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Child Fosterage in Namibia: the impact of informal care arrangements upon children’s health and welfare.

Key Words

Children, Welfare, Fosterage, Parenting, Participation, Care (6)

Abstract

This paper reports the findings from a small qualitative study into child fosterage undertaken in Namibia in 2019. The research project is a collaboration between academics at the University of Namibia, Africa, and the University of Bristol in the United Kingdom. Workshops were undertaken in Windhoek the capital city of Namibia with five groups including stakeholders and policymakers, children’s practitioners, social workers, parents and carers, and children. The workshops ascertained the thoughts, understandings and individual experiences about child fosterage practice from personal and professional perspectives focusing on the impact of child fosterage upon children’s health and welfare. This paper contributes new and rich insights into the impact of informal care arrangements upon children’s health and welfare. Findings contribute understanding about why child fosterage arrangements are needed, how they negotiated, and how they are experienced by children. Aside from recognizing the complex cultural variations in Namibia’s diverse ethnic groups, findings emphasize the multi-level contextual influences of fosterage practice, and the absence of children’s participation in decisions that govern informal arrangements for their care. With the recent implementation of the Child Care and Protection Act 3 of 2015 and the Act’s emphasis on children’s participation, rights and responsibilities, this paper makes a timely call for the inclusion of children’s voices and wishes in the processes that affect their care and welfare - congruent with article 12 of the United Nations Convention on the Rights of the Child and article 7 of the African Charter on the Rights and Welfare of the Child.

1. Introduction

1.1 Child Fosterage Practice

Child fosterage is a term which describes the process of raising a child by someone other than the child's biological mother (Brown, 2011). It describes the practice whereby a child is raised collectively; fostered-in, or fostered-out to extended family members away from their biological parents. The fosterage arrangement is a non-regulated, traditional practice (Assim, 2013) which is widespread across sub-Saharan Africa (Beck et al., 2014). It is usually negotiated informally between relatives such as grandparents, aunties, uncles or older siblings (Ariyo et al, 2019). Namibia has many cultural nuances and variations across diverse ethnic groups, involving both bilineal and unilineal descent systems for the inheritance and transfer of property. Matrilineal descent systems dominate in Ovambo speaking people (Brown, 2011), who are the largest ethnic group in Namibia representing around a half of the country's population.

Unlike fostering in the United Kingdom, child fosterage is described as 'an additive, not a substitutive model of child rearing' (Brown, 2011:156) which facilitates the task of biological and social parenting (Bowie, 2004). In Namibia, child fosterage is very common (Beck, et al., 2014). The Namibia Demographic and Health Survey 2013 (Namibia Statistics Agency, 2014) indicates that 35% of households in Namibia are caring for a foster and/or orphaned child. A foster child is defined as a child under the age of 18 years where one or both parents is alive, while an orphan child is defined as a child where one or both parents are deceased. Child fosterage involves no permanent change in rights for the family or child, nor their identity status, centering on a semi-permanent arrangement with family members which is adjustable in nature (Isugihue-Abanihe, 2003 cited by Brown, 2009). The arrangement can extend and reinforce a family's existing networks, whilst also reducing imbalance in the number of children cared for between households (Payne-Price, 1981; Vandermeersch, 2002).

There are many reasons documented for child fosterage within African culture, with arrangements as short as a few months or as long as many years (Isiugo-Abanihe, 1985). The rationale behind fosterage could be voluntary (purposive), or involuntary (during times of crisis for the biological household) (Aryio et al, 2019). Motivations for voluntary fostering can include a household's need for a helper or an heir, a symbol of prosperity, or purely as a token of friendship and giving between families (Brown, 2007). Provision of a fruitful fosterage arrangement can also be thought to improve a woman's place within her household or wider networks (Bledsoe, 1990). Conversely, explanations for the involuntary fostering-out of a child can include illegitimacy, poverty, death of parent(s), or the voluntary promotion of independence, increased discipline, or improved educational or work-related development. Isiugo-Abanihe (1985) suggests that children of lower social position are thought to be treated less equally as household servants or farmhands, whilst also experiencing less educational opportunities. The greater the level of socio-economic disparity between families, the greater the hardship the child is likely to experience (Brown, 2007).

That said, the research findings on the effects of fosterage are indeed mixed (Ariyo et al, 2019; Brown, 2009). Ariyo et al's (2019) recent systematic review into kinship care in African countries investigated differences in the wellbeing of children in kinship care compared to children in other care settings in Africa. The study found that the 'degree of relatedness' of the child to their caregiver, as well as the 'socio-economic status of the fostering household' were the two strongest determinants of children's wellbeing, followed by gender and age. Children fostered by close relatives (such as grandparents or older siblings) were found (in eleven of twelve studies) to experience better outcomes than those with a more distant relationship to their caregiver (such as non-kin arrangements). Children living with non-relatives in Ovambo families in Namibia were found to have significantly less education (Brown, 2009). Out of six studies included in Ariyo et al's (2019) systematic review, five identified socio-economic status of the fostering household as positively related to a child's wellbeing. Children were more likely to perceive food distribution as equal in the household, more likely to attend school, as well as have being more likely to have access to secondary education. This raises important questions about the nature and the level of care a child experiences within an informal fosterage arrangement and how this may impact upon their health, welfare, development and identity in the short and longer term.

1.2 Background & Context

Namibia is a country in south-western Africa, bordered by Angola and Zambia, South Africa and Botswana (MHSS, 2013). It is populated by many ethnic groups with widely differing customs (Humanium, nd). There are around twelve different major ethnic groups in Namibia with a large range of tribes among them, and about 11 unique languages spoken (Republic of Namibia, 2016). Workshops were undertaken with five groups in Windhoek (pop. 325,000), the capital city of Namibia, where nearly half of the country's population reside (NSA, 2013). Windhoek is located within the central Khomas region, characterised by diverse racial and ethnic representations. English is the official language of Namibia, but with so many dialects spoken, it is normal for people to speak at least two or three languages (MHSS, 2013).

The research builds upon findings from a small qualitative pilot study that investigated child neglect in Namibia in 2016 (Author's Own, 2019). The pilot study explored the thoughts, feelings and experiences of social workers and school staff in six primary schools (n=15) across three regions of Namibia (Kavango, Khomas, and Karas) when responding to children living with neglect. Teenage pregnancy and substance misuse emerged as central to the conceptualization of child neglect in Namibia, with a tension between Western and indigenous child-rearing practices favoring the dominance of extended family over the nuclear model (Author's Own, 2019). Findings identified child fosterage to be a fundamental element of child rearing practice across many of Namibia's diverse ethnic groups (Hayes, 1998). Fosterage, or kinship care is an organizing principle in Namibia which shapes the individual nature and level of care for a large proportion of children who are raised by extended family (Ruiz-Casares et al., 2009). This paper focuses upon reporting insights gained from five stakeholder groups, regarding the ways in which the context of informal child fosterage impacts upon children's overall health and welfare.

1.3 Legislation & Policy

The Child Care and Protection (CCP) Act 3 of 2015 provides mechanisms for the care and protection of children in Namibia. The Act replaces the outdated Children's Act 33 of 1960 which

was a colonial law inherited from South Africa at independence in 1990 (LAC, 2016), which did not recognize kinship care within its provisions. Congruent with the guiding principles of the UN Convention on the Rights of the Child (1989, art. 12) and article 7 of the African Charter on the Rights and Welfare of the Child (1999), the CCP Act emphasizes the rights of children and parents, the role of extended family, and the importance of children's views in decisions that affect them.

In Namibia, state grants offer families and children relief from financial difficulties in the form of a children's grant, child maintenance grant, foster care grant, or special maintenance grant. The minimum payment for a grant would be the sum of NAD\$ 250.00 per child (approximately USD\$14). The CCP Act 3 of 2015 which provides for the formalization of kinship care, may further enable the wider payment of grants to families providing fosterage arrangements to children living in deprivation. However, due to the negative economic growth in Namibia for the past two years (Brandt, 2019), new applications in that financial year were not being processed. In fact, the recruitment of parents and carers as participants in this study was a considerable challenge, as many were very reluctant to participate in the workshop due to outstanding state welfare grant payments that had not yet been processed.

The CCP Act acknowledges the essential role of extended family and close family friends in caring for children, formalizing kinship care arrangements and promoting easier access for families to welfare grants for children in their care (LAC, 2016). Although the Act defines kinship care as *'the child has been placed, with the express or implied consent of the child's parent or guardian or by order of court in terms of section care of a child by a member of the child's family or extended family other than the parent or guardian of the child or a person who has parental responsibilities and rights in respect of the child'* (145(3)(f)(i) CCP Act, 2015), informal traditional caregiving arrangements remain widespread across Namibia's diverse communities, rooted to cultural norms and values (Kalomo, 2015). Despite the continued prevalence of child fosterage in Namibia, little is known about children's experiences in their own voices, and the impact these distinctive arrangements have upon their individual lives. For this reason, this study investigates the impact of informal care arrangements within children's unique contexts and family relationships, and how

these contexts shape and inform their individual experiences of being raised within extended family networks.

2. Methodology

Qualitative data was collected through five workshops in Windhoek, Namibia, over a two-week period in June 2019. Prior to data collection commencing, a research permit for the study was obtained from the National Commission on Research Science and Technology (NCRST) in Namibia and permission to conduct the study was obtained from the Ministry of Gender Equality and Child Welfare. Ethical approval was sought and obtained from the Research Ethics Committees at both academic institutions: University of Namibia, Africa, and the University of Bristol, United Kingdom. Each participant signed an informed consent form confirming their wish to voluntarily participate in the study, as well as giving their consent for the audio-recording of the workshop discussions. Children under 16 years of age who participated in the children's workshop gave assent to their participation, and informed consent was gained from the responsible adult caring for them. To gather knowledge about the nature, shape and perceived prevalence of child fosterage in Namibia, two primary research questions informed and guided the study: (i) What are children's, carers', stakeholders' or practitioners' understandings of child fosterage in Namibia? (ii) In what ways does child fosterage impact upon children's school and home environments?

In total, 36 participants took part in the workshops which consisted of the following groups (i) key stakeholders from various child welfare agencies (n=6), (ii) child care practitioners working at operational level (n=5), (iii) carers who were all foster parents through informal arrangements within their communities (n=12), (iv) children in fosterage/informal care settings (aged between 9 and 15 years old) (n=9), and (v) child protection social workers from the State welfare agency (n=4). The workshops intended to engage communities in the construction of knowledge from their personal and professional experiences of child fosterage.

The workshops opened discussions and facilitated community participation at personal, organisational and structural levels. Each workshop group was consulted about their preferred methods of co-production for a substantive future research project in this field (Save the Children, 2006). Purposive sampling was used to select all participants. The key stakeholders and child-care practitioners were accessed through the Namibia Children's Rights Network (NCRN) which is a coordinating body that represents child-care organizations in Namibia. Participants for the children and parent and carers' workshops were accessed with the support and assistance of staff from a Non-Governmental Organisation (NGO) in Windhoek which supports children and their parents and or carers. The workshops were held in a number of locations within Windhoek, commensurate with the needs of each of the participant groups. Participants in the parents and carers group were each provided with a small payment as a gesture of thanks and to reimburse any travel expenses they encountered for attending the workshop.

Data collection instruments were developed for each of the five workshop groups which consisted of a workshop schedule, including prompt questions across a number of themes: demographic information, understandings and personal experiences of child fosterage, the impact of fosterage on children's home and school environments, and participants' preferences for co-produced methods for a future study.

The average duration of each workshop was two hours long. Data collection took the form of discussions, where participants were encouraged to freely respond to each of the questions posed to the group. All four members of the research team actively took part in all elements of the discussions, with specific questions allocated to individual researchers from each of the two Universities. During the workshops a number of languages were spoken which included Afrikaans, Oshiwambo and OtjiHerero, with researchers from the University of Namibia providing translation when required. The five workshops were audio-recorded and supplementary hand-written field notes taken. On the return to the United Kingdom, audio recordings were transcribed, and data was thematically analysed to identify emerging themes.

The children's workshop was structured around a creative participatory activity that facilitated conversations about household composition through the drawing of a 'family tree'. Children were invited to draw a picture of a 'tree of life' (a common place term for the baobab tree on the African

continent, widely recognised as a symbol of positivity and life), and place their family members upon it (see figure 1 for exemplar). When the drawings had been completed, children were invited to describe their picture, and talk to the group about the family members they had included.

The analytic process comprised the four members of the research team reading the transcripts, with preliminary analysis focusing on the compilation of two analytic memorandums; one from an indigenous perspective and one from a Western perspective. Memorandums were exchanged between the two groups to advance critical analysis and support discussion from diverse international viewpoints (Author's Own, 2019). This process was undertaken remotely via email and videoconferencing over a three-month period until common themes were identified, cross-referenced and agreed. An ecological framework was used to organize themes into three levels; structural, cultural and personal, to acknowledge the multi-level contextual influences which impact on children's individual experiences of care, and the effect these have upon their health and welfare in home and school settings.

3. Findings

To clearly present the multi-level contextual influences that impact upon child fosterage arrangements and children's individual experiences of informal care, key findings are scaffolded against 'a person in environment' model (Bronfenbrenner, 1979) to critically analyse how children and their unique environments interact to influence their individual relationships and experiences of being cared for in extended family systems. The findings are organised for discussion at three distinct levels: structural (macrosystem), cultural (meso and exosystem), and personal (microsystem).

3.1 Structural Level

At the structural level, three themes emerged from the data analysis: (i) societal conceptualizations of child fosterage, (ii) the impact of poverty, and (iii) availability of state support. In this study, involuntary child fosterage as a result of a crisis such as the death of a parent, teenage pregnancy, parental alcohol abuse, unemployment, or child neglect was a common theme identified within

workshop discussions. Voluntary (purposive) child fosterage that occurs due to hardships experienced by a child's biological parent(s) was also reported within the data, but is acknowledged as doing so to a lesser extent.

3.1.1 Societal Conceptualizations of Child Fosterage

The first theme discusses the context of unique relationships between children and their carers from a societal perspective, and the availability of resources to families. Most of the participants indicated that child fosterage arrangements are provided to children who are blood related to the caregiver, but can also be provided to children who are not related by blood, with no distinction made in the love and affection for the children related by blood and those children not related to the caregiver. This perspective is exemplified by a carer in the following extract who refers to children only having 'one mother and one father' which are the family members who take on the parenting role:

'We raise those six children with that family love because when we treat our brother's children, we treat them the same as those children so they have only one mother and one father. So, if you are asked "who is your mum?" or "where's mummy?", then they will say "it's Aunty [x] or Uncle [x]" is their father; so he is the father figure. That's how we raise these children.' (Carer)

The need for alternative care of children is also acknowledged in the data from the children's workshop. In the following extract, when describing their picture of a 'family tree' to the group, a child explains that children who no longer have their own parents, also need to be cared for by other members of the community:

'other kids in schools that does not have parents and they need help.' (Child)

The attitude of openness and willingness to care for children within a fosterage arrangement with family is a value that has been passed on in communities within Namibia from one generation to another, one carer explains:

'So this love started from our parents. We have copied our parents and we have seen that this love will transform in us and we will love these children'.

(Carer)

This perspective is also demonstrated in the following extract where a practitioner who is also a carer describes the reasons behind her caregiving for children, identifying that she wished to break the cycle of inadequate parenting:

'I have got the proof and it is not about money. It's not about me, it's not about the kids' parents it's about those kids. I take it on me, and I say to myself I cannot leave those kids in this situation. The mum is drinking every day, father is also not really a very good example. It's not that I am perfect, it's just that what we observe when we grow up and what we maybe went through, you think to yourself, I don't want those kids to go through the same things, so I decided to take those kids in my care' (Practitioner)

Child fosterage is a temporary form of alternative care, which may result in the returning of a child to the care of biological parents or blood relatives. While most of the carers accept the temporary nature of child fosterage, some carers struggle to let go of children who may re-unite with their blood relations at a later point. The workshop with social workers highlighted how children can equally develop strong attachments to their fosterage caregivers, particularly evident when a transfer of caretaker has to be made. Brown (2011) confirms how the emotional attachment of mothers with their foster child can make it difficult to return the child back into the care of the biological relatives. This point is demonstrated by a children's practitioner who emphasizes the challenges encountered when a child's biological parent wishes for the child to return:

'you raise the child then it should be your child because they will tell you that this is not your child, you are not the biological parent. You raised your sister's child or your brother's child and then the authorities will tell you it is not your biological child; it is not yours and the child can be taken away. The grandmothers are crying, the sisters are crying but there is no help for them'.
(Practitioner)

Recently, there has been an increase in formal kinship placements in several parts of the world such as the USA, UK and Canada (Dorvala, et al., 2020). With the enactment of the Child Care and Protection Act, 2015, Namibia is also moving in the direction of formalizing kinship placements of children with family members. This transition could ensure additional protection to the child which also promotes stability for caregivers, as illustrated by one practitioner who clarified:

'Currently, we have the unregulated informal arrangement. What the Act is saying is that it should be formalized. That there needs to be a social worker involved that would then sign to say that this child was officially placed under the care of person 'X'. This will be what we are currently doing, as a family we decide you take the child and... so, I would assume that once such an arrangement is in place whoever cannot just pitch [up] the following morning and say I want the child, so that's what we are looking at... what we are saying is that unregulated, the informal, what we are currently doing. With this act talks about is that it should be regulated, there should be some kind of... I don't want to use the word control - but that movement between parties and we should not'. **(Practitioner)**

3.1.2 Impact of poverty

The second theme to emerge was the impact of poverty. According to the Poverty and Deprivation in Namibia report, the poverty incidence rate in Namibia is 26.9%. (Republic of Namibia, 2015). Poverty impacts on day to day life (unemployment, lack of food, overcrowding etc.) for informal

carers, as well as the impact upon children's development and well-being. For example, participants talked about carers' lack of money for school fees, clothing, food, health needs and traveling. Some carers in the sample who ran day care facilities reported having to rely on NGOs to provide sufficient food for all the children in their care. A parent demonstrated this experience, stating:

'they're like my own kids which means whatever they ask you, soap or the toilet...I have to provide them. If there's nothing, then they also join us and there is nothing. So, if there's no food and we have got nothing, there is nothing'. (Parent)

A stakeholder/policy maker echoes the same sentiment when they talk about having to access necessary health care for a child in their care and the need to fund travel to the clinic as well as any medicines the child may need. The participant emphasizes the absence of available support and resources to help them care for additional children:

'if I don't have the twelve dollars for me and the child to go to the clinic, and we have to travel far; if I sit in [xxxxx] clinic is probably the closest one, if I don't have the funds for that because the child is too weak for me to walk with the child, so I think that services is not as readily available as we would like to think.' (Practitioner)

In response to the widespread poverty in Namibia which is affecting children even more (Namibia Statistics Agency, 2012), school children are also collecting clothes, food and toiletries which they then distribute to other children at schools:

'we collected all our clothes like one pair of our winter clothes and one pair of summer clothes and some clothes that you don't like, and we gave to the kids'. (Child)

3.1.3 Lack of state support and the impact upon carers meeting children's needs

With regards to social work responses towards the needs of the community, some participants expressed feelings of dissatisfaction around state processes to obtain assistance as well as the administration of the services offered. This is demonstrated in the following expert where a social worker refers to the challenges of accessing financial resources for the families they work with:

'the government is really in a crisis so there is no money. So, when they come, we are even told not to recommend to them the grant. So, when they come, we should let them know that we are going to register them, but do not expect this money any time soon. Some will just go and never come back because there is no money. So, most of them just come because of the grant'. (Social worker)

If assistance is not promptly provided by the responsible Ministry's social workers, participants feel it may result in unnecessary sufferings of children who were in need of fosterage arrangements and care. One parent refers to the process and paperwork needed to care for a child when a social worker is involved:

'because you have to go through papers through social workers and you have to be known so that you are taking this child from a family'. (Parent)

From a social work practitioner perspective, mixed feelings existed amongst participants in the workshop in terms of whether the administrative work involved in the formalization of child fosterage (kinship care) will be reduced. In the following extract, a Social Worker refers to the formalization as a 'switch of words' because they believe it is rare that carers in child fosterage arrangements are people who are not blood related to the child:

'Kinship care is excellent because we don't need to write many reports, because it's just an agreement. You decide to come into the agreement and then you send the family to court, where they go and sign in front of a magistrate. So, the workload is much easier on us. For me it's just a switch of words – terms, because it's very rare that you get foster carers from people who are not blood related to each other.' **(Social worker)**

However, another social worker was in disagreement, and states:

'From my experience, I think we are going to have a lot of kinship care reports because most of the parents are, even one is deceased, so if one of them is not available, so there is no agreement [for kinship care] then we go to the report'. **(Social worker)**

The shortage of social workers is most certainly something that contributes to the effective delivery of services for children. Participants express their dissatisfaction for the long waiting period to see a Social Worker, but also the long length of time taken before issues have been attended to. Practitioners in the workshop acknowledged a substantial shortage of Social Workers employed by the Ministries to execute the new provisions of the CCP Act 2015, raising questions about capacity within the profession to facilitate the new legislative duties. One Practitioner demonstrates this point and explains:

'the Ministry of Gender [Equality and Child Welfare] has how many social workers? Is it now...eight. Imagine eight social workers to serve the whole of Khomas region. I think we will be shocked if we have to work out an average of how many children per Social Worker, if you only focus on [The Ministry of] Gender now. And the Act stipulates that the placement Social Worker should supervise the placement and there must be an investigation prior to placement'. **(Practitioner)**

The social grant offered to an applicant or household who cares for a child is a form of support to carers who offer child fosterage arrangements. However, complaints are reported about the current long waiting period needed to finalize the processing of the applications and the realities of Namibia's economic recession which contributes to these challenges. The lack of national documents such as birth certificates is overwhelmingly reported by social workers, parents and stakeholders as impacting children's rights and their ability to access welfare grants for carers to satisfy children's basic needs. This finding is congruent with Author's Own (2019) study into child neglect in Namibia, which in the absence of the child's father, identified the registration of children's births as culturally problematic resulting in many children without birth certificates. A stakeholder demonstrates this frustration and states:

'that I applied for the social grant [for] my brother for the kids. I applied for it last year too. You'll never believe me, I only received it last week. After going there maybe four times, keep on completing the same forms over and over and every time with another social worker. Do you understand where my frustrations come from?' (Stakeholders)

A social worker goes further and describes the financial challenges faced by the Government and the barriers this creates for carers providing care to children with financial support through the grant:

'the government is really in a crisis so there is no money. So, when they come, we are even told not to recommend to them the grant. So, when they come, we should let them know that we are going to register them, but do not expect this money any time soon. Some will just go and never come back because there is no money. So, most of them just come because of the grant.' (Social worker).

The quality of social welfare services in Namibia is of concern to some participants who express waiting for weeks, even years before social welfare services have been concluded. Participants acknowledge that the critical shortage of social workers could contribute to the quality of services provided. A practitioner laments:

'There are many social workers just sitting there, we came there, no help, send you back home. You cant make it up, when you come and see a social worker. If the child has a problem, I cannot wait for seven days to see a social worker'. **(Practitioner)**

A similar perspective is demonstrated in the following extract from a Stakeholder who adds:

*'I went to social workers, they tend the office for seven years, I don't think they are still there. From there they are sending you all over there, sending you wherever. Come to monitor the abuse office, you have to explain your situation to so many people there that you are getting so frustrating and tired because nobody can help you. I came to a point that I even asked them in that office one day if you people can please explain to me today for "who are you here, why are you here?"'. **(stakeholders)***

One participant suggests that although the protection needs of the child still need to be assured, less focus should be placed on the payment of the grants to prevent any misuse of the grants by collecting children of family members to receive the grants.

'it must not be based on granting because I thought if it is informal like they left it partly what we will do is we will go and collect now the children because of the grant so our emphasis will be grant and not the caregiving'. **(Practitioner).**

3.2 Cultural Level

Three key themes emerged from data analysis of the workshops at the cultural level which emphasize the cultural reasons and traditions present in child fosterage practice: (i) rights, responsibilities and reciprocity, (ii) motivations to care, and (iii) culture, context and conflict. Findings cut across both meso and exosystem levels of the ecological model and are presented here for discussion.

Article 19 of the Namibian Constitution posits that ‘Every person shall be entitled to enjoy, practice, profess, maintain and promote any culture, language, tradition or religion subject to the terms of this Constitution and further subject to the condition that the rights protected by this Article do not impinge upon the rights of others or the national interest’ (Republic of Namibia, 1990). The traditional cultural practices reflect the values and beliefs held by members of communities for periods often spanning generations (Ntinda, 2011).

3.2.1 Rights, responsibilities and reciprocity

The first theme that emerged from the interviews relates to rights, responsibilities and reciprocity as it pertains to child fosterage. Even though the nuclear family is promoted as the national model, the reality is very different among all sections where the extended family model is dominant (Neingo, 2012). Urban communities are predominantly nuclear, while the extended family model is found among rural and traditional families. Childcare is seen as a collective family and community responsibility, irrespective of Namibia’s cultural diversity. This was highlighted in the following extracts from the workshops. In the first extract a Stakeholder refers to the importance of the ‘Ubuntu’ philosophy which offers an Afro-centric worldview of oneself in relation to others: ‘I am because we are’ (Bradbury-Jones et al, 2018).

‘But I think the perception in the whole of Africa is that ubuntu mentality, so it’s normal to care for any child, so it’s the culture in most of these families. They don’t even think twice before taking in a child’. (Stakeholder)

The Stakeholder describes the communities’ ethos to offer care to children who need their support or compassion, congruent with their cultural beliefs and philosophy.

'It's about culture. It's really less negotiation about fostering these children. It's about taking the responsibility and taking these children in, because... It's more of a natural thing that happens. It's natural in Africa.' **(Stakeholder)**

It is thus not uncommon to find that most households in Namibia contain other kin, especially children, as expressed by one Stakeholder participant that stated that "80% of families [in Namibia] have a family child living with them". The care of children is described in the workshops as a natural obligation, central to communities' ways of life, and child-rearing practice. This perspective is evidenced in the following extract from a parent:

'Raising a child is okay, no problem. We do that. All of us do. Each and every house here has a child that is in their accommodation. We believe in raising our uncles and our sisters' kids. There is no problem about it if there is no dispute and if there is no fighting between the two family members' **(Parent).**

Whereas for others fosterage was seen as obligatory for relatives, especially as result of orphanhood (Assim, 2013, Roby, 2011). A Stakeholder demonstrates this perspective clearly suggesting the mandatory nature of the task:

'[families] feel obligated. It's the... some, you must do it in your own community' **(Stakeholder).**

Reciprocal fostering of children is very common and foster children often did not know who their biological parents were (Kamminga, 2000). This is highlighted by the following excerpt from a parent during the workshop:

'We raise those six children with that family love because when we treat our brother's children, we treat them the same as those children, so they have only one mother and one father. So if you are asked who is your mum or where's mummy, then they will say it's Aunty [xxxxx] or Uncle [xxxxx] is their father; so he is the father figure' **(Parent).**

Grandparents, in particular the grandmother, taking care of grandchildren is a traditional institution that is culturally, socially, economically and politically legitimized (Kalomo, 2015; Kamminga, 2000). Therefore, the provision of equal parenting duties and responsibilities to the biological father seems not to be welcomed by all. The perceived tension between the grandmother/carer and the biological parent, especially the father, due to the changes in legislation is highlighted below:

'but now the law has changed, if the mum passed on then the father has the right to take that child, but in our communities if the mum passed on the father will never care of that child but when it's grown up... maybe this lady who passed on was a nurse or she was a doctor, because of that money this father will take that child but not out of love but only for the money. It is very very painful in our communities' **(Practitioner)**.

The changes in the legislation seem to have stripped the grandmother of her caregiver role as highlighted in the following extract:

'...the family parents were married, the mum passed away and the children stay with the biological father. This is what the current situation is and what the issue is that the concern that the children could stay with the grandmother but currently when the children are living with the father the biological father will refuse access of the children with the biological... with the maternal grandmother. It's quite a concern that the rights that fathers get opposing to the access the maternal grandmothers used to have to their children. That is a concern' **(Practitioner)**.

This sentiment was also echoed by a parent who states:

'You raise the children with the whole heart and love and everything and the person went to see the child is now better. You can send the child and you can do anything. It's done and they're coming back. 'This is my child and they take them back. It's not a joke' **(Parent)**

3.2.2 Motivations to care

The second key theme is caregivers' motivations to care. A desire and motivator to care for another child was often to 'provide love' and 'give better care' than the parent could, or the care they had received themselves as a child. Access to education is seen as one of the benefits of child fosterage. Urban relatives often take in children to provide them with access to education where schools are located close by (Kammainga, 2000). This perspective is amplified by the following extracts from three of the workshops:

'When you stay in a rural area, when the child goes to school they are normally sent to urban areas, also so that they get the progress with the education and maybe go to universities and so forth' (Stakeholder).

'Maybe some of the positive things is when you are together with those kids, they will get the education' (Practitioner).

'All I want for them is for them to be educated and it's important to know that ... they have shelter' (Parent).

However, children are increasingly seen by caregivers as a burden rather than an asset. While children used to be regarded as an economic asset to the fostering household especially when reasons for fostering children out is to provide labor or domestic chores (Ariyo, et al., 2019), they are now seen in terms of costs and risks (Hedges, et al., 2019).

'when the school starts the kids are starting to go to school it's a very different culture because they have to go to the pre-school and after pre-school they have to go to primary school again and you have to pay and it's all money and you're stuck with a lot of kids. When they start working ... some of them are also going back to their parents and they forget about you. That is the difficulty. (Parent)

The following statement by a Practitioner is an indication of the saturation of absorption capacity of households in the context of poverty and limited resources:

'There are families who really really want to stay with these children but there is no means, there are no resources, there is no daily bread'

(Practitioner)

An opportunity to receive a state grant was emphasized as a motivating factor but also a source of tension with biological parents:

'most of the time families don't fight if there is not money involved but sometimes they want the kids just because they know that they can get the monthly money from the government' **(Practitioner)**.

Traditionally, a child stayed with his/her parents/grandparents within an extended family set-up where there were many people around to help with childcare (Neingo, 2012). However, the structure of the Namibian urban family has shifted with the nuclear family arrangement becoming much more common.

3.2.3 Cultures, Roles, and conflicts

The third theme considers the cultures, roles and conflicts which exists within fosterage arrangements. Important decisions that affect orphaned children such as who will take care of minor children are made during funerals, when all relatives gather together. According to one stakeholder, families 'look at who will be financially capable of taking care of the children. Or make decisions because carers 'live in town and...are close to a school". Participants suggest that the informal care of children in fosterage arrangements seems to be predominantly placed upon women. There also appears to be an already established order of care within the family as is expressed by female participants in the extracts below:

'When parent passed on, automatically these kids will be taken by another family member, if my sister passed on, automatically I will take in my sister's children' (Stakeholder).

'In our house, if my sister passed away immediately I will be the one who would take care of her child' (Practitioner).

'In instances where there are no automatic and willing carers the families get together, so now they decide or they ask who is willing to take who and who and who and then you yourself will say me, I will take Maria or I'll take Joe. It's either the father's side [of the] family or the mother's side [of the] family' (Practitioner).

The splitting of children among family members was indicated as common:

'Everybody can take. You take maybe one and then you take one. It's a lot of family, maybe it's about four guys and maybe three ladies. You can take one each, it depends on how many kids that is left. And if there are many, they have to divide and Auntie xxxx takes this child the splitting up of siblings. They split up siblings.' (Stakeholder).

The splitting of children can also cause disagreement and dissatisfaction among family members, partly because the informal care of the children was obligatorily and seen as an added financial burden to the families who may already be struggling for sufficient resources. This perspective is demonstrated by a Stakeholder who expresses the challenges of having children in different places:

'So there's a lot of feuds within the families when it comes to the financial contributions, when these kids are off school and they're not in one place, so you must now support three houses. This one has her own family, but she must also support the other siblings that are in different places, so it's like

she must support three households at once, and that can become quite difficult for people to maintain' (Stakeholder).

Culturally not respected, but increasingly common, is the situation whereby a child is left at a relative's home, often in the care of a grandmother or maternal aunt. A social worker noted that:

'in most cases the grandparents are taking care of the kids and they don't know where their own kids are. They've [parents have] basically just dropped the child and then they go' (Social worker).

'So now you send your children north, but the person, the auntie or the granny that must look after this child doesn't have the means, and at the end, this child is being neglected' (Stakeholder).

As a result, no financial support is provided to the grandparents and the parent takes no or little responsibility (Kalomo, 2015). In those cases, it is not always known where the parent even can be reached in case of an emergency (Kamminga, 2000). The relative in whose care the child is, is forced to take full responsibility irrespective of whether they have the ability and resources to do so.

3.3 Personal Level

The lived experiences of children within kinship care arrangements was explored within all the workshops. Three key themes emerged from the data analysis: (i) transitions and identity; (ii) consistency and care and (iii) differential treatment, and the 'intruder'. Together, these themes tell a story of the positive experiences and opportunities for some children living in kinship arrangements, but also the vulnerabilities and risks present for many, which has a significant impact on children's health, education, well-being and welfare.

3.3.1 Transitions and identity

The first theme at the personal level explores a child's transitions and identity. The process of transition for children from their birth family to extended family members was experienced as a significant loss:

"Staying without your mother life is really hard because your mother is really important ... When your mother is not there for you, you really feel sad"

(Child)

The loss of mothers was particularly highlighted by the children, and for a number of them they did not have a consistent presence from their father. One child spoke of their mother "*being by my side*" on a daily basis, compared to her father. The loss of this nurturing and consistent presence was therefore felt deeply by children. More work will need to be undertaken with both genders to understand how the loss is fully conceptualized in relation to mothers as well as fathers.

There were a range of views amongst stakeholders and social workers about the impact of transition on children. Some identified the significant losses present, but others felt that the transition should be less significant due to the child's familiarity with the family members:

'Transition is not really a difficult one per se. It still allows the child to see other family members here and there. Obviously, the routines in the household are different, so rules might apply differently'. **(Social worker)**

The assumption that familiarity with family members would go some way to mitigate children's feelings of loss is understandable, but does not perhaps acknowledge the magnitude of that loss for the children themselves, nor its potential impact. This echoes the work of Schofield and Beek (2006) on the role of professionals and carers in nurturing a secure base for children who live in alternative care situations. Recognition and support of children's losses is a vital step in promoting a secure base.

When a child could no longer be cared for by their immediate birth family, the extended family was seen to provide important continuity to children, particularly in relation to their sense of belonging and to their identity. Children were seen to be able to grow up knowing and understanding who they are and why they were not being cared for by their parents:

'A sense of belonging also plays a role. Because most of them also feel rejected by their parents because they do not take care of them, so that's when the caregiver comes in'. (Social worker)

'We keep the relationship with the parent ... The child will grow up knowing, 'There is my mother. My mother drinks a lot.' The child will know that, so I think the child grows up in a better situation than if the child is just taken away and raised by strangers'. (Stakeholder)

Furthermore, kinship carers demonstrate a strong commitment to children understanding their origins, and that whilst they are part of the family, they cannot and should not replace their parents:

'I can never replace his biological mum. I can try, but I don't even want to try and replace his mum. He never knew his mum, because he was so sick from birth, but he needs to know his roots, and this is how I feel a child should be brought up. I cannot lie to this boy and tell him I am his biological mum. He needs to know that he had parents. That is important'. (Carer)

However, children living in informal kinship situations risked multiple moves within the extended family, and therefore multiple transitions. This had an impact on their feelings of belonging and

who they could trust, which risked affecting their emotional well-being and the development of a secure identity:

'Children don't trust adults because of multiple movements. They always have some sense of mistrust. They grow up, if they become teenagers, they have this mentality of everyone is against me. They never feel grounded. They always feel that they are alone and they can't trust anyone'. (Stakeholder)

Children identified that they needed to feel safe in order to express their feelings about their living situation, and they feared people teasing them or being unkind. Safety was found in those they knew and trusted, particularly life-skills teachers, peers and religious leaders:

'My life skills teacher always tells me if you have a problem at home you can come ... to her office and tell her what's wrong. She will fix it'. (Child)

'Some of the people just looks like they're really willing to help you but .. they might [be] teasing you ... I don't tell [people] who I don't really like, how I feel ... I first have to know the person 'cause it's very dangerous if you just tell someone out of the blue like this that you do not know'. (Child)

The family tree pictures that the children drew during their workshop session demonstrate their clear sense of belonging to and identity within their families of origin (see figure 1). However, challenges arise to feelings of belonging within extended families when experiences within them impact on children's welfare and emotional well-being, as explored within the following two themes.

3.3.2 Consistency and Care

Considerable variation was reported in the quality and consistency of the care children in kinship placements received. Those placed with grandmothers were seen to thrive the most positively due to their consistent presence and perceived capacity to provide the care, love and affection which the children needed. However, significant concerns were expressed about the health, welfare and emotional well-being of children where the consistency and quality of care was lacking, more usually when placed with family members who were not their grandmother.

Most kinship carers were seen to be 'doing their best', but the lived realities of poverty – economic hardship and overcrowding in particular – meant that in many cases children received less than optimal care. Some kinship carers had to leave for work very early in the morning and return late at night, with the consequence that children did not have a carer physically and consistently present to supervise them and ensure their basic needs were being met:

'The distances of travelling from wherever to your workplace, it's far, it's difficult to get a taxi or even the buses now, so the children will be at home most of the day ... I know that our clients, they wake at four o'clock to catch the bus, so that child even have to wake up themselves, get dressed for school, show up for school. There's not someone, 'Okay, you must wake up now, have some tea, some...' sending them off, and that's, for me, basic needs for a child' (Stakeholder).

Participants identified that neglect of children in kinship care could take different forms in rural and urban settings. In rural areas children particularly risked exploitation through farm work, with the consequent impact on their educational development through missed schooling. In urban areas, the strong commitment families had to ensuring children remained within their extended birth family led to overcrowding, which had consequences for children's basic needs for food and appropriate shelter being met:

'people will have ten to fifteen people living in one house, and then they will suffer financially. The strain is a lot, really. But who suffers the most at the end of the day? The child, because food portions must be divided into fifteen small, little pieces. Only the adults will get the bigger piece of meat and then those other small ones must just cope with the little that they are getting ... They don't want to acknowledge that they're actually neglecting .. you are depriving the child'. (Stakeholder).

Stakeholders and social workers were very concerned about the sexual exploitation of children, particularly in urban areas. They also spoke about older siblings caring for their younger brothers and sisters, often when parents had died, as well as the impact of societal alcohol use. The older siblings were at risk of sexual exploitation themselves, particularly from the men who frequent Shebeens in urban areas, which are 'informal licensed drinking places(s)' (Author's Own, 2019: 993). This often led to the older siblings having their own children early, with little or no understanding about how to parent. Substantial concerns about the welfare of these children were expressed, including their basic needs being met as well as vulnerability to sexual exploitation within the Shebeens due to lack of supervision and care.

The children in the sample emphasized the importance of consistency in their care, particularly in facilitating their education and in the loving support many provided. They also stressed that love alone was not enough for them to have their needs met:

'If I just go to my mother's house she gonna give me love, stay at home, eat, sleep just like that so I'm not learning anything about being a nurse so I am so glad that I have Mama S that take care of me and I take her as my real mum'. (Child).

The state social workers within the sample acknowledged the complexity and challenge in trying to ensure all children's needs were met in their kinship care placement. They stressed that the reality of finding a place which provided a means of shelter and food for the children had to take priority, even when they knew family members would struggle to meet their other needs.

3.3.3 Differential treatment and the 'intruder'

The differential treatment of some children in kinship care placements compared to birth children in the family caused participants particular concerns. The obligations placed on family members to care for children meant that there could be hostility, often due to the additional pressures placed upon the family:

'In my experience, they must just accept the child, and I've had cases where they are so hostile towards the child because they don't really want to do this, but now they must do it' **(Social worker)**

Children were sometimes perceived as an 'intruder' in the family, and it could in some cases take several years for immediate family members to adjust and accept them as a full member of the family:

'The child comes from wherever in Namibia and is now in the family, so that child is a bit like an intruder' **(Stakeholder)**

'If you're living with them for like, four years, that's when you realize, "Okay, then you are part of the family now. Welcome." So it takes so much time.'
(Stakeholder)

The differential treatment of children was reported as taking a number of forms, including domestic servitude, having less food, limited clothing and being excluded from a range of activities:

'And you will get cases where those child is now supposed to do the poop-scoop, do the dishes, doing like that Cinderella type of situation, where that intruder child is now the one supposed to do all these terrible jobs'. (Stakeholder)

Stakeholders identified that birth children in the family could also treat the fostered-in child differently to the biological children by, for example, saying things like *'You came in our house. We had enough beds, but then now you've moved in, so you should sleep on the mattress.'* Children tended to take the lead from their parents, and if there was not sufficient time for planning and the adjustment of the whole family prior to the child's arrival, then this is when difficulties tended to arise.

All four adult workshop participants stressed that not all fosterage carers are hostile towards the children they care for, and most try really hard to do their best:

'I think some of these foster carers, even if it's informal, they will try to do their best. Even if their best still lacks, they will try to do their best'.
(Stakeholder)

Identifying, understanding and responding to the needs of children living in child fosterage arrangements is challenging, because many of these children remain 'hidden'. Given the informality of the arrangements within families, the state remains unaware both of the children and any difficulties unless they receive a report about it. This is concerning given the large numbers of children reported to be living in these arrangements, and the potential pervasiveness of the issues which impact on children's welfare and development.

4. Discussion

The findings emphasize child fosterage as a generational practice, temporary in nature, bringing both advantages and challenges. Child fosterage as an informal arrangement is described as a 'natural' element of child-rearing practice in Namibia rooted in African cultural values and Ubuntu philosophy. Bradbury-Jones et al. (2018:16) describe 'Ubuntu' to be most often understood in English as 'I am, because we are'. It is an Afrocentric world view that provides a philosophy and way of life for members of a society, based upon sharing, regard and empathy for the greater collective and community (Nkondo, 2007).

Our findings acknowledge the practice of child fosterage as a widespread informal child-care system that has social and cultural variations across Namibia's many ethnically diverse groups. The Child Care and Protection Act 3 of 2015 introduces the formalization of 'kinship care' arrangements, by offering a new legislative framework which acknowledges the central role of extended family and close family friends in the care of children, giving focus to strengthening and developing the community structures which provide such care and protection (LAC, 2016). Whilst participants welcomed the formalization of fosterage care to increase the accountability of placements as well as having the potential to increase stability for the child with extended family. However, many expressed concerns that the transition would bring challenges in terms of available resources and the state's capacity to facilitate duties set out by the Act, namely the investigation and supervision of all kinship care placements (CCP Act, 2015; LAC, 2016).

This was of concern in terms of effectively meeting children's needs given the prevalence of fosterage practice across Namibia, the national shortage of social workers to execute the new duties set out by the Act, and the delayed payment of financial support grants to families in the context of Namibia's poor economic climate. Namibia's National Development Plan 5 suggests the absence of a national social protection policy and implementation framework as contributing to the inefficiency of the country's fragmented welfare system in providing state assistance and supporting people out of hardship (Republic of Namibia, 2017).

The reported prevalence of child fosterage in Namibia, where 35% of households in the country are known to provide care for a fostered or orphaned child via the National Demographic Health Survey (NSA, 2014), contrasts with the perceptions amongst stakeholders and professionals in our workshops. They consistently suggested that informal family arrangements are present in around 80% of all households. This disparity of views is suggestive that further work needs to be done to more accurately measure prevalence levels of child fosterage at population level. Adding specific questions about fostered and orphaned child members of households into the population census in Namibia may be a helpful way forward.

Despite the large number of ethnically, culturally and linguistically diverse groups across Namibia, participants expressed child-care as a collective and reciprocal responsibility often experienced by communities as an obligation, especially as a result of orphanhood. Grandparents, particularly maternal grandmothers, are identified as playing a powerful role in child fosterage arrangement (Kalomo, 2015), with a tension emerging between the role of the grandmother as carer and final decision-maker, and the biological parent or father of the child. Motivations to care for a child through informal arrangements were rooted to children's basic needs through the provision of warmth, love, shelter and giving a child a better standard of care and parenting. Relatives in urban areas were also identified by their ability to offer children easier access to an education (Kamminga, 2000), as large distances to schools are a common challenge for families (Government of Namibia, 2004). Disputes and feuds were recognized to at times manifest between family members under the pressures of large households, extreme poverty and limited resources, when the care of a child would mean precious financial support from the Government (LAC, 2016).

Aside from instances where children were left at a relative's home by their biological parent, the reciprocal nature of fosterage practice is emphasized by participants who acknowledge the movement of children in both directions between different households. This finding is congruent with Brown's (2011:173) study into Child Fostering Chains in Ovambo Families in the North of Namibia, which found that child fosterage operates within a range of unique social and cultural contexts in Namibia, with individual family circumstances, difficulties, or beliefs influencing a household's guiding motivations to foster in or foster out a child (Bledsoe, 1990).

In terms of sustaining existing fosterage practice, participants emphasize the vital need for emotional and financial support that would assist them in maintaining their informal caring roles. Providing carers with resources that would both strengthen and develop the existing fosterage structures that provide for the care and protection of children in Namibia is not only essential in reducing levels of poverty and inequality (Government of Namibia, 2014; UNICEF, 2017), but strongly aligned with the principles of the newly implemented Child Care and Protection Act 2015 (LAC, 2016) and the UN Sustainable Development Goals (1, 2, 3, 4 & 10).

The practical difficulties present for carers in accessing resources for children when their birth was not registered was highlighted as a significant issue by all adult workshop participants. The Demographic and Health Survey reports that despite 87% of children under 5 years old registered with civil authorities, only 63% have a birth certificate (Namibia Statistics Agency/Ministry of Health, 2016). The impact on children's development and welfare as a result of not being able to access or progress schooling, health care or financial support due to the lack of birth registration is considerable. However, the way forward here is complex given cultural beliefs and practices around the registering of births (Author's own, 2019). Consideration of practical ways to encourage and enable birth registration by parents is therefore very important. Continuing dialogue at local and national policy levels, and educating parents about the benefits of birth registration may provide a constructive opening point.

Children's transitions into and out of fosterage arrangements were broadly regarded by professionals as uncomplicated due to the child's familiarity with the care-giver, their family culture, and the continuity of contact that was provided with their biological parent(s). As a result, participants rationalized that child fosterage practice mitigated child's feelings of loss in both voluntary (purposive) and involuntary (as a result of crisis) arrangements, preferential to the care which could be offered to the child by strangers. However, given the powerful experiences of loss which were expressed by children in their workshop, it is likely that these rationalizations are under-estimating the impact of loss on children. Multiple transitions within the family were expressed as impacting upon a child's sense of belonging, trust, and development of identity, irrespective of the value placed upon teaching children about their biological origins, backgrounds and birthplaces.

Findings also reported substantial variation in the quality and consistency of fosterage placements. Risk and vulnerabilities for children were identified, differing between rural or urban areas, including exploitation through farm or domestic work, missed schooling, and the neglect of basic needs such as shelter, food and warmth, and overcrowding in the context of poverty and inequality. Participants further expressed that children cared for by their grandmothers were thought to thrive the most positively, suggesting the degree of relatedness of the child to their primary carer was indicative of the quality of care and level of wellbeing experienced by the child. Hamilton's rule (1964, cited by Brown 2011) suggests that persons help when the cost to them is not greater than the benefit experienced by degree of 'relatedness' within the family. This finding is congruent with Ariyo et al.'s (2019) systematic review into kinship care which identifies the 'degree of relatedness of the caregiver' and the 'socio-economic status of fostering households' as the two strongest determinants of wellbeing for a child in a kinship placement in Africa.

5. Conclusion

This paper has provided rich insights into professionals' and families' perspectives on child fosterage in Namibia by investigating understandings and influences at structural, cultural and personal levels. Child fosterage brings both rewards and challenges to those who provide informal care to children, and for children who are informally cared for by extended family members. The data from the five participatory workshops presents new knowledge on the thoughts, beliefs and personal experiences of the culturally and socially diverse communities in the Khomas region of Namibia. Irrespective of the different cultures present within the workshops, the care of children was regarded by participants as a collective family and community responsibility.

Conspicuous by absence however, was the participation and engagement of children themselves within child fosterage decision-making. Decisions to foster-out and foster-in children across family networks were made by grandparents (predominantly grandmothers) and other adult relatives. Of particular note was the lack of children's contribution to, or involvement with the fosterage arrangements. As a guiding principle of the UNCRC (1990), article 12 states: 'Parties shall assure to the child who is capable of forming his or her own views the right to express those views

freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child’.

Adults have a moral and legal duty to ensure children have the right to have their views heard (should they wish) and assist children and young people to contribute about their opinions on any decisions that affect them (Save the Children, 2007). During workshops, participants did not identify or acknowledge children as being consulted about their preferences within the fosterage arrangements nor as having influence over any outcomes for their care (Allcock, 2018) from family members, at any stage of the process.

The African Charter on the Welfare and Rights of the Child (1990, art. 4) states that ‘If children can voice their opinions, then those opinions should be heard and taken into consideration during legal and administrative proceedings’. With this in mind, families’ management and organization of informal fosterage arrangements should facilitate the space for children’s voices to be heard, consulting them on matters which affect their care. This would provide opportunities for policy-makers and practitioners to gain new understandings about children’s wishes and needs (Stienitz, 2009), ensure children have greater influence over decisions that impact their health, welfare and access to educational opportunities (Lundy, 2007), whilst reducing their experiences of stigma and discrimination.

The Child Care and Protection Act 3 of 2015 stresses the importance of children’s participation. The Act offers a legislative platform from which to scaffold policy guidance on promoting children’s involvement in all decisions which affect their care, both formal and informal. Findings from this research contribute new knowledge to child fosterage practice in Namibia, and provide a timely opportunity for policymakers and stakeholders to leverage influence over the quality and level of children’s engagement in informal care arrangements at a personal, cultural and national levels (Author’s Own, 2020).

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