah *et al.* 2020: 404).

Kinship care's efficiency in providing less disruptive and homelike living arrangements is the reason according to studies by Xu *et al.* (2020: 1), Pollack (2019: 22), Cavanaugh *et al.* (2020: 1), Dare *et al.* (2020: 1) and Helie *et al.* (2021: 2) kinship care became much relevant nowadays. In addition, studies by Lee, Huerta and Farmer (2021: 1), Rose *et al.* (2022: 635), Hassall *et al.* (2021: 814), Simmons-Horton *et al.* (2022: 171) and Rabassa and Fuentes-Pelaez (2023: 2) noted that familiar surroundings (provided by kinship care) make children and youth in kinship care exhibit positive behavioural outcomes. Studies such as Hallet, Garstang and Taylor (2021: 2), Wu *et al.* (2020: 2), Abdullah *et al.* (2020: 403), Lienakhammy *et al.* (2019: 581), Day *et al.* (2020: 6), Tesfaye and Hagos (2020: 51), Pasaich *et al.* (2021: 2), Littlewood *et al.* (2021: 2),

Littlewood, Cooper and Pandey (2020: 2), Save the Children Research Initiative (2015: 28), Abe Abe (2022: 2), Gentles-Gibbs and Zema (2020: 2), Rodriguez-JenKins *et al.* (2021: 671), Xu *et al.* (2023: 669-670) and Day, Savage and Delaplane (2023: 45) found that kinship care is seen as a method used to maintain social stability through which interdependence and bonds within families are sustained. Kinship care also minimises the stigma attached to children placed in out-of-home placements such as institutionalised care (Rose *et al.* 2022: 635-636).

Kinship care has been labelled by scholars, field practitioners and policymakers as the most effective alternative care method for young people without birth parents or primary caregivers (Hill, Gilligan and Connelly 2020: 1; Wu and Snyder 2019: 161; Day *et al.* 2020: 6). As a result, studies by McCartan *et al.* (2018: 6), Littlewood *et al.* (2021: 1) and Hassall *et al.* (2021: 814) found that the children in kinship care experience less stress and less traumatic incidences which ultimately makes them happier when compared to their peers in other forms of alternative care. Kinship care also minimises the chances that children experience mental disorders (Sahota 2019: 66; McPherson *et al.* 2022: 2; Cavanaugh *et al.* 2020: 1; Gomez 2021: 2; Rasmussen and Jaeger 2021: 201). Studies by Lee, Huerta and Farmers (2021: 2) and Delap and Mann (2019: 6) emphasised the importance of kinship care and that it promotes residence permanency, a sense of belonging, sibling connections and less school disruption.

It is important to note that among other risk factors causing young people to need kinship care is incarceration (Lin 2018: 203). Depending on the duration the parent(s) has to be away, kinship care ensures these young people stay catered for with no significant disturbances in their lives. Children and youth in kinship care also get to keep the familiar school setting instead of having to adjust to a new one, such as when removed for an institutionalised care placement (Day *et al.* 2020: 6; McPherson *et al.* 2022: 2). It is proven that children and youth in kinship care get far more overall benefits than their peers in institutionalised care placements (Goldschmidt 2019: 77). Kinship care provides children and youth with increased safety as well (Romane-Meiere 2020: 333). Another good thing about kinship care is that it provides care permanency as well, should it happen that family reunification is not feasible. Though grandparents as kinship caregivers might have their own challenges, Smith (2019: 282) noted the likelihood that grandparents offer this care permanently. Kinship care is also a cheaper care system than other alternative forms of care. This is why some governments, such as the United

States of America prefer placing children under the care of their kin over other care systems (Ferrero, Maher and Grinnell-Davis 2022: 2).

2.10.1.1 *Direct benefits of kinship care to children and youth in kinship care*

Although some children struggle with issues such as unresolved anger and feelings of loss and separation as mentioned in a study by Xu *et al.* (2023: 670), the majority of these children report feeling overwhelmingly positive about their kinship care experience (Hunt 2020: 9; Hill, Gilligan and Connelly 2020: 2). Children and youth growing up in kinship care reported feelings of being loved and safe living in families that are within environments they already like and understand (Hill, Gilligan and Connelly 2020: 2; Katz and Phelps 2022: 147; Day, Savage and Delaplane 2023: 45). In the United Kingdom, children in kinship care expressed feelings of safety and that they feel understood by their kinship caregivers (Rose *et al.* 2022: 636). The children and youth in kinship care can relax and feel safe since they get cared for by an already familiar adult (Harding *et al.* 2019: 1; Littlewood, Cooper and Pandey 2020: 2). Children and youth in kinship care do not only experience love but acceptance as well from their kinship caregivers (Abe Abe 2022: 3). Imran, a child who grew up in kinship care as reported in a study by Kalra (2020: 229), indicated that he appreciated his kinship care upbringing as he got access to assistance that other needy children could not get such as food, clothing, and shelter.

As mentioned in a study by De Wet (2019: 79), food security is the leading benefit for these children and youth. A 2018 meta-analysis reported in a study by Hughes (2018: 1) found that children in kinship care show better mental outcomes when compared to their vulnerable peers who are not in kinship care. Studies by the Family for Every Child Organisation (2022: 2) and Hallett, Garstang and Taylor (2023: 633) found that children themselves preferred being cared for by members of the extended family and not being placed in institutionalised care. This is due to the advantage that is associated with kinship care, which is having children keep familiar surroundings as opposed to learning to adjust to life in a completely new setting post-removal.

Studies also showed that kinship care makes it easier for a child to maintain strong bonds with immediate family, in instances where family reunification is feasible (Factsheets for Families

2022: 3; American Bar Association 2022: 6; Tesfaye and Hagos 2020: 49; Rose *et al.* 2022: 636). When asked about the benefits of kinship care, Miisa (child) in a study by Kallinen (2021: 324) replied by mentioning the advantage of constantly visiting her birth parents. Living in a homelike placement with family members also gives children and youth with a sense of belonging (Abe Abe 2022: 3; Llosada-Gistau, Casas and Montserrat 2019: 154).

The kinship caregiver that a child gets placed in kinship care is usually of the same ethnicity, race and culture as the child. This directly benefits the child in a way that the child gets to belong in their authentic traditional origins continually (American Bar Association 2022: 1; Wu *et al.* 2020: 2). Kinship caregivers teach family chores and life-skills to the children and youth in kinship care (Abdullah *et al.* 2020: 153; Abdullah, Cudjoe and Manful 2020: 209). This benefits to these children as they gain vital life and survival lessons which will be helpful in their independent lives as adults in the near future. Children and youth in kinship care present with fewer behavioural and mental health problems (Lin 2018: 205; Dorval *et al.* 2020: 2; Ferraro, Maher and Grinnell-Davis 2022: 2; Lee *et al.* 2020: 300; Green *et al.* 2021: 1; Koh, Ware and Lee 2021: 77). The other less noted benefit for children and youth in kinship care, is that they have high academic performance when compared to their peers in other forms of alternative care (Washington, Stewart and Rose 2021: 2300).

2.10.2 Challenges

Synonymous with other forms of childrearing, kinship care is not without challenges. The first challenge is the provision of informal kinship care. A study by Kiraly, Hoadley and Humphreys (2020: 144) found that children under informal kinship care become hard to identify or access when the governmental child protection agencies attempt to help all the needy children. Subsequently, there is a concern that children and youth under informal alternative care such as informal kinship care, might be subject to exploitation of their rights since in a country like South Africa, there are no guidelines directly regulating the provision of kinship care (Malan and Heyman 2020: 43). Noting that kinship care is not exclusive to the orphaned children and youth, but to all the vulnerable young people coming from backgrounds characterised by abuse and/or

violence as well. A study by McCartan *et al.* (2018: 6) pointed out that family reunification for such children might not be feasible.

This is due to the fact mentioned by Breman, MacRae and Vicary (2018: 186) that contact with an abuser or violent birth parent(s) would not be in the best interest of the child unless the parent(s) changes for the better. Post such traumatic instances which led to the removal of the child, children often do not receive proper psychological attention that could help them properly move past that trauma (Washington 2018: 118). A study by Nell (2021: 1) indicated that South Africa currently has no plan in place to assist young people in regaining their mental well-being after exposure to traumatic incidents such as violence or abuse. This could result from informal kinship care not involving governmental child protection services.

Studies by McCartan *et al.* (2018: 6), McLean *et al.* (2020: 1) and Abdullah, Cudjoe and Manful (2020: 208) indicated that in poor communities, a child in kinship care might be deprived of adequate support with regards to nutrition, specialised health and clothing. Poor people form a large number of kinship caregivers without financial capacity that would suffice to cope with added responsibility of caring for these young people (Kiraly, Hoadley and Humphreys 2020: 144; Kiraly and Kertesz 2021: 592; Daly 2021: 69; Burke *et al.* 2022: 3; Green *et al.* 2021: 2; Abdullah *et al.* 2020: 404; Tesfaye and Hagos 2020: 48; McPherson *et al.* 2022: 2; Stene *et al.* 2020: 2; Gomez 2021: 1; Pasaich *et al.* 2021: 2; Cavanaugh *et al.* 2020: 2; Hill, Gilligan and Connelly 2020: 2; Birchall and Holt 2022: 2; Holt and Birchall 2022: 1233; Rabassa and Fuentes-Pelaez 2023: 2; Xu *et al.* 2023: 670). According to Rose *et al.* (2022: 636), the lack of financial capacity causes much distress to kinship caregivers which is not suitable for their caring role.

Many South African children under informal kinship care receive R500 child support grant (CSG) as the only means of financial support. According to Roelen and Chettri (2016: 3), this grant has been given to all children from poor households nationwide since 1998. While this form of child support might be helpful, it is certainly insufficient to cover all that is required by children in kinship care. As a result, all other childrearing expenses are covered by kinship caregivers on their own. Studies by Goemans, van Breda and Kessi (2021: 229), Wu *et al.* (2020: 2), Daly (2021: 69), Sahota (2019: 71) and McCartan *et al.* (2018: 5) found that kinship

caregivers especially grandparents, do not have all the necessary resources to look after children and youth they care for in kinship care. Lack of support to grandparents as kinship caregivers causes further harm in the lives of children and youth in kinship care, as grandparents suffer psychological distress which then leads to the inability to care (Wu and Snyder 2019: 163; Smith 2019: 282; Frimpong-Manso, Tagoe and Mawutor 2020: 2; Hill, Gilligan and Connelly 2020: 2). In addition, grandparents often have age-related health complications (Stene *et al.* 2020: 2; Gomez 2021: 2). Difficulties also arise when young adults offer kinship care as they themselves are at the stage where they focus on acquiring success which in turn lessens the time spent in caring for the child under their care (Romane-Meiere 2020: 337).

The socio-economic crisis in South Africa, has increasingly made affording a fair living challenging (Emovon, Gutura and Ntombela 2019: 9; MacDonald, Hayes and Houston 2018: 76). As a result, children under informal kinship care might continue for a long time to struggle with regards to receiving complete capacity care capable of meeting all their childrearing needs. A study by Masha and Botha (2021: 499) highlighted that some of the children and youth in kinship care might receive maltreatment which includes neglect and abuse. This is primarily rooted in the incapacity of kinship caregivers to look after these children while they are faced with issues of poverty. Furthermore, for some kinship caregivers, caring for these children is not from their willing hearts but from situations forced on them. The unfortunate reality is that these children end up being seen as burdening, hence the lack of appropriate care.

Notwithstanding the evident benefits of kinship care, studies by Hallet, Garstang and Taylor (2021: 2) and Delap and Mann (2019: 10) noted that kinship care receives less attention from the policymakers. This subsequently led to studies by Teska (2021: 4), Harding *et al.* (2019: 2), Abdullah, Cudjoe and Manful (2020: 208), Lienakhammy *et al.* (2019: 581), Hallet, Garstand and Taylor (2021: 2) and Centre for Excellence in Therapeutic Care (2022: 3) in which it was mentioned that kinship caregivers usually do not receive any form of training for them assume their caring role effectively. This means that kinship caregivers often have to care for these children using their innate instincts which might not always be in the best interest of children and youth in kinship care. A study by Pollack (2019: 29) noted that the lack of assessment of

kinship caregivers prior to assuming the caring role could expose these children and youth to further harm.

Another challenge noted in studies by Kiraly, Hoadley and Humphreys (2020: 144), Xu *et al.* (2020: 2), Romane-Meiere (2020: 333), Rose *et al.* (2022: 636), Hernandez and Berrick (2019: 35), Centre for Excellence in Therapeutic Care (2022: 5) and Hughes (2018: 2) is that most kinship caregivers, especially women, are either old, single, uneducated or all. This then becomes an issue as it could mean that the children and youth in kinship care are subjected to living arrangements which are not adequately conducive to their holistic development. A study by Abdullah *et al.* (2020: 149) indicated that kinship caregivers usually have insufficient resources and support to cater appropriately for children and youth in kinship care.

In addition, a study by Xu *et al.* (2020: 1) found that kinship caregivers are known to have poor health and inadequate housing. As a result, young people in kinship care could end up living in overly-filled households in which they would not have privacy. These young people's needs cannot be met satisfyingly under such living arrangements. These poverty-stricken living arrangements subject young people to more issues, such as food insecurities (Xu *et al.* 2020: 1). Though caring for children in kinship care is a good deed, though, a study by Lin (2018: 204) has found that the process can be challenging for the kinship caregivers. The South African Institute of International Affairs (2021: 47) and Emovon (2019: 63) asserted that South Africa has been confirmed as the most unequal country regarding wealth distribution between racial groups. This admission clearly showed that Black people are and have always been at the bottom of the wealth distribution hierarchy. This is concerning for kinship care since most kinship care placements happen in Black communities.

Mental health is of utmost importance when a kinship caregiver is to provide kinship care services. To reiterate, this is to prevent a situation in which kinship caregivers might cause further damage to the children and youth in kinship care. Sadly, a study by Xu *et al.* (2022: 6) found that the mental health needs of kinship caregivers are mostly not considered when placing young people in kinship care. Society expects kinship caregivers to offer childrearing and protection services as long as all is well with their overall health. Again, this is a challenge posed by informal kinship care as it often does not receive any form of governmental

intervention or support (Rushovich, McKlindon and Vandivere 2021: 2). Even in advanced countries such as the United States of America, studies by Wu and Snyder (2019: 163), Day, Savage and Delaplane (2023: 44-45) and Hernandez, Berrick (2019: 35), Thompson, Azevedo-McCaffrey and Carr (2023: 1) and Xu *et al.* (2021: 3) found that financial support through Temporary Assistance for Needy Families (TANF) is received by less than 12% of kinship caregivers. Unfortunately, these young people come from backgrounds where they have experience abuse, neglect, and malnutrition. Being exposed to such unfavourable life events on its own makes children and youth develop troubling behaviours that may take a long time to unlearn.

Another challenge posed by kinship care, is that sometimes the kinship caregivers are expected to provide kinship care at short notice due to crises situations forcing the removal of children from their immediate home environments (Hill, Gilligan and Connelly 2020: 2). It is unfortunate also that this unexpected role that kinship caregivers are expected to assume, comes with no financial support nor resources required to provide kinship care (Rushovich, McKlindon and Vandivere 2021: 1). Though research on special needs children in kinship care is sparse, however the evident lack of support towards kinship care would prohibit kinship caregivers to adequately meet the needs of such children (Wu and Snyder 2019: 163).

2.11 CONCLUSION

The above chapter focused on synthesising literature on kinship care and the objectives of the current study. The aim was also to understand the commonalities found across the studies and thereafter identify knowledge gap(s) that could justify the significance of this study. All studies reviewed concur that though filled with challenges, kinship care is the best form of alternative care methods suitable for vulnerable children and youth who cannot live with birth parents. The next chapter will focus on the methodology the study utilised.

3. CHAPTER THREE: RESEARCH METHODOLOGY

3.1 INTRODUCTION

The previous chapter focused on reviewing recently published literature related to kinship care. This chapter focuses on outlining the methodology used to complete this study. Research methodology is known as “a way to systematically solve the research problem” (Patel and Patel 2019: 48). It is paramount that the researcher carefully deliberates and selects suitable methods to help answer the research questions. In addition, this methodology chapter provides a roadmap of how the study was conducted by clearly explaining the processes followed throughout the study.

This chapter discusses the qualitative research paradigm, study design and the researcher’s role and reflexivity. This is followed by a discussion of the study setting, study population, study sample, sampling strategy, and the data collection and analysis processes. Trustworthiness and ethical principles are also discussed.

3.2 RESEARCH PARADIGM

According to Soraya, Binti and Kamal (2019: 1389) a research paradigm “represents the researchers’ beliefs and values about the world, the way they define the world and the way they work within the world”. A paradigm can also be understood as a technique “inclusive of several components that can be categorised as the following: ontology, epistemology, methodology and methods (Alharahsheh and Pius 2020: 40). It was further explained that both the researcher’s thoughts and beliefs regarding the phenomena being studied, have the power to influence action. The study employed an interpretivist research paradigm. The interpretivist paradigm is known to be useful when the researcher seeks to have a deep understanding of the phenomenon being studied (Mamba 2019: 8). According to Alharahsheh and Pius (2020: 41) interpretivism “is more concerned with in-depth variables and factors related to a context

and considers humans as different from physical phenomena as they create further in-depth meanings with the assumption that human beings cannot be explored in a similar way to physical phenomena". Using of this research paradigm allowed a complete understanding of kinship care from the study participants' responses.

3.3 RESEARCH DESIGN

A study by Ranganathan and Aggarwal (2018: 184) defined a research design as "a framework, or the set of methods and procedures used to collect and analyse data on variables specified in a particular research problem". Research design according to Boru (2018: 2) is also "an overall plan for connecting the conceptual research problems with the pertinent (and achievable) empirical research". The research design helps the researcher choose the best approach to produce findings for the research question(s). This is a qualitative study with many designs a researcher could choose from. The study design is a methodological decision that a researcher must take before submitting their proposed study for ethics approval (Majid 2018: 1). Therefore, the researcher opted for an exploratory research design approach to guide this study. This came after the researcher realised that the study explores the area with a dearth of information and that with this study there is room for further conclusive research on the topic. A study by Thomas and Lawal (2020: 79) concurred that an explorative study design is utilised if there is little to no known information regarding the precise study area being explored. According to Hughes (2018: 1), the little research on kinship care is inconclusive.

3.3.1 Methodology

Methodology as described by Bleiker *et al.* (2019: 6) and Mohajan (2018: 1) is a strategy through which a researcher decides to collect data for their study. This study employed a qualitative research methodology. Research methodology is referred to as the theoretical justification for the rationale behind the chosen study of interest (Hameed 2020: 9; Soraya, Binti and Kamal 2019: 1387). This suggests that the study design should align with the chosen study approach. A study by Bussetto, Wick and Gumbinger (2020: 1) defined qualitative

research as “the study of the nature of phenomena, including their quality, different manifestations, the context in which they appear or the perspectives from which they can be perceived, but excluding their range, frequency and place in an objectively determined chain of cause and effect”. In addition, Barrett and Twycross (2018: 63) stated that qualitative methods allow the researcher to understand people’s experiences better, enabling a researcher to provide detailed insight into their research problem and provide possible interventions. Furthermore, Mohajan (2018: 7) added that there are many methodological choices from which a qualitative researcher could choose. However, the choice depends on the cases selected, the data collection method(s) and how data is analysed.

Qualitative research is also understood as “the systematic study of social phenomena, expressed in ways that qualify – describe, illuminate, explain, explore – the object of study” (Bearman 2019: 2). In addition, DeJonckheere and Vaughn (2019: 1) referred to a qualitative inquiry as “an attempt to understand the world from the subjects’ point of view, to unfold the meaning of people’s experiences, to uncover their lived world prior to scientific explanations”. The qualitative study approach is less concerned about the numbers or quantity of the sample but more about the researcher’s and participants’ engagement. A study by Barclay (2018: 1) reiterated that a qualitative study approach is not numerical but captures people’s feelings, mindsets, and behaviours regarding the study area being explored.

3.3.2 The importance and characteristics of qualitative research

Qualitative research allows the researcher to purposely select a study sample (participants) which is most suitable for the desired study outcome. A study by Tenny, Brannan and Brannan (2022: para. 1) argued that qualitative research allows an exploration of and provides deeper insight into real life problems humans are faced with. The said study further revealed that unlike quantitative research, it is probable to investigate and explain human behaviour with the qualitative research approach. In addition, qualitative research asks the ‘why’ questions which would be difficult to answer or investigate using statistical research such as quantitative research (Busetto, Wick and Gumbinger 2020: 1). This makes qualitative research relevant to use when the aim of the study is to uncover deeper details of a phenomenon under investigation. Furthermore, the use of open-ended questioning in qualitative research is key

towards gathering rich data from study participants, thus achieving deep insight into the research problem at hand. According to Nassaji (2020: 427), qualitative research involves a careful process of identifying the research problem, collecting and analysing data that is thereafter interpreted and given thorough evaluation to ensure its rigour and quality.

3.4 RESEARCHER'S ROLE AND REFLEXIVITY

A study by Holmes (2020: 2) described reflexivity as a concept that “requires an explicit self-consciousness and self-assessment by the researcher about their views and positions and how these might, may, or have directly or indirectly influenced the design, execution, and interpretation of the research findings”. Furthermore, Korstjens and Moser (2018: 123) suggested that the researcher must jot down their views and carry reflexive notes during the interview sessions. This ensures that the views (the researcher's) do not interfere with those the study participants share. Additionally, Bleiker *et al.* (2019: 6) asserted that reflexivity allows the researcher to understand participants' and the researchers' perspectives. The researcher prepared a set of preconceived views regarding kinship care and its provision which were used throughout the data collection process. This served as a guide to ensure the researcher's elimination of any possible biases when reporting the findings.

3.4.1 The researcher in context

The researcher of this study grew up experiencing kinship care by grandparents in the KwaZulu-Natal Province, South Africa. Both his birth parents were alive but were living in the Gauteng Province for employment purposes and occasionally did home visits. The researcher acknowledges that this upbringing has in some way influenced the pursuit of the current study. The findings are not biased as the researcher did not fully understand kinship care and how kinship caregivers offered it. Professionally, the researcher has an undergraduate Honours-level degree in Child and Youth Care. The knowledge gained from the mentioned degree, helped spark my interest in learning more about how vulnerable children and youth are cared for through kinship care, especially in communities with little infrastructural and social development. Belief-wise, the researcher identifies as an African Christian, which means he

practices Christianity according to an African worldview. The mentioned belief system entails African traditional customs and spirituality.

The researcher's belief system also influenced the urge to understand how kinship care is provided with the help of African spirituality to children and youth who live in rural areas. In addition, the study participants were drawn from the Robbinsdale community in the Mpumalanga Province. Though this community is where the researcher's paternal home is situated, the researcher did not grow up there. This suggests a boundary as the researcher could not influence participants' responses since there were no pre-existing informal relationships between the researcher and study participants.

3.5 STUDY SETTING

This study was conducted in Robbinsdale, a community in the Mpumalanga Province, South Africa. The community is a typical traditional rural settlement that is headed by a chief (*iNkosi*). This place was previously known as a farm of Mr Robbinsdale during the pre-democratic era, hence its name to date. Since the advent of democracy, Robbinsdale became a community in which one only finds Black South Africans as residents. Under the democratic government, this community falls under the Chief Albert Luthuli local Municipality in the Gert Sibande District Municipality, Mpumalanga. This is a small, disadvantaged area where kinship care is found in almost every household or family. According to Mapcarta (2022: para. 1), Robbinsdale has an elevation of 1,454 metres. The community comprises of approximately 500 households with an estimated 1,300 to 1,500 number of residents. The native language this community uses is SiSwati. This is because this area is situated near the Waverley and Oshoek border controls which separate the Republic of South Africa and the Kingdom of Eswatini.

3.5.1 Aerial view of the Robbinsdale community

[Images by \(Map data 2023\).](#)



Figure 3:1 Robbinsdale community

3.6 STUDY POPULATION

According to Willie (2021: 1) a study population is referred to as “the group of individuals restricted to a geographical region (neighbourhood, city, country, continent, etc.) or certain institutions (hospitals, schools, health centres, etc.), that is, a set of individuals that have at least one characteristic in common”. This study’s population was represented by African families or households who offer kinship care to vulnerable children and youth in the Robbinsdale community. Robbinsdale is a small, disadvantaged rural community with approximately 500 households with an estimated 1,300 to 1,500 residents. The exact number of kinship homes is unknown. However, due to social ills this place is faced with, including high death toll, labour migration and poverty, almost every household offers kinship care. A report by Mnisi (2022: para. 7) confirmed that the Chief Albert Luthuli Municipality is amongst the leading local municipalities in the Mpumalanga Province which are replete of challenges (poor leadership, capacity constraints and political instability) causing strife to its residents.

3.7 STUDY SAMPLE

According to Bhardwaj (2019: 158) a sample is defined as “a group of people, objects, or items that are taken from a large population for measurement”. Though almost every household

within the study setting qualifies as the target population, the sample size was strictly guided by non-probability sampling through its purposive sampling technique. This means the selection was based on the inclusion criteria the researcher had provided the gatekeeper with. This study had a sample of fifteen (15) African families in which kinship care is offered. It is to be noted that the participants increased to twenty-one (21) since more than one adult (kinship caregivers) was included as participants where possible. Though the sample comprised kinship care families, the number of participants was counted per individual participation. The sample comprised knowledgeable people regarding kinship care offered to children and youth. Most of them have been offering this care for a long time to know both the benefits and challenges that come with the provision of kinship care. Data were collected until saturation was reached. According to Mwita (2022: 414), data saturation refers to “a point at which the researcher finds out that all the needed data have been collected and there is no way new relevant information or data that can be collected from the respondents or subjects of the study”.

3.8 SAMPLING STRATEGY

During the sampling process, a non-probability sampling strategy was used. Non-probability sampling was explained by Semasinghe (2019: 4) as a method in which personal knowledge and opinion are used to identify potential study participants. The emphasis here is that the selection of the sample is not random. The usage of a non-probability sampling method was influenced by the study’s approach being of a qualitative nature. A study by Kim (2022: 616) stated that, unlike probability sampling used in quantitative studies, non-probability sampling provides the researcher easy access to potential participants and direct engagement with them. Non-probability sampling is suitable when the data collection happens through contact interviews between the researcher and study participants.

Therefore, the researcher used is purposive or judgemental sampling to reach out to the participants who made the inclusion criteria for the study. Purposive sampling was used to draw participants for this study. A purposive sample was defined by Andrade (2021: 87) as a technique that “is the one whose characteristics are defined for a purpose that is relevant to

the study”. This strategy helped recruit specific participants who met the study’s inclusion criteria of kinship caregivers, families, and households. The study had a sample of fifteen (15) African families from which twenty-one (21) participants were interviewed.

3.9 SAMPLING PROCESS

In order to select the subset of the target population, non-probability sampling was used through its purposive or judgemental sampling strategy. According to Busetto, Wick and Gumbinger (2020: 7) purposive sampling is described as a process where a researcher “pre-defines which types of participants or cases they need to include so as to cover all variations that are expected to be of relevance, based on the literature, previous experience or theory”. The purposive sampling strategy helped narrow down the population, to a sample with which it would be represented. The reason for using purposive sampling was that the researcher knew precisely the type of participants with whom rich data would be collected. Furthermore, Shaheen, Pradhan and Ranajee (2019: 25) asserted that the selection of qualitative study participants “depends on the purpose of the research and is found to rely heavily on the researcher’s discretion”. Nikolopoulou (2022: para. 5) also emphasised that the purposive sampling strategy is best suited when the researcher has some background information on the pursued research topic.

The researcher’s knowledge of the required type of participants for the study was helped by following the stipulated inclusion criteria for the study. As mentioned, almost every household in the Robbinsdale community has kinship caregivers which form the study population. However, unlike in quantitative studies, McCombes (2022: para. 1) stressed that collecting data from every individual representing the study population in qualitative studies is rarely feasible. For this reason, sampling to get the most eligible participants is essential. After the researcher and recruiter (gatekeeper) followed the inclusion criteria, all the approached kinship households agreed to participate in the proposed study. Out of almost 500 households, 15 were chosen as the subset that is most eligible to yield the desired results for the study.

3.9.1 Inclusion criteria

Inclusion criteria are defined as “the key features of the target population that the investigators will use to answer their research question” (Patino and Ferreira 2018: 84). Therefore, inclusion criteria for this study were;

- African families or households in which kinship care is offered.
- Families which offer kinship care to children and youth.
- Both males and females (kinship caregivers) between the ages of 30 and 65.
- Kinship caregivers who have been offering this care at least for a minimum of 3 years.
- Permanent residents of the Robbinsdale community.
- Those who would be willing to participate.

3.9.2 Exclusion criteria

According to Patino and Ferreira (2018: 84), exclusion criteria are described as “features of potential study participants who meet the inclusion criteria but present with additional characteristics that could interfere with the success of the study or increase their risk for unfavourable outcome”. Therefore, the exclusion criteria were;

- Those who do not fall within the age range stipulated for inclusion criteria.
- Families which do not offer kinship care.
- Families which offer kinship care to adults.
- Kinship caregivers who had just started offering kinship care.
- Temporary residents in the Robbinsdale community.
- Those who would not give consent to participate.

3.9.3 Recruitment of participants

After developing of the research proposal, the researcher approached *iNkosi* B. Hlatshwako, the gatekeeper in the Robbinsdale community identified as the study setting. The researcher requested a face-to-face meeting with the gatekeeper to discuss the proposed study for in-depth understanding. During that meeting, that *iNkosi* B. Hlatshwako was given the gatekeeper's letter (see Appendix A), which sought permission to collect data from community residents. Towards the end of the meeting, *iNkosi* B. Hlatshwako approved the researcher's request, having had a clear understanding of the role she needed to play in the identification of potential participants. This was communicated to her by emphasising both the inclusion and exclusion criteria.

The process of recruiting the potential study participants commenced after that. According to Bonisteel *et al.* (2021: 4) participant recruitment can be understood as "the process whereby the researcher identifies and invites (recruits) participants to join the study". This was followed, as *iNkosi* B. Hlatshwako when identifying potential participants was guided by the study inclusion criteria shared with her. Reaching out to potential participants was easier as the researcher and recruiter also shared the same community with the participants. A study by Manohar *et al.* (2018: 6) emphasised the importance of the researcher having shared similarities with participants regarding language, race, ethnicity, and/or background. The study revealed that this helps the participants become comfortable when sharing their responses without feeling like they are engaging with an outsiders. All fifteen (15) approached families for participation requests and agreed to consider participating in the study. Letters of information (see Appendix C) were then issued to them so they could better understand the proposed study and all that it takes to be part of it. Each of the families approached agreed to participate, after which the researcher gave them with letters of consent (see Appendix D) to complete as proof of their approval. The process became effortless due to the use of the purposive sampling strategy which allowed recruitment to be directed to the most eligible potential participants.

3.9.4 Data saturation

The data collection process continued until the researcher was satisfied that the data had reached saturation. According to Guest, Namey and Chen (2020: 1-2) data saturation is described as “the conceptual yardstick for estimating and assessing qualitative sample size and also a stage at which no additional data are being found whereby the researcher can develop properties of the category”. In addition, Hennink and Kaiser (2022: 1) referred to saturation in qualitative research as a guiding principle for assessing the adequacy of purposive samples. This emphasises that data saturation is the point at which the study sample cannot be increased further.

Initially, the researcher thought participants would be equivalent to fifteen (15) approached families; however, the number increased to twenty-one (21) participants. Saturation was reached as six (6) families, each had two kinship caregivers who participated. About nine (9) of the families who participated had one (1) kinship caregiver each. The researcher came to an understanding that data collection had reached saturation when the added participants could not provide new information but confirm the already available data in their responses. Data was collected to the point where the researcher was convinced there was no further probing, and the data collected was sufficient to answer the research questions. This is supported by Mwitwa (2022: 414), who mentioned that it is vital for a researcher to realise and discontinue data collection when the available data would suffice to provide necessary conclusions.

3.10 DATA COLLECTION PROCESS

The drawing of the sample was done through the use of the purposive sampling technique under the non-probability sampling. Each interview had a duration of between forty-five (45) minutes to an hour. Interviews were held in a quiet, welcoming room, which was made available by *iNkosi* B. Hlatshwako in the Robbinsdale community tribal office. All the interviews were recorded using a recording device and notes were hand-written or transcribed during interviews. This was to ensure the accurate reporting of the findings. Recorded data was then transferred to a USB and stored in a securely locked cabinet together with the notebook in which the data was transcribed.

Data was collected using semi-structured interviews with all the participants. This type of interview is known as “a meeting in which the interviewer does not strictly follow a formalised list of questions, instead they will ask more open-ended questions, allowing for a discussion with the interviewee rather than a straightforward question-and-answer format” (Doyle 2020: para. 3). Furthermore, Simplilearn (2022) defined data collection as “the process of gathering, measuring, and analysing accurate data from a variety of relevant sources to find answers to research problems, answer questions, evaluate outcomes, and forecast trends and probabilities”. As mentioned, data collection was done using semi-structured interviews. An interview guide was also used for the interviews (see Appendix E). A study by Rucker (2017: 57) described an interview guide as a format with set questions that a researcher plans to cover during interviews with participants. By using the interview guide, the conversations with participants were kept in line with the study’s aim and objectives regardless of any deviation.

3.10.1 Semi-structured in-depth interviews

A study by Barclay (2018: 1) defined a semi-structured interview as “a conversation with a purpose, and its characteristics include the interviewer engaging with respondents in a formal interview”. In addition, a semi-structured interview is regulated by pre-set questions from an interview guide to maintain meaningful deviation from the research questions and aims. An emphasis was provided by DeJonckheere and Vaughn (2019: 3) that semi-structured interviews are “organised around a set of predetermined open-ended questions, with other questions emerging from the dialogue between the interviewer and interviewee(s)”. Furthermore, Ruslin *et al.* (2022: 24) concurred that despite the semi-structured interview being guided by set topics, it enables the researcher to discover the study interest in-depth. It is imperative to note that qualitative research’s aim of understanding human experiences is better achieved through semi-structured interviews (Bearman 2019: 1).

3.10.1.1 *Advantages of using semi-structured interviews*

Semi-structured interviews are flexible, which means that they allow the researcher to prompt the participants whenever the researcher feels as though the question could lead to more data (Barclay 2018: 2). In their nature, in-depth interviews allow deep insight into the studied phenomenon (Thelwall and Nevill 2021: 1). This is because, though it follows previously set questions, it is however not rigid, it allows probing which then helps participants elaborate in their responses. In addition, DeJonckheere and Vaughn (2019: 2) mentioned semi-structured interviews as an effective method when the researcher seeks to collect qualitative, open-ended data, and also when they want to explore participants' thoughts, feelings and beliefs. All in all, semi-structured interviews, make the collection of rich data an orderly process that easily leads to data saturation.

3.11 INTERVIEW GUIDE

According to Phair and Warren (2022: para. 8) an interview guide is defined as “a document that contains all your questions with notes on how each of the interview questions is linked to the research question(s) of your study”. Amongst other benefits of utilising an interview guide is that it comes with questions that were prepared ahead of the interview, therefore making the researcher appear well-prepared and competent throughout the interview session (Barclay 2018: 2). In addition, it is of paramount importance that an interview guide comprises of simple to understand terminology, preferably in the language that is native to participants with no jargon (DeJonckheere and Vaughn 2019: 5). The researcher used SiSwati to communicate with participants throughout the data collection process. The interview guide had open-ended questions allowing the participants to elaborate more in their responses. Though the interviews were semi-structured, having an interview guide helped with meaningful deviation from the pre-set questions, leading to rich data collection.

3.12 PROCEDURE FOR DATA COLLECTION

3.12.1 Ethics in research

Ethics in research were defined by Gallegos-Erao, Guevara and Campoverde (2021: 9) as “the disclosure of methods applied during the study, where the researcher must always maintain an impartial position, being honest in his intentions and not giving away the results, using scientific rigour as a fundamental basis for the validity of the results, respecting the integrity of the individual, his will, privacy during participation”. In addition, Flemming (2018: 209) stressed that ethical standards must be adhered to, especially in qualitative research, since it involves human subjects. This study has followed ethical standards as measures to protect participants from harm, such as ensuring their anonymity by using pseudonyms instead of real names. Furthermore, all ethical conduct adhered to was included in the letter of information (see Appendix C).

3.12.2 Gatekeeper permission

Before the data collection process, the researcher must obtain permission from relevant authorities. A concise explanation was provided by Williams (2019: 2) that a gatekeeper is “someone who controls access to an institution or an organisation such as a school principal, managing director or administrator”. This is important so that engagement between the researcher and study participants could be deemed ethical and lawful. The permission for this study was granted by the *iNkosi* B. Hlatshwako of the Robbinsdale community (see Appendix B).

3.12.3 Letter of information

According to Tilburg University (2022: para. 1) a letter of information is a document that informs potential study participants about the research proposed, thus giving them a chance to consider participation or not. In addition, Fleming (2018: 210) explained the letter of information as one

that the researcher carefully drafts to inform potential participants about the proposed study, and it entails detailed information, including possible risks. This is to avoid breaching important ethical standards, such as luring participants to participate through deception. The information letter then led to the informed consent (see Appendix D) by the study participants. Participants of this study were issued with the letter of information (see Appendix C). The researcher also translated a letter of information into the SiSwati (native) language for the participants' easy understanding.

3.12.4 Letter of consent

A study by Fleming (2018: 210) described informed consent as a term comprising two essential elements: 'informed' and 'consent', meaning that the researcher is responsible for providing potential study participants with in-depth information about the proposed study. This is what would be asked of them, how the information they give would be used, and what the possible consequences of participation would be. Only after the explained process could potential study participants grant clear consent to participate, knowing all there is to know about the proposed study. The researcher gave all participants letters of information and verbally explained the study prior to the participants giving both verbal and written consent. In the process, consent letters (see Appendix D) were provided to participants to sign as proof that they had agreed to participate. The consent letters provided to the participants were also translated into the SiSwati language.

3.13 DATA CAPTURING AND ANALYSIS

A study by DeJonckheere and Vaughn (2019: 6) stressed that a data analysis tool or strategy should be identified or developed during the planning stages of the research. This is because, at times data analysis occurs concurrently with the collection process. After the preparation of data was collected, the process of thorough data analysis commenced. In this stage, according to Ruslin *et al.* (2022: 27) the interviewer completes ways to categorise data, which includes seeking patterns, coding and simplifying data collected into clear scientific articulation.

Data analysis for this study was done through the use of thematic analysis. Thematic analysis is “a method for identifying, analysing, and interpreting patterns of meaning (themes) within qualitative data” (Clarke and Braun 2017: 297; Castleberry and Nolen 2018: 808). In thematic analysis, themes are seen as latent content. This means that the researcher has to identify, categorise and look at the reality behind data and subsequently interpret the overall meaning of the gathered data (Vaismoradi and Snelgrove 2019: 2). To emphasise, Dawadi (2020: 63) stated that it is vital that the researcher rereads and critiques data in a systematic way to ensure that the final reporting of the findings is of good quality and to ensure that rigour is achieved. This method allowed the identification of common responses from the data, which helped the researcher reach accurate conclusions when reporting study findings. During this process, the researcher used highlighters to create themes and sub-themes that emerged thereafter across all data collected. This made rereading repeated responses easier as the data was coded with different colours.

3.14 TRUSTWORTHINESS

Similar to reliability and validity, the qualitative research data and findings can be assessed on trustworthiness (DeJonckheere and Vaughn 2019: 7). In addition, Lincoln, Stahl and King (2020: 26) have explained trustworthiness as a concept comprised of four segments which are namely, credibility, transferability, dependability, and confirmability. When these segments mentioned above are correctly adhered to, the researcher achieves findings in which readers and other researchers can have confidence.

3.14.1 Credibility

According to Forero *et al.* (2018: 3), this is confidence that the data gathered from participants is accurate and believable and relays exactly their perspectives. This was achieved in this study as the researcher recorded and transcribed all the data as participants responded during interviews. This increased the credibility of the data collected with the knowledge that the

findings genuinely reflect the experiences and views of participants.

3.14.2 Transferability

This is a level in which the research findings can be transferred to other studies that have the common study area as the current one (Korstjens and Moser 2017: 121; Mamba 2019: 13). All other studies established around the interest of kinship care in the South African context can refer to this current study and be repeated. This is confidence as this study's findings were accurately reported according to the participants' perspectives and not the researcher's.

3.14.3 Dependability

A study by Moon *et al.* (2016: 2) referred to dependability as the researcher's ability to be consistent, reliable and articulate in the procedures followed to reach particular study findings. This is done so other researchers outside the study's interest can also understand and critique the process and conclude whether or not the study is dependable. This was achieved in this study as the researcher ensured that all the procedures followed, from gathering to analysing data were clearly articulated for easy understanding to other researchers and the general public who wished to understand the study findings. The utmost transparency from the researcher, allows other scholars to adopt the same approach and/or design and produce their findings.

3.14.4 Confirmability

A study by Nowell *et al.* (2017: 3) described confirmability as the criterion concerned with ensuring that the study findings are directly derived from participants' responses not from the researcher's biases. This was achieved by making findings available to all the interviewed participants before to publication so they could confirm whether or not the reported findings were as per their responses. The researcher received confirmation of the results from all twenty-one (21) participants.

3.15 ETHICAL CONSIDERATIONS

Every research study whether qualitative or quantitative, should adhere to sound ethical standards (Mamba 2019: 14). This is to ensure that the researcher does not engage in any unlawful or harmful conduct during the study process.

3.15.1 Informed consent

The researcher of this study started off by ensuring that the study and its purpose were clearly explained to the potential participants. Letters of information were given to participants (see Appendix C). Thereafter, the researcher sought informed consent from the participants (see Appendix D).

3.15.2 Deception of participants

The researcher ensured that there was no deception to lure participation that would otherwise have not been granted. Deception is when potential participants are not given complete or accurate information about a particular study they must partake in (Skavlid 2019: para. 1).

3.15.3 Voluntary participation

Participants were told that participation was entirely voluntary and that there were no anticipated injuries or harm due to participation.

3.15.4 Avoidance of harm

Participants were notified that there was no anticipated harm that might be caused by participation in the study. To maintain avoidance of harm, participants were not forced to answer questions or elaborate on responses they were not comfortable to discuss.

3.15.5 Confidentiality

Their confidentiality was highly guaranteed. The data collected was kept in a securely locked cabinet where only the researcher and supervisors had access to. All data (both recorded and transcribed) will be permanently destroyed after the period of five (5) years from the year of collection.

3.15.6 Anonymity and privacy

In order to ensure the anonymity of the study participants, real names were not used, but pseudonyms were used instead to conceal their real identity.

3.15.7 Management of information

Participants were notified that all the information shared between them, and the researcher will solely be used for the study purpose and will not be divulged to outside people in a manner that compromises privacy and confidentiality. This was ensured by the use of pseudonyms instead of real names of the participants.

3.16 CONCLUSION

This chapter focused on explaining the study's research methodology, and outlining the procedural processes it took from the recruitment of participants to data collection and analysis. The use of the study's research method, paradigm and design were also justified. The next chapter will focus on analysing and discussion of the study findings.

4. CHAPTER FOUR: ANALYSIS AND DISCUSSION OF FINDINGS

4.1 INTRODUCTION

The previous chapter focused on outlining the methodology used by the researcher to guide the study. This chapter focuses on the analysis and discussion of the data collected. The study collected kinship care data to better understand its provision in the South African context. The study aimed to understand both the benefits and challenges posed by kinship care in the lives of young people in kinship care. A step-by-step data analysis process using the thematic analysis technique was included in the preceding chapter (chapter 3). The researcher could derive themes and sub-themes from the data collected through the thematic analysis strategy.

This chapter provides the demographic profiles of the study participants and the relationship between the study objectives and questions from the interview guide. Furthermore, the themes and sub-themes that emerged from the data collected are presented. A discussion of data collected under each theme shall be included as well.

4.2 DEMOGRAPHIC PROFILES OF STUDY PARTICIPANTS

Table 4:1 Demographic profiles

PARTICIPANT NUMBER	GENDER	RACE	AGE	RELIGION/ FAITH	RELATIONSHIP TO THE CHILD(REN)
Participant 1 (P1)	Male	Black	50 years	Christianity & African traditional religion	Maternal uncle

Participant (P2)	2	Female	Black	36 years	African traditional religion	Maternal aunt
Participant (P3)	3	Male	Black	46 years	African traditional religion	Maternal uncle
Participant (P4)	4	Female	Black	32 years	Christianity	Maternal aunt
Participant (P5)	5	Female	Black	40 years	Christianity	Maternal aunt
Participant (P6)	6	Female	Black	36 years	Christianity	Maternal aunt
Participant (P7)	7	Female	Black	30 years	Christianity	Maternal aunt
Participant (P8)	8	Female	Black	34 years	Christianity	Maternal aunt
Participant (P9)	9	Male	Black	50 years	Christianity	Maternal grandfather
Participant (P10)	10	Male	Black	48 years	African traditional religion	Maternal uncle
Participant (P11)	11	Female	Black	51 years	Christianity	Maternal grandmother
Participant (P12)	12	Female	Black	56 years	Christianity	Paternal distant cousin
Participant (P13)	13	Female	Black	49 years	Christianity	Maternal grandmother & aunt
Participant (P14)	14	Male	Black	50 years	Christianity	Maternal grandfather
Participant (P15)	15	Male	Black	50 years	Christianity	Maternal uncle

Participant (P16)	16	Female	Black	45 years	Christianity	Maternal aunt
Participant (P17)	17	Female	Black	42 years	Christianity	Paternal eldest sister
Participant (P18)	18	Female	Black	58 years	Christianity	Maternal grandmother
Participant (P19)	19	Female	Black	30 years	Christianity	Maternal aunt
Participant (P20)	20	Male	Black	60 years	African traditional religion	Maternal grandfather
Participant (P21)	21	Male	Black	58 years	African traditional religion	Maternal grandfather & uncle

4.3 RELATIONSHIP BETWEEN STUDY OBJECTIVES AND INTERVIEW QUESTIONS

All the questions used during data collection were constructed in a way that would allow the researcher to gather data that is aligned with the study objectives. The questions were open-ended to allow participants to share in-depth information and probing by the researcher as well. Table 4:2 shows the relationship between each objective and the interview questions.

4.3.1 Study objectives and interview questions

Table 4:2 Objectives and interview questions

OBJECTIVES	INTERVIEW QUESTIONS
------------	---------------------

1. To understand kinship care within the South African context.	1. What do you understand by the term kinship care?
2. To understand the role African spirituality plays in kinship care.	1. What role do you think African spirituality plays to promote family ties and kinship care provision? 2. How does your community support kinship care?
3. To inquire how young people are cared for through kinship care.	1. What were the reasons that the children were placed in your care? 2. How were you selected to be part of kinship care? 3. What measures do you think the government has to implement to provide support for kinship care?
4. To understand the benefits and challenges of kinship care in the lives of young people.	1. How has kinship care benefited children in your care? 2. What have been your challenges as you have been a kinship care parent?

4.4 THE PROCESS OF DATA ANALYSIS

Before the data analysis process commenced, the researcher used an audio recorder, pen and notebook to record and transcribe participants' responses during interviews. The purpose of having both soft and hard copies of data was to help accurately report the findings. The process of scrutinising data continued to the post-interview stage, where the researcher would re-listen to the recordings and reread transcripts to ensure whether or not both matched. After this rigorous process, that the researcher began with coding, which allowed the identification of themes and sub-themes that emerged from the data collected. After the analysis process, data (findings) were shared with all study participants, so they could verify if the data were accurate as per their responses.

4.5 THE PRESENTATION OF THEMES AND SUB-THEMES THAT EMERGED FROM INTERVIEWS

Table 4:3 Themes and sub-themes

THEMES	SUB-THEMES
1. Kinship care	<ul style="list-style-type: none"> • Mandatory care by blood relatives • Unity within families • Parental care • Act of <i>Ubuntu</i>
2. The role of African spirituality	<ul style="list-style-type: none"> • Cultural context • Personal identity • Healing • Positive upbringing
3. Becoming a kinship caregiver	<ul style="list-style-type: none"> • Voluntary commitment • Death of a parent(s) • Family decision • Labour migration • Child abandonment • Early childbearing by girls
4. Benefits of kinship care	<ul style="list-style-type: none"> • Getting a parental figure(s) • Knowing their background • Home with protection • Help from the community • Getting children's basic needs met
5. Challenges posed by kinship care	<ul style="list-style-type: none"> • Affordability issues • Negative influences

	<ul style="list-style-type: none"> • Difficult behaviour by young people in kinship care • Young people's unknown paternal cultural customs
6. Governmental support	<ul style="list-style-type: none"> • Monetary and food support • Financial support for tertiary education • Provision of counselling to young people in kinship care

4.5.1 Theme one: Kinship care

The first theme concerned with understanding what kinship care means in South Africa context, as per participants' views. The theme had four sub-themes, namely, (i) mandatory care by blood relatives, (ii) unity within families, (iii) parental care and (iv) act of *Ubuntu*.

4.5.1.1 Sub-theme one: Mandatory care by blood relatives

The first sub-theme derived from the data, reflects kinship care as mandatory care, that blood relatives have to offer. Excerpts from participants who believed that kinship care is mandatory for blood relatives are as follows:

P1: *"It [kinship care] means life goes on, since due to different reasons parents are longer near them...however children are still here [in kinship care], that means there should be an adult [kinship caregiver] who has interest of taking care of them [young people in kinship care] so they may grow up like all other children."*

P3: *“The way I [kinship caregiver] see it, this [kinship care] means a child has to have within the family that one adult [kinship caregiver] who will raise them [young people in kinship care] so they may grow up and see how life goes.”*

P11: *“I [kinship caregiver] could say...caring for a child [in kinship care] is very important within families regardless of whether or not the child has parents. The home environment belongs to everyone who lives in it.”*

P13: *“It had to be my duty to care for these children [in kinship care] since I [kinship caregiver] would not throw them anywhere.”*

P18: *“Whenever a birth parent dies or abandons their child, it becomes mandatory that we, the remaining relatives raise that particular child [in kinship care].”*

There is a strong belief that children who need care and protection after exposure to certain forms of vulnerability, have to be cared for by blood relatives within their family. In an African context, the larger family is viewed as the child’s family that is bound to care. Hence the *Bantu* belief is that the child belongs to birth parents and the entire extended family network, which underpins kinship care. Therefore, caring for the vulnerable children within the family, is not forced upon the remaining family members, but instead they treat kinship care as an obligation they have to fulfil. The commitment to care for kin children by remaining relatives was also reported in a study by Kiraly and Roff (2023: 6), who found that kinship caregivers would do about anything to ensure these children are well cared for.

The mandatory care by kinship caregivers was also influenced by the desire to keep children and youth within families of origin. Participants expressed this as follows:

P12: *“I [kinship caregiver] could say that kinship care is for the benefit of the child [in kinship care], since being brought up by a relative is almost equivalent to being brought up by their birth parents, for whatever benefits kinship care comes with, such staying at home, are achieved through kinship care.”*

P15: *“A child [in kinship care] has proper childrearing only when they are raised within their family, being raised by their relatives [kinship care] on events where birth parents are not available. Kinship care is very important for a child [in need].”*

P21: *“Kinship care has a long history. We [kinship caregivers] always grew up within big polygamous families where children belonged to every adult figure present. In cases where a birth parent passes on or becomes unable to care for their children, the family would elect a certain family member [kinship caregiver] to assume a parental role on those children till they become independent adults themselves, so they remain in their family.”*

The extended family relatives often felt duty-bound to care for their kin children and youth after the birth parents died or had evident inability to care for them. Again, this does not imply that these adult relatives are forced, but they take it upon themselves to protect these young people from further harm. One participant from a study by Green *et al.* (2021: 5) referred to offering kinship care saying: “It was basically that I’m related to him, so we’ve got a bond, and I just felt compelled to do it”. Children and youth have better chances of developing and reaching their full potential, when raised by relatives within the home environment with which the child is already familiar. In that way, the child could grow up not having felt deeply wounded by not having birth parents, because they had adult relatives who played that role significantly. In Australia, aboriginal people’s significance towards prioritising families’ well-being has heightened the obligation to care for their children whenever needed (Kiralý, Humphreys and Kertesz 2020: 388).

4.5.1.2 Sub-theme two: Unity within families

The second sub-theme that emerged was by participants who described kinship care as a symbol of unity within families. This means a family is significantly considered unified if family members manage to have one another’s back amid challenges. Unity is associated with the provision of kinship care here as many children and youth require kinship care services following tragic life events such as the passing of their birth parent(s). Participants shared their views as follows:

P7: *“In my [kinship caregiver] own understanding, kinship care shows how unified and loving families are towards one another.”*

P10: *“Kinship care is important because it shows that the family has unity and is able to approach matters together.”*

P18: *“The caring of children of our relatives [kinship care], though I [kinship caregiver] am not a birth parent, shows that we [the family] are able to take care of one another within the family.”*

P20: *“Having children raised by relatives [kinship care] shows great unity in that family, that they do not just turn their backs on each other to a point where children [in need] would even be without any adult figure [kinship caregiver] to point them towards the right direction.”*

Unity within families is displayed when an adult relative offers kinship care to the children and youth needing care and protection within their family. Without such unity, remaining relatives would not be interested in caring for these young people. A study by Epstein *et al.* (2021: 2) found that when a child’s life is at risk, families support one another more to achieve the well-being of the child concerned. For instance, Hetro (2022: para. 9) found that Mr Walker and his wife became kinship caregivers to their niece while the child’s mother could not care for her child. The Walker family stepped up as the relatives to that child who needed support and showed that they cared not only about the child but also about the mother. Through such an approach, unity is displayed through kinship care within families. A study by Rose *et al.* (2021: 641) found that kinship caregivers allow the birth parents to fully recover or sort out issues that caused child removal while they (kinship caregivers) take care of the children for as long as it is required without setting timeframes.

4.5.1.3 Sub-theme three: Parental care

The third sub-theme was derived from participants' descriptions of kinship care, which indicated it as parental care. Participants go beyond agreeing that children and youth could stay with them but become parental figures. This is reflected in the excerpts as follows:

P6: *“Kinship care means taking care of the child of a relative as though they [young people in kinship care] were biologically yours. Caring for them holistically.”*

P8: *“In my [kinship caregiver] understanding, kinship care means staying with that child [in kinship care], giving them love and meet all their needs. Meeting all their basic needs such as clothing, food as well as ensuring that they attend school as they should.”*

P14: *“Of course, the child [in kinship care] ...is yours [as a kinship caregiver] even though you might not be their birth parent. You must take care of them [young people in kinship care] as a parent, especially when it is evident that they were not being treated well where they lived.”*

As a kinship caregiver, one must ensure that the children and youth in kinship care are well cared for. Taking care of these young people holistically means ensuring that kinship caregivers consider all dimensions of child development. For instance, a kinship caregiver would allow the child time to play and have friends with whom they could share leisure time. Furthermore, kinship caregivers assist these young people with schoolwork and help them become responsible individuals. These are the responsibilities any parent has towards their children. In addition, Paschalis (2022: para. 14) reported that kinship caregivers are ‘natural nurturers’ who enjoy raising children and youth in kinship care.

To other participants, parental love and care are also portrayed through meaningful teachings instilled by kinship caregivers to the children and youth in kinship care. This prepares these young people to be able to make informed decisions in life as they grow up. Participants expressed this as follows:

P2: *“Kinship care means to take them [young people in kinship care], give them love, warmth and teach them about life as a parent.”*

P9: “You [kinship caregiver] would find that children being brought up by relatives [in kinship care] get so many opportunities not only to attend school but learn about life’s valuable lessons from their kinship caregivers who are now their parents.”

P16: “According to my [kinship caregiver] understanding, kinship care means giving a child [in kinship care], all that they could not get the opportunity to experience with their birth parents, as you are now that parent to them. Especially teaching them [young people in kinship care] good manners, for example, when they reach adolescence, that perhaps as a girl child, this is a conduct that is expected from you as you grow.”

Participants referred to kinship care as a form of parental care available to children and youth post-separation from their birth parents. Kinship caregivers see themselves as parents to the young people in kinship care. Kinship caregivers also teach life lessons to children and youth in kinship care. Such teachings include ways, they could have good manners and learn humility, which would help them live in peace with others and the world around them. Other valuable lessons could be engaging these young people in house chores so they would also be responsible individuals soon. This means that these kinship caregivers play the parental role in every way possible, be it that they offer parental advice and care, meet their needs, or protect these young people from possible harm as their birth parents would do. Kinship caregivers explained different approaches. They offer kinship care as parental figures, not as mere relatives to the young people under their care. According to Kallinen (2021: 320), kinship caregivers offer parental care because they are more committed to their role than unrelated caregivers.

4.5.1.4 Sub-theme four: Act of Ubuntu

The fourth sub-theme was derived from data from participants who described kinship care as an act of *Ubuntu*. This is reflected in the following excerpts:

One participant referred to the expression of *Ubuntu* in kinship care as a symbol that African people are still in touch with their authentic ways of living. The participant said:

P4: *“In my [kinship caregiver] understanding, kinship care means that Black people are still holding on to traditional ways, as to how we care for one another, and uplift ourselves in times of need.”*

Black people are one of the few racial groups to still hold on to their traditional ways of living, regardless of the prior colonisation of Westerners. This is also reflected in the ways they offer kinship care to vulnerable children and youth. Communal living is what Africans have always done from past generations. This means that it is prioritised that they help uplift one another, especially in times of calamity. Kinship care is offered mostly after birth. Parents have faced particular challenges preventing them from caring for their children. This is where kinship care is offered as one way to support the family members experiencing challenges. A study by Mabvurira, Muchiko and Smit (2021: 155) indicated that the humanness and caring spirit within the *Ubuntu* concept keeps families together during difficult times.

Other participants revealed that *Ubuntu* is shown through kinship care by embracing the idea that extended family members complete one another. Also, the role of a parent is played by all adults in the whole family. Participants expressed this as follows:

P13: *“Kinship care shows that adults who raise children of their relatives [kinship caregivers] have the spirit of Ubuntu and that they [kinship caregivers] are cognisant of the fact that it might be their biological children who could require kinship care in future as well.”*

P14: *“You are [kinship caregiver] expressing Ubuntu; it is by the spirit of Ubuntu that we [Africans] regard a child to belong to every adult who surrounds them. In a sense that even if you cross paths with a child around the community, that child as well is yours to mind as an adult.”*

Participants described kinship care and its provision as an act of *Ubuntu* by relatives. Although a child can only have two birth parents, Africans regard every adult within the family as a parent

to all children therein. In African communities, helping one another is considered the expression of *Ubuntu*, regardless of the way or context under which the help is rendered. These participants view kinship care as part of the values the entire African community ascends to, not necessarily because they are related to those children. Black people view *Ubuntu* as a collection of values as well as cultural practices that make a person authentic and able to empathise with the next person (Kurevakwesu and Chizasa 2020: 89). This means that they would have assumed the same caring role (kinship caregiver) for any other child within their community who required such services that are provided through kinship care.

4.5.1.5 *Theme one and its sub-themes*

Data revealed that some participants refer to kinship care as mandatory care that blood relatives have to offer to needy children and youth. This mandatory care is also found in a study by Ringson and Chereni (2020: 100), which shows that Africans are usually left with no choice but to look after needy and/or at-risk children of their relatives should there be a need. For instance, in Ethiopia, remaining relatives are obligated to offer care and protection to vulnerable kin children (Mann and Delap 2020: 3). This, however, does not imply that these kinship caregivers view offering kinship care as a burden, but as a role one needs to assume after certain circumstances have occurred which necessitates kinship care provision. Other participants described kinship care as a symbol of unity within families and that the families can be there for one another, especially in difficult times. A study by Layefa, Ezenagu and Esoso-Agbor (2022: 1) similarly found that care within the extended family system symbolises significant togetherness among the entire family. In addition, this unity is known to bring comfort and stability to children and youth raised in such family environments.

Additionally, Asif, Breen and Wells (2023: 2) noted that after the stability provided by the kinship care placement, children and youth are less likely to exhibit behavioural problems. Through the provision of kinship care, these children and youth are reported to experience a sense of parental care as well. Kinship caregivers often treat the children and youth they care for as their own. Furthermore, kinship caregivers provide these children and youth with nurturing and discipline by instilling good teachings and protection (Wu *et al.* 2020: 3). The other participants

revealed that kinship care is an act of *Ubuntu*. The spirit of *Ubuntu* is known as “an inspiration behind the interactional resilience of caregivers and their orphaned and vulnerable children within the African rural tribal communities” (Ringson and Chereni 2020: 100). In addition, caring for one another even within the community at large is viewed as an act of *Ubuntu* (Singh and Bhagwan 2020: 410).

4.5.2 Theme two: Role of African spirituality

The second theme sought to understand the role played by African spirituality in the provision of kinship care. Under this theme, four sub-themes emerged which are namely, (i) cultural context, (ii) personal identity, (iii) healing and (iv) positive upbringing.

4.5.2.1 Sub-theme one: Cultural context

The first sub-theme derived from data concerning the role African spirituality plays in children’s and youth’s cultural context. The excerpts describing this role are presented as follows:

P4: *“African spirituality is very important, because they [children in kinship care] learn a range of cultures we have, and also learn respect along the way.”*

P3: *“Perhaps they [children in kinship care] could end up taking part in cultures they are not supposed to. Like I [kinship caregiver] conform to an African traditional culture, that means I should know my clan names and so forth. This is the reason it is important that a child is raised within a culturally appropriate environment, so their spirituality aligns with them.”*

P5: *“The role of African spirituality means that they [children in kinship care] have to receive love and be taught about their background and their authentic cultures.”*

P7: *“I [kinship caregiver] think that African spirituality plays a vital role. Firstly, it teaches children [in kinship care] about their background, cultures and sacred family rituals.”*

P8: “A child in kinship care gets to know their culture and ways that their family lives by. For instance, if there is a ritual performed in which all family members are required to go through cleansing, appeasing of ancestors, the child is well exposed to all that and they learn that this is how their family’s spirituality goes.”

Young people must get to grow up within living arrangements which practice young people’s cultures of origin. Studies by Beaufile (2022: 2) and Pato (2018: 1) indicated that kinship care is essential to one’s culture. In the South African context, kinship care is a customary practice (Hall *et al.* 2018: 7). Additionally, Lee, Huerta and Farmer (2021: 2) mentioned that through kinship care, children and youth can keep in tune with their cultural values. Children and youth have the likelihood to enter kinship care within the same community origin (Xu *et al.* 2020: 1). This is an emphasis that these young people get to observe the same cultural values and practices, that their birth parents also ascribe(d) to. A study by Day, Savage and Delaplane (2023: 45) noted that kinship care promotes cultural permanency which is deemed of utmost importance to people of colour. Furthermore, Zuchowski *et al.* (2019: 616) concurred that kinship care placements are utilised to maintain cultural connections among families. Similarly, the Government of Alberta (2023: para. 3) and Dare *et al.* (2020: 1) stated that children and youth get culturally appropriate placements through kinship care.

Furthermore, Hallett, Garstang and Taylor (2023: 633) indicated that children easily adjust to living arrangements that observe the same culture as their previous home. Children might be young enough to notice the benefits of engaging in cultural activities, but growing up in such a context helps them belong to their ethnic community. Children and youth get opportunities to learn about their culture and origin simultaneously. This is because the two are intertwined, therefore when kinship caregivers teach about cultural practices, the background history of that tribe inevitably becomes part of the conversation as well.

Other participants lauded the role of African spirituality in exposing children and youth in kinship care to various cultural practices. This is reflected in the following excerpts:

P12: *“African spirituality plays a crucial role, as it allows a child to grow up within a culture in which they belong. If it is a girl child, she grows up in accordance with her community’s cultural standards pertaining to the raising of girls. As the Swati people, our girls participate in reed dance ceremonies through which they are kept in chastity until they become independent adults who can make responsible decisions.”*

P13: *“I [kinship caregiver] can say that African spirituality is important. The role played by African spirituality, especially since we [Africans] are cultural people, where children [generally] are brought up in accordance with our traditions of raising respective genders so they could be contributing citizens of the society in the near future.”*

Cultural practices such as the reed dance, are essential values taught by kinship caregivers; they promote abstinence from sexual activities by teenage girls until they reach adulthood when they are ready for marriage. According to Gwebu (2019: para. 1-4), the reed dance is observed by the Zulu and Swati maidens through which they are taught to respect themselves and keep away from sexual activities until they reach womanhood. Apart from saving them for marriage, these young people get to stay clear of sexually transmitted diseases as well. Such protection from diseases would not be possible for children and youth had they not been into kinship care placements within the community of origin where these practices are observed.

4.5.2.2 Sub-theme two: Personal identity

The second sub-theme emerged from the data concerning personal identity that children and youth get from observing African spirituality. Participants described ways children and youth attained personal identity in kinship care through African spirituality. This is reflected in the following excerpts as follows:

Two participants revealed that the more children and youth learn about their background, the more they get to realise their identity. The participants said:

P2: *“It is [role] that African spirituality allows children [in kinship care] to grow up cognisant of who they really are.”*

P9: *“I [kinship caregiver] could say, this is where [family that observes African spirituality] a child [in kinship care] learns more about their background which subsequently leads to the realisation of their true self and ways they are expected to carry themselves amongst other people.”*

Children and youth become cognisant of their unique identity as they learn about their background. In their background are stories of those who lived before them (ancestral forebears) and how they did things, including sacred rituals of the family and so forth. Kinship care creates this opportunity. The child in kinship care then gets to understand what it means to be part of their family. Price Genealogy (2022: para. 3) also found that children get a sense of identity as they learn more about their forefathers. Young people also get to understand the certain traits they have inherited from those who lived before them.

Other participants associated attaining the child’s personal identity with belonging to the tribe of origin. In kinship care arrangements, children get exposed to the overall way of living adhered to by people of shared norms, values, and practices. The participants described this as follows:

P10: *“Yes, African spirituality is very important, through it a child [in kinship care] gets to know their tribe and identify with its standards as well.”*

P15: *“African spirituality practices are done so the child [in kinship care] knows themselves and what they stand for, even when they cross paths with different people from different tribes. The child grows to know certain forbidden acts as per their clan rules and refrain from those, so they can lead successful lives.”*

P19: *“They [young people in kinship care] get to know the kind of family they are coming from and follow the customs. At home we identify with African traditional religion which is now their identity as well.”*

P21: *“It is important that a child [in kinship care] grows within a living arrangement that allows them to be brought up in accordance with their traditional ways which then leads to self-awareness with regards to what they should and should not do or partake in.”*

Personal identity is first attained by knowing the kind of family one comes from. This means that one should keep in line with all deemed spiritually appropriate in their culture and refrain from what is deemed inappropriate. This is who that child is, as there is a *Bantu* belief that a person should be a representation of those who came and lived before them. If their ancestors were not allowed to hunt and eat certain animals, then the current generation is also not allowed to do so. However, the child who did not grow up within their family of origin, would not be aware of such; thus, they could risk of receiving endless misfortunes in their life. Hence, African spiritual beliefs propel people to nurture and raise their own children and avoid child removal where possible.

For instance, animals and/or herbs cannot be consumed in a particular clan. There are repercussions associated with those who choose to disobey the set rules. According to participants, personal identity is essential as the child grows up knowing these forbidden things even when life has taken them out of their communities as adults. Consequently, they could pass the same rules to their children and ensure that they identify with them. Other relatives become kinship caregivers due to the fear that the child might lose their identity should they be placed in residential care facilities. This was the case also for a kinship caregiver quoted from a study by Kiraly, Humphreys and Kertesz (2020: 341) saying: “I’m sick of seeing kids in care, getting taken away and then ending up dead, in jail, on drugs, in the system...at the end of the day identity is the most important thing to have”.

Observing or being engaged in their traditional practices, helps children and youth in kinship care with personal identity. Participants described this identity as awareness of one’s authentic self. A study by Hill, Gilligan and Connelly (2020: 2) found that kinship care allows children to experience a strong sense of identity by remaining within their family environment regardless of separation from their birth parents. Being within the family or community of origin exposes these children and youth to ethnic-specific ways of living. Family connections not only allow

children to develop well but also offer a sense of identity that is linked to culture and traditions (Epstein *et al.* 2021: 2).

4.5.2.3 Sub-theme three: Healing

The third sub-theme derived as participants revealed that healing is also facilitated through African spirituality. Participants said as follows:

P6: *“In my [kinship caregiver] own understanding, there is a big role played by African spirituality because...there was a time when the child I look after [in kinship care] had spiritually related health complications and it took us [kinship care family] that we consult one of the birth parents who then helped perform the then required ritual then the child eventually got well after that.”*

P17: *“As much as African spirituality provides healing; it could prove ineffective when performed to a child who does not belong to the clan. For a child in kinship care to benefit from the healing rituals, they have to be somehow connected by blood to at least one member from the entire clan performing the ritual.”*

A kinship caregiver mentioned that the healing rituals are only effective when performed by adults with direct relatedness to the child. This emphasises the importance of a child being looked after by relatives in Black African communities. The healing in this regard could be through divination, burning or mixing of traditional herbs and/or through appeasing the child's ancestral forebears. The powers entailed in African spirituality, amongst other things, are used to heal to its people (Odozor 2019: 4).

Participants mentioned that every stage of a child's development requires that some rituals to be undertaken in an African family. The rituals provide healing in different ways depending on the young person's challenges in kinship care. As some of the rituals are clan-specific, the elders of that clan would know better about an approach needed in the child's situation until the child returns to a normal state. Participants described this as follows:

P1: *“The rituals that are observed will stay with them [children in kinship care] for their lifetime. As time goes, there shall come a time when they will be able to differentiate between those that are appropriate and those that are not.”*

P15: *“African spirituality plays a huge role in childrearing, though it has different segments from the birth of a child until adolescence. After the birth of a child, there are traditional herbs unique to each clan that are mandatory, that are burnt near a new-born baby, and they [new-born baby] have to inhale that smoke to gain strength against evil spirits.”*

P20: *“From ages ago, a family was as good as their ability to observe African spirituality. On events where a child is reported sick, elders of the family would take out traditionally mixed herbs to give the sick child and they would recover instantly that there would not be any need to rush to the clinic like is done nowadays.”*

P21: *“A child in kinship care could easily receive healing through traditional rituals provided that there is strong connection between their family and African spirituality. This connection would suffice to withstand any problem life may throw their [child] way.”*

Through the practice of African spirituality, healing is provided to children and youth in kinship care. Children and youth benefit from long-lasting healing practices that are clan-specific. For instance, there are rituals cited by participants that are mandatory at childbirth that either protect the child from evil spirits or heal the toddler when such spirits attack them. In care placements other than kinship care, this would not be possible since they would be under the care of adults who do not know the family rituals pertaining to certain health complications a child might face. The clan usually has a member(s) who have the designated authority to connect with clan ancestors. This connection is vital to action the physical healing of living descendants. A study by Isabirye (2020: 47) found that these traditional healing practices invoke the ancestral spirits of that clan which in turn contributes to the healing of the troubled members of the clan. This is how it is beneficial to children and youth to remain within one's family or clan of origin so they can have such practices performed for them should the need arise.

4.5.2.4 Sub-theme four: Positive upbringing

The fourth sub-theme derived as participants described ways African spirituality enhances the positive upbringing of children and youth in kinship care. Participants' responses are as follows:

P5: *“They [young people in kinship care] learn about other people’s cultures more especially when there are traditional ceremonies within the community, which make behave appropriately.”*

P7: *“I [kinship caregiver] could say that it is beneficial for my children [in kinship care] that they grow up in a community where they are exposed to a range of cultures and has a positive impact in their upbringing.”*

P12: *“When children [in kinship care] grow, regardless of how naughty they are, but the games and traditional ceremonies done around our community really excites them and taking part in those events channels them towards positive behaviour.”*

P13: *“Taking part in traditional ceremonies is good for these children [in kinship care] as there is no discrimination as to whether or not the child has birth parents. Instead, this helps them learn to coexist with other people and grow to be contributing members of the society, this way they learn to respect others as well.”*

Traditional ceremonies and practices observed around the community are crucial in helping children and youth emulate a cheerful living. Such ceremonies are led by adults who role model appropriate cultural lifestyles in the community hence it benefits children to attend and learn from those activities. Additionally, Padilla (2023: para. 14) reported that culture influences positive behaviour through symbolic representations that people of shared values build upon.

As reflected in the following excerpts, young people are traditionally brought through gender-specific cultural practices in African communities.

P15: *“Traditionally, children [in general] are brought up according to traditional customs that are gender specific. For boys, there are gate-grouping ceremonies [Lisango] where they are taught*

important lessons pertaining to transitioning into manhood. For girls, there is yard-grouping [Liguma] where they receive teachings pertaining to their journey to womanhood as well. This is one of the reasons it is mandatory for a child in such a traditional community to have an adult caregiver who is going to be responsible for them throughout these respective journeys.”

P16: *“Raising a child [in kinship care] in accordance with our traditional ways, plays a crucial role in their lives. I [kinship caregiver] will focus on a girl child, if she is raised traditionally, say, she is taught how to use cow dung as floor polish like in the olden days. Even though it might not be a prevalent trend nowadays, but the truth is that we do not know how her future will be. Perhaps God has it for her that she will marry into a family that values this kind of a living. That way she will excel in whatever duty they expect from her, all because she was raised in a manner that had prepared her for a range of home situations.”*

Traditional gender-specific cultural practices help these young people get relevant teachings and guidance for their respective genders. Through such guidance, young people grow up to become responsible and contributing members of society. A study by Pato (2018: 56) reported positive upbringing through gender-specific cultural practices, which indicated that “cultural boys meet their fathers in *Lisango* – males are given life skills, and girls meet their mothers in *Liguma* – where females are given life skill”.

Participants expressed how the living values embedded in African spirituality help children and youth in kinship care experience a positive upbringing. For instance, growing up in a community where chastity is venerated, could help young people see the need to abstain from sexual activities. Such an act could also help them stay clear of health-related complications such as being exposed to sexually transmitted diseases. These practices contribute to appropriate behavioural conduct exhibited by such young people in the community. Such practices are also used to curb the spread of sexually transmitted diseases such as HIV/AIDS which has been troubling humanity since its advent. A participant in a study by Burke *et al.* (2023: 9) indicated that her traditional cultural practices are pivotal towards her kinship caregiving role.

Children and youth also attain a positive upbringing through being guided by dignified adult members from the community at large. This is where Africans use their renowned phrase ‘it takes a village to raise a child’. One participant said:

P20: *“A person is a person because there are other people. My fellow people in our community understand this, hence they never allow a child [in kinship care] to stray before them, they make means to correct any inappropriate behavioural conduct shown by my child.”*

All members of the community play roles of caring adults in ways that ensure the total well-being of children and youth. The benefits of this collective childrearing, also extend to having young people who would not engage in criminal behaviours, as they would have been brought up under values that prioritise accountability and honesty in their lives. The positive upbringing of children in kinship was also noted by a participant from a study by Diraditsile and Mmeanyana (2019: 63), who said: “In a family setting, children can also show improved social skills as they have the opportunity for involvement in community activities and access to different relatives such as uncles, cousins and aunts”.

4.5.2.5 *Theme two and its sub-themes*

The data under theme two revealed that African spiritual young people in kinship care keep in touch with their cultural context. This is important as the holistic development of a child is shaped by their socio-cultural context to the point that one cannot fully explain human development while discarding the influence of culture and context (Mucherah and Mbogori 2019: 11). Additionally, Pratchett (2018: 1) stated that kinship care is a measure taken to preserve both the cultural and social identity of vulnerable young people. When children are well-rooted in their authentic culture and practices, they eventually become cognisant of their identity. Participants mentioned that these children get indoctrinated in context-specific traditions to identity with, such as the *Liguma* and *Lisango* practices. Such knowledge of one’s identity helps them (children in kinship care), in daily interactions with both the tangible and the intangible, being the physical and spiritual worlds (Amponsah, Omoregie and Ansah 2018: 49). The spiritual world comes together with the physical when Africans practice healing rituals.

Some participants mentioned that African spirituality plays a significant role in providing the provision of healing for children and youth in kinship care.

Furthermore, Chiroma (2020: 3) noted that traditional healing forms a crucial part of traditions held in high regard and observed by African people. Having children and youth in kinship care grow within such home environments provides them with a positive upbringing. This is through kinship caregivers' teachings on morality, participation in cultural ceremonies and/or rituals that children and youth get exposed to as they grow up. Therefore, they (children and youth in kinship care) grow up knowing the distinction between morally appropriate acts and those that are not. African children and youth in kinship care are raised in a manner that complies with; cultural beliefs, traditions, norms and values that their tribes or communities identify with (Murovhi *et al.* 2018: 25).

4.5.3 Theme three: Becoming a kinship caregiver

The third theme focuses on various of circumstances under which participants became kinship caregivers. Six sub-themes emerged from this theme namely, (i) voluntary commitment, (ii) death of a parent(s), (iii) family decision, (iv) labour migration, (v) child abandonment and (vi) early childbearing by girls.

4.5.3.1 Sub-theme one: Voluntary commitment

The first sub-theme focuses on participants' responses, who revealed that they became kinship caregivers voluntarily. These kinship caregivers took it upon themselves to care for vulnerable children and youth within their families. This is reflected in the below excerpts as follows:

P1: *“It just happened, sometimes things just happen without you [kinship caregiver] having to carefully deliberate on them. However, I [kinship caregiver] then realised I too wanted to raise him [child in kinship care] since no one else was fitting to assume the role.”*

P5: *“I [kinship caregiver] took them [young people in kinship care] because there was no one really keen on taking them within the family. I reached this decision considering that they were still very young and definitely needed parental love.”*

P9: *“It happens that you [kinship caregiver] take a decision when you realise that actually there is no one willing to look after needy children among other family members. I [kinship caregiver] took the decision to offer kinship care to prevent seeing them [young people in need] with no direction in life.”*

This sub-theme emerged from participants' responses who said they became kinship caregivers voluntarily. Though there were some driving circumstances behind the provision of kinship care to these young people, kinship caregivers expressed their willingness; they did not need other people to convince them. This is also why many kinship caregivers offer kinship care informally, especially in rural areas. These kinship caregivers feel the need to step in due to the evident risk concerning the young people's well-being, posed by not having a primary caregiver. This informal intervention however does not mean that these kinship caregivers do not require help from governmental child protection agencies. To kinship caregivers, it is standard practice that any adult within the family takes care of children and youth without birth parents or primary caregivers. When asked about the decision to offer kinship care instead of opting for other care methods, a kinship caregiver replied: “I rather them be with the appropriate grandmother than the appropriate stranger” (Darwiche *et al.* 2019: 328). Also, participants mentioned that having no other kin adult willing to take the child(ren) with them, influenced their decision to offer kinship care to the children in need within their families.

To some participants, offering kinship care voluntarily meant fulfilling the role of being an adult relative to needy children and youth. This way, kinship caregivers may not be aware of this care or even label it as kinship care; they are just ensuring that these young people do not become needy while they can help it. The participants said as follows:

P13: *“I [kinship caregiver] could say no one really chose me to offer kinship care. It was a decision I took based on the different situations these children were faced with. I have love for*

them as they are the children of my relatives, and I am the only adult before them, I had to fulfil that role.”

P14: *“I [kinship caregiver] could say that no one chose me, but the situation made me realise that as an adult, I needed to look after them [young people in kinship care].”*

P19: *“In fact, this [caring for young people in kinship care] comes from the deepest part of my [kinship caregiver] heart. Their mother was my blood sister whom I shared the same womb with. I am now the only adult these children [in kinship care] have.”*

Kinship caregivers show a desire to keep children and youth within their families of origin where their needs would be adequately met. These kinship caregivers feel responsible to offering kinship care as remaining adults within families. Kinship care also prevents the removal of children from residential care settings. In addition, Diraditsile and Mmehanyana (2019: 60) argued that children and youth cannot develop to their full potential in non-familial care settings, strengthening the need for kinship care. Additionally, Manful and Cudjoe (2018: 617) concurred that the best placement to nurture children and youth is within their biological family environment, with kin adults when there is evident absence of birth parental care.

The voluntary kinship care provided by caregivers is also influenced by pre-existing relationships that kinship caregivers had with the child before removal. This is reflected in the excerpts as follows:

P3: *“This child [in kinship care] I stay with has always been very fond of me. He [child in kinship care] would often make means to visit me during school holidays...to a point where I [kinship caregiver] decided that he could come stay with me and that is how I took him.”*

P6: *“He [child in kinship care] actually chose me. This is because he once visited me while his birth parents were alive. So, I [kinship caregiver] was willing to offer kinship care to him.”*

P16: *“The child I care for is not a regular child. I thought he [child in kinship care] chose me until I realised that God made it happen. He [God] trusted me with this child. The child came for a visit from which he refused returning to where he stayed prior to coming here [in kinship care].”*

Kinship caregivers find it easy to care for a child whom they already understand. Likewise, children find it easy to move into a home or house of an adult relative with whom they had familiarity, prior to the placement instead of institutionalised care settings (Manful and Cudjoe 2018: 617). In addition, through kinship care children often have their choice considered in terms of whom (adult), among other family members, would like to be their kinship caregiver (Kallinen 2021: 320).

4.5.3.2 Sub-theme two: Death of a parent(s)

The second sub-theme focuses on the responses of participants who became kinship caregivers due to the death of the birth parents of children and youth they care for. The participants said as follows:

P2: *“Their [young people in kinship care] mother left us; I [kinship caregiver] then took them so I could raise them following their mother’s passing.”*

P5: *“The reason was that both their [young people in kinship care] parents had passed on. Therefore, they needed an adult figure to continue taking care of them since they were orphaned.”*

P6: *“His [child in kinship care] parents had passed on.”*

P10: *“Birth parents of these children [young people in kinship care] had passed on.”*

P14: *“Their [young people in kinship care] parents who were my blood relatives, had passed on.”*

P15: *“A child who had just lost their parent(s) is left without a primary caregiver. It is then important that the child [in need] gets a primary caregiver(s) from relatives who will then play that much-needed parental role. That is how I [kinship caregiver] ended up offering kinship care to these children.”*

P16: *“Both his [child in kinship care] parents had passed on.”*

The death of birth parents is one of the leading reasons relatives (kinship caregivers) end up offering kinship care to at-risk children and youth. Participants expressed a strong sense of responsibility over children and youth, whose birth parents have passed on. In an African community, this is directly linked to the veneration of ancestors. Therefore, in a way caring for these children is an act of honouring the departed parents. Such circumstances leave remaining relatives with no options other than caring for these kin children as their own. A study by Mthembu, Poggenpoel and Myburgh (2020: 1) found that the increasing death of middle-aged people worldwide has seen many grandparents becoming kinship caregivers to grandchildren.

Some kinship caregivers felt compelled to offer kinship care because after the death of the children’s birth parents other members of the family did not show interest in stepping up to the role of raising them (young people in kinship care). They said as follows:

P9: *“There was no other one [family member] except me [kinship caregiver] who would look after them [young people in kinship care] following the passing of their parents.”*

P13: *“My [kinship caregiver] children’s reasons are not the same, however the main one is the passing of birth parents. I [kinship caregiver] was then the only remaining adult within the family who could assume this role [kinship caregiving].”*

Kinship caregivers are compelled to offer kinship care after the death of birth parents, especially when no other family member is available or willing to offer kinship care. One participant who offered kinship care after the children had lost birth parents, stated how they assumed the role, saying: “Straight away, on the spot...there was no way that [brothers] would go anywhere else. There was nowhere else for them to go but us” (Kiraly, Humphreys and Kertesz 2020: 340).

4.5.3.3 Sub-theme three: Family decision

The third sub-theme reflected the responses of participants who became kinship caregivers due to being asked by their families. When all has happened that necessitates the provision of kinship care, some participants mentioned being asked by their families to become kinship caregivers. They said as follows:

Among other criteria families use to elect a member to offer kinship care are an individual's capabilities regarding childrearing. The participants said:

P10: *"The reality is that, within the family, there are deliberations taking place when children are in need. This [deliberation] is with regards to identifying the most capable relative to offer kinship care to those children."*

P12: *"The family sometimes asks you [kinship caregiver] to look after a child after they [the family] have agreed that perhaps the child [in need] stands to benefit from being under your care."*

P15: *"Usually, the family knows exactly among its members that who has potential to offer kinship care. By potential I [kinship caregiver] mean, financial capacity, humanity and the love one has for children in general. Therefore, the decision is made, which is what happened in my [kinship caregiver] situation."*

P17: *"I [kinship caregiver] was chosen based the compassion I have with regards to being of great help to others in the family, even in my community at large."*

P18: *"I [kinship caregiver] was chosen by my family after they assessed if I could indeed take care of these children. They found that I also had no problem, and I actually was glad that I could now have more children in my yard as I could not have many biological children."*

The family would convene in a meeting and elect one of their members as a suitable candidate to offer kinship care. The family has to be convinced that the children and youth stand to benefit from being cared for by that particular family member. The primary benefit could be that the family member (kinship caregiver) has the financial capacity to cover childrearing expenses. A study by Epstein *et al.* (2021: 6) reported that in cases of informal kinship care, families choose members with independent ability to support children concerned financially. This assures the family that the child will not fail to meet their needs. The family also needs to be sure that the individual they choose for this role leads a positive life, could positively influence the child towards appropriate behaviour as well. Lastly, the chosen individual has to consent to the proposal of becoming a kinship caregiver.

Sometimes a decision on who is to offer kinship care to needy children and youth, is influenced by one's status in the family. One participant said as follows:

P11: *"It happens, especially when you [kinship caregiver] are maybe a senior wife in the family. The family convenes in a meeting and reaches a consensus decision that you are the suitable candidate to care for these children [in need]."*

In African traditional families one's status or ranking within the family determines the role that person plays and the duties they have to fulfil in the family. For instance, the eldest of siblings automatically becomes an heir of the family regardless of their socio-economic status. Even when it comes to duties such as offering kinship care, that person's name is brought forward since it is their birth-right to look after the family in its entirety. However, as noted by Lesetja (2020: 26), decision-making within kinship care families is not restricted to one person; extended family members may also influence the decision-making process.

4.5.3.4 Sub-theme four: Labour migration

The fourth sub-theme focuses on the responses of participants related to them becoming kinship caregivers due to labour migration by birth parents. As the remaining adults, they felt it was their duty to care for these young people. This is reflected in the excerpts as follows:

Young parents usually leave their children behind in rural areas while they migrate to urban areas for employment opportunities. The participants said:

P7: *“What happened is, the child I stay with [in kinship care] was firstly left with my mother [grandmother to the child], the child’s mother left the village for job opportunities.”*

P11: *“Another thing is that the birth parents are usually away [in urban areas] because of their jobs, then when you [kinship caregiver] are a stay-at-home person, it becomes your duty to look after their children.”*

Labour migration is widespread in South Africa, and it primarily affects families situated in the rural parts of the country. The apartheid system is the main reason Black families were fragmented, causing separation between children and their birth parents and causing children to be looked after by extended family members (Hall 2018: para. 2). It has become customary that every household in rural communities has to have an adult working in urban areas so that they could fend for their families. A study by Ferraro, Maher and Grinnell-Davis (2022: 1) found that kinship care plays a crucial role in rural communities in China, where children’s birth parents have migrated to urban areas for work purposes. Among other benefits, the study reported that kinship care provides children with a sense of belonging and reduces trauma that children might experience due to separation from their birth parents. A study by Washington, Stewart and Rose (2021: 2300) also found that it is not unusual for parents to leave their children to be cared for by relatives while seeking better employment opportunities elsewhere.

Due to labour migration by birth parents, many children end up under the care of their grandparents. Participants expressed this as follows:

P11: *“Labour migration is usually the reason some children end up in the care [kinship care] of grandmothers.”*

P20: *“Employers do not need children in their workplaces. This is the reason these children [in kinship care] end up being cared for by their grandparents back home so they may continue experiencing a homelike environment with warmth.”*

Grandparents are known to be full-time stay-at-home people. It then becomes easy for them to offer kinship care to their grandchildren when their birth parents are out in urban areas for employment. Kinship care has reciprocal benefits for grandparents as kinship caregivers, as Smith and Segal (2023: 2) found that they also report heightened satisfaction from providing their grandchildren with a nurturing environment.

4.5.3.5 Sub-theme five: Child abandonment

The fifth sub-theme focuses on the responses of participants who became kinship caregivers due to birth parents abandoning their children. This is reflected in the excerpts as follows:

One participant revealed that the child’s mother abandoned her child. Therefore, it was her (kinship caregiver) duty to offer kinship care as the only available adult relative to the child. The participant said:

P7: *“The child’s mother left and never looked back, then when our mother [child’s grandmother] passed on, I [kinship caregiver] was the only available option for the child, and it was not difficult since we had already developed closeness with the child.”*

Without a primary caregiver, any child is subjected to vulnerability. Mothers are considered the primary source of care for a child (Forh, Apprey and Agyapong 2022: 1). Adult relatives within the child’s extended family then decide to offer kinship care to provide the missing primary care in the child’s life.

Other participants revealed that in their cases, child abandonment is associated with the total absence and neglect to take responsibility for childrearing by fathers. Participants expressed this as follows:

P3: *“The father had left the child with the mother. The worse part was that the father’s whereabouts are unknown.”*

P8: *“I [kinship caregiver] was the eldest sibling available at home, the child’s mother left and stopped ever visiting here. The father to be honest is unknown, what we know is what the mother once mentioned that he was of Maputo descent, and they met in Johannesburg which is where the child was conceived. The mother then came with the child here [home] and eventually left and till today she has not yet returned.”*

P9: *“After the death of their [young people in kinship care] mother, the father’s whereabouts were and are still unknown.”*

The unknown whereabouts of the fathers of children and youth in kinship care is a contributing factor to child abandonment. This then compels the child’s maternal family to step up and offer kinship care to the abandoned child. The abandonment here refers to the neglect of childrearing duties by fathers. This total absence by fathers causes instability in the child’s support system; thus, the provision of kinship care is necessary. A Finnish study by Kallinen (2021: 320) also found that the number of children raised without their fathers presence is increasing. Due to the absence of fathers, many maternal family members especially grandparents, offer kinship care to needy children and youth.

4.5.3.6 Sub-theme six: Early childbearing by girls

The sixth sub-theme focused on data where participants revealed that they became kinship caregivers due to early childbearing by girls. Kinship care in this regard is influenced by the African traditional belief that children born before marriage do not tag along with their mothers into future marriages. This is reflected in the excerpts as follows:

P4: *“I [kinship caregiver] was chosen because the child’s mother had the child before marriage and the child did not belong to the current husband. It is by tradition that such a child does not go with their mother into the marriage but remains behind.”*

P21: *“We as the Bantu people, have children who are regarded as maternal belonging children. These are the children whose mothers gave birth to them prior to getting married somewhere which is not where they were initially planning towards. I [kinship caregiver] can confirm that many of the children at my home are this type of children whose mothers are now married somewhere and not to their biological fathers.”*

Early childbearing by girls is problematic according to the traditional beliefs by which African people live. This is due to the tradition of not allowing childbearing before or outside marriage. If a woman gets married after having had children prior to that, the children are not allowed to tag along with their mother. The maternal family then is mandated to offer kinship care to the children left behind by their mother in her marriage. In addition, Dastile and Hesselink (2019: 14002) found in their study that 2 young women had mentioned being raised in kinship care by their maternal families due to an African tradition prohibiting children born out of wedlock from going with mothers into marriage. Despite this tradition, a study by Branson and Byker (2018: 221) found that teenage mothers do not have the financial capacity to raise children. This again forces older relatives to intervene and raise these children as their own.

One participant revealed that as a distant relative, she provided kinship care to her aunt’s child. This resulted from children being too many to care for in their immediate maternal family. The participants said:

P12: *“Children were now too many to maintain at my uncle’s home. This is because their mother [my aunt] had given birth to them early before her marriage to another husband who is not the father to the other children born earlier. As the tradition suggests, these children had now been left in their maternal home with their uncle as a parental figure who also could not manage to raise them all and adequately meet their needs. This then led to a decision the family took that they ask me [kinship caregiver] to take one of these children and raise them as well.”*

With the ever-increasing cost of living, it becomes impossible to care for many children adequately. This is especially true when the kinship caregiver is either unemployed or does not earn enough money to cope with the childrearing costs that children and youth in kinship care have. Asking for help from other members of the extended family was a wise decision by the family after realising that the uncle (initial kinship caregiver) was not coping. It prevented further harm to the child. A study by Abullah *et al.* (2021: 1) also found that the inability to cope by parents financially, leads to children being physically neglected as well.

4.5.3.7 *Theme three and its sub-themes*

Theme three emerged from the participants' responses as they each described situations that prompted their kinship caregiver role. Notably, all the participants of the study became kinship caregivers informally. Before assuming their kinship caregiver role, the participants did not involve legal authorities, either voluntarily, coerced by situations or through family decisions. Therefore, their kinship care is not under the auspices of child protection services. Participants also relayed that the kinship caregiver role is some obligation that remaining relatives have to carry out whenever a child(ren) needs of care and protection.

According to the data, all participants are informal kinship caregivers. This supports, Hallett, Garstang and Taylor (2021: 1) declaration that kinship care in Africa is mainly informal. Remaining relatives either assume this role voluntarily or as a result a consensus decision from a family meeting when children and youth evidently need care and protection. Participants mentioned a range of circumstances under which they found themselves propelled to offer this care. The circumstances include death of parent(s), labour migration, child abandonment and early childbearing by girls. A study by Wilson (2021: 8) found that among other contributing factors to kinship care, parental death is more prevalent. This reality in the South African context has been exacerbated by the advent of HIV/AIDS. Additionally, the country suffers a low employment rate, which affects a significant portion of its population, and they end up living below the poverty line. Consequently, this reality forces many young parents to migrate from rural settlements to urban areas for better employment opportunities so they can fend for their

families. In that process, children are left behind in the villages to be cared for by extended family members or relatives.

According to Patel (2019: 2) unemployment generally leads to not only affordability issues but also family disunity or even homelessness at worst. Furthermore, some parents are somewhat unwilling to care for their own children. This is generally known as child abandonment. Participants described this group of parents as mainly constituted by the paternal sides of children's families. In addition, Tau (2020: 3) highlighted that the absence of fathers during the upbringing of their children is a growing trend in South Africa. Participants therefore noted with concern that the needs of a child growing up without their fathers remain unmet in a satisfying manner and maternal families sometimes battle to meet the needs as well.

Participants mentioned that the most noted affected areas of child development are physical, emotional and spiritual. Another notable trend from participants' responses was early childbearing by girls. This is generally referred to as teenage pregnancy. A report by Ndlovu (2022: para. 2) revealed that between March 2021 and April 2022, about 90,037 of young girls had given birth. This is alarming as these children are born out of wedlock and become somewhat pre-destined to a life of instability in their families. The primary concern is that they are born before marriage, and their young parents have less likelihood of marrying into one another in future. Participants were cultural people who live by its traditions and practices, which in this regard prohibits a child born before marriage from tagging along with their mother into future marriage especially if the husband is not the child's biological father. Consequently, such children get left behind to be cared for in kinship care by their maternal uncles, aunts and/or grandparents.

4.5.4 Theme four: Benefits of kinship care

Theme four emerged as the participants spoke of the benefits associated kinship care to children and youth. Five sub-themes were derived from the data namely, (i) getting a parental figure(s), (ii) knowing their background, (iii) getting home with protection, (iv) help from the community and lastly, (v) getting children's basic needs met.

4.5.4.1 Sub-theme one: Getting a parental figure(s)

The first sub-theme reflects one of the benefits of kinship care. It allows children and youth to get parental figures. This is beneficial to these young people as they are no longer living with birth parents. This is reflected in the excerpts as follows:

P1: *“You [kinship caregiver] find yourself playing that parental role in hopes that one day the child will remember all that you as an adult have warned against, even though they [young people in kinship care] might decide otherwise but you did play your part.”*

P12: *“I [kinship caregiver] could say that staying with me has been very beneficial to the child. I was there for her throughout the growing stages.”*

P16: *“Now I [kinship caregiver] see that he [child in kinship care] would not have continued with school had I not been so caring and consistent with him. There was a time when he had friends with bad influence, however he ended up confessing that he eventually realised the bad influence I was always teaching him about and to stay away from.”*

As parental figures, kinship caregivers are always there for their children and youth throughout all phases of development. It is good for a child to know that they are not alone, especially as they grow through adolescence and into early adulthood. For instance, it could be beneficial for a girl child to have an older woman (kinship caregiver) who can explain growing phases such as experiencing menstrual cycles. Kinship caregivers, as parental figures, have a vital role in the lives of children and youth in kinship care. These parental figures also help youth in kinship care avoid the negative influence of friends which could ruin their lives in the near future. Kinship caregivers see themselves more as parents than mere relatives to these children. In addition, Riley (2018: 16) emphasised that family members have the ‘biological impulse’ to care for one another especially for children.

These kinship caregivers have become pillars where children and youth take refuge. The participants said:

P13: *“Having me [kinship caregiver] to stay with has had a great positive impact in their [children in kinship care] lives.”*

P15: *“It [kinship care] is very helpful, the fact that a child knows who [kinship caregiver] to report the problems they come across to, is very healing to the soul.”*

P17: *“It [kinship care] is quite helpful, because they [children in kinship care] get that parental figure, they could be able to report to whenever life throws predicaments their way.”*

Kinship caregivers as parental figures, have a vital role in the lives of children and youth in kinship care. Among the other duties that kinship caregivers have, is to role model appropriate behaviour for these young people to emulate. Furthermore, kinship caregivers become pillars of support for these young people. In contemporary times, Tesfaye and Hagos (2020: 48) indicated that children are more likely to lose parental care by birth parents. Alternative care such as kinship care, is needed to fill such a role when young people experience such separation.

One participant went to the extent of referring to kinship caregiving as a blessing, saying that the Almighty God allowed them to live long enough to be able to help their grandchildren when they needed them. The participant said:

P20: *“It is good to have our grandchildren here at home [through kinship care]. It is absolute blessings that we have to care for them and see this age we had never thought we would see.”*

Though they (kinship caregivers) are not birth parents to these children, they step into that parental responsibility as they ensure that their grandchildren are taken care of in all aspects. Grandparents as kinship caregivers also report fulfilment from caring for their grandchildren (Zuchowski *et al.* 2019: 616).

4.5.4.2 *Sub-theme two: Knowing their background*

The second sub-theme focused on ways participants believe that kinship care benefits children and youth concerning knowing their background. Being within the family of origin also allows these young people to be in touch with their family history. This is reflected in the excerpts as follows:

P6: *“A child in kinship care grows up knowing cultural norms, my kin child now knows some of these norms.”*

P9: *“They [children in kinship care] know how their conduct is supposed to be traditionally, also their spirituality values are being instilled.”*

P19: *“At the end she [child in kinship care] would have easily forgotten who her mother was, who else was her mother’s relatives and so forth. Staying with her [through kinship care] helps her become cognisant of her background.”*

P21: *“Even when the time comes that these children in kinship care have their own families, they will continue using this surname for they wholly belong in our clan since their paternal sides failed to do cultural procedures regarding the payment to traditionally claim their custody.”*

Children and youth in kinship care get opportunities to learn more about their origin and background. As mentioned by Kallinen (2021: 324), kinship care helps sustain family roots for children and youth in kinship care. This is an advantage of being raised by adults who directly related to them, especially, when kinship caregivers are grandparents. As Gair *et al.* (2018: 685) indicated, elderly people are important because they pass on their family history and cultural background to the new generation. Adult relatives share the same cultural values, norms, and practices with these children and youth. At times, the child could learn more about their background without being taught directly but by being present when certain traditional practices are being performed. The background also involves knowing one’s family tree, so young people in kinship care know precisely where they come from. Maintaining such a

connection to one's family, is a benefit of kinship care that is rarely possible through other forms of alternative care (Kiraly, Humphreys and Kertesz 2020: 338).

The young people in kinship care would even get oral literature about the history that their ancestors were known for. Subsequently, this would add value to how these young people respect themselves moving forward, having known the heroic acts of those who shaped their clan for the better. Such knowledge is valuable not only when they are young but also when they get older and ready to start their own families. A participant in a study by Beaufile (2022: 7), acknowledged the role played by kinship care in ensuring that children stay connected to their background. She said: "you want these kids to be connected to their families, you know, and...both families".

4.5.4.3 Sub-theme three: Home with protection

The third sub-theme focused on another benefit of kinship care, it allows children and youth to get a home with protection. This protects these young people from further harm. Participants said as follows:

P12: *"Kinship care helps these children grow in a home where they receive protection and appropriate teachings for their well-being."*

P13: *"This care [kinship care] has helped them [young people in kinship care] a lot that they have found with me [kinship caregiver] a home where they could be protected against temptations to engage in bad behaviours like that of children who are homeless. Staying here at home taught them important humanity lessons as well, so they can live with others in peace and not do crime because they want to survive in this not easy world."*

P18: *"Staying here [in kinship care] has helped the children with protection against all the misbehaviour that is usually seen among children with no parental guidance. The misbehaviours include crime and substance abuse which they [young people in kinship care] never got the time to do or engage in because they had a stable living."*

After experiencing challenges with birth parental care, children and youth need a safe place to call home. Through kinship care living arrangements, young people's safety and well-being are assured (Rabassa and Fuentes-Pelaez 2023: 1). Kinship care aims to prevent further harm in these young people's lives. The responsibility then rests on kinship caregivers to ensure that these young people in kinship care get protected. Children and youth in kinship care are taught to lead positive lives and not engage in distorted behaviours. These young people are taught to stay clear of any drug and criminal activities which are often done by their peers who are faced with destitution. Unlike those peers, children and youth in kinship care, do not have to engage in dodgy dealings to fend for themselves.

The home of young people in kinship care is headed by adults who are models to the young people. Such a living arrangement will most likely positively impact young people's lives and begin living purpose-driven lives. Participants said:

P17: *“Again, kinship care helps them [young people in kinship care] with protection since their lives were exposed to risk which prompted their stay with me [kinship care]. The stability here [kinship care living arrangement] now allows them to let go of that uncertainty and work on ways they could lead appropriate independent living when they reach adulthood.”*

P20: *“Of course, these children get protection by being in a home [kinship care] where they can be surrounded by positive energy which will eventually influence them [young people in kinship care] towards the right direction as well.”*

Children and youth enter kinship care due to unfavourable life events which exposed them to trauma. Therefore, getting a home setting free of all the past traumas, creates peace and stability for young people in kinship care. A kinship caregiver from a study by Vander Linden and Tompkins (2020: 64) was quoted saying: “J [grandchild] has been in my home basically since he was 18 months, he was abused, his father had him for probably 3 or 4 months until he was 18 months old, being physically abused so I stepped in, and brought him to my home”. Additionally, Llosada-Gistau, Casas and Montserrat (2019: 154) and Breman, MacRae and Vicary (2018: 186) noted that having a child live within the birth family environment with

relatives, even when separated with birth parents contributes to the overall well-being of the child.

4.5.4.4 *Sub-theme four: Help from the community*

The fourth sub-theme focused on the help children and youth in kinship care receive from the community. The excerpts below reflect this help from the community as follows:

Participants spoke about receiving food and clothing as part of the support from community members. Participants expressed this support as follows:

P2: *“The community helps with food mostly when we [kinship care family] fall short. For instance, those who have vegetable gardens, they often help us.”*

P9: *“The community is very helpful; you [kinship caregiver] would find that they lend a helping hand in times where it is truly needed. They even offer children’s clothes so these children could wear and not be in a state where everyone could see that they are underprivileged.”*

P13: *“Some of the neighbours offer clothes, used clothes for children with some new ones. They even help with food as well, having realised that one does need help when they are raising many children. This is beneficial to me [kinship caregiver] as I do not have to buy grocery from scratch but add where they [community members] did not cover when they were gifting us.”*

In African communities, childrearing is viewed as a collective responsibility of adults. Those with plenty of food, such as those with plantations, help the needy with a portion of their harvest. Others who afford clothing, help with it. There is no stipulated kind or amount of support nor the frequency at which it must be rendered; however, kinship caregivers greatly appreciate it. This support helps minimise childrearing expenses for kinship caregivers. A study by Xu *et al.* (2020: 2) found that social support mitigates kinship caregivers’ parenting stress and burden and further improves caregiving satisfaction. Furthermore, Hu, Burton and Lonne (2020: 502) found that Chinese children in kinship care receive clothes from neighbours as a form of support. A

participant in a study by Manful and Cudjoe (2018: 621) acknowledging the help from the community was quoted saying: "Right now that I am talking, someone has cooked and given some to my children to eat".

One participant spoke of the help he received from the traditional leadership of the community. The participant said:

P14: *"When you [kinship caregiver] are in a bad space maybe financially, you are able to approach the Chief's traditional council about the issue and the traditional council usually helps with food so that children do not go to bed hungry."*

The primary role of traditional leadership in the community is to ensure the well-being of the chief's subjects. The chief's traditional council has a program that seeks donations from families and other community members who can afford the money. The proceeds thereafter are shared with the needy families as a form of support in their childrearing challenges. Having the community's help in raising vulnerable children is treated as a norm in traditional African societies (Kurevakwesu and Chizasa 2020: 90).

Other participants spoke of the non-materialistic support they received from community members. This is reflected in the excerpts as follows:

P4: *"The help, I [kinship caregiver] could say I get here in the community, we [the community] use the approach that a child belongs to every adult. This means that should my child misbehave in front of my neighbour; the neighbour would be able to help correct that behaviour and come to me so we could see how we can all move past that which a child has wrongly done. That is all I can say they help with for now."*

P6: *"When I [kinship caregiver] have errands to run maybe that could possibly make me return after the child has returned from school, I ask that my neighbour supervises the child that she [the child in kinship care] does not get involved perhaps in distorted behaviours."*

The support sometimes comes in the guidance and the help in caring for children in kinship care by the community members. It is good when neighbours feel obligated to help kinship caregivers with childrearing of these children and youth in kinship care. Children and youth are brought up in a way that they would respect every adult in the community as they would respect their birth parents. Neighbours can correct these young people through this approach should the need arise. This reflects an African proverb 'It takes a village to raise a child'. According to Reupert *et al.* (2022: 2), this proverb refers to the collective responsibility of community members to provide children with a safe and healthy environment, allowing optimal development.

4.5.4.5 Sub-theme five: Getting children's basic needs met

The fifth sub-theme focused on a range of basic needs that children and youth in kinship care benefit from through being with their kinship caregivers. This is reflected in the excerpts as follows:

To other participants, offering kinship care meant getting the needs a child in kinship care has met, so the child does not show that they do not live with birth parents. Participants said:

P1: *"It [kinship care benefit] is taking care of the child so they may get their needs met like other children [with birth parents] and not carry the sign of poverty just because of their situation. The child [in kinship care] does not have to always be reminded that they have lost birth parents at an early age."*

P14: *"This care [kinship care] helped them [children in kinship care] by allowing them to attend school, receive clothing and food to a point where there was no indication that they actually do not have birth parents."*

Children and youth in kinship care are usually placed with kinship caregivers who can to a certain degree make means to meet the needs of these young people. These are the attempts to remove the thought in the young person's mind that they do not have birth parents near them.

A study by Masten, Lombardi and Fisher (2021: para. 13) found that the nurturing relationships between caregivers and children in kinship care, help mitigate the past traumas these children have endured.

The other portion of participants, spoke about a kinship care benefit: kinship caregivers ensure that the children and youth in kinship care always have food. The participants expressed this as follows:

P19: *“I [kinship caregiver] manage to take care of them [young people in kinship care] as my children by ensuring that they never go to bed hungry and that they have decent clothing.”*

P20: *“There are not many problems, as we [kinship care family] live in a rural area, we have plantations, and we milk cows, so a child [kinship care] always has something to eat each day.”*

Food is essential in the development and well-being of children and youth. Therefore, it is beneficial for these young people in kinship care to have caregivers who ensure they always have something to eat. Proper nutrition is vital for child development as Kulwa, Mamiro and Kolsteren (2023: 1) linked undernutrition with poor growth in young people.

Other participants referred to ensuring that children and youth attend school to meet their basic needs. This is expressed in the excerpts as follows:

P2: *“This care [kinship care] has been of great help to them [children in kinship care] as they have grown and managed to attend school.”*

P7: *“I [kinship caregiver] could say kinship care played such a crucial role, because I am talking of a young person who is currently doing grade 12.”*

P8: *“They [young people in kinship care] have been able to attend school, now the other one has even completed high school and learned respect along the way.”*

P16: *“Firstly, had I not been his kinship caregiver, I do not think he [child in kinship care] would have had education.”*

Apart from being a basic need, education is essential for the cognitive development of children and youth. It is through education that these young people can lead successful lives in the near future. Though other children and youth cannot perform very well academically, due to the traumas they have had to undergo, kinship caregivers understand that education is a foundation for a successful life (Collier 2023: 13).

In addition to meeting the young people’s basic needs, one participant spoke about teaching life skills to her children. The participant said:

P5: *“This care [kinship care] has helped them [young people in kinship care], as they were able to attend school, get food and stay clean since they did not even know how to do washing when they first arrived here [kinship care living arrangement].”*

Teaching children and youth in kinship care life skills prepares them for independence. They grow up and learn not to depend on their kinship caregivers for everything but become autonomous individuals. Amongst other benefits, teaching life skills helps children grow up and become responsible citizens who successfully cope with the pressures of independent living (Sharma 2021: para. 5).

4.5.4.6 4.5.5.6 Theme four and its sub-themes

Through responses extracted from the data set, participants described key factors that benefit children and youth in kinship care. Data revealed that kinship care provides children and youth with safety and placement stability and places them at an advantage of getting parental care and their basic needs met. Data further revealed that these young people also benefit from being part of the community where there is an African way of childrearing, that it takes a village to raise a child. The first benefit that emerged from the data set was that young people in kinship care are can get a parental figure(s) in their lives. These kinship caregivers are willing to treat

such children as their own when caring for them. The advantage of getting this parental figure is that the child can form life-long bonds with them with little to no risk of placement disruption (Pratchett 2018: 59). In kinship care, a child gets to learn more about their background since they are being cared for by a relative with whom they have shared ethnic background. Whether the kinship care living arrangement is formal or informal, kinship caregivers are more likely to be directly related to the child (Lin 2018: 203). Participants mentioned that another benefit of kinship care is that it ensures child protection.

Additionally, some benefits that are associated with child protection, which includes the assurance that these children and youth in kinship care, are less likely to engage in; substance misuse and criminal behaviour as many young people at-risk would do due to perhaps the fight for survival and destitution. Kinship care guarantees the safety and security of young people as they get to live with a relative who already has their best interests at heart even prior to the placement (Queensland Government 2022: para. 4). Participants further revealed that kinship caregivers also get childrearing assistance from their communities.

Furthermore, Mkhize (2020: 10) asserted that parental issues were generally foreign in traditional African communities due to the collective upbringing of all the community children by every adult figure within that particular tribe. This means that Africans, mostly in rural areas, still live by their proverb that 'it takes a village to raise a child'. Kinship care is an all-round suitable alternative care method, as it does not only guarantee safety but meeting children and youth's basic needs as well. Participants noted that the basic needs included shelter, food, clothing and school attendance. Studies by Steenbakkers, Van Der Steen and Grietens (2018: 2) and Hill (2020: 1) noted that the more homelike, secure and nurturing an out-of-home placement is (such as kinship care), the more chances that it will meet the holistic needs of its children.

4.5.5 Theme five: Challenges posed by kinship care

Theme five emerged as the researcher wanted to get insight into the challenges kinship care face. The theme had four sub-themes that emerged namely, (i) affordability issues, (ii) negative

influence influences, (iii) difficult behaviour by young people in kinship care and lastly, (iv) young people's unknown paternal cultural customs.

4.5.5.1 Sub-theme one: Affordability issues

The first sub-theme focused on affordability issues, as one of the challenges faced by kinship caregivers. This challenge is reflected in the excerpts as follows:

P5: *“The issue is that, sometimes you [kinship caregiver] would find that there is some learning equipment required at school and I do not actually afford it since their [young people in kinship care] grant money is almost nothing to meet all their needs.”*

P11: *“Children in kinship care usually have that thought that they are being ill-treated just because they do not always get what they demand. This is due to the fact that the cost of managing them gets higher as they grow up and only to find that you [kinship caregiver] yourself do not have that financial capacity.”*

P14: *“The challenges I [kinship caregiver] came across were money-related. I truly would do with some kind of support since I am not employed anywhere, I also live on my grant. The help would really benefit the children [in kinship care] throughout their upbringing.”*

P18: *“It is very difficult raising a child that is not biologically yours. There was a situation where my kinship child was in a same grade with my biological child, then it happened that at their school they wanted learning equipment which I [kinship caregiver] could not afford for both at once. I then chose to sacrifice and bought one for the kinship child and explained to my biological child that I was doing that to maintain peace because if I had bought for her [biological child] the other child [in kinship care] would believe I chose you because you are biologically mine and she suffers due to not having birth parents.”*

Though kinship caregivers make means to care for the children and youth in kinship care, affordability sometimes keeps kinship caregivers from adequately doing this. This sometimes

convinces children and youth in kinship care that they do not receive enough love from their kinship caregivers just because they (kinship caregivers) cannot afford everything young people require. This disrupts young people's progress at school as kinship caregivers often cannot afford the learning equipment required. It is also a known trend that people with financial constraints mainly offer kinship care. The lack of financial capacity negatively affects the quality of care these children and youth receive in kinship care.

A kinship caregiver in a study by Kiraly, Humphreys and Kertesz (2020: 343) detailed her challenge saying: "It's really overwhelming a lot of the time and I feel bad for [the children]. I feel like sometimes I'm probably a bit too snappy but it's just because I'm stressed about money most of the time, and food...they'll eat every second of the day if it were up to them, anything and everything". Affordability issues sometimes force kinship caregivers to make hard decisions to accommodate their kin child. This could cause a rift between biological children and those in kinship care within the same family as they do not get their needs met simultaneously or at least equally. One child might be of the idea that the other one is loved the most, while the truth is that there is not enough money to cover them all, the way they would have liked.

4.5.5.2 Sub-theme two: Negative influences

The second sub-theme focused on negative influences as a challenge in providing kinship care. This is reflected in the excerpts as follows:

Participants spoke of the influence outside people have, that causes children and youth in kinship care to exhibit inappropriate behaviours. Participants expressed this as follows:

P10: *"You [kinship caregiver] would find that these children are now being ill-advised outside, and they come here at home [kinship care home] with that negative attitude."*

P15: *"It happens, sometimes when a child is growing [in kinship care], you find other people, relatives even, having negative influence on the child. They go to an extent of telling the child*

that you [kinship caregiver] are mistreating them [young people in kinship care], when all you are doing as a parental figure is to raise a child according to the best way you know how.”

P18: *“Also, there is this thing when a child [in kinship care] copies bad behaviours of other children in the neighbourhood, now you [kinship caregiver] have to sit them [child in kinship care] down and explain the reasons you do not approve of such conduct. Usually that move is not welcomed with a smile since the child now believes you are standing in their way of being cool like other children, forgetting that you as a parent also have standards of childrearing you abide by.”*

Observing people often criticise all the efforts made by kinship caregivers towards childrearing. This causes negative behaviour amongst young people in kinship care as they end up believing that their kinship caregivers mistreat them. The influence of neighbours is easy, as a study by Ruonavaara (2022: 379) described relations between neighbours as part of everyday life. This means neighbours can observe the daily happenings in their neighbour’s home and draw conclusions about that, whichever way they deem correct. However, the conclusion cannot always be accurate, opening an opportunity for the negative influence on children in kinship care, whose situation a neighbour may view as unfavourable.

The negative influence of observing people also influences the actions of these young people and causes them to rebel against the teachings of kinship caregivers. One participant expressed this as follows:

P21: *“The problem usually is with the boy child here [in kinship care] who forces to use his paternal surname while he traditionally should not, since he is classified a maternal belonging child. The interest to eventually use his paternal surname is received from other people who give ill-advice for him [child in kinship care] to go against our tradition. This now becomes a challenge when I [kinship caregiver] have to sit him down and explain the traditional repercussions of such actions.”*

Children and youth in kinship care often get influenced easily to disobey rules they are brought up to adhere to by kinship caregivers. Similarly, a study by Mthembu, Poggenpoel and Myburgh

(2020: 10) mentioned a case of a child in kinship care who demanded to know his paternal surname. It then becomes the responsibility of their kinship caregiver(s) to try and make young people in kinship care see reason and be aware of the results of such disobedience. A participant was quoted in a study by Green *et al.* (2021: 5) as frustrated by negative comments from others saying: “I’ve worked with children for 30 years, not five minutes, 30 years. So, you come and knock on my door and tell me how to raise my kids after I’ve already raised my kids and grandkids, and this is my third one...I’m not here doing [kinship care] for the first time”.

4.5.5.3 Sub-theme three: Difficult behaviour by young people in kinship care

The third sub-theme focused on the exhibition of difficult behaviour by children and youth in kinship care as another challenge in kinship care. This is reflected in the excerpts as follows:

P1: *“When the child grows [in kinship care], there is a time when they fight with parents a lot, this happens even to those who are biologically yours [non-kinship children]. They [children in kinship care] just get wild and when you [kinship caregiver] try to reprimand, you tend to remember that it might look as though you are mistreating them since they are children in kinship care.”*

P10: *“I [kinship caregiver] would comment on the fact that children [in kinship care] are now losing respect.”*

P12: *“First and foremost, she [child in kinship care] resists being corrected, she always sees it as being ill-treated. Let me [kinship caregiver] make an example, here in the rural area, we have home chores which include fetching water from the river, grinding for maize meal and wood fetching from the forests. All this, she does not see it as some basic home chores that one has to do for survival but rather as punishment since I [kinship caregiver] am not her biological mother.”*

P13: *“There are challenges, especially when raising a child [in kinship care] who is well aware that you [kinship caregiver] are not their biological parent. Whatever it is that you say or do with*

them, you can see that, to them it always has that thing saying that you only do this because you are not my parent.”

It is easy for children and youth in kinship care to think that their kinship caregivers are mistreating them. These young people often view everyday house chores as being overworked because they do not live with their birth parents. For example, homes in rural areas have chores that are mandatory in order to sustain livelihoods. These could include fetching water from the river, harvesting, grinding maize and fetching wood for cooking. Everyone around the community does all this as basic chores; however, young people in kinship care would somehow wish to be exempted from all that. Kinship caregivers are not sure how to best take care of these young people. A study by Rabassa and Fuentes-Pelaez (2023: 2) also found that difficult behaviour by children leads to parenting stress on kinship caregivers.

Children also start exhibiting distorted behaviours when they reach the adolescence stage where they develop a heightened interest in intimate partner relationships. Participants said:

P4: *“It looks like they [young people in kinship care] are misbehaving a lot these days, the dating, the disobedience, which makes them come home very late at night, however it sometimes comes down, it is not always like this.”*

P7: *“The challenge I [kinship caregiver] would say I have with my 16-year-old adolescent, is the obsession she [child in kinship care] has developed in dating.”*

Dating gets young people excited to the point where they lose respect for their kinship caregivers. This becomes a challenge as kinship caregivers are grown-up people who know the dangers of engaging in intimate partner relationships at an early age. However, when kinship caregivers try talking these young people out of it, they hardly heed that advice. Furthermore, the age gap between kinship caregivers and young people in kinship care, makes regulating young people’s behaviour rather tricky. Studies conducted by Gentles-Gibbs and Zema (2020: 3) and Xu *et al.* (2020: 2) found that grandparents as kinship caregivers often face parenting challenges because they are parenting children from a newer generation, whom they

do not understand. This is due to the fact that times are changing, and so are the social norms that these teenagers conform to, which old people are not accustomed.

Participants also revealed that there were times when their kin children's difficult behaviours affected their school attendance and performance. Participants expressed this as follows:

P16: *“My [kinship caregiver] first challenge with him [child in kinship care] is school related as well. There was a time when he talked back at the teachers if they wanted to reprimand him for being at fault like they do for all the other children. He would also refuse any disciplinary measure teachers tried to impose and I [kinship caregiver] would be called in by his school so I could help them with regards to dealing with that distorted behaviour he would exhibit.”*

P17: *“You [kinship caregiver] find that the child [in kinship care] does not want to listen anymore and even loses interest in going to school. This is bad since going to school is part of the reasons, they [young people in kinship care] are living with you [in kinship care] in the first place. The child changes and sometimes confronts you face-to-face telling you that you are not their parent. Nonetheless, you as an adult always try to make means for them to keep being cared for and protected.”*

Young people often view school as another setting built to dictate how they should and should not live their lives. Consequently, they are often problematic towards the teachers and kinship caregivers get summoned to account for that challenging behaviour shown by their child. Usually, it does not help much as these young people also do not respect their kinship caregivers. Among other challenges kinship caregivers face, Birchall and Holt (2022: 2) noted children's difficult behaviour in kinship care as one pressing issue. The difficult behaviour is also more likely to disturb progress in school. A study by Washington, Stewart and Rose (2021: 2300) noted that children in kinship care are more likely to be disruptive at school, leading to suspensions and lower academic achievement.

4.5.5.4 Sub-theme four: Young people's unknown paternal cultural customs

The fourth sub-theme discussed young people's unknown paternal cultural customs as a challenge in the provision of kinship care. This is reflected in the excerpts as follows:

P2: *"It is culture, these are illegitimate children left to remain with their mother side, hence I [kinship caregiver] know nothing about their [young people in kinship care] paternal sides. Even when they are sick and it shows that they require some paternal cultural customs, my [kinship caregiver] hands are tied in that regard since I do not even know where to start looking."*

P8: *"Another problem as I [kinship caregiver] mentioned earlier, the child's father was said to have been from Maputo, so even when the child [in kinship care] gets sick, we [kinship care family] try what we can, and they say the child needs his paternal culture. Thing is, we do not know Maputo and worse, do not even know the father."*

P9: *"I [kinship caregiver] have come across a challenging situation where the child [in kinship care] got sick and discovered from traditional healer that they [child in kinship care] needed their paternal cultural customs which I had no knowledge about. I also did not know where I could find them [child's paternal family] so they may help the child to get better."*

In African traditional communities, it is vital that the child has both sides of their families actively involved in childrearing. Even when the child is born in marriage, rituals should still be performed for them on their maternal and paternal sides. An example is the *Imbeleko* (cradle) ritual. The same applies even when the child is regarded as illegitimate or maternal belonging; both the maternal and paternal sides still need to cooperate for the best interest of the child. This is important so both families can play their respective roles should the child face a challenge such as sickness. The challenge cited by participants here is young people's unknown paternal cultural customs that results from the father's whereabouts being unknown. The children are reported to fall sick because of not observing paternal cultural practices. This poses a challenge to kinship caregivers, as they do not have the power to act on behalf of children's paternal sides and carry out the required cultural practices. A study by Dastile and Hesselink (2019: 14001) found that at times, lack of knowledge on the whereabouts of the child's family remains a

'forbidden dialogue' as the kinship family would not have accepted the abandonment of the child concerned.

4.5.5.5 Theme five and its sub-themes

The participants revealed a range of challenging situations they have each personally encountered. The challenges were through affordability issues, external negative influences, and difficult behaviour exhibited by children and youth in kinship care to some about young people's unknown paternal cultural customs. Participants emphasised that raising vulnerable children and youth in kinship care requires money to meet childrearing needs adequately. Theme five presented the challenges kinship caregivers often face while offering kinship care. This proves that though kinship care is beneficial for children and youth's development, it is not without challenging moments. The first challenge, as reported by participants, was facing affordability issues when attempting to meet a child's needs. Participants went to the extent of detailing the measures they sometimes have to take to mitigate the severity of this challenge. In addition, McDaniel (2018: para. 2) emphasised that more financial support is still required to assist kinship caregivers in adequately meeting childrearing expenses. All participants are informal kinship caregivers, which might have contributed to their lack of government financial support.

Another challenge that the participants reported to face is the negative influences from external people, and these people could also include other members of the child's extended family. Participants labelled those people as critics, who often give ill-advice to children and youth in kinship care, that they are being mistreated by their kinship caregivers when they are perhaps instilling discipline following inappropriate behaviour by the child in kinship care. This, therefore leads to the third challenge identified by participants, which is that these children, at times develop difficult behaviour. Participants were confident that the exhibition of difficult behaviour is directly linked to that negative influences by external people.

This challenges on kinship caregivers as Lin (2018: 204) indicated that the portrayal of difficult behaviour by children and youth in kinship care, leads to a stressful parenting experience.

Lastly, the participants reported concerns about caring for children and youth with unknown paternal cultural customs. This challenge is associated with the absenteeism of fathers during childrearing. In order to highlight this plight, Statistics South Africa conducted a national study on young people below the age of 18 years in the year 2018. The study concluded that about 70% of Black children grow up without the presence of their biological fathers (Matangira 2021: para. 1). Participants mentioned that sometimes they find themselves in situations where the child is sick and requires paternal cultural customs which is unfortunate since they do not know the paternal families' whereabouts.

4.5.6 Theme six: Governmental support

Theme six emerged as the researcher wanted participants' views on the kind of help, they think could come from the government to show support for kinship care. The theme had three sub-themes namely, (i) monetary and food support, (ii) financial support for tertiary education and (iii) provision of counselling to young people in kinship care.

4.5.6.1 Sub-theme one: Monetary and food support

The first sub-theme focussed on monetary and food support as the kind of support participants believed they require from the government. This is reflected in the excerpts as follows:

One participant mentioned that the support from the government would help sustain stability in the lives of young people in kinship care. She expressed this as follows:

P6: *“The government has to support these children [in kinship care], firstly by ensuring that they [young people in kinship care] remain within their families and provide food support and so forth. This [governmental support] would prevent losing these children where they would see the need to perhaps migrate to seek for better lives.”*

Some children and youth move from one kinship care living arrangement to another due to their needs not being adequately met. Though kinship caregivers offer this care willingly, the overall well-being of the young people in kinship care is still paramount and further intervention is required should things not go as anticipated. Additionally, Kurevakwesu and Chizasa (2020: 92) urged the government to support extended family members raising kin children. A South African study by Sibanda and Ndamba (2023: 49) stated that the kinship care grant that could help kinship caregivers with childrearing costs was long overdue. This is important as Zuchowski *et al.* (2019: 619) stated that kinship care is most effective when it receives enough of both financial and practical support. Furthermore, Manful and Cudjoe (2018: 617) noted that many kinship care living arrangements could appear to be failing due to the lack of governmental interventions in the provision of kinship care.

Other participants had concerns regarding continuity and the need to increase the little support currently available. The participants said:

P10: *“It could be helpful if the government increases their [young people in kinship care] normal support grant [child support grant], they give these children at least. This [the increase] would help kinship caregivers be at a better state of meeting children’s basic needs.”*

P18: *“The government needs to ensure that the children [in kinship care] gets their needs met. They [the government] could be of help by also providing monetary support such as the one through the foster care system. That money would help also with the children’s school needs.”*

P20: *“The government could help by continuing with their [the government] child support grant since these children [in kinship care] are being fed off it. Their [children in kinship care] mothers get this grant and buy them things like clothes and life goes on.”*

P21: *“The help from the government...I [kinship caregiver] do not want to lie, would be monetary. In all honesty, money would make looking after such children [in kinship care] a seamless process.”*

Although the available support, such as the child support grant, is not enough to meet all childrearing expenses, it does help where it can. The child support grant goes towards meeting children's basic needs, including food and clothing. However, it could help if the government has funds set aside to focus on supporting kinship care as they do for other forms of alternative care. According to the South African Government News Agency (2022: para. 3), there has been improvement lately concerning to the grant, especially primarily provided to orphaned children raised by relatives. The grant would now be an amount of R720 instead of the previous R480. This improvement is still not nearly satisfactory, considering the depth of needs young people in kinship care have. For example, a kinship caregiver in a study by Gibson *et al.* (2020: 4), said: "I only make x amount of dollars and you're [caregiver] getting – do you know what I'm saying? A portion of that so it's only so much I can do. And I feel torn between you know – it's my choice like having children but, you know, I feel inadequate sometimes".

Additionally, another kinship caregiver in a study by Kiraly, Humphreys and Kertesz (2020: 343) stated her concerns regarding the lack of support from the government, saying: "Financially I don't think [authorities] really understand how much it costs to look after a child if you can't go to work because you're restricted to do that. The subsidy doesn't get you very far". Despite the evident help kinship care provides, kinship caregivers are still receiving little to no support for them to adequately provide for young people in kinship care (Lee, Huerta and Farmer 2021: 3; Rabassa and Fuentes-Paez 2023: 2).

Participants also mentioned that they would appreciate having easy access to support and consistent support. Participants said:

P2: *"I [kinship caregiver] think the government has to intervene with regards to the grant provision for these children [in kinship care]. You [kinship caregiver] sometimes find that at these government offices require so many details and documents when you go to register, and most it is the information you do not have. Children's grant should be something guaranteed that a needy child [in kinship care] will get."*

P12: *"The government could support in whatever way it can, as long as they would ensure that the family and the child [in kinship care] always have something to eat."*

P14: *“There must be a way that they [the government] offer support so we [kinship caregivers] could even pay for learning equipment required at their [young people in kinship care] schools. Another way is to ensure that perhaps they make available food parcels that would help such families [kinship care families] on a monthly basis. In addition, some little money would go a long way as well with regards to raising these children [in kinship care].”*

P19: *“I [kinship caregiver] was thinking if the government, at least keeps the money like that of foster care coming so that I also could be able to meet these children’s [in kinship care] needs.”*

Regardless of the little support, it would assure kinship caregivers that it will not stop abruptly. In addition, the kinship caregivers would appreciate the easy accessibility to support. At times government officials require documents that are impossible to be produced by kinship caregivers and that causes many young people to remain unsupported. To corroborate the consistency of the foster care grant, Tladi and Setlalentoa (2020: 15046) mentioned that the South African government provides monthly.

4.5.6.2 Sub-theme two: Financial support for tertiary education

The second sub-theme focused on financial support for tertiary education as another kind of assistance participants would like to get from the government. This is reflected in the excerpts as follows:

Participants had concerns regarding the government’s lack of financial support, which would ensure that the youth in kinship care would further their studies post-matric. The participants said:

P2: *“Also if the government could assist these children [in kinship care] when it is time that they would like to further their studies at university level.”*

P7: *“I [kinship caregiver] would like it if the government could continue helping these children [in kinship care] with regards to furthering their higher education. This [financial support for tertiary education] could prevent having them [young people in kinship care] wonder in the streets doing nothing after matriculating. Studying further also could place them at a better chance of finding better employment in the near future.”*

P9: *“When a child [in kinship care] moves past matric, they [young people in kinship care] often do not go anywhere in terms of studying further. This is because we as parents [kinship caregivers] do not afford sending them [young people in kinship care] to institutions of higher learning. Now if the government could assist with regards to this problem, I [kinship caregiver] am very hopeful many things could be fixed.”*

P11: *“Just when a child [in kinship care] finishes grade 12, that is where their [young people in kinship care] lives actually begin. Unfortunately, that is also where us as parents [kinship caregivers] fail to support them [young people in kinship care] financially. I think if the government could assist them in navigating life post matric.”*

The kinship caregivers do not have the financial capacity to take their youth in kinship care to tertiary institutions to further their studies. If the government does not fund them for some reason, they end up wandering the streets after completing grade 12. A study by Chauke and Mudau (2019: 182) found that the South African government’s actions that deny youth access to higher education make it harder for these young people to stop the cycle of poverty in their communities.

One participant raised a concern regarding the NSFAS funding as follows:

P16: *“Where I [kinship caregiver] see that the government falls short is with regards to ensuring that such a child [in kinship care] gets financial support post high school education such as NSFAS. Thing is, with NSFAS it seems as though it is a game of luck on who actually gets funded. That is very demotivating to a child when they do not get funded and that means they are not going to study further. This child has been all along a recipient of foster care, that alone should be reason enough to note that the child is indeed in need of financial assistance by the*

government. I wish if a background check for such a child serves as a guarantee that they should by all means be funded also taking their situation into consideration.”

The government's effort to support youth who want to further their studies through the NSFAS system is acknowledged. However, the issue is that sometimes NSFAS does not fund all deserving learners. It becomes a demotivating factor for young people such as those in kinship care since kinship caregivers cannot afford to pay for higher education. Youth in kinship care are already a vulnerable group that the government must support through to independent adulthood. Participants raised concerns that the average child support grant stops when a child reaches the age of 18 when most of these young people require financial support to enrol in tertiary institutions. Despite kinship being the preferred alternative care method, Darwiche *et al.* (2019: 325) noted a lack of support for this care.

4.5.6.3 Sub-theme three: Provision of counselling to young people in kinship care

The third sub-theme focused on the need for the government to provide counselling to children and youth in kinship care. This is reflected in the excerpts as follows:

P1: *“Firstly, I [kinship caregiver] wish if there was a way our government could offer counselling to these children [in kinship care]. In that way a child [in kinship care] would know clearly when they have grown up to understand maybe during adolescence that all that is done here [in kinship care living arrangement] is for their best interest. I have a belief that they [young people in kinship care] would listen and actually hear if it is being communicated to them by an outsider [counselling personnel] perhaps from the government than when they are told by me [kinship caregiver] since they might have told themselves deep down that they will not take anything from me. Counselling could then clarify for them that being raised after you lose your birth parents is part of life and no one hates you especially not the only adult who stepped in to care.”*

P13: *“If the government could note that these children [in kinship care] require being grouped together somewhere in a counselling session maybe or something like that. These children do need being talked to about losing birth parents and be assured that now the kinship caregivers*

are here to provide care and protection and not hate on them. These children need to understand this, because you [kinship caregiver] often find that they complain just about anything due to not understating the situation they have found themselves in.”

Counselling could help these young people in kinship care come to terms with being in kinship care and not blame anyone. In addition, Dare *et al.* (2020: 6) indicated that counselling could also help children and youth in kinship care disclose their feeling about the incidents that led to their removal and learn how to deal with such feelings appropriately. The importance of counselling was lauded by a grandparent in a study by Gentle-Gibbs and Zema (2020: 4), who said: “He [grandchild] goes to counselling due to his mom...and dad not being in his life. We also then have to go to a psychiatrist to get medicine...so I know this has been a big help for us...big, big help”. This shows that by going to counselling with the child might also reveal underlying issues that need further intervention to achieve the child’s overall well-being. Counselling is also needed due to the fact mentioned by Miller *et al.* (2019: 112) that many children and youth in kinship care have undergone some sort of traumatic life experience. Additionally, counselling is more helpful to older children, as Pollack (2019: 23) stated that young people become more cognisant of their social status during adolescence.

4.5.6.4 Theme six and its sub-themes

Data revealed that monetary and food support were the kinship caregivers’ leading needs, which they would appreciate if the government showed support. Kinship caregivers who cared for youth also relayed their concerns regarding their children’s journey to pursue higher education. They expressed that they would greatly appreciate it if the government could ensure that the youth in kinship care be exempted from standard rules about getting funded but make an exception, considering that these young people are proven to come from disadvantaged backgrounds. Some participants wished that the government could provide counselling especially to the youth in kinship care, since the awareness of the situation is directly linked to a young person behaviour. Even in developed countries where kinship care is recognised, Hallett, Garstang and Taylor (2023: 633) noted that kinship care receives less governmental support than other forms of alternative care.

Theme six presented participants' responses regarding the needed governmental support to assist kinship caregivers while offering this care. The first sub-theme that emerged was the government's need to offer monetary and food support to kinship caregivers to fend for their families. Though kinship caregivers often make means to provide for these children and youth in kinship care. It is a known fact, as stated by Xu *et al.* (2020: 1), that most of these carers are either old, less educated, unemployed or all. Therefore, it is clear that the amount of help children and youth in kinship care receive from their kinship caregivers would typically not suffice for childrearing expenses. These circumstances convinced participants that financial assistance from the government in this regard would be of great help. The other need participants revealed is related to financial support for tertiary education. Participants raised concerns that they (kinship caregivers) often cannot afford to financially support their youth for study life and post-high school education. It was also mentioned by Mendes *et al.* (2023: 1) that youth who transition out of care, such as kinship care, face challenges, including limited access to higher learning institutions.

Another portion of participants believed that if the government could provide the youth in kinship care with counselling, the challenges in kinship care could be mitigated. The target towards the youth is justified, as they are at the age with increased understanding, unlike the younger children. Participants further revealed that such psychological help is required as these young people often blame everyone around, especially kinship caregivers, for their unfortunate situations, promoting the need for kinship care. This youth's mindset is reported to lead to an unwarranted sense of entitlement and the exhibition of distorted behaviours, should their demands remain unmet. A study by Gill (2023: para. 1) mentioned the need for counselling in situations such as kinship care. Indicated that counselling could help the youth better understand their emotions and situation and find the least damaging ways of responding without hurting their kinship caregivers.

4.6 CONCLUSION

This chapter provided the data analysis and discussion from the twenty-one interviews. The themes and sub-themes were presented in Table 4:3 and thereafter discussed in the rest of the chapter. The findings revealed both the benefits and challenges associated with the provision of kinship care. The next chapter shall summarise the findings, limitations, recommendations and conclusion.

5. CHAPTER FIVE: SUMMARY OF FINDINGS AND RECOMMENDATIONS

“In many low-income communities, parents, particularly single mothers, place children in kinship care in an effort to meet their children's need for food and other basic necessities”

(Delap and Mann 2019: 18).

5.1 INTRODUCTION

The current study explored ways kinship care benefits children and youth in a selected rural community (Robbinsdale) of the Mpumalanga Province in South Africa. Furthermore, the study aimed to understand both the benefits and challenges posed by kinship care in the lives of these young people under this care. The theoretical framework used was Maslow's Hierarchy of Needs. The theory explains how the needs of children and youth in kinship care are met hierarchically. The needs are met from basic needs up to the needs of personal fulfilment where young people can achieve life goals.

The objectives that were developed to guide this study were namely, (i) to understand kinship care within the South African context, (ii) to understand the role African spirituality plays in kinship care, (iii) to inquire how young people are cared for through kinship care and (iv) to understand the benefits and challenges of kinship care in the lives of young people in kinship care. Twenty-one interviews with kinship caregivers resulted in rich data which was analysed using thematic analysis. Six (6) significant themes and twenty-six (26) sub-themes emerged and were sufficient to answer the research questions. The previous chapter (chapter four) presented the data and analysis. The findings provided extensive insight into the benefits and challenges of kinship care in the lives of its beneficiaries.

This chapter includes a summary of major findings and recommendations. Limitations, recommendations, and conclusion of the study shall also be provided.

5.2 SUMMARY OF MAJOR FINDINGS

Table 5:1 Themes and sub-themes

THEMES	SUB-THEMES
1. Kinship care	<ul style="list-style-type: none"> • Mandatory care by blood relatives • Unity within families • Parental care • Act of <i>Ubuntu</i>
2. The role of African spirituality	<ul style="list-style-type: none"> • Cultural context • Personal identity • Healing • Positive upbringing
3. Becoming a kinship caregiver	<ul style="list-style-type: none"> • Voluntary commitment • Death of a parent(s) • Family decision • Labour migration • Child abandonment • Early childbearing by girls
4. Benefits of kinship care	<ul style="list-style-type: none"> • Getting a parental figure(s) • Knowing their background • Home with protection • Help from the community • Getting children's basic needs met
5. Challenges posed by kinship care	<ul style="list-style-type: none"> • Affordability issues • Negative influences • Difficult behaviour by young people in kinship care • Young people's unknown paternal cultural customs

6. Governmental support	<ul style="list-style-type: none"> • Monetary and food support • Financial support for tertiary education • Provision of counselling to young people in kinship care
-------------------------	---

The sub-headings presenting major findings are per the study objectives. The sub-headings are as follows, (i) understanding kinship care in the South African context, (ii) the role of African spirituality in the provision of kinship care, (iii) ways children and youth receive care through kinship care and (iv) the benefits and challenges of kinship care.

5.2.1 Understanding kinship care in the South African context

The first objective sought to understand kinship care in the South African context. According to the findings, kinship care in the South African context can be understood as parental care by relatives which shows unity within families through embracing the spirit of *Ubuntu*. This emerging definition can be supported by Shambane (2021: 1) who stated that *Ubuntu* is a practicable approach to parenting, especially in African communities. A study by Leonard, Ananias and Sharley (2022: 239) asserted that Namibian children in kinship care are also offered this care through the spirit of *Ubuntu*. Africans' beliefs also influence the kinship care approach in communal living.

In South Africa, formal kinship care is likened to foster care. This care arrangement is therefore referred to as kinship foster care as a means to create placement permanency for children and youth since it is not likely that relatives would give up the caring role (Zimudzi 2022: 23). This is because all kinship caregivers who would like to get financial assistance from the government, go the foster care route for them to be recognised as legal caregivers. The placement of children and youth under the care of relatives is regulated by Section 32(1) of the Children's Act of 2005 (Yell 2019: 46). This means that apart from the regular child support

grant (CSG) that every child entitled to, young people under informal kinship care receive no designated financial support from the government. Notably, informal kinship care does not benefit children and youth adequately considering kinship caregivers' financial constraints. A study by Ratune (2020: 16) asserted that kinship care in South Africa is a legacy of poverty. The poverty situation has then led to the large considerable informality around kinship care. Furthermore, in South African families, having children raised by their grandparents has always been a cultural norm (Mabetha, De Wet-Billings and Odimegwu 2021: 2).

5.2.2 The role of African spirituality in the provision of kinship care

The second objective aimed to understand the role of African spirituality in the provision of kinship care. The findings revealed that the role of African spirituality was helping to preserve, cultural context and personal identity, providing healing and facilitating positive upbringing for young people. The preservation of the cultural environment enables young people in kinship care to live and develop within a community of shared attitudes and values and with people of common origin (Clifton and Sailus 2022: para. 6). In addition, Buckenberger (2020: 3) stated that Africans prioritise preserving 'their roots' due to a belief that disconnection from these, could lead to challenges in a life of whoever is not conforming to the prescribed way of life. This is emphasised by a definition provided by Heeralal (2020: 28) who stated that "spirituality is expressed through beliefs, values, traditions and practices". Therefore, having an alternative care option such as kinship care which preserves both the cultural context and identity is significant for the upbringing of an African child.

The current study found that the role played by African spirituality is crucial in the provision of kinship care. One of the most noted benefits of African spirituality, is that it enables children and youth in kinship care to live in culturally appropriate kinship care living arrangements. As a result, children and youth in kinship care get to observe and practice specific ethno-cultural traditional practices relevant to them as per their origin. Kinship care promotes cultural connectedness, which also sets this care apart from other alternative care methods (Hassall *et al.* 2021: 815). Observing such cultural practices also brings about healing to the child through traditional herbs or appeasing of the child's ancestral forebears.

African spirituality contributes to children and youth's positive upbringing as well. The findings reported that through participating in cultural ceremonies performed within the community, children and youth in kinship care are influenced to adopt healthy lifestyles. This includes learning self-regulation and abstinence from activities that could potentially harm their lives. Children and youth in kinship care get gender-specific role models who indoctrinate them on ways deemed appropriate that an individual needs to carry themselves following their cultural traditions. Such a way of living helps children and youth in kinship care maintain their personal identity as per their ethnic group.

5.2.3 Ways children and youth receive care through kinship care

The third objective sought to understand how young people are cared for through kinship care. Before delving deeper into how these children and youth receive care through kinship care, the researcher deemed it necessary to understand how the relatives became kinship caregivers. This understanding also helped identify whether kinship care was provided under the auspices of child welfare (formal or informal). This understanding is crucial because it is directly linked to the level of care these young people in kinship care receive.

5.2.3.1 On becoming kinship caregivers

There are many ways under which participants revealed to have become kinship caregivers to the children and youth under their care. The findings reported that some kinship caregivers took on this role voluntarily while others were left with a choice after circumstances made it necessary that they step up to the role. For some, it was a consensus decision by the extended family that they were seen as suitable for offering kinship care to vulnerable children and youth within the family. Family decisions regarding suitable candidates to offer kinship care are often taken by senior family members (Mann and Delap 2020: 5). Another common reason some of the kinship caregivers took on this role was due to parental death, which left these young people without primary caregivers.

A study by Holt and Birchall (2022: 1237) also mentioned parental death as a reason kinship caregivers assume this role. Kinship caregivers are influenced to this role by the desire to keep children and youth within their families when they cannot be with birth parents (Abdullah, Cudjoe and Manful 2020: 207; Taylor *et al.* 2020: 845). Parental labour migration has also led to many children entering kinship care. Due to labour migration, extended family members end up providing kinship care to the children of their working relatives (Leonard, Ananias and Sharley 2022: 242). A study by Ratune (2020: 8) found that many South African women do not live with their children due to labour migration, which then leads to their children being raised by relatives. In addition, a study by Hu, Burton and Lonne (2020: 497) also found that children in rural China enter kinship care due to their parents' migration to the cities for employment. Furthermore, early childbearing by girls and child abandonment was also reported by findings to be other issues prompting the provision of kinship care to young people.

5.2.3.2 The offering of care by kinship caregivers

The findings reported that these kinship caregivers provide for the children and youth in kinship care from their own pockets. Notably, the provision of kinship care is replete with challenges that participants would like the government to intervene in, to mitigate. According to Hopkins (2020: para. 3), governmental support for kinship care means protecting children, families and communities. Hence, they get to not only preserve identity but gain a sense of belonging as well. To assist in providing kinship care, the participants revealed that they would like the government to offer money, food, and counselling to children and youth in kinship care and guarantee financial support for their tertiary education. Unlike in developed non-African countries where kinship is well regulated, kinship care in Africa still requires much financial support from governments (Ariyo, Mortelmans and Wouters 2019: 179). In addition, Mann and Delap (2020: 9) found that kinship caregivers are themselves vulnerable people who require financial and practical support, among other forms of assistance.

5.2.4 The benefits and challenges of kinship care

The fourth objective is to understand the benefits and challenges of providing kinship care in the lives of young people in kinship care.

5.2.4.1 The benefits of kinship care

The findings revealed that the benefits are that the children and youth in kinship care get parental figures, know their background, and live in a home with protection. For instance, in the United States of America, children whose cases have proven that neither adoption nor reunification with birth parents is feasible, kinship care provides care permanency in a home of a child's relative (Child Welfare Information Gateway 2018: 2). Young people also love settling in a home they already like and understand (Hill 2020: 2). Furthermore, these children and youth in kinship care get assistance from the community. The help from the community is due to African's belief in communal living (Lafeya, Ezenagu and Esoso-Agbor 2022: 3). Communal living in this African community (Robbinsdale) also was reported as beneficial to children and youth in kinship care as they get assistance from community members. Abdullah, Cudjoe and Manful (2020: 208) emphasised that raising of children in Africa is usually a collective responsibility of the community. In addition to the benefits, children and youth get kinship caregivers who play important parental roles during their upbringing. These kinship caregivers create stability in the lives of young people in kinship care (Hu, Burton and Lonne 2020: 497).

Kinship care has been proven to be more beneficial to children and youth when compared to other non-kinship alternative care placements (Kiraly 2018: 449). Findings reported that children and youth in kinship care get their basic needs met by their kinship caregivers. The basic needs for children and youth that were mentioned include, getting a home with protection, food, clothing, and the ability to attend school. The familiarity of remaining within the family of origin lessens the trauma of separation and loss the children and youth might have had to experience in nonfamilial placements (Taylor *et al.* 2020: 845). Furthermore, children and youth in kinship care get to preserve their personal and cultural identity by remaining within constellations of kinship caregivers who are directly related to them.

5.2.4.2 The challenges of kinship care

Though kinship care has been proven appropriate as an alternative care method, it is not without challenges. The study findings reported various challenges including, affordability issues, negative influences, difficult behaviour by young people in kinship care and young people's unknown paternal cultural customs. Kinship caregivers believe that some challenges such as affordability issues and difficult behaviour by children and youth could be mitigated through appropriate support from the government.

Most kinship caregivers are poor or unemployed which makes it harder to adequately care for children in kinship care in a world where the cost of living is constantly increasing. A report by Mcrae (2022: para. 2) described a situation where a kinship caregiver struggled to cope financially, as raising a child of a relative was an added responsibility the kinship caregiver had not put prior plans for. The challenges often faced by kinship caregivers, make caring for young people in kinship care seem inadequate (Chartered Institute of Housing 2022: para. 1). However, kinship caregivers do not view these challenges as impediments forcing them to give up their caring role. Some challenges are not money-related, which makes providing kinship care rather tricky. For example, young people receive neglect from their paternal families. The reason unknown cultural customs pose a threat on children's well-being is due to kinship caregivers' cultural beliefs and preconceptions that healing is intertwined with one's traditional rituals and practices (Mabetha, De Wet-Billings and Odimegwu 2021: 1). Should the child for some reason fall sick or be attacked by evil spirits, it gets harder to facilitate healing for an African child whose families are not simultaneously present.

5.3 GOVERNMENTAL SUPPORT REQUIRED BY KINSHIP CAREGIVERS

The study findings reported that the challenges kinship care faces are linked to the government's lack of support for kinship care. This lack of support makes kinship care seem not to benefit children and youth to the highest level as it should. Again, this results from offering kinship care on an informal basis. Even the little support kinship caregivers receive in South Africa does not suffice for childrearing expenses and is not directed to kinship care as a distinct alternative care method. Similarly, in the United States of America, only one-third of kinship

caregivers receive temporary financial assistance despite the knowledge that this group of carers (kinship caregivers) is primarily affected by poverty (Xu *et al.* 2021: 29). Furthermore, kinship caregivers in British Columbia reported that even foster care receives higher funding than kinship care in their country (Parental Support Services Society of BC 2020: 5).

The study found that kinship caregivers would like the government to assist with, monetary and food support, financial support for tertiary education and counselling to children and youth in kinship care. According to Statistics South Africa (2022: para. 9) governmental support towards families and childrearing is limited for South African families. In South Africa the financial support for children and youth in kinship care is only received through means of a foster care grant (Yell 2019: 46). Kinship caregivers believe that support dedicated directly to kinship care would make their caring role much more beneficial to the children and youth in kinship care. Regarding youth counselling, Ackerman (2018: para. 4) indicated the importance that parental figures of young people who are victims of traumatic life events must seek professional insight to help these young people cope with such aftermath. In addition, Zimbudzi (2022: 43) highlighted that children and youth who have entered kinship care require professional assessment through means of counselling since they have undergone traumatic life events.

5.4 THE SCHEMATIC DIAGRAM DEPICTING THE BENEFITS AND CHALLENGES OF KINSHIP CARE AS PER STUDY FINDINGS

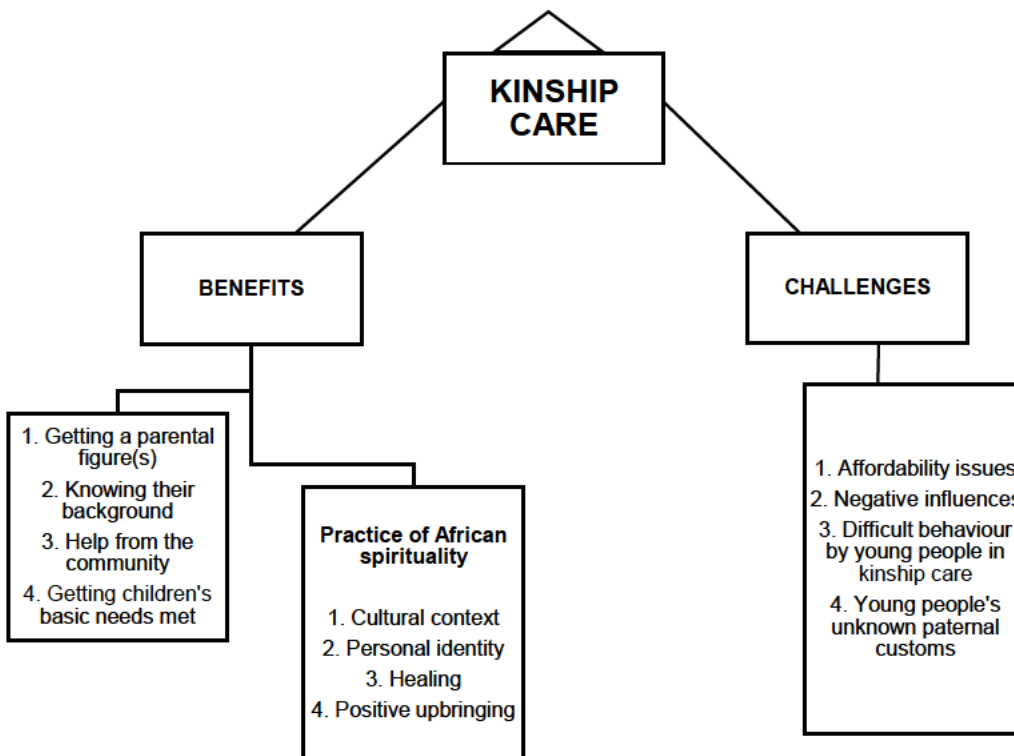


Figure 5:1 Benefits and challenges of kinship care

5.5 CONCLUSION

The current study explored how kinship care benefits children and youth of the Robbinsdale community in the Mpumalanga Province. Through semi-structured interviews, the study received participation from twenty-one kinship caregivers who provided kinship care informally to children and youth. However, the findings reported some challenges to kinship care, such as difficult behaviour by young people in kinship care, negative influences, and young people's unknown paternal cultural customs. The main challenge was government's lack of financial support for kinship care. Kinship caregivers do everything within their capacity, to champion the

issues these young people in kinship care often face. However, kinship caregivers' financial capacity often proves insufficient to cover all that young people in kinship care require. Apart from the abovementioned challenges, kinship care has many benefits for children and youth in kinship care. The benefits reported by the study findings were that children and youth get their basic needs met, getting them to remain in their families (where they get parental figures) and community of origin as well as preserving their cultural identity through observing African spirituality.

5.6 RECOMMENDATIONS

Future research on kinship care in the South African context should include children and youth in kinship care as focal points since they are beneficiaries of this care. This could benefit kinship care and provide both the government and kinship caregivers with clear direction regarding improving this care. Focusing on children and youth in kinship care could also help ensure that voices are heard and actively participate in matters concerning their well-being.

5.7 LIMITATIONS

According to Theofanidis and Fountouki (2018: 156) study limitations may “concern potential weaknesses that are usually out of the researcher’s control, and are closely associated with the chosen research design, statistical model constraints, funding constrains, or other factors”. The current study heavily focused on kinship caregivers (participants) and not children and youth in kinship care. This approach was however influenced by the dearth of literature on South African kinship care and its provision. Therefore, the researcher deemed it necessary to explore the phenomenon from the perspectives of those who provide this care.

“Whenever possible children should have the opportunity to grow up where they feel they belong, where they are safe and secure, and where they have dependable, enduring relationships with adults who care for them” (Hill 2020: 1).

REFERENCE LIST

Abdullah, A., Ayim, M., Bentum, H. and Emery, C. R. 2021. Parental poverty, physical neglect and child welfare intervention: dilemma and constraints of child welfare workers in Ghana. *Children and Youth Services Review*, 126(106036): 1.

Abdullah, A., Cudjoe, E. and Manful, E. 2020. Creating a better kinship environment for children in Ghana: lessons from young people with informal kinship care experience. *Child & Family Social Work*, 25(1): 207-209.

Abdullah, A., Cudjoe, E., Emery, C. P. and Frederico, M. 2020. Moving towards independent living in Ghana: narratives from young adults about their kinship care experience. *Journal of Adolescence*, 79: 149-153.

Abdullah, A., Frederico, M., Cudjoe, E. and Emery, C. R. 2020. Towards culturally specific solutions: evidence from Ghanaian kinship caregivers on child neglect intervention. *Child Abuse Review*, 29(5): 403-405.

Abe Abe, L. C. 2022. Kinship care: a lived experience of young adults. *Psychology and Education*: 2-4.

Ackerman, C. E. 2018. *Child Therapy: 19 Counseling Techniques & Kids' Activities*. Available: <https://positivepsychology.com/child-therapy/> (Accessed 08 June 2023).

Adoption and Fostering Academy. 2022. *Better Chances for Children Since 1739*. Available: <https://corambaaf.org.uk/practice-areas/kinship-care/information-kinship-carers/what-kinship-care> (Accessed 11 November 2022).

Alharahsheh, H, H. and Pius, A. 2020. A review of key paradigms: positivism vs interpretivism. *Global Academic Journal of Humanities and Social Sciences*, 2(3): 40-41.

Allsopp, J. M. 2020. Child and youth care work in the South African context: towards a model for education and practice. P.hD, Durban University of Technology.

American Bar Association. 2022. *Benefits of Kinship Placement*. 4-11.

Amponsah, S., Omoregie, C. O. and Ansah, B. O. 2018. African cultures and the challenges of quality education for sustainable development: 49.

Ariyo, E., Mortelman, D. and Wouters, E. 2018. The African child in kinship care: a systematic review. *Children and Youth Services Review*, 98(2019): 178.

Ariyo, E., Mortelmans, D. and Wouters, E. 2019. The African child in kinship care: a systematic review. *Children and Youth Services Review*, 98: 179.

Asif, N., Breen, C. and Wells, R. 2023. Influence of placement stability on developmental outcomes of children and young people in out-of-home care: findings from the pathways of care longitudinal study. *Child Abuse & Neglect*. 2.

Aspers, P. and Corte, U. 2019. What is qualitative research. *Qualitative Sociology*, 42: 142.

Assim, U. M. 2013. Understanding kinship care of children in Africa: a family environment or an alternative care option?. LLD, University of the Western Cape.

Barclay, C. 2018. Semi-structured interviews. *KnowHow*, 1: 1-2.

Beal, S. J., Nause, K. and Greiner, M. V. 2022. Understanding the impact of COVID-19 on stress and access to services for licensed and kinship caregivers and youth in foster care. *Child and Adolescent Social Work Journal*, 2.

Bearman, M. 2019. Focus on methodology: a practical approach to writing semi-structured interview schedules. *Focus on Health Professional Education: A Multi-Professional Journal*, 20(3): 1-2.

Beaufils, J. 2022. 'That's the bloodline': does kinship and care translate to kinship care?. *Aust J Soc Issues*, 00: 2-7.

Benjamin, T., Chang, D. F. and Steele, M. 2019. A qualitative study of "fa a 'amu" kinship care experiences in Tahiti. *Adoption Quarterly*, 22(3): 175.

Bergen, C. 2022. Caregivers' perceptions of the role strain experienced as a kinship caregiver. *Capella University*, 1-14.

Bhagwan, R. 2022. The views of social work practitioners with regards to religion and spirituality at the interface of social work practice with children and adolescents. *International Journal of Children's Spirituality*, 27(2): 115.

Birchall, J. and Holt, A. 2022. Who cares?: the grandmother kinship carers shouldering the burden within a gendered care economy. *Journal of Women & Aging*: 2.

Bleiker, J., Morgan-Trimmer, S., Knapp, K. and Hopkins, S. 2019. Navigating the maze: qualitative research methodologies and their philosophical foundations. *Radiography*, 25: 6.

Bonisteel, I., Shulman, R., Newhook, L. A., Guttman, A., Smith, S. and Chafe, R. 2021. Reconceptualizing recruitment in qualitative research. *International Journal of Qualitative Methods*, 20: 4.

Borenstein, J., Frederico, M. and McNamara, P. 2021. Creating 'deep knowledge' and transformative change: a critical social work approach to researching formal kinship care. *British Journal of Social Work*, 51: 735.

Boru, T. 2018. Chapter five research design and methodology: introduction. Ph.D, University of South Africa.

Branson, N. and Byker, T. 2018. Causes and consequences of teen childrearing: evidence from a reproductive health intervention in South Africa. *Journal of Health Economics*, 57: 221.

Brant, K. 2022. When mamaw becomes mom. *The Russell Sage Foundation of the Social Sciences*, 8(3): 80.

Breman, R., MacRae, A. and Vicary, D. 2018. 'The hidden victims': family violence in kinship care in Victoria. *Children Australia*, 43(3): 186.

Brown, N. 2020. *Celebrating the Important Role of Child and Youth Care Workers*. Available: <https://www.socialserviceworkforce.org/resources/blog/celebrating-important-role-child-and-youth-care-workers#:~:text=CYCWs%20build%20relationships%20longer%20needed>. (Accessed 13 March 2023).

Buckenberger, G. N. 2020. Cultural factors that influence domestic adoption in South Africa. *CARE Conference: Vulnerable Children and Viable Communities*, 5: 3.

Burke, S., Bouey, J., Madsen, C., Costello, L. and Schmidt, G. 2023. Supporting indigenous kinship caregivers. *Practice: Social Work in Action*, 0(0): 1-9.

Burke, S., Bouey, J., Madsen, C., Costello, L., Schmidt, G., Barkaskas, P., White, N., Alder, C. and Murium, R. 2022. Kinship care: evaluating policy and practice. *Journal of Public Child Welfare*: 1-8.

Burkholder, M. 2019. The impact of HIV/AIDS on orphans in a South African context. *Orphans and Vulnerable Children Student Scholarship*: 6.

Burns, K., O'Mahony, C. and Brennan, R. 2021. 'Private family arrangements' for children in Ireland: the informal grey space in-between state care and the family home. *British Journal of Social Work*, 51: 1203.

Busetto, L., Wick, W. and Gumbinger, C. 2020. How to use and assess qualitative research methods. *Neurological Research and Practice*, 2(14): 1-7.

Campbell, S., Greenwood, M., Prior, S., Shearer, T., Walkem, K., Young, S., Bywaters, D. and Walker, K. 2020. Purposive sampling: complex or simple? research case examples. *Journal of Research in Nursing*, 25(8): 654.

Cantero, C. 2019. *How to Write a Literature Review*, 1. Available: www.sjsu.edu/writingcenter (Accessed 20 August 2022).

Castleberry, A. and Nolen, A. 2018. Thematic analysis of qualitative research data: is it as easy as it sound?. *Currents in Pharmacy Teaching and Learning*, 10(6): 808.

Cavanaugh, D. L., Sutherby, C. G., Sharda, E., Huges, A. K. and Woodward, A. T. 2020. The relationship between well-being and meaning-making in kinship caregivers. *Children and Youth Services Review*, 116(105271): 1-2.

Centre for Excellence in Therapeutic Care. 2022. Research: understanding the needs of kinship carers in Australia: 3-5.

Chakona, G. and Shackleton, C. M. 2019. Food insecurity in South Africa: to what extent can social grants and consumption of wild foods eradicate hunger?. *World Development Perspectives*, 13: 87.

Chartered Institute of Housing. 2022. *Barriers to Support: Social and Kinship Care*. Available: <https://www.cih.org/blogs-and-articles/barriers-to-support-social-housing-and-kinship-care> (Accessed 09 June 2023).

Chauke, T. A. and Mudau, T. J. 2019. "Why am I here and what does South Africa new dawn mean for me?": youth streetism in the city of Polokwane. *Journal of Gender, Information and Development in Africa (JGIDA)*: 182.

Cheng, T. C. and Lo, C. C. 2022. Among children placed in kinship care: exit to reunification, adoption, or foster care. *Journal of Social Service Research*, 48(6): 769.

Cherry, K. 2019. *Abraham Maslow Quotes About Psychology*, para 1. Available: <https://www.thoughtco.com/abraham-maslow-quotes-2795686> (Accessed 12 September 2022).

Child Welfare Information Gateway. 2018. *Kinship Guardianship as a Permanency Option*. Available: <https://www.childwelfare.gov> (Accessed 01 April 2023).

Chiroma, N. H. 2020. The therapeutic and integrative significance of faith in the African quest for healing and wholeness. *HTS Teologiese Studies/Theological Studies*, 76(2): 3.

Clarke, V. and Braun, V. 2017. Community: thematic analysis. *The Journal of Positive Psychology*, 12(3): 297.

Clifton, L. and Sailus, C. 2022. *African System of Kinship and Marriage: overview & summary*. Available: <https://study.com/learn/lesson/african-systems-kinship-marriage.html> (Accessed 05 April 2023).

Collier, C. 2023. Editorials: caring for children in foster or kinship care. *American Family Physician*, 107(1): 13.

Cui, L., Wang, Y., Chen, W., Wen, W. and Han, M. S. 2021. Predicting determinants of consumers' purchase motivation for electric vehicles: an application of Maslow's Hierarchy of Needs model. *Energy Policy*, 151(112167): 3.

- Daly, A. 2021. Good relations: kinship care in Liverpool, UK and the views of professionals on human rights. *Journal of Human Rights Practice*, 13(1): 67-69. et al
- Dare, J., Marquis, R., Wenden, E., Gopi, S. and Coall, D. A. 2020. The impact of a residential camp on grandchildren raised by grandparents: grandparents' perspectives. *Children and Youth Services Review*, 108(104535): 1-6.
- Darwiche, S., Terrell, L., Skinner, A. C. and Narayan, A. P. 2019. Kinship care and foster care: a comparison of out-of-home placement from the perspective of child abuse experts in North Carolina. *N C Medical Journal*, 80(6): 325-328.
- Dastile, N. P. and Hesselink, A. E. 2019. Recollections of childhood trauma in the lives of incarcerated young Black women. *Gender & Behaviour*, 17(4): 14001-14002.
- Davey, J. C. 2016. The care of kin: a case study approach to kinship care in the south of England and Zululand, South Africa. *Bournemouth University*, 16-24.
- Day, A. G., Savage, J. and Delaplane, G. 2023. Keeping families together and promoting child well-being through kinship care. *Children's Voice*, 32(1): 44-45.
- Day, A., Feltner, A., Wollen, S. and Vanderwill, L. 2020. Kinship care in Washington state. *Partners for Our Children*: 5-8.
- De Wet, N. 2019. The association between mother's socioeconomic status and non-orphan kinship care arrangement in South Africa. *Children and Youth Services Review*, 103: 79-86.
- DeJonckheere, M. and Vaughn, L. M. 2019. Semistructured interviewing in primary care research: a balance of relationship and rigour. *Fam Med Com Health*, 7(000057): 1-7.
- Delap, E. and Mann, G. 2019. the paradox of kinship care: the most valued but least resourced care option – a global study. *Family for Every Child*, 5-18.

Diraditsile, K. and Mmeanyana, I. G. 2019. Perceived effects of prolonged residential care for children: Botswana experience. *African Journal of Social Work*, 9(2): 60-63.

Dolczewski, M. 2022. Semi-structured interview for self-esteem regulation research. *Acta Psychologica*, 228(103642): 2.

Dorval, A., Lamothe, J., Helie, S. and Poirier, M. 2020. Different profiles, different needs: an exploration and analysis of characteristics of children in kinship care and their parents. *Children and Youth Services Review*, 108(104531): 1-2.

Doubt, J., Loening-Voysey, H., Blane, D., Cluver, L., Byrne, J. and Petersen, T. 2018. Delivering a parenting programme in rural South Africa: the local child and youth care worker experience. *United Nations Children's Fund (UNICEF)*, 9.

Doyle, A. 2020. *What is a Semi-Structured Interview?*. Available: <https://www.thebalancecareers.com/what-is-a-semi-structured-interview-2061632#:~:text=A%20semi%2Dstructured%20interview%20is,straightforward%20question%20and%20answer%20format>. (Accessed 23 April 2022).

Dziro, C. and Mhlanga, J. 2018. The sustainability of kinship foster care system in Zimbabwe: a study of households caring for orphans and other vulnerable children in Bikita. *African Journal of Social*, 8(2): 21-22.

Eagle, D. E., Kinghorn, W. A., Parnell, H., Amany, C., Vann, V., Tzudir, S., Kaza, V. G. K. and Safu, C. T., Whetten, K. and Proeshold-Bell, R. J. 2020. Religion and caregiving for orphans and vulnerable children: a qualitative study of caregivers across four religious traditions and five global contexts. *Journal of Religion and Health*, 59: 1676.

Eastern Academy. 2021. *What Does a Child and Youth Care Worker Do?*. Available: <https://www.easternacademy.ca/blog/what-does-a-child-and-youth-care-worker-do/> (Accessed 10 March 2023).

- Emovon, S. O. 2019. Experiences of foster parents caring for non-family related foster children in De Deur, Gauteng province, South Africa. *University of Zululand*, 26-63.
- Emovon, S. O., Gutura, P. and Ntombela, N. H. 2019. Caring for non-relative foster children in South Africa: voices of female foster parents. *Journal of Conflict and Social Transformation*, 8(2): 9-12.
- Epstein, H. R., Johnston-Walsh, L., Pokempner, J., Creamer, K. and Phelps, K. 2021. Kinship care in Pennsylvania: creating and equitable system for families. *Pennsylvania Partnerships for Children*: 2-6.
- Eze, M. O. 2017. I am because you are: cosmopolitanism in the age of xenophobia. *Philosophical Papers*, 46(1): 98.
- Factsheets for families. 2022. Kinship care and child welfare system. *Child Welfare Information Gateway*, 2-4.
- Fauziningtyas, R., Indarwati, R., Alfriani, D., Haryanto, J., Ulfiana, E., Efendi, F., Nursalam, N. and Abdullah, K. L. 2019. The experiences of grandparents raising grandchildren in Indonesia. *Working with Older People*, 23(1): 17.
- Fergeus, J., Humphreys, C., Harvey, C. and Herrman, H. 2019. The needs of carers: applying a hierarchy of needs to a foster and kinship care context. *Adoption & Fostering*, 43(2): 156-158.
- Ferraro, A. C., Maher, E. J. and Grinnell-Davis, C. 2022. Family ties: a quasi-experimental approach to estimate the impact of kinship care on child well-being. *Children and Youth Services Review*, 137(106472): 1-2.
- Fleming, J. 2018. Methodologies, methods and ethical considerations for conducting research in work-integrated learning. *Work-Integrated Learning Research Methodologies and Methods*, 209-210.

- Font, S. A. and Gershoff, E. T. 2020. How can, and should, do more for maltreated children. *Society for Research in Child Development*, 33(3): 13.
- Forh, G., Apprey, C. and Agyapong, N. A. F. 2022. Nutritional knowledge and practices of mothers/caregivers and its impact on the nutritional status of children 6-59 months in Sefwi Wiawso municipality, western-north region, Ghana. *Heliyon*, 12330: 1.
- Frimpong-Manso, K., Tagoe, I. and Mawutor, S. M. 2020. Experiences of formal foster parents in Ghana: motivations and challenges. *Southern African Journal of Social Work and Social Development*, 32(1): 2.
- Gair, S., Zuchowski, I., Munns, L., Thorpe, R. and Henderson, D. 2018. Grandparents matter: optimizing grandparents' involvement after child safety concerns. *Child & Family Social Work*, 23: 684-685.
- Gallegos-Eraza, F. A., Guevara, M. F. I. and Campoverde, M. A. M. 2021. Ethics and its importance in research. 9.
- Gentle-Gibbs, N. and Zema, J. 2020. It's not about them without them: kinship grandparents' perspectives on family empowerment in public child welfare. *Children and Youth Services Review*, 108(104650): 1-4.
- Gerrrand, P. A. and Warri, A. 2020. Factors that motivate African women in South Africa to depart from kinship care to legal adoption of non-kin children. *Southern African Journal of Social Work and Social Development*, 32(2): 2.
- Gibson, S. M., Cryer-Coupet, Q. R., Knox, J. L. and Field, K. 2020. Father involvement in kinship care: a risk and resilience perspective. *Children and Youth Services Review*, 119(105354): 1-4.

Gill, K. 2023. *The Benefits of Counseling for Youth, Teens, & Adolescents*. Available: <https://diversushealth.org/the-benefits-of-counseling-for-youth-teens-adolescents/#:~:text=Counseling%20can%20help%20our%20young,can%20pursue%20their%20future%20goals>. (Accessed 04 April 2023).

Glynn, G. 2019. Becoming and being: special guardians' stories of kinship care. *University of East London*, 10-13.

Goemans, M., Van Breda, A. D. and Kessi, S. 2021. Experiences of young people preparing to transition out of cluster foster care in South Africa. *Child and Adolescent Social Work Journal*, 38(2): 228-229.

Goldschmidt, L. 2019. Mitigating risks for children in institutional care: a case study. *Psychoanalytic Psychotherapy in South Africa*, 27: 77-78.

Goldschmidt, L., Alexander, D., Seabi, J. and Maree, J. G. 2019. Psychosocial well-being in adulthood in response to systemic barriers in kinship care as experienced during adolescence. *International Journal of Adolescence and Youth*, 24(4): 458-460.

Gomez, A. 2021. Associations between family resilience and health outcomes among kinship caregivers and their children. *Children and Youth Services Review*, 127(106103): 1-3.

Government of Alberta. 2023. *Become a Kinship Caregiver*. Available: <https://www.alberta.ca/become-kinship-caregiver.aspx> (Accessed 8 June 2023).

Grant, M., Whincup, H. and Burgess, C. 2019. Perspective on kinship care, foster care and adoption: the voices of children, carers and adoptive parents. *Permanently Progressing?*, 2-3.

Gray, L. M., Wong-Wyllie, G., Rempel, G. R. and Cook, K. 2020. Expanding qualitative research interviewing strategies: zoom video communications. *The Qualitative Report*, 25(5): 1292.

Gray, M. and Lombard, A. 2022. Progress of the social service professions in South Africa's developmental social welfare system: social work, and child and youth care work. *International Journal of Social Welfare*: 7.

Green, R., Savaglio, M., Tate, R., Morris, H., Breman, R., Vicary, D. and Skouteris, H. 2021. Barriers to nutrition and physical activity participation for Australian children in foster and kinship care. *Children and Youth Services Review*, 127(106102): 1-5.

Gudula-Koyana, S. and Khanye, Y. 2019. *Overview of the Foster Care System in South Africa*. Cape Town: Research Unit.

Guest, G., Namey, E. and Chen, M. 2020. A simple method to assess and report thematic saturation in qualitative research. *Plos One*, 15(5): 1-2.

Gwebu, M. D. 2019. *Royal Reed Dance (Umkhosi Womhlanga) Provides Educational Info to Young Women*. Available: <http://www.unizulu.ac.za/royal-reed-dance-umkhosi-womhlanga-provides-educational-info-to-young-women/> (Accessed 16 June 2023).

Hall, K., Richter, L., Mokomane, Z. and Lake, L. 2018. Children, families and the state: collaboration and contestation. *South African Child Gauge 2018*, 7-18.

Hallet, N., Garstang, J. and Taylor, J. 2021. Kinship care and child protection in high-income countries: a scoping review. *Trauma, Violence & Abuse*, 1-2.

Hallett, N., Garstang, J. and Taylor, J. 2023. Kinship care and child protection in high-income countries: a scoping review. *Trauma, Violence & Abuse*, 24(2): 632-633.

Harden, B. J., Simons, C., Johnson-Motoyama, M. and Barth, R. 2020. The child maltreatment prevention landscape: where are now, and where should we go?. *The Annals of the American Academy of Political and Social Science*, 292: 1.

Harding, L., Murray, K., Shakespeare-Finch, J. and Frey, R. 2018. High stress experienced in the foster and kin carer role: understanding the complexities of the carer and child in context. *Children and Youth Services Review*, 95: 316-317.

Harding, L., Murray, K., Shakespeare-Finch, J. and Frey, R. 2019. The wellbeing of foster and kin carers: a comparative study. *Children and Youth Services Review*, 108(104566): 1-2.

Hartley, J. E. K., McAteer, J., Doi, L. and Jepson, R. 2019. The development of an intervention for kinship carers with teenage children. *Qualitative Social Work*, 18(6): 927-928.

Hassall, A., Janse van Rensburg, E., Trew, S., Hawes, D. J. and Pasalich, D. S. 2021. Does kinship vs. foster care better promote connectedness?: a systematic review and meta-analysis. *Clinical Child and Family Psychology Review*, 24(4): 813-814.

Hatzikiriakidis, K., O'Connor, A., Savaglio, M., Skoute, H. and Green, R. 2021. The interconnectedness of disability and trauma in foster and kinship care: the importance of trauma-informed care. *International Journal of Disability, Development and Education*, 2.

Heeralal, C. C. 2020. An exploratory study of the potential roles of child and youth care work in a hospital context. M. HS, Durban University of Technology.

Helie, S., Poirier, M., Lavergne, C., Dorval, A. and Lamothe, J. 2021. Factors associated with reunification and placement move for children placed in kinship care under the age of thirteen. *Child Abuse & Neglect*, 130(3): 1-2.

Hendricks, E. A. 2021. The view of foster parents' on the adequacy of foster care grant in meeting the needs of recipients in Amathole District, South Africa. *Social Work & Social Sciences Review*, 22(2): 104.

Hennink, M. and Kaiser, B. N. 2022. Sample sizes for saturation in qualitative research: a systematic review of empirical tests. *Social Sciences & Medicine*, 292(114523): 1.

Hernandez, J. and Berrick, J. D. 2019. Kinship probate guardianship: an important permanency option for children. *Families in Society: The Journal of Contemporary Social Services*, 100(1): 34-35.

Hetro, N. 2022. *What is Kinship Care?*. Available: <https://www.focusonthefamily.com/pro-life/what-is-kinship-care/> (Accessed 8 June 2023).

Hill, L. 2020. *Spotlight on Kinship Care*. Available: www.celcis.org (Accessed 12 May 2023).

Hill, L., Gilligan, R. and Connelly, G. 2020. How did kinship care emerge as a significant form of placement for children in care?: a comparative study of the experience in Ireland and Scotland. *Children and Youth Services Review*, 117(104368): 1-3.

Holmes, A. G. D. 2020. Researcher positionality – consideration of its influence and place in qualitative researcher – a new researcher guide. *International Journal of Education*, 8(4): 2.

Holt, A. and Birchall, J. 2022. 'Their mum messed up and gran can't afford to': violence towards grandparent kinship caregivers and the implications for social work. *British Journal of Social Work*, 52: 1233-1237.

Hopkins, M. 2020. *Family Preservation Matters: Why Kinship Care for Black Families, Native American Families, and Other Families of Color is Critical to Preserve Culture and Restore Family Bonds*. Available: <https://jlc.org/news/family-preservation-matters-why-kinship-care-black-families-native-american-families-and-other> (Accessed 03 April 2023).

Hopper, E. 2020. *Maslow's Hierarchy of Needs Explained*. Available: <https://www.thought.com/maslows-hierarchy-of-needs-4582571> (Accessed 09 April 2023).

Hu, Y., Burton, J. and Lonne, B. 2020. Informal kin caregivers raising children left behind in rural China: experiences, feelings, and support. *Child & Family Social Work*, 25: 497-502.

- Hunt, J. 2020. Two decades of UK research on kinship care: an overview. *Family Rights Group*, 8-11.
- Ingham, D. and Mikardo, J. 2022. Kinship care: uncannily close for comfort?. *Journal of Child Psychotherapy*, 48(3): 334-337.
- Isabirye, J. 2020. *Namadu* drum music and dance as mediation of healing rituals among the Bagwere people of Uganda. *University of South Africa Press*, 17(1): 47.
- Jedwab, M., Xu, Y. and Shaw, T. V. 2020. Kinship care first?: factors associated with placement moves in out-of-home care. *Children and Youth Services Review*, 115(105104): 1-2.
- Johannisen, J., van Wyk, C. and Yates, H. 2021. Facilitating children's participation within multidisciplinary meetings: guiding principles for child and youth care centres. *Social Work/Maatskaplike Work*, 57(3): 376.
- Jones, V. F., Schutle, E. E. and Waite, D. 2020. Guidance for the clinician in rendering pediatric care: pediatrician guidance in supporting families of children who are adopted, fostered, or in kinship care. *American Academy of Pediatrics*, 146(6): 2.
- Kallinen, K. P. 2021. Family relationships of children in kinship foster care. *Nordic Social Work Research*, 11(4): 319-324.
- Kalra, G. K. 2020. Kinship care: challenges and opportunities. *Institutional Children Explorations*, 7(2): 229.
- Katz, C. C., Lalayants, M. and Phillips, J. D. 2018. The role of out-of-home caregivers in the achievement of child welfare permanency. *Children and Youth Services Review*, 94: 65.
- Katz, S. and Phelps, K. 2022. Families first?: overcoming barriers to kinship care in Pennsylvania. *Pennsylvania Bar Association Quarterly*, 142-147.

- Kelley, S. J., Whitley, D. M. and Campos, P. E. 2019. Differential impact of an intervention for grandmothers raising grandchildren. *Journal of Intergenerational Relationships*, 17(2): 141-143.
- Kemmis-Riggs, J. and McAloon, J. 2020. A narrative review of the needs of children in foster and kinship care: informing a research agenda. *Behaviour Change*: 1-2.
- Kemmis-Riggs, J., Dickes, A. and McAloon, J. 2018. Program components of psychosocial interventions in foster care and kinship: a systematic review. *Clinical Child and Family Psychology Review*, 21: 13.
- Kim, K. S. 2022. Methodology on non-probability sampling in survey research. *American Journal of Biomedical Science & Research*. 15(6): 616.
- Kiraly, M. 2018. Nonfamilial kinship carers: who are they and what support do they need to nurture children?. *Child & Family Social Work*, 24: 449.
- Kiraly, M. and Kertesz, M. 2021. 'It's good because my sister is young, and she knows what's going on': children's views about their young kinship carers. *Child & Family Social Work*, 26: 592.
- Kiraly, M. and Roff, J. 2023. 'We're just kids as well': the experience and support needs of young kinship carers in Australia. *Children and Youth Services Review*: 2-7.
- Kiraly, M., Hoadley, D. and Humphreys, C. 2020. The nature and prevalence of kinship care: focus on young kinship carers. *Child & Family Social Work*, 26: 144.
- Kiraly, M., Humphreys, C. and Kertesz, M. 2020. Unrecognised: kinship care by young aunts, siblings and other young people. *Child & Family Social Work*, 26: 338-343.
- Knoetze, J. 2019. African spiritual phenomena and probable influence on African families. *In die Skriflig*, 53(4): 1-2.

- Koh, E., Daughtery, L. and Ware, A. 2022. Informal kinship caregivers' parenting experience. *Children and Youth Services Review*, 133(106360): 1-2.
- Koh, E., Ware, A. and Lee, E. 2021. State implementation of the fostering connections to success and increasing adoptions Act: exploratory study on kinship care. *Advances in Social Work*, 21(1): 77-80.
- Korstjens, I. and Moser, A. 2018. Practical guidance to qualitative research: trustworthiness and publishing. *European Journal of General Practice*, 24(1): 123.
- Kulwa, K. B. M., Mamiro, P. S. and Kolsteren, P. W. 2023. Nutrition education package focusing on infant and young child feeding in Tanzania. *Journal of Nutrition Education and Behaviour*, 000(000): 1.
- Kurevakwesu, W. and Chizasa, S. 2020. Ubuntu and child welfare policy in Zimbabwe: a critical analysis of the national orphan care policy six-tier system. *African Journal Social Work*, 10(1): 89-92.
- Lafeya, G., Ezenagu, N. and Esoso-Agbor, J. 2022. Revisiting kinship in contemporary West African societies: the case of role-relationship. *F1000Research*, 11(965): 1-3.
- Lanyado, M. 2019. Repair and legacy: the 'grandparental' role in today's kinship care families, and beyond. 45(3): 308-309.
- Lee, D. H. J., Huerta, C. and Farmer, E. M. Z. 2021. Kinship navigation: facilitating permanency and equity for youth in child welfare. *Children and Youth Services Review*, 131(106251): 1-3.
- Lee, E., Clarkson-Hendrix, M. and Lee, Y. 2016. Parenting stress grandparents and other kin as informal kinship caregivers: a mixed methods study. *Children and Youth Services Review*, 69: 30.

Lee, E., Kramer, C., Choi, M. J., Pestine-Stevens, A. and Huand, Y. 2020. The cumulative effect of prior maltreatment on emotional and physical health of children in informal kinship care. *Journal of Development & Behavioral Pediatrics*, 41(4): 299-300.

Lee, S., Swanson, D. P., Sugarman, L. I. and Couderc, J. 2019. It takes a village: reflections on a randomized controlled trial to teach mindfulness skills to teens in foster and kinship care. *Developmental Child Welfare*, 1(1): 95.

Leonard, E., Ananias, J. and Sharley, V. 2022. It takes a village to raise a child: everyday experiences of living with extended family in Namibia. *The British Academy*, 10(s2): 239-242.

Lesetja, M. F. 2020. Kinship foster care: perceptions and experiences of grandparents regarding fostering their teenage offspring. MSW, University of the Western Cape.

Lianekhammy, J., Miller, J. J., Koh, E. and Kurzynske, J. S. 2019. Exploring the public's knowledge about kinship care: a cross-sectoral study. *Journal of Public Child Welfare*, 13(5): 578-581.

Lin, C. 2018. The relationships between child well-being, caregiving stress, and social engagement among informal and formal kinship care families. *Children and Youth Services Review*, 93: 203-204.

Littlewood, K., Cooper, L. and Pandey, A. 2020. Safety and placement stability for the children's home network kinship navigator program. *Child Abuse & Neglect*, 106(104506): 1-2.

Littlewood, K., Cooper, L., Yelick, A. and Pandey, A. 2021. The children's home network kinship navigator program improves family protective factors. *Children and Youth Review*, 126(106046): 1-2.

Llosada-Gistau, J., Casas, F. and Montserrat, C. 2019. The subjective well-being of children in kinship care. *Psicothema*, 31(2): 149-154.

Mabelane, W. K., Makofane, M. D. M. and Kgadima, N. P. 2019. Reflections of adult children raised in female-headed families. *Social Work/Maatskaplike*, 55(2): 158-169.

Mabetha, K., De Wet-Billings, N. C. and Odimegwu, O. 2021: Healthcare beliefs and practices of kin caregivers in South Africa: implications for child survival. *BMC Health Services Research*, 21(486): 1-12.

Mabvurira, V., Muchinako, G. A. and Smit, E. I. 2021. Shona traditional religion and sustainable environmental management: an Afrocentric perspective. *African Journal of Social Work*, 11(3): 115.

MacDonald, M., Hayes, D. and Houston, S. 2018. Understanding informal kinship care: a critical narrative review of theory and research. *Families Relationships and Societies*, 7(1): 72-83.

Magezi, V. 2020. Positioning care as 'being with the other' within cross-cultural context: opportunities and challenges of pastoral care provision amongst people from diverse cultures. *Verbum et Ecclesia*, 41(1): 4.

Majid, U. 2018. Research fundamentals: study design, population, and sample size. *Undergraduate Research in Natural and Clinical Science and Technology Journal*, 2(1): 1.

Makhonza, L. O., Lawrence, C. and Nkoane, M. M. 2019. Polygonal Ubuntu/botho as a superlative value to embrace orphans and vulnerable children in schools. *Gender & Behaviour*, 13522-13523.

Malan, H. and Heyman, S. 2020. Social work and informal alternative care: an exploratory study. *Child Abuse Research: A South African Journal*, 21(1): 32-43.

Malinga-Musamba, T. 2015. The nature of relationships between orphans and their kinship carers in Botswana. *Child & Family Social Work*, 20: 257-266.

Mamaleka, M. M. 2019. Developing guidelines for indigenous parenting practices: a case study of Makhuduthamaga municipality at Sekhukhune district, Limpopo province, South Africa. *University of the Western Cape*, 1-5.

Mamba, J. T. 2019. Enhancing career decision making in senior phase in one of secondary schools in Umlazi District. M. Ed, University of KwaZulu-Natal.

Manful, E. and Cudjoe, E. 2018. Is kinship failing?: views on informal support by families in contact with social services in Ghana. *Child & Family Social Work*, 23: 617-621.

Mann, G. and Delap, E. Kinship care in Sub-Saharan Africa: an asset worth supporting: 2-11.

Mapcarta. 2022. *Robinsdale*. Available: <https://mapcarta.com/14267738> (Accessed 01 November 2022).

Marumo, P. O. and Chakale, M. V. 2018. Understanding African philosophy and African spirituality: challenges and prospects. *Gender & Behaviour*, 11697-11698.

Masha, R. R. and Botha, P. 2021. Is foster care safe place we believe it to be? If not, why not?. *Social Work/Maatskaplike Werk*, 57(4): 499.

Masten, C., Lombardi, J. and Fisher, P. 2021. *Helping Families Meet Basic Needs Enables Parents to Promote Children's Healthy Growth, Development*. Available: <https://www.cbpp.org/research/poverty-and-inequality/helping-families-meet-basic-needs-enables-parents-to-promote> (Accessed 11 June 2023).

Matangira, L. 2021. *Stats SA: Almost 70% of Black Children Live Without Biological Dads at Home*. Available: <https://ewn.co.za/2021/02/25/stats-sa-almost-70-of-black-children-live-without-biological-dads-at-home> (Accessed 03 April 2023).

Mathonsi, F. L. and Carelse, S. 2022. Guidelines for screening prospective foster parents: a scoping literature review. *Southern African Journal of Social Work and Social Development*, 34(Sppl. 1091): 2.

McCartan, C., Bunting, L., Bywaters, P., Davidson, G., Elliot, M. Hooper, J. 2018. A four-nation comparison of kinship care in the UK: the relation between formal kinship care and deprivation. *Themed WM*, 6.

McCombes, S. 2022. *Sampling Methods*. Available: <https://www.scribbr.com/methodology/sampling-methods/> (Accessed 01 November 2022).

McDaniel, S. 2018. *We Need Kinship Caregivers, and They Need a Safety Net*. Available: <https://imprintnews.org/child-welfare-2/we-need-kinship-caregivers-and-they-need-safety-net/32606> (Accessed 03 April 2023).

McGrath, P. and Ashley, L. 2021. Kinship care: state of the nation survey 2021. *Kinship*, 3.

McLean, K., Clarke, J., Scott, D., Hiscock, H. and Goldfeld, S. 2020. Foster and kinship carer experiences of accessing healthcare: a qualitative study of barriers, enablers and potential solutions. *Children and Youth Services Review*, 133(104976): 1.

McPherson, L., Gatwiri, K., Day, K., Parmenter, N., Mitchell, J. and Macnamara, N. 2022. "The most challenging aspect of this journey has been dealing with child protection": kinship carers' experiences in Australia. *Children and Youth Services Review*, 139(106550): 2.

Mcrae, I. 2022. *'The Government Takes Advantage of Our Love': Families Caring for Child Relatives Plead for Help*. Available: <https://www.bigissue.com/news/social-justice/kinship-carers-struggle-through-cost-living-crisis/> (Accessed 10 June 2023).

Mekoa, I. 2019. The living-dead/ancestors as guardians of morality in African traditional religious thought. *Global Journal of Archaeology & Anthropology*, 10(5): 102.

Mendes, P., Martin, R., Jau, M. J. and Chavulak, J. 2023. An analysis of the intersecting factors and needs that informed the experiences of young people transitioning from out of home care in the Australian states of Victoria and Western Australia. *Children and Youth Services Review*: 1.

Miller, J. J., Koh, E., Niu, C., Bode, M. and Moody, S. 2019. Examining child trauma knowledge among kin caregivers: implications for practice, policy, and research. *Children and Youth Services Review*, 100: 112-113.

Mkhize, M. S. 2020. An investigation of the knowledge and attitudes of kinship care amongst social workers employed by the Department of Social Development in KwaZulu-Natal: implications for child protection policy and practice. LL. M, University of KwaZulu-Natal.

Mnisi, G. 2022. *How Chief Albert Luthuli Municipality Dealt with Irregular, Fruitless and Wasteful Expenditure*. Available: <https://www.iol.co.za/business-report/opinion/how-chief-albert-luthuli-municipality-dealt-with-irregular-fruitless-and-wasteful-expenditure-19826837-2921-4190-817d-23bb8b949b4a> (Accessed 29 October 2022).

Mohajan, H. K. 2018. Qualitative research methodology in social sciences and related subjects. *Journal of Economic Development, and People*, 7(01): 1-23.

Monohar, N. D., MacMillan, F., Steiner-Lim, G. Z. and Arora, A. 2018. Recruitment of research participants. *Handbook of Research Methods in Health Social Sciences*, 6.

Motsa, N. D. and Morejele, P. J. 2022. Grandparents raising their grandchildren: implications for the vulnerable children of Eswatini. *South African Journal of Childhood Education*, 12(1): 1-2.

Mogale, M. S. 2019. The experiences of youth who have aged out of non-kinship foster care in Tshwane metro, Gauteng. M.SW., University of Pretoria.

Mthembu, L. B., Poggenpoel, M. and Myburgh, C. P. H. 2020. Experiences of grandmothers raising their orphaned adolescent grandsons. *Africa Journal of Nursing and Midwifery*, 22(2): 1-10.

Mucherah, W. and Mbogori, T. 2019. Examining child development from an African cultural context. *Global Journal of Transformative Education*, 1(1): 11.

Murovhi, A., Matshidze, P., Netshandama, V. and Klu, E. 2018. Traditional child rearing practices in Vhavenda families South Africa. *Journal of Gender, Information and Development in Africa (JGIDA)*, 7(1): 25.

Musizvingoza, R., Blagbrough, J. and Pocock, N. S. 2022. Are child domestic workers worse off than their peers? Comparing children in domestic work, child marriage, and kinship care with biological children of household heads: evidence from Zimbabwe. *International of Environmental Research and Public Health*, 19(2): 2.

Mwita, K. M. 2022. Factors influencing data saturation in qualitative studies. *International Journal of Research in Business and Social Science*, 11(4): 414.

Nassaji, H. 2020. Good qualitative research. *Language Teaching Research*, 24(4): 427.

Ndlovu, M. 2022. *South African Teen Pregnancies Keep Rising*. Available: <https://mq.co.za/news/2022-11-11-south-african-teen-pregnancies-keep-rising/> (Accessed 01 April 2023).

Nell, M. 2021. A descriptive study of infants' emotional status in foster care placement in a welfare organisation in Cape Town. *Stellenbosch University*, 1-6.

Ngubane, N. and Maharaj, P. 2018. Childbearing in the context of the child support grant in a rural area in South Africa. *Reproductive Health in Sub-Saharan Africa*, 1.

Nikolopoulou, K. 2022. What is purposive sampling: definition & examples. *Scribbr*. Available: <https://www.scribbr.com/methodology/purposive-sampling/#:~:text=The%20main%20goal%20of%20purposive,information%20about%20your%20research%20topic>. (Accessed 01 November 2022).

Nkosi, W. B. 2020. Family adjustment and support interventions in foster care families: experiences of caregivers and social workers in the Amajuba District. MSS, University of KwaZulu-Natal.

Ntshongwana, Z. and Tanga, P. 2018. The life experiences of parents who nurture foster children in Zwelitsha, Eastern Cape province, South Africa. *African Journal of Social Work*, 8(1): 15.

Nwachuku, B. J., Laing, B. Y., Strarrett-Hong, E. M., Perry-Burney, G. and Moore, S. E. 2021. Providing kinship care to Black youth: implications for social work. *The Journal of Foster Care*. 2(1): 21.

Odozor, P. I. 2019. The essence of African traditional religion. *Church Life Journal*: 4.

Omar, A., Rees, P., Cooper, A., Evans, H., Williams, H., Hibbert, P., Makeham, M., Parry, G., Donaldson, L., Edwards, A. and Carson-Stevens, A. 2020. Health and social care-associated harm amongst vulnerable children in primary care: mixed methods analysis of national safety reports. *Arch Dis Child*, 105: 732.

Osborne, J., Hindt, L. A., Lutz, N., Hodgkinson, N. and Leon, S. C. 2021. Placement stability among children in kinship and non-kinship foster placements across multiple placements. *Children and Youth Services Review*, 126(106000): 1-2.

Osei, F. 2020. Former youth in care: kinship care and its potential impact on Black families & cultural identity in the child welfare system. *York University*, 1.

Padilla, J. 2023. *The Influence of Culture on Behavior*. Available: <https://exploringyourmind.com/the-influence-of-culture-on-behavior/> (Accessed 10 June 2023).

Pasalich, D. S., Moretti, M. M., Hassall, A. and Curcis, A. 2021. Pilot randomized controlled trial of an attachment and trauma-focused intervention for kinship caregivers. *Child Abuse & Neglect*, 120(105178): 1-2.

Paschalis, J. 2022. *Relatives Raising Children*. Available: <https://www.google.com/amp/s/caregiver.com/api/amp/articles/relatives-raising-children/> (Accessed 10 June 2023).

Patel, M. and Patel, N. 2019. Exploring research methodology: review article. *International Journal of Research and Review*, 6(3): 48.

Patel, P. 2019. The determinants of unemployment: a case of South Africa. M. Com, North West University.

Pato, J. S. J. 2018. Role played by Swazi literature in preserving and promoting the culture of Swazi people. MPhil, Stellenbosch University.

Parental Support Services Society of BC. 2020. Kinship care profile: the state of kinship care in BC. *University of Northern British Columbia*: 4-5.

Perannagari, K. T. and Chakrabatri, S. 2020. Factors influencing acceptance of augmented reality in retail: insights from thematic analysis. *International Journal of Retail & Distribution Management*, 48(1): 21.

Phair, O. and Warren, K. 2022. Qualitative research: interviewing. *Grad Coach*. Available: <https://gradcoach.com/qualitative-interviews/> (Accessed 22 September 2022).

Pillay, N. 2020. Kinship capital: young mothers, kinship networks and support in urban South Africa. *Social Dynamics a Journal of African Studies*, 46(2): 187.

Pollack, D. 2019. Don't rush expedited home studies for kinship care. *Legal Notes*, 22-29.

Pratchett, R. 2018. Exploring outcomes of children and young people in kinship care in South Africa. P. hD, Swansea University.

Price Genealogy. 2022. *Why It's Important to Teach Your Kids About Genealogy*. Available: <https://www.pricegen.com/its-important-teach-kids-genealogy/#:~:text=Higher%20Self%20Esteem,with%20a%20sense%20of%20fulfillment>. (Accessed 08 June 2023).

Queensland Government. 2022. *How to Become a Kinship Carer*. Available: <https://www.qld.gov.au/community/caring-child/foster-kinship-care/foster-kinship-care-become-a-carer/how-to-become-a-kinship-carer> (Accessed 03 April 2023).

Rabassa, J. and Fuentes-Pelaez, N. 2023. Effectiveness of group intervention in improving kinship care families' outcomes: a systematic review of group interventions aimed at kinship caregivers and youth in kinship care. *Children and Youth Services Review*, 150(107002): 1-2.

Ramalepa, T. N., Ramukumba, T. S. and Masala-Chokwe, M. E. 2021. Teenage pregnancies in Bapong schools, Madibeng local municipality: teachers' views. *South African Journal of Education*, 41(2): 1.

Ranganathan, P. and Aggarwal, R. 2018. Study designs: part 1 – an overview and classification. *Perfect Clin Res*, 9: 184.

Rasmussen, B. M. and Jaeger, S. 2021. The emotional and other barriers to kinship care in Denmark: a case study in two Danish municipalities. *Child and Adolescent Social Work Journal*, 38: 201-202.

Ratune, T. 2020. Attachment and kinship care: an exploration of the experiences of young adult women who were raised in informal kinship care contexts. MA., University of the Witwatersrand.

Republic of South Africa. Department of Social Development. 2019. *Working Together to Advance the Rights of All Children to Care and Protection*. Pretoria: Department of Social Development.

Reupert, A., Straussner, S. L., Weimand, B. and Mayberry, D. 2022. It takes a village to raise a child: understanding and expanding the concept of the “village”. *Frontiers in Public Health*, 10: 2.

Riehl, C. M. and Shuman, J. 2019. Children placed in kinship care: recommended policy changes to provide adequate support for kinship care. *Children’s Legal Rights Journal*, 39(1): 2.

Riley, N. S. 2018. Reconsidering kinship care. *National Affairs*: 3-16.

Ringson, J. and Chereni, A. 2020. Efficacy of extended family system in supporting orphans and vulnerable children in Zimbabwe: an indigenous knowledge perspective. *African Journal of Social Work*, 10(1): 100.

Rodriguez-JenKins, J., Furrer, C. J., Cahn, K. and George, K. 2021. Kinship navigator program development: listening to family, youth, and advocate voice. *Journal of Public Child Welfare*, 15(5): 670-671.

Roelen, K. and Chettri, H. 2016. Researching the linkages between social protection and children’s care in South Africa: the child support grant and foster child grants and their effects on child well-being and care. *Family for Every Child*. 3.

Romane-Meiere, A. 2020. Challenges of sustainable development for children in kinship care families. *Rural Environment. Education. Personality*, 13(2255-5207): 333-337.

Rose, L., Taylor, E. P., Di Folco, S., Dupin, M., Mithen, H. and Wen, Z. 2022. Family dynamics in kinship care. *Child & Family Social Work*, 27: 635-641.

Rucker, M. R. 2017. Workplace wellness strategies for small businesses. *International Journal of Workplace Health Management*, 10(1): 57.

Ruonavaara, H. 2022. The anatomy of neighbour relations. *Sociological Research Online*, 27(2): 379.

Rushovich, B., McKlindon, A. and Vandivere, S. 2021. Strategies to build evidence for kinship navigator programs under the family first Act. *Trnds Child*, 1-2.

Ruslin., Mashuri, S., Rasak, M. S. A., Alhabsyi, F. and Syam, H. 2022. Semi-structured interview: a methodological reflection on the development of a qualitative research instrument in educational studies. *Journal of Research & Method in Education*, 12(1): 24-27.

Sahota, P. C. 2019. Kinship care for children who are American Indian/Alaska native: state of the evidence. *Child Welfare*, 97(2): 64-71.

Save the Children Research Initiative. 2015. A sense of belonging: understanding and improving informal alternative care mechanisms to increase the care and protection of children, with a focus on kinship care in East Africa. *Save the Children*: 28.

Semasinghe, W. M. 2019. *Non-Probability Sampling Methods*: 4.

Shaheen, M., Pradhan, S. and R. Ranajee. 2019. *Chapter 2: sampling in qualitative research*. Available: <https://www.researchgate.net/publication/345131737> (Accessed 03 November 2022).

Shambare, B. 2021. The Ubuntu parenting: Kairos considerations for the 21st century dynamics and globalization. *Parenting - Challenges of Child Rearing in a Changing Society*: 1.

Sharda, E. A., Sutherby, C. G., Cavanaugh, D. L., Huges, A. K. and Woodward, A. T. 2019. Parenting stress, well-being, and social support among kinship caregivers. *Children and Youth Services Review*, 99: 74-75.

Sharma, D. 2021. *Why Build Life Skills in Children in Early Years?*. Available: <https://nutspace.in/why-build-life-skills-in-children-in-early-years/> (Accessed 11 June 2023).

Shuttleworth, P. D. 2022. Recognition of family life by children living in kinship care arrangements in England. *British Journal of Social Work*, 00: 2-5.

Shuttleworth, P. D. 2023. What matters for child participation: the role of valuation-based dialogical participation for children living in kinship care in England. *Children and Youth Services Review*, 149(106959): 1.

Sibanda, S. and Ndamba, F. 2023. Now the solution is here - social assistance for orphaned children: the extended child support grant. *Social Work/Maatskaplike Werk*, 59(1): 43-49.

Simbine, S. L. and Le Roux, L. 2022. Ubuntu and values underlying the Vatsonga culture: implications for developmental social work with children. *Southern African Journal of Social Work and Social Development*, 34(3): 2-4.

Simmons-Horton, S. Y., Rollins, T. N., Harris, R. and Blackmore, A. 2022. Aunties, uncles, me maws, and play cousins: exploring trends in formal kinship care for Black families in Texas. *Child Welfare*, 100(1): 165-171.

Singh, C. and Bhagwan, R. 2020. African spirituality: unearthing beliefs and practices for the helping professions. *Social Work/Maatskaplike Werk*, 56(4): 407-410.

Skavlid, S. 2019. *Deception Research*. Available: <https://www.forskningsetikk.no/en/resources/the-research-ethics-library/methods/deception-research/#:~:text=Deception%20research%20is%20an%20ethical,obvious%20to%20study%20participants>. (Accessed 24 April 2022).

Skoglund, J., Mabile, G. and Thornblad, R. 2023. Contact with parents from childhood to adulthood: a longitudinal study of children in kinship care and non-kinship care. *European Journal of Social Work*, 36(3): 3.

Skoglund, J., Thornblad, R. and Holtan, A. 2019. Children's relationships with birth parents in childhood and adulthood: a qualitative longitudinal study of kinship care. *Qualitative Social Work*, 18(6): 945.

Skoglund, J., Thornblad, R. and Holtan, A. 2022. *Childhood in kinship care: a longitudinal investigation*. London: Routledge Focus.

Smith, A. B. 2019. Building networks of professionals to support kinship care families. *Innovation in Aging*, 3(1): 282.

Smith, M. and Segal, J. 2023. *Grandparents Raising Grandchildren*. Available: <https://www.helpguide.org/articles/parenting-family/grandparents-raising-grandchildren.htm> (Accessed 10 June 2023).

Soraya, S., Binti, L. and Kamal, A. 2019. Research paradigm and the philosophical foundations of a qualitative study. *International Journal of Social Sciences*, 4(3): 1387-1389.

South African Government News Agency. 2019. *Isibindi Changes Lives One Day At a Time*. Available: <https://www.sanews.gov.za/features-south-africa/isibindi-changes-lives-one-day-time> (Accessed 9 March 2023).

South African Government News Agency. 2022. *Relatives Caring for Orphaned Children Called to Apply for Grant Top-Up*. Available: <https://www.sanews.gov.za/south-africa/relatives-caring-orphaned-children-called-apply-grant-top> (Accessed 11 June 2023).

South African Institute of International Affairs. 2021. *Health and Social Services*. Available: <https://www.jstor.org/stable/resrep34019.12> (Accessed 25 May 2023).

Sowetan Live. 2021. *Mhlanga Guardian Angle for Child-headed Households*. Available: <https://www.google.com/amp/s/www.sowetanlive.co.za/amp/sebenza-live/2021-12-07-mhlanga-guardian-angle-for-child-headed-households/> (Accessed 9 March 2023).

Spiegel, A. D. 2018. Reconfiguring the culture of kinship: poor people's tactics during South Africa's transition from apartheid. *Africa*, 88(1): 95.

Statistics South Africa. 2022. *Families and Parents are Key to Well-being of Children*. Available: <https://www.statssa.gov.za/?p=14388> (11 June 2023).

Steenbakkens, A., Van Der Steen, S. and Grietens, H. 2018. The needs of foster children and how to satisfy them: a systematic review of the literature. *Clin Child Fam Psychol Rev*, 21: 2.

Steenkamp-Nel, A. 2018. African spirituality in transformation: fragments and fractures of the shifting sacred. *HTs Teologiese/Theological Studies*, 74(3): 3.

Stene, K. L., Dow-Fleisner, S. J., Ermacora, D., Agathen, J., Falconnier, L., Stager, M. and Wells, S. J. 2020. Measuring the quality of care in kinship foster care placements. *Children and Youth Services Review*, 116(105136): 1-2.

Tau, R. G. 2020. The perceived impact of absent fatherhood: an exploration of young adults' experiences of father absence. M. SS, University of KwaZulu-Natal.

Taylor, E. P., Di Folco, S., Dupin, M., Mithen, H., Wen, L., Rose, L. and Nisbet, K. 2020. Socioeconomic deprivation and social capital in kinship carers using a helpline service. *Child & Family Social Work*, 25: 846-846.

Tenny, S., Brannan, J. M. and Brannan, G. D. 2022. *Qualitative Study*. Available: <https://www.ncbi.nlm.nih.gov/books/NBK470395/#:-:text=The%20qualitative%20methods%20can%20then,poorly%20studied%20with%20quantitative%20methods.> (Accessed 12 March 2024).

Tesfaye, A. and Hagos, A. 2020. International kinship care arrangement: Ethiopian children applying for Australian orphan relative visa. *Ethiopian Journal of the Social Sciences and Humanities*, 16(1): 48-51.

Teska, J. 2021. Kinship care placements: United States. *Cinahl Information Systems*, 1-4.

Testa, M. E. and Kelly, D. 2020. The evolution of federal child welfare policy through the Family First Prevention Services Act of 2018: opportunities, barriers, and unintended consequences. *The Annals of the American Academy*: 65.

Thelwall, M. and Nevill, T. 2021. Is research with qualitative data more prevalent and impactful now?: interviews, case studies, focus groups and ethnographies. *Library and Information Science Research*, 43(101094): 1.

Theofanidis, D. and Fountouki, A. 2018. Limitations and delimitations in the research process. *Perioperative Nursing*, 7(3): 156.

Thomas, O. O. and Lawal, O. R. 2020. Exploratory research design in management sciences: an x-ray of literature. *Economics and Applied Informatics*, 79.

Thompson, G. A., Azevedo-McCaffrey, D. and Carr, D. 2023. Increases in TANF cash benefit levels are critical to help families meet rising costs. *Center on Budget and Policy Priorities*: 1.

Thurman, T. R., Taylor, T. M., Nice, J., Lockett, B., Taylor, M. and Kvalsig, J. D. 2018. Factors associated with retention interventions among Isibindi child and youth care workers in South Africa: results from a national survey. *Human Resources for Health*, 16(45): 1.

Tilburg University. 2022. *Informed Consent and Information Letter*. Available: <https://www.tilburguniversity.edu/research/ethics-review-boards/informed-consent> (Accessed 28 September 2022).

Tladi, O. and Setlalentoa, B. M. P. 2020. The use of foster care grant by foster parents in a selected community of South Africa. *Gender & Behaviour*. 15046.

TLC Children's Home. 2021. *Foster + Safety Care Info Pact*. 1-9.

UNICE ESARO. 2021. *Supporting Foster Care in Eastern and Southern Africa*: 7-10.

Van der Walt, G. 2018. Alternative care in South Africa. *BTurs LLB LLM*: 629.

Vander Linden, K. and Tompkins, C. J. 2020. Doing one's best: becoming a kinship caregiver. *The Grounded Theory Review*, 19(2): 57-64.

Vaismoradi, M. and Snelgrove, S. 2019. Theme in qualitative content analysis and thematic. *Forum: Qualitative Social Research*, 20(3): 2.

Washington, T., Stewart, C. J. and Rose, R. A. 2021. Academic trajectories of children in formal and informal kinship care. *Child Development*, 92(6): 2299-2301.

Washington, T., Wrenn, A., Kaye, H., Priester, M. A., Colombo, G., Carter, K., Shadreck, I., Hargett, B. A., Williams, J. A. and Coakley, T. 2018. Psychosocial factors and behavioral health outcomes among children in foster and kinship care: a systematic review. *Children and Youth Services Review*, 90: 118-119.

White, K. M. 2021. A qualitative descriptive study to assess the impact of foster and kinship care on early childhood education. *Northcentral University*, 5.

Wijedasa, D. 2017. The prevalence and characteristics of children growing up with relatives in the UK: briefing paper 002. *Economic & Social Research Council*, 9.

Wilkes, J. and Speer, S. A. 2022. Kinship carers' complaints about birth parents' Facebook posts: mediated evidentiality and identity construction. *Language & Communication*, 83: 98.

Williams, P. 2019. "It all sounds very interesting, but we're just too busy!": exploring why 'gatekeeper' supports of people with learning disabilities decline to give access to potential research participants. *University College London*: 2.

Wilson, A. 2021. *Bereavement Matters in Kinship Care*: 8.

Wu, Q. and Snyder, S. M. 2019. Factors associated with decision-making process in kinship diversion. *Journal of Family Social Work*, 22(2): 161-164.

Wu, Q., Zhu, Y., Ogbonnaya, I., Zhang, S. Wu, S. 2020. Parenting intervention outcomes for kinship caregivers and child: a systematic review. *Child Abuse & Neglect*, 106(104524): 1-2.

Xu, Y., Bright, C. L., Ahn, H., Huang. and Shaw, T. 2020. A new kinship typology and factors associated with receiving financial assistance in kinship care. *Children and Youth Services Review*, 110(104822): 1.

Xu, Y., Bright, C. L., Barth, R. P. and Ahn, H. 2021. Poverty and economic pressure, financial assistance, and children's behavioral health in kinship care. *Child Maltreatment*, 26(1): 29.

Xu, Y., Bright, C. L., Huang, H., Ahn, H. and Shaw, T. V. 2020. Neighborhood disorder and child behavioral problems among kinship children: mediated by social support and moderated by race/ethnicity?. *Child Abuse & Neglect*, 104(104483): 1-2.

Xu, Y., Jedwab, K., Lee, A. and Levkoff, S. E. 2022. The negative effects of adverse childhood experiences (ACEs) on behavioural problems of children in kinship care: the protective role of kinship caregivers' mental health. *Journal of Emotional and Behavioral Disorders*, 00(0): 1-2.

Xu, Y., Jedwab, M., Lee, K. and Levkoff, S. E. 2022. The negative effects of adverse childhood experiences (ACEs) on behavioural problems of children in kinship care: the protective role of kinship caregivers' mental health. *Graduate School of Social Work and Social Research*: 6.

Xu, Y., Jedwab, M., Soto-Ramirez, N. and Weist, M. D. 2023. The use of mental health services among children in kinship care: an application of Andersen's behavioral model for health services use. *Journal of Public Child Welfare*, 17(3): 669-670.

Xu, Y., Jedwab, M., Soto-Ramirez, N., Levkoff, S. E. and Wu, Q. 2021. Material hardship and child neglect risk amidst COVID-19 in grandparent-headed kinship families: the role of financial assistance. *Child Abuse & Neglect*, 121(105258): 2-3.

Xu, Y., Wu, Q., Jedwab, M. and Levkoff, S. E. 2020. Understanding the relationships between parenting stress and mental health with grandparent kinship caregivers' risky parenting behaviours in the time of COVID-19. *Original Article*. Available: <https://doi.org/10.1007/s10896-020-00228-3> (Accessed 01 May 2023).

Yell, S. A. 2019. A proposed comprehensive legal solution to the foster care crisis. LLM., University of Pretoria.

Zambezi, M., Emmamally, W. and Mooi, N. 2022. Spiritual care: a description of family members' preferences of spiritual care nursing practices in intensive care units in a private hospital in Kwa-Zulu Natal, South Africa. *Healthcare*, 10(595): 1.

Zimudzi, C. 2022. The challenges experienced by youths leaving kinship foster care in South Africa. MSW., University of South Africa.

Zuchowski, I., Gair, S., Henderson, D. and Thorpe, R. 2019. Convenient yet neglected: the role of grandparent kinship carers. *British Journal of Social Work*, 49: 615-619.

APPENDIX A: GATEKEEPER LETTER REQUESTING PERMISSION

11 August 2022

Inkosi B. Hlatshwako
Emfumbeni Tribal Office
Dundonald
2336

Request for Permission to Conduct Research

Dear Nkosi,

My name is Langa Mshayisa, a Master of Child and Youth Care student at the Durban University of Technology. The research I wish to conduct for my Masters study is as follows;

Study title:

An exploratory study on kinship care and how it benefits children and youth in Robbinsdale, Mpumalanga.

Objectives:

1. To understand kinship care within the South African context.
2. To understand the role African spirituality plays in kinship care.
3. To inquire how young people are cared for through kinship care.
4. To understand the benefits and challenges of kinship care in the lives of young people in kinship care.

I am hereby seeking your consent to collect data in your area. I will also require your assistance in identifying families to interview.

I have provided you with a copy of my proposal which includes copies of the data collection tools and consent forms to be used in the research process, as well as a copy of the provisional approval letter which I received from the Institutional Research Ethics Committee (IREC).

If you require any further information, please do not hesitate to contact me on 071 547 1545 and/or 21827645@dut4life.ac.za . Thank you for your time and consideration in this matter.

Yours sincerely,
Langa Mshayisa
Durban University of Technology

APPENDIX B: GATEKEEPER LETTER OF APPROVAL



PERMISSION TO CONDUCT RESEARCH

I inkosi B. Hlatshwako of Emfumbeni traditional council at Robbinsdale Mpumalanga province, give Langa Mshayisa permission to collect data in my community. He made me aware that these interviews are for his research study currently underway with the Durban University of Technology.

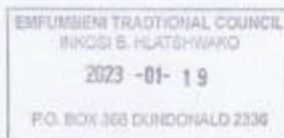
I trust that the information provided will meet your approval.

Yours sincerely

.....
INKHOSI B. HLATSHWAKO

EMFUMBENI TRADITIONAL COUNCIL

DATE: 19 / 01 / 2023



APPENDIX C: LETTER OF INFORMATION



LETTER OF INFORMATION

11 August 2022

Dear participant,

Greetings, my name is Langa Mshayisa a student at the Durban University of Technology currently studying towards a Master's degree in Child and Youth Care. I am doing a research study titled: "*An exploratory study on kinship care and how it benefits children and youth in Robbinsdale, Mpumalanga*". The proposed research is to collect information about the above-mentioned topic. I would greatly appreciate your participation in this study.

Title of the Research Study

An exploratory study on kinship care and how it benefits children and youth in Robbinsdale, Mpumalanga.

Principal Investigator/s/researcher

Langa Mshayisa

Co-Investigator/s/supervisor/s

Prof. Raisuyah Bhagwan (supervisor) and Dr. Fathima Dewan (co-supervisor)

Brief Introduction and Purpose of the Study

Kinship care has been widely accepted as an alternative care method suitable for caring for vulnerable children, especially in Sub-Saharan African countries. The vulnerable group includes the; orphaned, abused and abandoned. This study however is focused on exploring both the benefits and challenges that come with the kinship care provision in the South African context. You are therefore, expected to provide information on kinship care offered within Black African families. Such information from you will help answer research questions that which this study has and subsequently unearth new literature on this topic.

Outline of the Procedures

You are expected to answer the questions honestly and fully. The questions will be easy to understand and open-ended. The interview will be both recorded and transcribed and will be held in a suitable room provided by the Robbinsdale tribal offices. Each interview will take between forty-five (45) minutes to one (1) hour. There will be a total number of fifteen (15) families interviewed as participants of this study. A copy of the letter of consent and information letter will be given to you and in your primary language – SiSwati, for easy comprehension.

Risks or Discomforts to the Participant

There are no anticipated risks or any form of discomfort from this study. You can withdraw from the study at any time you wish to. You will not be forced to answer questions that will make you uncomfortable

Benefits

You will better understand kinship care and its provision in the South African context. The overall study findings will be shared with you prior to publication.

Reason/s why the Participant may be Withdrawn from the Study

You can withdraw from this study at any time and there will be no negative consequences as a result of your withdrawal.

Remuneration

There will be no money paid to you for participating in this study. Participation is expected to be entirely voluntary.

Costs of the Study

You will not be charged nor required to pay any fees for participating in this study.

Confidentiality

Information that is collected from you will be kept in a securely locked cabinet and in a USB – which will be password protected. After five (5) years, electronically stored data will be permanently deleted and transcripts destroyed. Only the researcher and supervisors will have access to the collected data. Information provided will not be divulged to anyone outside this study. Your real name or identity will not be used, pseudonyms will be used instead.

Research-related Injury

There will be no injury as a result of participation in this study.

Persons to contact in the Event of Any Problems or Queries

If you are willing to participate, please fill in and sign the consent form attached. For further information, please contact me, Langa Mshayisa on: 071 547 1546 and my supervisors, Prof. Raisuyah Bhagwan on: bhagwan@dut.ac.za and Dr. Fathima Dewan on: fathimad@dut.ac.za or the Institutional Research Ethics Administrator on: 031 373 2375. Complaints can be reported to the Acting Director: Research and Postgraduate Support on researchdirector@dut.ac.za .

SITSASISELO C: SISWATI VERSION OF THE LETTER OF INFORMATION



INCWADZI YELWATI

11 Ingci 2022

Ngiyabingelela ngekutiftoba,

Lotiffobako ngimi Langa Mshayisa, mfundzi weNyuvesi yaseTsekwini yeteBuchwepheshe. Kwanyalo ngifundzela ticu te-Masters emkhakheni we-Child and Youth Care lengiwentela lolucwaningo. Lucwaningo lulandzela sihloko lesitsi “*Luhlolo ngekunakekelwa kwebantfwana labahlala netihlobo letingasibo batali bengati, kanye nebumcoka baloku kunakekela etimphilweni tebantfwana nelusha e-Robbinsdale esifundzeni iMpumalanga*”. Kungayintfokoto lenkhulu kuhlanyela nawe kulolu lucwaningo.

Sihloko Selucwaningo

Luhlolo ngekunakekelwa kwebantfwana labahlala netihlobo letingasibo batali bengati, kanye nebumcoka baloku kunakekela etimphilweni tebantfwana nelusha e-Robbinsdale esifundzeni iMpumalanga.

Mcwaningi

Langa Mshayisa

Bahloli Belucwaningo

Solwati. Raisuyah Bhagwan (mhloli) na Dokotela. Fathima Dewan (lisekela mhloli).

Singeniso Kanye nenjongo Yelucwaningo

Kunakekelwa kwebantfwana labahlala netihlobo letingasibo batali bengati, kuyintfo leyemukelekako nebukaka njengelungile evenikati le-Africa ikakhulukati eNingizimu. Bantfwana labadzingako bafaka ekhatsi; tintsandzane, labahlukubetekile kanye nalabalahliwe. Kepha lolucwaningo lubukene nendlela lokwentwa ngayo loku kunakekela kulandzelwa migomo yesintfu. Uyacelwa kuba uhlanyele kulolu

lucwaningo kutawukwati kuftolakala lwati loludzingekako kuphendvula mibuto lekhona, kuphindze kwengeteke incolobane yelwati lolusha kulesi sihloko.

Indlela Letawulandzelwa

Kulindzeke kwekutsi uphendvule yonkhe mibuto ngekwetsembeka nangalokupheleleko. Mibuto itawuba ngulecondzakala malula futsi itavumela kwenaba nayiphendvulwa. Ingcoco ekhatsi kwemcwaningi nawe itabe itfwetjulwa livi phindze ibhalwe elibhukwini. Lengcoco itawuba sehhovisi lebhukhosi e-Robbinsdale. Ingcoco ngayinye ilindzeleke kuba itsatse mizuzu lengamashumi lamane nesihlanu (45) kuya elihoreni linye (1). Lucwaningo lutawuhlanganyela nemiti elishumi nesihlanu (15) lenakekela bantfwana ngendlela lefunwa ngulolucwaningo. Incwadzi yekuvuma kanye neyelwati utakuniketwa ngelulwimi lwakho SiSwati khona utakucondza malula.

Tingoti nobe Kungaphatseki Kahle Kubahlanganyeli

Kute tingoti letilindzeleke kutsi tehle kuwe ngenca yekuhlanganyela kwakho kulolu lucwaningo. Ungaphuma nobe wesule nanobe kunini lapho utiva ufisa kanjalo. Ngete waphocelwa kuphendvula mibuto lengakuphatsi Kahle.

Kuzuza

Utawuzuzwa kwati kabanti ngekunakekelwa kwebantfwana labadzingako, benakelelwa tihlobo letingasibo batali bengati. Utawuniketwa miphumela yalolu lucwaningo ngembi kwekutsi lusabalaliswe eveni.

Tizatfu Lohlanganyele Engasula Kulolu Lucwaningo

Ungasula nanobe kunini kulolu lucwaningo ngaphandle kwekulandzelwa ngulokubi ngesincumo sakho.

Kuholelwa

Ngete waholelwa ngekuba yingcenywe yalolu lucwaningo. Kuhlanganyela kusuka elutsandvweni lwakho.

Tindleko Yelucwaningo

Kute tindleko telucwaningo, nanobe yini kufaka ekhatsi imali lotokhokhiswa tona.

Kugcinwa Kwemfihlo

Konkhe lokutawube kuftolakele etingcocweni talolu lucwaningo kutofakwa elikhabetseni lelikhiywako naku-USB letabe ivikelwe ngetinombolo temfihlo. Emva kweminyaka lesihlanu (5) lonkhe lwati lolucoshiwe nalolubhaliwe lutakusulwa siphelane. Mcwaningi nebahloli belucwaningo kuphela labatabe befinyelela kulolu lwati ngembi kwekusulwa siphelane. Lwati loluftolakele kulolu lucwaningo ngete lwaniketwa muntfu longahlangene nalo. Emabito mbamba alabahlanganyele kulolu lucwaningo ngete asebentiswe kepha kutawusebentiswa langasiwo, kuvikela siftunti nebunftu balababambe lichaza.

Ingoti Yelucwaningo

Kute ingoti njengemphumela wekuhlanganyela kulolu lucwaningo.

Bantfu Labangatsintfwa Nakunemibuto nobe Ufisa Kwati Kabanti Lokutsite

Nangabe ufisa kuhlanyela kulolu lucwaningo, uyacelwa kuba ugcwalise lifomu lekuvuma loniketwe lona. Kwati kabanti ungatsintsa mine, Langa Mshayisa ku: 071 547 1546 nebahloli, Solwati. Raisuyah Bhagwan ku: bhagwanr@dut.ac.za na Dokotela. Fathima Dewan ku: fathimad@dut.ac.za nobe Mhleli wemiGomo yelucwaningo eSikhungweni ku: 031 373 2375. Tikhalo tingabikwa kulobambele Mcondzisi: researchdirector@dut.ac.za

APPENDIX D: LETTER OF CONSENT



CONSENT

Full Title of the Study

An exploratory study on kinship care and how it benefits children and youth in Robbinsdale, Mpumalanga.

Names of Researcher/s

Langa Mshayisa

Statement of Agreement to Participate in the Research Study:

- I hereby confirm that I have been informed by the researcher, Langa Mshayisa about the nature, conduct, benefits and risks of this study - Research Ethics Clearance Number:
- I have also received, read and understood the above written information (Participant Letter of Information) regarding the study.
- I am aware that the results of the study, including personal details regarding my sex, age, date of birth, initials and diagnosis will be anonymously processed into a study report.
- In view of the requirements of research, I agree that the data collected during this study can be processed in a computerised system by the researcher.
- I may, at any stage, without prejudice, withdraw my consent and participation in the study.
- I have had sufficient opportunity to ask questions and (of my own free will) declare myself prepared to participate in the study.
- I understand that significant new findings developed during the course of this research which may relate to my participation will be made available to me.

Full Name of Participant Thumbprint	Date	Time	Signature /	Right
--	-------------	-------------	--------------------	--------------

I, Langa Mshayisa herewith confirm that the above participant has been fully informed about the nature, conduct and risks of the above study.

_____	_____	_____
Full Name of Researcher	Date	Signature

Signature

_____	_____
Full Name of Witness (If applicable)	Date

_____	_____
Full Name of Legal Guardian (If applicable)	Date

Signature

SITSASISELO D: SISWATI VERSION OF THE LETTER OF CONSENT



SIVUMO

Sihloko Selucwaningo

Luhlolo ngekunakekelwa kwebantwana labahlala netihlobo letingasibo batali bengati, kanye nebumcoka baloku kunakekela etimphilweni tebantwana nelusha e-Robbinsdale esifundzeni iMpumalanga.

Mcwaningi

Langa Mshayisa

Sivumelwano Sekuhlanganyela Kulolu Lucwaningo

- Ngiyakucinisekisa kwekutsi ungatisile ngelucwaningo mcwaningi, Langa Mshayisa mayelana nesimo, indlela kanye netingoti talolu lucwaningo – Inombolo Yekugunyatwa kweLucwaningo:
- Nembala ngiyitfolile, ngayifundza futsi ngayivisisa incwadzi yelwati lengasenhla mayelana nalolu lucwaningo.
- Ngiyati kwekutsi miphumela yalolu lucwaningo, ukufaka ekhatsi mininingwane yami, neminyaka yekutalwa nelwati ngami kuto shicilelwa ngemfihlo ekugcineni.
- Ekwatisweni ngemigomo yalolu lucwaningo, ngiyavuma kutsi lwati loluftolakele mcwaningi utolisebenta ngangcondvomshini.
- Ngingakwati kuyekela nanobe kunini kuhlanganyela kulolu lucwaningo ngaphandle kwetingcinamba.
- Ngiliftolile liftuba lekubuta konkhe lebengifisa kukwati, nyalo ngiyakucinisekisa kwekutsi ngikulungele kuhlanganyela kulolu lucwaningo.
- Ngiyacondza kwekutsi lwati lolusha lolumayelana nekuhlanganyela kwami ngitoniketwa.

Libito lelipheleleko lemhlanyeli Lusuku Siftupha

Sikhatsi

Sayini

/ Sokudla

Mine, Langa Mshayisa ngiyakucinisekisa kutsi ngimatisile mhlanyeli longenhla ngencubo, migogo kanye netingoti talolu lucwaningo.

Libito lelipheleleko leMcwaningi

Lusuku

Sayini

Lusuku

Sayini

Libito lafakati (nakakhona)

Libito lalogadza mntfwana (nakafuneka)

Lusuku

Sayini

APPENDIX E: INTERVIEW GUIDE

INTERVIEW GUIDE

INTERVIEW QUESTIONS;

1. Demographic data

Gender :

Age :

Race :

Religion :

2. What do you understand by the term kinship care?
3. What role do you think African spirituality plays to promote family ties amid kinship care provision?
4. How were you selected to be part of kinship care?
5. What were the reasons that the children were placed in your care?
6. How has kinship care benefited children in your care?
7. What has been your challenges as you have been a kinship care parent?
8. How does your community support kinship care?
9. What measures do you think the government has to implement to provide support for kinship care?

SITSASISELO E: SISWATI VERSION OF THE INTERVIEW GUIDE

SICONDZISI SENGCOCO

MIBUTO YESICONDZISI;

1. Lwati ngekubalwa kwebantfu
Bulili :
Budzala :
Luhlanga :
Inkholo :
2. Ngekucabanga kwakho kusho kutsini kunakekelwa kwebantfwana labadzingako tihlobo letingasibo batali bengati?
3. Nguyiphi ngekucabanga kwakho indzima ledlalwa yimphilo yesintfu kuloku kunakekela?
4. Wakhetfwa njani kutsi unakekele bantfwana betihlobo takho labadzingako?
5. Bekungutiphi tizatfu tekukhetfwa kwakho kuba unakekele labantfwana?
6. Kubasite kanjani labantfwana lokunakekelwa?
7. Ngutiphi tingcinamba loseike wahlangabetana nato ngekunakekela labantfwana?
8. Ngutiphi tinyatselo mmango wakho lotitsatsako kusita kute kunakekela labantfwana kungabi ngulokumatima?
9. Hulumende kufanele ente njani kukhombisa kweseka lokukunakekelwa kwebantfwana labadzingako?

APPENDIX F: ETHICAL CLEARANCE LETTER



Institutional Research Ethics Committee
Research and Postgraduate Support Directorate
2nd Floor, Berwyn Court
Gate 1, Steve Biko Campus
Durban University of Technology
P.O. Box 1334, Durban, South Africa, 4001
Tel: 031 373 2375
Email: lavshed@dut.ac.za
http://www.dut.ac.za/research/institutional_research_ethics
www.dut.ac.za

23 January 2023

Mr L Mshayisa
P.O. Box 366
Dundonald
2336

Dear Mr Mshayisa

An exploratory study on kinship care and how it benefits children and youth in Robbinsdale, Mpumalanga
Ethical Clearance number IREC 285/22

The DUT-Institutional Research Ethics Committee acknowledges receipt of your gatekeeper permission letter.

Please note that FULL APPROVAL is granted to your research proposal. You may proceed with data collection.

Any adverse events [serious or minor] which occur in connection with this study and/or which may alter its ethical consideration must be reported to the DUT-IREC according to the DUT-IREC Standard Operating Procedures (SOP's).

Please note that any deviations from the approved proposal require the approval of the DUT-IREC as outlined in the DUT-IREC SOP's.

Yours Sincerely

Prof J K Adam
Chairperson: DUT-IREC

APPENDIX G: THE EDITOR'S LETTER

REGCOR

ENTERPRISES PTY LTD

(2015/375453/07)

Date: 08/12/2023

Dear Sir/Madam

This letter is to certify that I, Sarah Louise Cornelius, of Regcor Enterprises Pty Ltd, have completed the initial editing of the thesis titled *AN EXPLORATORY STUDY ON KINSHIP CARE AND HOW IT BENEFITS CHILDREN AND YOUTH IN ROBBINSDALE, MPUMALANGA* by Langa Mshayisa.

I have ten years of experience in the field, having worked on multiple doctorates. Currently, I am a member of the Professional Editor's Guild (PEG).

All recommendations and errors have been noted in the comments. Any changes done to the document after the editing process does not reflect the editing services provided. The onus is on the student to ensure the document is fully corrected before final submission, even if that requires multiple edits.

Kind Regards

Professional Editor's Guild
Associate Member
Membership number: COR003
Regcor Enterprises Pty Ltd
Registration no: 2015/375453/07
Contact no: 0768156437
Email: sarah@regcor.co.za

APPENDIX H: TURNITIN REPORT

Feedback Studio - Personal - Microsoft Edge
https://www.turnitin.com/app/carta/en_us/?m=60r-202104725&lang=en_us&bu=1143091429&student_user=1

feedback studio Langa Mshayisa Masters_Dissertation_Mshayisa

DUT
DURBAN UNIVERSITY OF TECHNOLOGY
INYANZI FASE: IZIKHONKHO YETHEKHO

AN EXPLORATORY STUDY ON KINSHIP CARE AND HOW IT BENEFITS CHILDREN AND YOUTH IN ROBBINSDALE, MPUMALANGA.

This work is submitted in fulfillment of the requirements for the Master of Child and Youth Care Degree at the Durban University of Technology

Student: Langa Mshayisa

Page 1 of 210 Word Count: 63336 Test-Only Report High Resolution On 14°C Sunny 3:07 2021/08/11

Match Overview

7%

Currently viewing standard sources

View English Sources (Beta)

Matches

1	htd.banila.net	Internet Source	1%
2	croyfa.nwan.ac.uk	Internet Source	1%
3	researchspace.ukzn.ac...	Internet Source	1%
4	up.uniba.ac.za	Internet Source	<1%
5	repository.up.ac.za	Internet Source	<1%
6	Submitted to Durban U...	Student Paper	<1%
7	vital.steels.ac.za 0000	Internet Source	<1%
8	epubs.unl.bayreuth.de	Internet Source	<1%