

CHAPTER 6

Recommendations and conclusion

6.1 Introduction

In the previous chapter, I presented the findings of my study by situating and relating my results within the existing literature base and the conceptual framework.

In Chapter 6, I provide a synopsis of my findings, offer recommendations and conclude in terms of my research questions as outlined in chapter 1. I begin this chapter by addressing the secondary research questions. Thereafter, while addressing my primary research question, I provide the potential contributions of my study to research and practice in field of educational psychology. In addition, I expound the potential strengths of this study. Potential limitations were discussed in Chapter 1. I also offer recommendations on future lines of inquiry associated with children affected by HIV&AIDS. I conclude this chapter with my final reflections.

6.2 Addressing my research questions

My purpose for this study was to explore, understand and describe how children who are affected by HIV&AIDS negotiate well-being in their lives. In Chapter 1, I posed research questions to guide this inquiry. In this section, I address the secondary research questions and in the process attempt to address the primary question as well.

6.2.1 Secondary question 1: *How did children in my study express a sense of well-being?*

In this study, well-being was found to be subsuming elements of hope, optimism, happiness, positive emotions, positive relationships and future-directedness. These facets of well-being seem to have been integrated without a clear distinction between the different constructs. The children in my study expressed their sense of well-being in direct and indirect ways as illustrated in their articulations, drawings and metaphors.

Hope and optimism emerged as protective factors for the children in my study and were visible in the children's metaphorical descriptions as well as in their articulations that they would have a better life in the future. Based on the results of my study, the constructs of hope and optimism with its inherent cognitive, emotional and motivational components may

be considered protective factors against psychological distress. It does appear as if the children in my study who displayed high levels of optimism and hope for the future, could also be the ones with temperate moods, were more persevering and had better health.

To the children in my study, hope and optimism featured as clear thought processes about their future, setting goals and considering ways to achieve those goals that were related to the children's desire for a better future. For example, Kaemogetswe seemed to have her mind set on becoming a doctor. She indicated that she had to study and perform well in her exams and then progress to studying at the university. Her plan for the future included working at a hospital and caring for children who were sick.

Another facet of well-being inferred in my findings related to the children's positive relationships with others around them. In addition to the friendships that the children had with other children in the home, they also seemed to have inculcated warm relationships with a number of other significant people in their lives such as substitute caregivers and community volunteers. A number of them described friendship with other children in the home as affording companionship, someone to talk to and socialisation, which seemed to curb loneliness and depression. For example, Batman stressed the practical value of friendship as his friend took care of him when he was sick.

I found that children's positive emotions depended on their moods, which impacted on their sense of well-being and seemed to be dependent upon specific events and incidents. I found that when children perceived rejection or were rebuked they exhibited sadness and they isolated themselves from interacting with others and from engaging in household activities. Generally, the children's experiences of happiness were expressed in relation to specific events such as the anticipation of gifts, a birthday party, forthcoming holidays, weekend visits to weekend and holiday parents and the expectation of rewards and treats from community volunteer workers.

From my findings, I have established that the dynamic nature of the children's environmental context as well as the interrelatedness of the children's positive and negative experiences within their environment could have contributed to their sense of well-being or distress. As such, based on my findings I theorise that well-being may be regarded as the interplay between the opportunities and challenges facing the children. Illustrations of positive and affirming experiences where the children perceived feeling valued, loved and protected appeared to enhance their capacity to achieve a sense of well-being. In other

cases, their negative experiences were expressed as distress and seemed to impede their movement towards well-being.

Based on my findings I posit that the children's well-being experiences may be categorised according to those that may be regarded as transitory in nature and those that could have the potential of being enduring. I consider the children's experiences of well-being related to future prospects and future-directedness to be enduring, as they seem to be goal-driven and intrinsically motivated. However, considering the complex and dynamic nature of relationships within the children's home, well-being as related to material possessions and positive relationships could possibly be momentary, fleeting and dependent upon the context at that particular time.

6.2.2 Secondary question 2: *What are the challenges and stressors that placed the children in my study at risk?*

I found in my study that the children's perceptions and experiences of challenges and stressors in their daily lives seemed to arise from their personal and social interactions with their caregivers, friends, peers, teachers and community workers.

On a personal level, challenges seem to be embedded in their individual experiences of orphanhood, residential care, stigma, discrimination, death and bereavement. While the older children in the study (aged between 13 and 15) overtly expressed their anguish about being orphaned, the younger children (aged between 10 and 12 years) alluded to the fact that not having parents affected their sense of well-being. In addition, I suggest that the children who had lost their parents some time ago and had been living in residential care from a young age (Superman, Meme, Batman, Michelle, Kaemogetswe, Harry Potter and Spiderman) might not be as severely impacted by the challenges of being orphaned, in comparison to a newly orphaned child (Dimple) and a non-orphaned child who had recently been admitted to the children's home (Lizzy). Rather, it emerged from my study that the children expressed more distress about living in residential care than about their orphaned status. It seemed as if a few children in this study had vague memories of their parents. In these cases, their challenges were seen in relation to missing family members such as grandparents, uncles and aunts. On a personal level, the children seemed to have developed individual coping styles to deal with their experiences of orphanhood, stigma and discrimination, death and bereavement. Coping styles included spiritual embracement and disengagement from challenging situations.

Aspects of death and bereavement featured in many stories of the children in the study. Based on this finding, I suggest that the children in my study who had lost other significant people might still be in the grieving stages. I find this view to be especially true for Dimple and Batman. I also suggest that children's cognitive awareness played an important role in their unresolved grief processes. For example, it is possible that although Kaemogetswe had lost her parents many years ago, she was still grieving as she did not seem to accept her orphaned status and had expressed a need for stability in her life. Based on these findings I theorise that vulnerable children who engaged in higher order thinking processes, constantly questioned critical events in their lives and subsequently were not easily accepting of their life situation.

On a social level, the challenges that faced the children in this study incorporated episodes of stigma, discrimination, rejection and humiliation from both caregivers and peers at school. Rejection was demonstrated by a caregiver in the form of discriminatory and racist comments which were not specific to HIV&AIDS. Among the peer group experiences of teasing and taunting seemed general in nature and not confined to the children's association with HIV&AIDS. Other challenges that some children alluded to were the aggravating symptoms of their physical illness as well as the side effects of antiretroviral medication.

The children also commented on the minimal information that they received about their health from their doctors and caregivers. In addition, they requested that they be kept informed of arrangements regarding their welfare by the caregivers and social worker. Usually impeded communication of information placed the children at risk for further confusion and uncertainty. Furthermore, misinformation had the potential of destabilising the children's sense of security and trust in their caregivers.

6.2.3 Secondary question 3: *How did the children express their despair and distress?*

I found that the children in my study expressed their distress and despair mainly by internalisation and externalisation of their thoughts, feelings and behaviours.

Internalisation of negative emotions included withdrawal, feelings and thoughts that alluded to a low self-esteem and self-concept, sadness, doubts about their future lives and negative affect. I found that a few children isolated themselves by physically removing themselves from a perceived threatening situation. In these instances, the children either retreated to their bedroom, outside or, as in the case of Dimple, up a tree. It seems that in the event of

stressful situations in the home these children coped by distancing themselves from the perceived threat to their well-being. A few children preferred to remain silent when they felt distressed or distraught. Children who chose not to respond or to comment when challenged by their caregivers or peers at home also seemed to be the children who manifested a low self-esteem, a low self-image and minimal future-directedness. In addition, while some of the children spoke explicitly about their fears related to their future lives and their relatives, others alluded to their fears of illness, death and their future lives in their stories and in metaphoric images.

Externalisation of the children's distress featured in their conversations, stories and in their play behaviour. A few children referred to their distress about living in residential care, their confusion surrounding their parent's death and issues relating to stigma, discrimination and perceived rejection by their caregivers. Furthermore, I regard a decline in their concentration levels as an externalisation feature, possibly indicative of their distress, despair or unhappiness.

From the results I posit that children in this study who internalised their emotions manifested a lower self-esteem than those who engaged in externalising behaviour. I suggest that the relationship between internalising and externalising behaviour and self-esteem is an area that could be considered for future research with children in terms of coping with HIV&AIDS.

6.2.4 Secondary question 4: *What are the children's psychosocial needs?*

In my study, I found that the children expressed a range of psychosocial needs relating to nurturance, communication and socialisation. A few children demonstrated a yearning for a mother-child relationship, which held connotations of warmth, love, compassion and protection. Related to nurturance, the children also concretely expressed their need to take care of themselves physically (personal hygiene and beautiful clothing) and medically. They emphasised the need to eat healthy and nutritious food, to exercise regularly and to adhere to their medications. A few children desired to take care of or nurture others, which seems to be related to the personal benefits of improved self-efficacy and a sense of accomplishment and altruism that arises from doing good for others. In this case, giving and receiving nurturance served as protective factors and buffers, which improved resilience for dealing with adversity. For example, if I take my medication daily, I will feel well. If I take care of others in my home, I will feel good about myself.

I found that the children in my study needed to communicate on two levels: Firstly, they needed to give information about themselves and to have someone listen to them; and secondly, they needed to receive information from significant other people such as their primary caregiver, their social worker and their doctor. Children expressed their need for an empathetic and understanding person who could listen and speak to them. On a daily basis, the children needed to speak to a concerned adult about matters pertaining to their schoolwork, friends and their health. A few of them wanted regular counselling sessions with their social worker, when they could inform her about their unhappiness regarding certain situations in their home.

Another finding in my study related to the disclosure of illness. Children expressed their need to receive information about their illness from their doctor and their caregivers. Generally, it seems that they were not pleased about being uninformed regarding their health. They expressed a need to know more about illness in general and specifically about HIV&AIDS.

Associated with their need for more information, the children requested that their caregivers and social worker collaborate with them regarding weekend visits to weekend parents and to their extended families during the school holidays. I suggest that whereas a lack of information and minimal sharing of information could have caused confusion and uncertainty in the children's lives which may have led to an increase in negative internalisation processes, collaborative sharing of plans and arrangements could lead to a sense of stability and security as children felt safe in knowing what to expect.

In addition, I found that the older children in this study (aged between 13 to 15 years) expressed a greater need for socialisation and peer group interaction. This need seems to be in line with their developmental phase as adolescents where peer group interaction plays an important role in shaping their identities. In particular, children in this age group expressed a desire to go shopping for clothing, to go to parties with friends and to have fun outside the children's home.

6.2.5 Secondary question 5: *How are the children supported?*

From an ecosystemic standpoint, it emerged in my study that the children were supported and bolstered at different levels of influence operating within the social context. From the level of the child's proximal relationships to societal levels, children are influenced by decisions made in their regard. I consider that in many instances, different levels of positive

and enabling systems collaborate and provide protection for the children under different circumstances. Such protective systems included caregivers at the children's home, teachers and peers at school, the community volunteer workers and the interrelationship between these contexts. In addition, and to lesser extent children were supported by their own positive intrapersonal characteristics.

The resources and potential protective factors in the lives of the children appeared to operate successfully at the local community level. To the children, the positive and enabling systems, including their community neighbourhood, was closely related to other influential proximal settings. These proximal settings refer to the social influences that acted directly on the children through interpersonal relationships that were immediate and ongoing. The settings that supported the children in my study, in which they experienced such relationships, were the family, the church, the peer group, the school, community volunteer workers, extended family and weekend parents. I suggest that the proximal relationships in the main settings within the local community, more especially the home and the school, mainly influenced how the children felt, thought and behaved in relation to their life worlds. In this regard the school, as the bridge to the broader community, played a vital role in the psychosocial care and support of the children.

The children's home could be conceived as a family unit with the primary caregiver, being the head of this family. The domestic helper and other substitute caregivers were also significant members of this family and contributed to the children's upbringing. In most instances, the children felt safe, secure and cared for within the strict confines and structures of this family. A further protective and buffering factor was that children in this home were being raised according to strict traditional morals and values that could be inherently part of their African culture. Such an upbringing could anchor the children in a secure base where they had a sense of identity and belonging.

On a societal level, the children in my study were protected by the Child Protection Act that controlled their admittance into residential care. Within the protection of this act, they received medical treatment, access to schooling and provision of material needs. Furthermore, since the rollout of anti-retroviral medication in South Africa, it seemed that the physical health of the children was being boosted with anti-retroviral medication, vitamin supplements and regular monitoring of their health by their doctor. Because of societal support and intervention, the children in my study were living in a protected home and those who were infected with HIV were manifesting minimal physical symptoms of their infection.

Another supportive structure in this study appeared to be the children's positive intrapersonal characteristics. The children demonstrated characteristics of perseverance, pride, self-worth, courage, faith and hopefulness. These characteristics could imply a manifestation of resilience traits that are inherently protective. In this study, it was demonstrated by the children that such resilience traits were built upon a network of interrelationships and support systems.

6.2.6 Secondary question 6: *What are the children's coping responses?*

I found that children in my study employed two main ways to respond to their psychosocial and emotional challenges. The one way was a spiritual or religious form of coping and the other one was disengagement, denial and detachment.

The children in my study seemed to have found solace and comfort in their religious beliefs and in religious routines and rituals. Meme and Harry Potter seemed to embrace God as the healer of illness and the One who would make things better. Others, like Kaemogetswe, Dimple and Michelle, adhered to a strict routine of bedtime Bible reading and prayer. From my interactions with the children and the caregivers at the children's home, I surmise that the children's strong faith and belief in God may be attributed to their strict Christian upbringing in the hands of their caregivers. In the context of my study I regard the children's religious and spiritual coping responses, which seemed to provide hope, as another protective factor in the children's lives.

Another way in which the children seemed to cope was by disengagement and detachment. The children seemed to disengage from the reality of their lives by fantasising, dreaming and wishful thinking. The boys in the study imagined themselves to be heroic action figures whilst a few of the girls seemed to have adopted members of royalty or members of their community as role models.

In certain instances, children in the study expressed their thoughts and feelings about their family members as though they were still alive. I assume that in these cases the children might be in denial of the reality of the death of their family members.

6.3 The potential contributions of my study

In this section I present the potential contributions of my study. Firstly, I discuss the potential contributions in terms of the existing theoretical and knowledge base of well-being

experiences of children affected by HIV&AIDS and of the role and significance of positive and enabling systems in the child's life. I then discuss the potential contributions of this study in terms of the research methodology that was utilised, specifically with regard to investigating the experiences of a group of children.

6.3.1 Potential theoretical contribution

By answering my primary research question, *how do children who are affected by HIV&AIDS negotiate obstacles to create pathways to well-being in their daily lives*, I assumed that the knowledge that was gained could possibly contribute to the literature base on psychosocial and emotional aspects related to children's experiences of HIV&AIDS. As expounded in Chapter 2, there seems to be a limited theoretical knowledge base examining the psychosocial coping of HIV&AIDS affected children who live in residential care. In particular, I posit that this study fills a gap in the existing literature base that adopts a positive approach to viewing children facing adversity within a particular setting (residential care).

Based on my findings, I regard the well-being of the children in this study as influenced by their psychosocial circumstances and environmental context, together with the interplay between their positive and negative emotions and experiences. In particular, the context of the family is seen as the primary influence on well-being, although peer influence and the relationships with teachers and peers within the school context are also important. In addition, from a social ecology perspective, well-being influences seem to extend beyond these proximal relationships to encompass the more distal contexts and relationships found in the community and in religious groups; in these social groups, children may be considered as key members.

From the children's perspective, the community may be best represented in terms of the quality of the relationships with teachers, neighbours, caregivers and peers. The expectations generated, the values taught, the levels of support and encouragement experienced, the activities deemed worthwhile and worthless are attributes that may be basic to all types of communities to which a child may be a member. This study has shown overall that the well-being of children depends on the degree to which they are integrated into their communities in a manner that promotes self-efficacy and creates opportunities for agency.

In my study, well-being may be regarded as more than just living a good life. It was about having meaning in life, about fulfilling the children's potential and about feeling that their lives were worthwhile. The essence of well-being as demonstrated by the children in my study related to having goals to work towards, a sense of place, belonging and acceptance, a coherent and positive view of the world and a belief that a good life would follow. Furthermore, well-being experiences amongst the children in my study manifested in feelings of optimism, trust, self-respect, gratitude and kindness that was expressed towards significant others.

I found that in this study, well-being was not a state of mind that was decided upon by the children. Instead, it was evidently determined by the social conditions within which the children lived; and these in turn were guided by broader governmental policies and practices. Thus, the construction of well-being experiences for the children seemed to be shaped by their personal circumstances and their interactions with others. Although genes could affect well-being mainly through their influence on the child's personality traits, this influence is not considered fixed and immutable. Instead well-being, as described in my study, seems to be shaped by the environment in which the children lived, their upbringing, their personal experiences and the general circumstances of their daily lives. In this regard, giving support to others in order to improve another person's well-being was considered just as beneficial as receiving a similar form of support from others.

My findings indicate that well-being comes from being connected and engaged, from being enmeshed in a web of positive relationships and interests. These give meaning to the lives of children, as they are deeply social beings. The intimacy, belonging and support provided by close and personal relationships seem to matter most and isolation does the most damage to children facing adversity. Therefore, well-being was shown in this study to be powerfully influenced by the children's perceptions, expectations and experiences of nurturing relationships.

Based on the results that I obtained in this study in regard to the children's perspectives of well-being, I theorise that a positive approach to viewing children facing adversities could entail recognising, developing, enhancing and sustaining the positive intrapersonal characteristics of the children and together with positive enabling systems, could serve as building blocks for resilient psychosocial coping. This in turn could buffer and protect against further risks, threats and vulnerabilities and boost the children's capacity for well-being.

6.3.2 Potential methodological contributions

From my review of the literature (Chapter 2) it was evident to me that there was still a strong preference in research methods to hold *subjects* at a distance in order to objectify reports and actions. The motivational and subjective bases of attitudes and behaviour remain detached and largely obscured when methods of inquiry are limited to such approaches. I posit that the field could be substantially advanced through the incorporation of participatory approaches in a research design with children, especially when investigating in the realm of sensitivity and vulnerability. I therefore put forth that the participatory approaches that were utilised in my study in the form of task-based data generation instruments and activities that mediated the informal and conversational interviews, are a potential methodological contribution to the field of qualitative research. In particular, the participatory methods that I utilised in my study could be adopted by researchers seeking children's self-expression.

Linked to the above discussion, I considered and appreciated the children in my study in terms of the nature and existing perceptions of childhood as advocated by the United Nations Convention on the Rights of the Child (CRC) (1989). By seeking the children's informed assent to participate in this study, I recognised them as competent and capable of making informed decisions to participate or withdraw from a study and to express their views on a range of subjects related to their lives. Linked to the nature of childhood, research methodologies should reflect the child-adult relationship in knowledge creation. I considered children in my study as real children in a very real situation. This idea permeated my thinking throughout this study.

6.4 The potential strengths of my study

I consider the extended time that I spent in the field with the children in my study to be a potential strength. My view is based on the rich, vivid and detailed data that were generated and the extent of the emerged themes that served to address the critical research questions. I posit that if my data generation stage had been limited, I probably would not have been able to uncover such nuanced and multilayered expressions of the children's perceptions and experiences. Furthermore, my prolonged engagement with the children meant that my findings might be considered authentic and believable.

As a qualified and practicing educational psychologist, I am of the opinion that the skills that I have acquired in working with children have benefited my facilitation of the interviews and

the participatory activities with the children. In particular, I found that I was able to conduct my study with the children in an empathic and cooperative manner by recognising and respecting the children's expressions, silences, willingness and reluctance to engage in data generation activities.

6.5 Recommendations

This study revealed children's perceptions and experiences of illness, HIV&AIDS and well-being in their lives. I found that certain themes emerged in my study that I had not anticipated and which I did not explore as they went beyond the scope of the study. In the sections that follow, I recommend possible areas for further research that could provide deeper insight into matters that were not explored in my study. I categorise these areas according to the focus areas that I have identified namely recommendations for future studies and for the future training of educational psychologists.

6.5.1 Recommendations for future studies

In this section I pose questions that could lead to future studies in the fields of HIV&AIDS as well as in research methodology.

6.5.1.1 Further studies associated with HIV&AIDS and children in residential care arising from my study

- a) What is the relationship between the well-being experiences of HIV&AIDS-orphaned children living in residential care and those who do not?
- b) What is the relationship between the well-being experiences of non-orphaned HIV&AIDS-affected children living in residential care and those who are living with extended families?
- c) Additional comparative case studies to explore similarities and differences in children's coping styles, support systems and well-being experiences.
- d) Comparative studies with the caregivers in residential care settings to explore their experiences of taking care of children who are affected by HIV&AIDS.
- e) An investigation of children's experiences of HIV&AIDS from an indigenous knowledge perspective.

6.5.1.2 Methodological recommendations

- a) By utilising a methodology similar to the one that was utilised in my study, research could be conducted with children facing other adversities in their lives, such as cancer, abuse or parental divorce.
- b) A participatory-action research where educational psychologists or social workers could design and conduct an intervention-based study with the focus on: How can children be taught to generate positive emotions while living in a context of adversity?
- c) I put forth that caregivers require emotional support in order to sustain consistent caregiving practices in a children's home. Therefore I suggest a participatory-action research that explores caregivers' emotional intelligence with a view to offering a workshop on enhancing caregivers' emotional intelligence.

6.5.2 Recommendations for future training of educational psychologists

Educational psychology practice has progressed from an individualistic office-based practice to a dynamic field that recognises and emphasises the role of family and community practice. Furthermore, within the new scope of practice for future educational psychologists, educational psychologists will be obliged to conduct community service training as part of their curriculum. I propose that in addition to the asset-based approach that is presently incorporated in the training of educational psychologists, their training could strengthen the positive psychological approaches to working with children facing adverse circumstances in their lives.

Furthermore, considering the snowballing HIV&AIDS trauma for children especially, I propose that future educational psychologists be encouraged to conduct research in the field of childhood HIV&AIDS with a view to constructing knowledge that could lead to improved psychosocial services to children in different settings. In addition I would also encourage future educational psychologists to explore the field of conducting research with children from a methodological standpoint in order to further enhance innovative and dynamic child research practices.

6.6 Final reflections

This study has demonstrated that children who are affected by HIV&AIDS and who live in a children's home have challenges and stressors on a day-to-day basis that extend beyond the

essential medical care and containment of their illness. More than ever, the challenge of treatment seems to lie in creating opportunities to pursue, support and sustain the holistic well-being of the child. For children facing adversity, such support may be perceived as living in an environment where adults feel a responsibility to protect, guide and respect the children's evolving capacities to participate in matters that affect their own welfare, albeit in an age-appropriate manner. This would require a shift in attitudes about children and a search for effective ways to engage them in activities that matter. Research can assist this process by revealing the elements of facilitating environments and supportive relationships for children, by demonstrating the benefits of strengthening the bonds to such contexts and affiliations. In addition, efforts should incorporate strengthening the intrapersonal characteristics of children to be able to effectively deal with their often stressful circumstances.

As demonstrated in my study, children's well-being experiences seem to exist on a continuum with well-being on one extreme and despair on the other. On daily basis children's thoughts, feelings and behaviours seem to oscillate on this continuum and many of these emotions and behaviours seem to be dependent on interpersonal relationships and perceptions of warmth, compassion, love and acceptance. Considering that positive and enabling systems emerged as a strong protective factor for the children for the future, it seems essential to engage the children in community life and to identify and enhance the environments and relationships that present and represent well-being experiences.

At this stage, it is noteworthy to consider that present strategies to enhance children's well-being might be at risk of being diverted by society's prevalent view of children as the next generation and, by implication, negating their present standing in society. The holistic well-being of children facing adversity would be contingent on a shift in attitudes that seeks to improve the environments in which the children are growing and by placing the responsibility of nurturing children's well-being in the hands of adults. Specifically in the context of HIV&AIDS, a shift in the approaches would require novel mechanisms and the creation of capacity that extends beyond the current. It would also mean thoughtful planning because some of the challenges of the epidemic that may arise in the next 10 to 20 years are likely to be different from those that are being experienced today. In the many roles that adults assume in the welfare of the children in the context of HIV&AIDS, the task of recognising or creating the appropriate circumstances for enhancing and sustaining the holistic well-being of children remains a great future challenge.

6.7 Conclusion: *Finding roses amongst thorns*

To conclude this thesis, I am reminded to revisit the metaphor in my title. I used this metaphor to illustrate that in spite of the adversities (thorns) that confront the children in my study who are affected by HIV&AIDS on a daily basis, we need to search beyond these difficulties to find the beauty (roses) that sometimes lies hidden or dormant. Figure 6.1 depicts my metaphor.

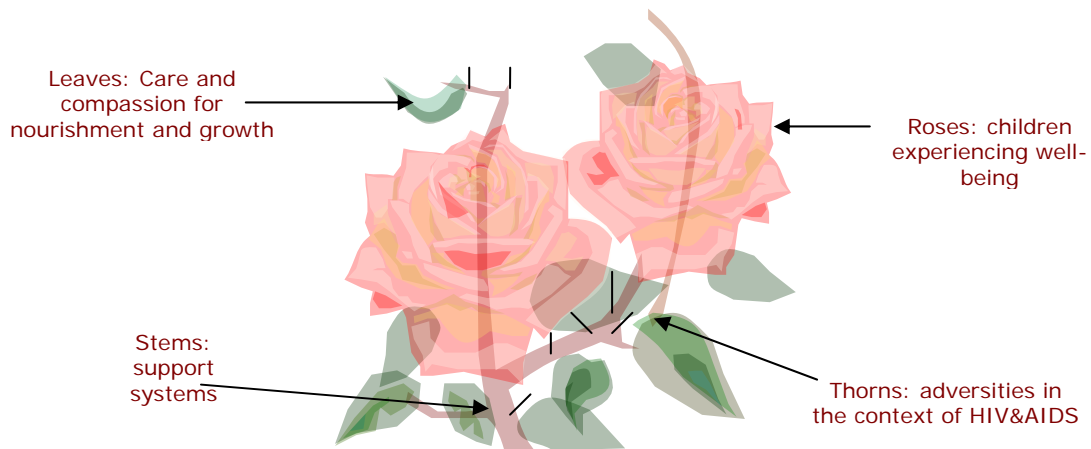


Figure 6.1: Finding roses amongst thorns

Once we have found these roses, we need to nurture and nourish them to reach full bloom. Children need love, care and compassion from supportive and anchoring caregivers to achieve well-being just as roses need stems, root, leaves as well as daily care in order to thrive. In the realm of the negativity that generally surrounds HIV&AIDS, I believe that we (adults) have a responsibility to encourage children to recognise and utilise all the beauty that they possess inside of them.